

Florida Department of Health
Quit-for-Life Line
2004 Evaluation Report

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Executive Summary

Florida Quit-for-Life Line Evaluation Report

Description of the Program

The Florida Quit-for-Life-Line (Quitline) is a telephone-based tobacco cessation hotline that was established to meet the needs of Florida adults who use tobacco. The Florida Department of Health negotiated a contract with the American Cancer Society to operate the Quitline. The service began operation in December, 2001.

Quit-for-Life Line Objectives

The Florida Quit-for-Life Line staff established a set of goals in 2001 that continue to guide the smoking cessation hotline. These goals include:

- Objective 1. Establishment of a statewide telephone tobacco use cessation hotline for adults in Florida
- Objective 2. Use by adults in Florida of the telephone-based tobacco use cessation hotline increasing quarterly throughout the contract period
- Objective 3. Sustained abstinence from tobacco use among adults age 18 and above who use the Quit-for-Life Line
- Objective 4. Decreased consumption of tobacco products among tobacco users in Florida who use the Quit-for-Life Line
- Objective 5. Decreased prevalence of tobacco use among adults who use the Quit-for-Life Line
- Objective 6. Reduction in Exposure To Environmental Tobacco Smoke (Second-Hand Smoke)

Target Populations for the Quit-for-Life Line

Several target populations were selected as the intended audience for the Quit-for-Life Line. These populations include:

- Floridians (Age 14 and Over) Who Smoke – 1,586 adults called the Quitline between July 2003 and March 2004.
- Smokeless (“Spit”) Tobacco Users – Only 3 smokeless tobacco users called.
- Parents Who Smoke and Who Have Children Under Age 18 In Household – 175 smokers called the Quitline with children under 18, with an estimated 315 children at risk.
- Pregnant Women – 42 pregnant women called the Quitline.
- DOH Employees and DOH Clients – 32 health employees called the Quitline

Discussion of the Intake Data from Florida Residents Calling the Quitline

Callers to the Florida Quitline are asked a set of intake questions when they call, and the answers are recorded by an American Cancer Society intake specialist. The goals of this evaluation analysis are to confirm whether the Quitline reached its target populations and whether it had a positive effect on smoking cessation.

Calls from Florida Smokers to the Quitline

The period of this evaluation covers calls from July 2003 to March 2004. A total of 1,603 Florida residents called the Quitline in this period, and 1,586 completed intake surveys, to become the base sample for this analysis.

- The Quitline averaged 176 calls per month.
- 72.5% of the people calling the Quitline wanted to quit smoking.
- 51.2% of smokers requested counseling and referral services from the Quitline.

Target Population: Age and Gender of Adult Smokers

- 65.5% of the Quitline clients are women compared to 23.3% who are men.
- 78.2% of the women called to quit smoking versus 77.6% of the men.
- Women smokers had a Quitline call rate of 0.049% of the female smoking population, three times that of male smokers, whose call rate was 0.015% of the smoking population.
- Quitline callers tend to be middle-aged, with 65.4% of them between 30 and 64.
- Women between 30 and 64 report smoking an average of 21 cigarettes per day.
- Men between 30 and 64 report smoking an average of 24 cigarettes per day.
- Women report making an average of 6.4 quit attempts before calling the Quitline, compared to an average of 11.5 quit attempts among men.
- 55.4% of women and 52.7% of men requested counseling and referrals.

Target Population: Race/Ethnicity of Adult Floridians Who Called the Quitline

The race/ethnic makeup of callers to the Florida Quitline is predominantly White, followed by Black and Hispanic callers.

- 59% of all Floridians who called the Quitline were White, compared to 65.4% of the population in the 2000 US Census. The Quitline call rate for White smokers was 0.034%.
-
- 6.6% of Floridians calling the Quitline were Black, compared to 14.2% of the population in the 2000 US Census. The Quitline call rate for Black smokers was 0.029%.
- 6.9% of Floridians who called the Quitline were Hispanic, compared to 16.8% of the population in the 2000 US Census. The Quitline call rate for Hispanic smokers was 0.020%.

- Between 91.6% and 95.5% of all race/ethnic groups calling the Quitline want to quit smoking.
- 54.8% of White smokers, 51.0% of Black smokers and 57.1% of Hispanic smokers who called the Quitline requested counseling and referrals.

Target Population: DOH and County Health Employees

- 32 health employees called the Quitline.

Target Population: Pregnant Women

- 42 pregnant women called the Quitline.
- 54.8% of the pregnant women had children under 18 in their household.

Target Population: Children At Risk of Exposure to Second-hand Smoke

- 31.7% of all smokers who called the Quitline had children under 18 in the household.
- 49.9% of households with children under 18 allow smoking somewhere in the house.
- An estimated 657 children live with smokers who have called the Quitline and who are at high risk of second-hand smoke.
- An estimated 81 of these children under 18 live in households with two smokers.
- 13.4% of all people calling the Quitline live with a smoker.

Assessment of the Florida Quitline, December 2001 to February 2003

The overall assessment of the Quitline is that the service is successful in providing counseling and smoking cessation materials to help Floridians reduce their consumption of tobacco products or to stop smoking entirely.

How Effectively Did the Florida Quitline Meet the Goals of The Program?

- 93% of the targeted 1,704 clients called the Florida Quitline between July 2003 and March 2004.
- 86.5% of all Floridians who called the Quitline requested counseling, referral and self-help services.
- Due to a lack of data reporting by ACS, there is no information on counseling sessions with Quitline clients.
- Due to a lack of data reporting by ACS on the three-month and six-month evaluations, no assessment can be made of smoking cessation outcomes.

How Well the Quitline Data Meet Program Needs

- Data reports sent from the ACS were generally on time and accurate, though not complete.

- Data sets sent from the ACS were generally regular, though there was a disruption of reporting in the fall of 2003, and some data fields were eliminated without notice.
- Some data elements were not reported by the ACS as contracted; for example, data from counseling sessions, time of day of calls, number of referrals made or coupons sent and data from follow-up evaluations. Without this last dataset, the smoking cessation outcomes of the Quitline cannot be evaluated.

Recommendations to Improve the Effectiveness of the Quit-for-Life Line Program

- The Florida Quit-for-Life Line needs to be expanded with a larger budget to provide smoking cessation services to at least as many Floridians as in the fiscal year 2002-2003.
- The Florida Quit-for-Life Line needs to have budget allocated for media promotions that should target specific Florida regions, minority race/ethnic groups and other target groups based on the analysis of differential call rates as a way to raise awareness of the service and to motivate Floridians to call the number.
- The Florida Quit-for-Life Line should work with smoking-cessation groups, medical professionals, health maintenance organizations and insurance companies to increase awareness of the Quitline services, and to increase referrals from the medical community.
- The Florida Quit-for-Life Line should cooperate with North American Quitline Consortium to share Quitline data from other states. The benefit of this action is that Florida's Quitline outcomes can be compared with the figures nationwide, and thus can gauge its successfulness from a wider perspective.
- The evaluator should work more closely with the American Cancer Society to create more efficient Quitline data reporting and should continue to provide monthly and quarterly report updates to the Quitline contract manager at the DOH and interested staff.

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**Florida Department of Health
Quit-for-Life Line Draft Evaluation
June 30, 2004**

Introduction to the Quitline Evaluation

This evaluation report is divided into five sections. In Sections I the objectives and background of the Florida Quit-for-Life Line are discussed, as well as the target populations of interest and the evaluation methodology. Section II examines the target populations of Floridians who called the Quitline between July 2003 and March 2004. The section then looks at the tobacco use behaviors of callers, the presence of children under 18 in the household, the presence of other smokers, and the implicit risks of second-hand smoke on the children. This is followed by a discussion of how callers heard about the Quitline.

Sections III and IV of the evaluation assess the effectiveness of the Quitline program and offer some recommendations to improve the effectiveness. Section III compares the results of the evaluation data analysis with the program goals of the Quitline to demonstrate whether its implementation was successful. Section IV contains specific recommendations from the evaluator concerning ways to improve and empower the Florida Quit-for-Life Line.

This evaluation is turned in to the Department of Health Quit-for-Life Line as a contracted deliverable, due on June 30, 2004. This evaluation would not be possible without the gracious help of colleagues in the Department of Health and the American Cancer Society, to whom thanks are given.

I. Background and Objectives of the Florida Quit-for-Life Line

Background

The Florida Quit-for-Life-Line (Quitline) is a toll-free, telephone-based tobacco cessation hotline that was established to meet the needs of Florida adults who use tobacco and want to quit. The Quitline number is 1-877-822-6669, and is available 24 hours per day. The Quitline has served Floridians since December 2001.

The Florida Department of Health (DOH) contracts with the American Cancer Society (ACS) to operate Florida's Quitline. Inbound calls and counseling are handled through the ACS National Cancer Information Center (NCIC) in Austin, Texas. Staff members work around the clock to provide state-of-the-science medical information about cancer, counseling, referrals to local community programs and self-help materials. For the Florida Quitline, the ACS added Florida specific questions to their forms, protocols, and databases. As part of their assessment, Quitline callers are asked a set of questions that document their demographics, smoking patterns, social setting, and interest in Quitline services. Callers are also assessed for their readiness to change, or their "stage of change," i.e., their readiness to quit tobacco use. All pregnant smokers who call the Quitline are referred to the American Legacy Foundation's Great Start protocol, which is specifically designed for prenatal smoking cessation.

The Quitline is intended to help Florida achieve its goals of reducing adult tobacco use, reducing exposure to environmental (“second-hand”) tobacco smoke, and sustaining a coordinated, comprehensive statewide tobacco control initiative. The program can also help in meeting the Centers for Disease Control goals of eliminating exposure to second-smoke smoke, promoting quitting among adults and young people, and preventing the initiation of tobacco use among young people.

Goals of the Florida Quitline

The goals of the Florida Quitline are short-term smoking cessation, long-term maintenance, and relapse prevention, as well as reducing exposure to second-hand smoke. Quitline services include assessing addiction, counseling, and selecting appropriate medications. The provision of these services are expected to: 1) increase a caller’s understanding of the problem of tobacco use; 2) increase initial self-efficacy and build a progressive sense of mastery in coping with the problem; and 3) allow the caller to express emotions and thoughts related to his or her problems.

In the fall of 2001 the DOH and other stakeholders established a set of objectives for the Florida Quitline. These goals include:

- Objective 1. Establishment of a statewide telephone tobacco use cessation hotline for adults in Florida
- Objective 2. Use by adults in Florida of the telephone-based tobacco use cessation hotline increasing quarterly throughout the contract period
- Objective 3. Sustained abstinence from tobacco use among adults age 18 and above who use the Quit-for-Life Line
- Objective 4. Decreased consumption of tobacco products among tobacco users in Florida who use the Quit-for-Life Line
- Objective 5. Decreased prevalence of tobacco use among adults who use the Quit-for-Life Line
- Objective 6. Reduction in Exposure To Environmental Tobacco Smoke (Second-Hand Smoke)

Along with these objectives, the DOH developed a set of logic models to portray the goals and expected outcomes from the perspective of both DOH and the ACS. The DOH goals, shown in Figure 1, represent the outcomes from DOH staff activities on behalf of the Quitline. These activities include Quitline promotion, public relations and media campaigns. The immediate effect of these activities is to raise the awareness in the public of the importance of smoking cessation and the availability of the Quitline. The model then links smoking cessation awareness with motivation among member of the target populations to call the Quitline and a resultant decrease in the prevalence of tobacco use.

The goals and the final outcomes for the American Cancer Society are similar to those of the DOH staff, but entail an intermediate set of steps relevant to the counseling role of the ACS, as shown in Figure 2. With the establishment of the Quitline, the ACS will accept calls from the public and provide tobacco-cessation counseling and other services. The intermediate goals are to decrease tobacco consumption and sustain abstinence from tobacco use among the clients who call the Quitline. This in turn leads to the long-term goals of lowering the prevalence of tobacco use in Florida and decrease tobacco-related illness.

Figure 1. Department of Health Staff and Stakeholder Goals and Outcomes

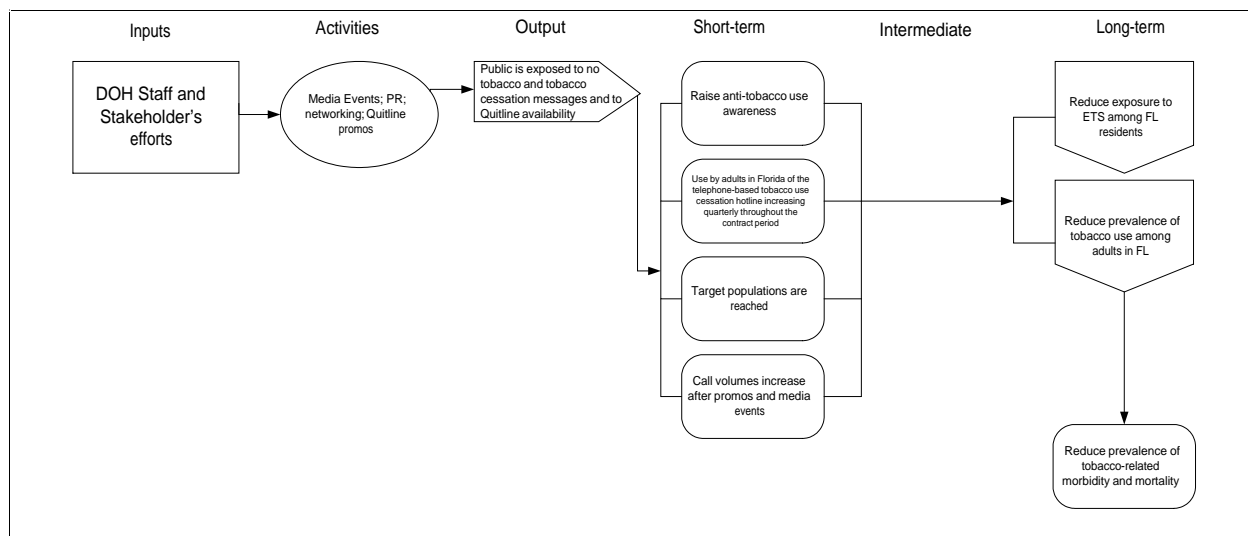
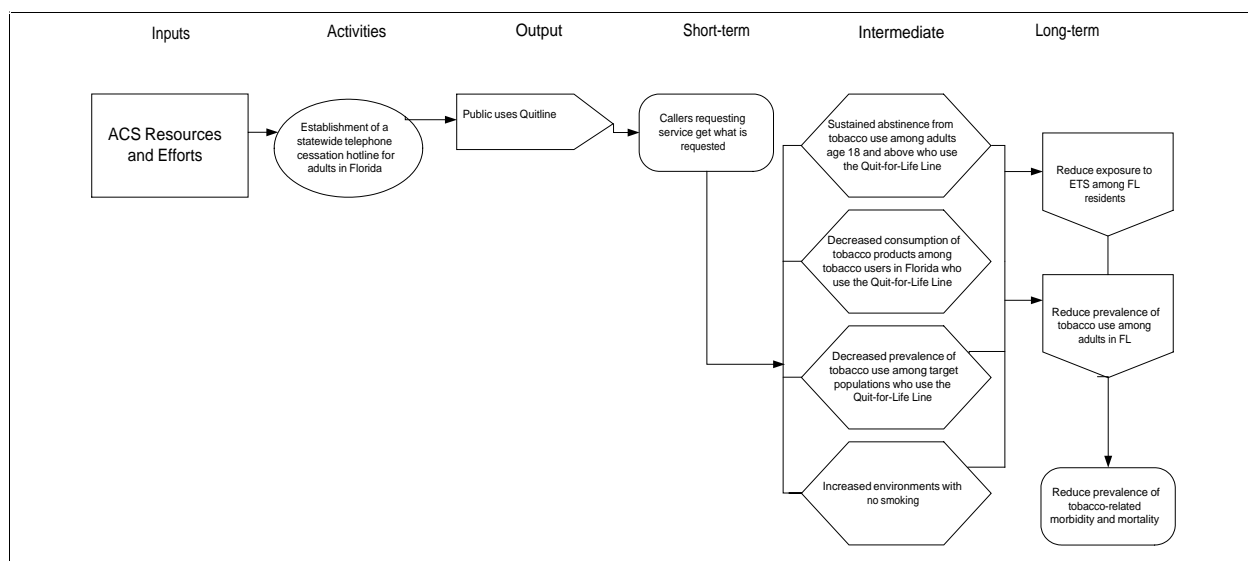


Figure 2. American Cancer Society Resources, Goals and Outcomes



Quitline Services from the American Cancer Society

The Quitline is available for any tobacco user over the age of 13 who is a Florida resident. Non-residents who call from a Florida telephone number and who give a Florida address are not denied services since the system does not recognize them as non-residents. However, if callers give a non-Florida address, they will be referred to another Quitline.

Call volume is balanced over the entire Quitline staff in order to provide maximum coverage for the least amount of money. The Florida Quitline is able to handle changes in call volume due to media campaigns or outreach efforts by diverting existing staff as appropriate. Florida-specific training for intake specialists and counselors occurs prior to live calls being taken from Florida. Inbound service (for incoming calls) is provided 24 hours a day, 365 days a year, and proactive counseling appointments are provided 90 hours per week. Quitline telephone counselors

generally schedule calls for evening hours when most callers prefer appointments. The Quitline does not provide counseling appointments on federal holidays (except New Year’s Day).

The telephone counseling protocol is formulated based on the stages of change model, as described in Table 1. Telephone counseling includes prompts and reminders, praising callers’ successes, and persuading them to increase self-efficacy expectations. The ACS uses these techniques, but also includes several other counseling strategies that have traditionally been used only in face-to-face therapy. For example, clients are encouraged to express their emotions about their tobacco use and the counselors systematically provide social reinforcement as they teach clients how to use self-help techniques. Community referrals, health care provider information and referrals, and other information are also provided at every stage, as appropriate.

Table 1. Stage of Change Based Call Handling

Stage of Change	Services Provided for Stage of Change
Pre-Contemplation - Individuals who are not aware of the need to change their behavior, and there is no intention to change in the foreseeable future	<ul style="list-style-type: none"> • Provide brief motivational message and materials, if requested
Contemplation – People who become aware that a problem exists and they engage in thinking about the problem and the need for change; however, they have not yet made a commitment to take action	<ul style="list-style-type: none"> • Discuss and reinforce reasons for quitting • Provide motivational message • Assess if ready to set a quit date. If yes, proceed to preparation. If no, set date for check-in call back and provide “Set Yourself Free: Guide to Quitting Smoking” • Encourage them to call back when they are ready
Preparation – Individuals who start getting ready to change in the next month, by combining intention and behavioral actions. They start making a plan for how they will change their problem behavior(s)	<ul style="list-style-type: none"> • Start process to think about quit date • Send quit kit – “Break Away from the Pack” • Discuss pharmacological assistance • Offer counseling, self-help, and community or health care provider referral to every caller. If caller chooses counseling, set appointments
Action – This stage involves putting the behavior-change plan into place and actually making the change in the personal environment and discontinuing the problem behavior (i.e., quitting smoking)	<ul style="list-style-type: none"> • If participating in counseling, follow protocol for appointments • If not participating in counseling, provide motivational message and information and offer encouragement to call again for assistance • A special protocol has been developed for callers who join the program in this stage
Maintenance – In this stage, individuals have consistently changed their problem behavior for at least 6 months (i.e., have stopped smoking) and continue to do so for an indeterminate period of time past the initial action	<ul style="list-style-type: none"> • Provide brief, motivational messages to reinforce tobacco-free status

All tobacco users who choose counseling are eligible for five proactive counseling appointments. These appointments range from 20 to 45 minutes, depending on the needs of the caller. The appointments are scheduled to help the tobacco user prepare for the quit attempt and are timed to the relapse prevention curve. Evening and weekend appointments are available.

Florida Quitline scripting is specific to Florida programs and services, so information specialists follow scripted protocols that are relevant to Floridians. Specialists gather demographic data, screen tobacco users for their stage of change, and provide appropriate information and assistance. Tobacco users who are ready to quit are offered a choice of options, including a series of five proactive counseling appointments, self-help materials, and a referral to a community or health care provider service.

The survey tool used to deliver the intake and counseling protocol is database-driven using Siebel database software and scripting. Proven computer and telephone systems allow ACS to handle multiple, simultaneous in-coming and out-going calls. The existing telephone systems provide staff with information on the location of the caller to allow for geographic specific services. All Quitline services are tailored to individual caller's needs and concerns. Therefore, issues related to cultural norms and backgrounds are dealt with uniquely for each caller.

At least one-third of callers are expected to contact the Quitline for reasons other than a personal quit attempt. Table 2 describes how these calls are handled, depending on type of caller.

Table 2. Type of Caller and Call Handling Procedure

Type of Caller	Call Handling Procedure
Friend or family member of tobacco user	<ul style="list-style-type: none"> • Answer questions • Provide written information • Provide support • When appropriate, assist in crafting a motivational quit using tobacco message to deliver to the tobacco user
Non-smoker interested in environmental risk of tobacco	<ul style="list-style-type: none"> • Answer questions • Provide written information • Provide referrals to resources in the community
Media	<ul style="list-style-type: none"> • Answer questions or refer based on Florida Department of Health procedures
Community groups or teachers	<ul style="list-style-type: none"> • Answer questions • Provide written information to distribute to members or students • Provide referrals to resources in their community
Health care providers and organizations	<ul style="list-style-type: none"> • Answer questions • Provide written information to distribute to members • When appropriate, work with them on ways to encourage their patients who use tobacco to use Quitline services

The ACS has also made arrangements with pharmaceutical companies to provide coupons and rebates to reduce the cost of Nicotine Replacement Therapy (NRT) for callers. These coupons help make up the matching “funds” required of the ACS in the DOH contract. Since funds for the Quitline prohibit the direct purchase of pharmacotherapy products, ACS is required to provide a match of one dollar in pharmacotherapy assistance for every four dollars in the Quitline services contract.

Follow-up evaluations at three and six months are conducted on Quitline callers receiving counseling services. Questions in the follow-up evaluation include self-reports on smoking, quit attempts and cessation, medication use, and satisfaction with the Quitline counselors and with other services provided.

The Quitline has English and Spanish speakers available, as well as materials in both languages. At peak times, Spanish calls might be routed to a voicemail to avoid long delays. For Haitian Creole speakers, select ACS staff members in Florida can provide intake and counseling services. If they are not available, the Quitline finds other qualified counselors to provide the service on an as-needed basis. Callers can be routed to these staff either through a prompt on the initial messaging service or through a separate toll-free number; however, this is not available 24 hours a day due to limited staffing. Translation services for all other languages are provided through Language Line Services. This occurs through a three-way conversation with the caller, a translator, and the Quitline/ACS staff person. To date, there have been no reports provided of any Florida Quitline callers utilizing these services. A TDD service for the hearing-impaired is also available and has message-recording capability when it cannot be answered live. Calls are returned the same business day.

During the 2002-2003 fiscal year, DOH contracted for ACS to handle 4,000 calls to the Quitline. In the 2003-2004 fiscal year, the Quitline budget was reduced so that DOH contracted with ACS to handle only 1,704 calls.

Program Monitoring

The monitoring of the Florida Quitline is conducted by the evaluation consultant, Image Research. The evaluator receives call data from the ACS on a monthly basis and maintains a local database of Quitline calls from the monthly data reports. The evaluator submits a monthly cumulative data report to DOH staff on each of the target populations identified by the Florida Quitline. In June 2004 the evaluator made an on-site visit to the ACS call center in Austin, Texas, to review intake and counseling practices and to discuss data needs for Quitline reports.

Information from ACS and DOH conference calls, e-mails and other correspondence and meetings help maintain program monitoring. Other information that can be used to determine future changes in the Quitline include services requested by and rendered to specific demographic populations, program participation and completion information, and outcomes found for target populations at three and six month follow-ups. Specific data collection protocols are discussed below.

Quitline Protocols for the Intake Survey

All of the calls coming into the Florida Quitline are handled by a trained intake specialist. When a client calls, he or she is asked a battery of questions from the Florida Quitline Intake Survey. The intake survey is a research tool that records a variety of types of information about each caller. The intake survey is constructed to guide both the telephone counselor and caller to

the appropriate questions for each case using identification questions, then demographic and tobacco-use questions, and finally questions about services. The types of questions in the survey include: demographic and social questions, questions to identify DOH employees or pregnant callers, questions on smoking and quitting activity, frequency of tobacco use, willingness to quit, smoking rules in the house, whether children under 18 or other smokers live in the house, how the caller heard about the Quitline and finally descriptions of services from which the caller can choose. Most of the data recorded in the intake session are made available to the DOH staff by the ACS. A copy of the Florida Quitline Intake Survey is available in Appendix C.

Quitline Protocols for Counseling Sessions

Callers who request counseling are given three follow-up sessions scheduled before and after a date on which the caller decides to quit smoking. The counseling session asks the client about his or her smoking habits and offers medications for nicotine-replacement. The counselor then asks the client about his or her reasons for quitting and suggests the person write them down. Finally, the counselor helps the client set a date to stop smoking, and asks him or her to estimate the chances of quitting for good. The counselor also sets date for further counseling, the second just before the client's quit date and the third just after that quit date. The client receives postcards confirming these counseling dates as well as self-help materials in the mail. This counseling session is repeated four more times for the client. Copies of these sessions are available in Appendix D.

Quitline Protocols for Three, Six and Twelve-Month Evaluations

The follow-up evaluations given at three, six and twelve months employ the same instrument, designed to give answers to the same questions at incremental intervals. Other Quitlines use a short form of the follow-up surveys at six and twelve months, but the Florida protocol is to use the long form for each follow-up to provide a richer dataset. Information from these evaluations allow one to track changes in smoking activity and attempts and success at quitting, as well as changes in children at risk of second-hand smoke, smoking rules in the home, use of medications and satisfaction with the Quitline services. The satisfaction section of the 3-month evaluation survey ask respondents to rate the Quitline on a number of dimensions: helpfulness of the resources provided; aspects of their counseling experience such as their perceptions of the counselor's attitude, sincerity, compassion, helpfulness and overall quality of service; and finally, the respondents could rate the quality of service of the Quitline, as exemplified by its staff on the telephones. A copy of the three-month evaluation is available in Appendix D.

Reports from the American Cancer Society

As part of its contract with DOH, ACS provides monthly data sets and data reports. These data reports present indicators for measuring objectives as well as other kinds of information. Monthly reports include the following

- Number of calls by county;
- Number of calls by stage of readiness to quit/disposition;
- Number of calls by age group (under 18, 18-29, 30-44, 45-64, 65 and over) by county;
- Other caller demographics, including sex, race, education level, marital status and ethnicity;

- Number of calls from Department of Health or County Health Department employees;
- Number of referrals made by county;
- Number of follow-up calls made by counseling staff;
- Time of day for all calls, including calls that are sent to voice mail;
- How callers heard about the hotline;
- Type of caller (client, relative, friend, etc.);
- Number of callers who were pregnant or thought they were;
- Number of callers who refuse to answer;
- Number of callers who are “warm transferred” to another service due to age of caller, lack of contract funds or other reasons;
- Number of callers who have “children under 18 living in the home;”
- Frequencies of number of children under 18 in household;
- Frequencies for “rules about smoking in the home;”
- Other information required by the evaluator and agreed to by all parties.

The ACS is also required to provide the DOH a quarterly match report on the total value of pharmacotherapy matches to date. These data include:

- Type of assistance (e.g., coupon for \$5 off the inhaler; coupon for 30% off a \$40 pack of nicotine patches);
- Number of each type of assistance distributed through Quitline;
- Number of each type of assistance distributed through other outlet (list how distributed);
- Subtotal value of each type of assistance;
- Total value of pharmacotherapy provided.

ACS quarterly budgetary reports provide details of how much money the project is using, specifically program activities and amounts rendered. Direct and in-kind funding is determined by DOH and ACS, and monitored by DOH.

Tracking of Quitline Promotions

Because of budget cuts in the 2003-2004 fiscal year, the Florida Quitline had no budget for media promotions. Promotional materials on hand were distributed around the state, but there was no media campaign during the year.

Target Populations

Target populations for the Florida Quitline include Floridians (age 14 and over) who smoke or use smokeless (spit) tobacco, parents who smoke and who have children under age 18 in their household, pregnant women and DOH employees. The rationale for targeting these populations are discussed below.

Floridians (Age 14 and Over) Who Smoke

Smoking has had devastating consequences for adults in Florida. Lung cancer is a major cause of cancer deaths in Florida and the second most common type of cancer. A DOH report estimated that in 1998 tobacco use accounted for one in five deaths and \$2.6 billion in hospital costs. More recent cost estimates put the cost of annual health care for smoking-related illnesses at \$4.93 billion, \$976 million of which is covered by the state Medicare program (see:

<http://tobaccofreekids.org/reports/settlements/TobaccoToll.php3?StateID=FL>.) The prevalence of smoking-related cancer and associated costs of health care make smokers in Florida a top priority for the Florida Quitline.

Smokeless (“Spit”) Tobacco Users

Long-term use of smokeless or “spit” tobacco is associated with nicotine addiction and increased risk of oral cancer. An estimated 5.3 million Americans were smokeless tobacco users in 1991, most of them men. Smokeless tobacco users tend to be young, live in rural areas, have low educational attainment and make low wages. Spit tobacco users can benefit from Quitline services that address their unique needs. Therefore, the Florida Quitline includes a separate protocol for spit tobacco cessation.

Parents Who Smoke and Who Have Children Under Age 18 In Household

Studies show that second-hand tobacco smoke has serious health effects on adults and children, including non-smokers. Second-hand smoke contains more than 4,000 chemicals, including 43 cancer-causing agents and 200 poisons, and is known to cause cancer in humans. This problem is intensified for children, who are more likely to get pneumonia, bronchitis and other lung diseases, to have more ear infections, and a to develop asthma if they are exposed to second-hand smoke.

Youth tobacco use occurs within a family and community context, where adults model tobacco use behaviors, make tobacco products available to youth, and promote family and community norms that support youth tobacco use. Adolescents whose parents have quit smoking are less likely to be smokers and are more likely to quit if they do smoke. The earlier parents quit, the less likely their children are to become smokers. Promoting a smoke-free home might be a way for family members to encourage smokers to quit and to modify smokers’ behavior in ways that would help them quit. Promoting the Quitline among adults, particularly young adults and parents, could result in reduced cigarette use for both youth and adults.

Pregnant Women

Pregnant women can experience adverse health effects from smoking, including low birth weight babies, premature rupture of membranes, pre-term delivery, and a slightly increased risk of intrauterine growth retardation. A higher percentage of women stop smoking during pregnancy, both spontaneously and with assistance, than at other times in their lives. Pregnant smokers are offered extended or augmented counseling interventions that exceed the minimal advice to quit in the Florida Quitline.

Department of Health and County Health Department Employees

In 2001, DOH conducted an employee survey to obtain information that would help DOH in considering new policies or promotions regarding tobacco use in the workplace. The prevalence of cigarette use among the DOH survey respondents was 14.4 percent, which is lower than the average prevalence rate of 22.3% in Florida. DOH headquarters launched a worksite wellness campaign, called Health In Site, which included promotion of tobacco-free lifestyles. Quitline promotions to DOH employees should result in employee participation in these campaigns.

Evaluation Methodology

The Department of Health created a statewide tobacco cessation telephone counseling service to reduce the prevalence of tobacco use among adults in Florida and to reduce exposure to second-hand smoke among adults and children. The Quitline was opened after an extensive literature search and data from tobacco surveys in Florida developed the outcome measures for the Quitline and to identified priority target audiences. Objectives were established at a stakeholders' meeting and logic models for the Quitline's inputs, activities, outputs and outcomes were developed. The evaluation methodology for the Quitline was established during this period, and has been followed for over two years.

Current Surveillance and Evaluation Activities

The Florida Quitline is evaluated by an independent vendor, Image Research, that receives call data from the ACS every month. Data are collected by the ACS during the intake survey, during counseling sessions and during the three, six and twelve-month follow-up evaluations. Data collected at intake include demographics, whether client is pregnant, reason for calling, smoking behaviors, quit attempts, smoking rules and whether client lives with a smoker or has children in the household, how the client heard about the Quitline and the services requested. The counseling data asks about tobacco behavior, quit attempts and medications. The follow-up evaluations ask questions that include smoking behavior and quit attempts, medications and insurance, whether there are children in the household or if the client lives with a smoker, and a series of client satisfaction questions. All of these data are available to the evaluator upon request.

The evaluator submits monthly reports to the Department covering the pertinent target populations for the Florida Quitline. These include Gender, Age Group, Pregnant Callers, Ethnicity of Callers, Education Level, Marital Status, Department of Health Employee, Children Under 18 in Household, Live With a Smoker, Smoking Rules, Reason for Calling the Quitline, Willing to Quit Within 30 Days, How Heard About the Quitline, Interest in Services, Florida Region and Florida County. Each table in the report is cumulative from the beginning of the fiscal year to the latest month of data.

The final evaluation covers the target populations, at-risk populations, media campaigns and follow-up evaluation data. Its goal is to determine whether the target and at-risk populations are being served, whether media campaigns were successful, whether there is a positive smoking cessation outcome reported during the follow-up evaluations and whether the client was satisfied with the Quitline services.

Data Management Plan

ACS prepares a monthly data file with the raw data from the previous month's intake surveys and a monthly report file, which is sent electronically to DOH staff and Image Research. The summary tables sent by ACS provide reports for that month's calls for populations of interest. The report tables provide information on the number and frequency of calls by gender, age, race/ethnicity, education, marital status and whether the caller is a DOH employee. They also report: (a) whether callers have children under 18 in the household, (b) what the smoking rules are in all households, (c) the average number of cigarettes smoked, (d) the length of time caller has been a smoker, (e) how many times the caller has tried to quit, and (f) the caller's appropriate stage of change. Finally, the report tables provide information on the location of

callers by region in Florida and how callers heard about the Florida Quitline. The report tables are useful as monthly summaries, but are not cumulative over the entire year.

The data file sent by the ACS each month contains client IDs, demographic data on clients who called the Quitline, and intake information and responses that are linked to the demographic information by a client ID. The majority of records have complete data, though a small number of callers do not complete the intake survey. The new data file received every month is appended to a cumulative database in Microsoft Access, and retained for analysis purposes.

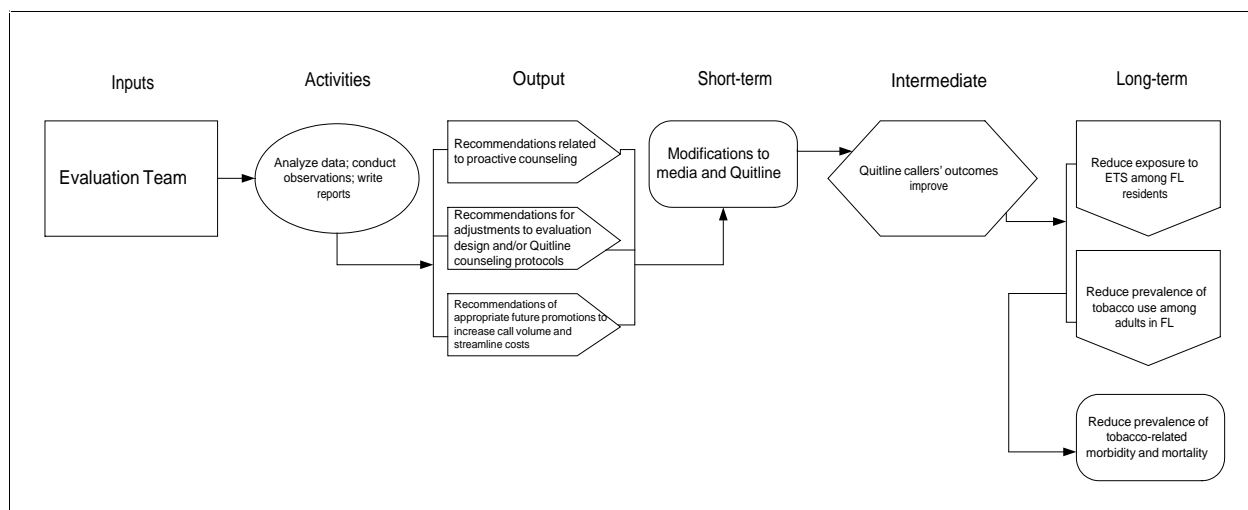
By contract, ACS is also responsible for sending counseling data and data files containing records of the quality assurance follow-up responses at three and six month intervals. These three files can be joined to the intake records by client identification numbers and provide follow-up data on the effectiveness of the Quitline. Image Research takes the responsibility for maintaining all of the datasets in an integrated database. All data are backed up and are included on a CD with the final evaluation.

Outcome Indicators for the Quitline Evaluation

The goals and objectives for the Florida Quitline provide a guide for the summary data that need to be measured and reported as indicative of positive outcomes. These data include demographic, behavioral and social indicators of importance. Use of the Quitline by various demographic groupings (such as race/ethnicity, gender, and age) is established from data provided monthly from the ACS database. The number of calls broken down by demographics and by service provided are used to assess the types of services being accessed by different populations.

The goals of the evaluation analysis are to confirm whether the Quitline reached its target populations and whether it provided appropriate counseling and referral services. Without the follow-up data, however, it is not possible to determine the outcomes of the ACS counseling sessions and referrals. The evaluation follows the logic path of the Florida Quitline Evaluation Goals and Outcomes Logic Model, shown in Figure 3.

Figure 3. Florida Quitline Evaluation Goals and Outcomes



The Florida Quitline Evaluation Goals and Outcomes Logic Model charts a path from the evaluation of the Quitline to use of evaluation recommendations to modify and improve the Quitline, to the eventual reduction of tobacco use and exposure to second-hand smoke. The model envisions short-term, intermediate and long-term goals for the Florida Quitline. This evaluation constitutes the major activity output leading to possible modifications in the Quitline media campaigns and ACS proactive counseling.

The intermediate goal of the evaluation is to improve the outcomes experienced by Quitline clients from their counseling sessions and other services, either by enabling them to quit altogether or by decreasing their tobacco use. These outcomes are estimated by using data from the three- and six-month follow-up evaluation reports, which are currently unavailable. The long-term goal of the model is to reduce the prevalence of tobacco use, exposure to environmental tobacco smoke and tobacco-related health problems among Florida residents. This goal should be reflected in the ongoing smoking prevalence rates reported in surveys such as the Behavioral Risk Factor Surveillance System from the US Centers for Disease Control and Prevention.

Indicators for the sustained abstinence from tobacco use come from self-reports of program participants who complete the program and who are still abstinent at follow-up. Indirect indicators are also obtained from the monthly ACS reports showing the number of responses to questions on self-efficacy assessment (for example, how long they've been quit, how much tobacco did they use, number of quit attempts, addiction level). Indicators for patterns of tobacco use and quit behavior following their call to the Quitline are obtained during the three-month follow-up evaluations. Related indicators are reduced consumption of tobacco products, and decreased tobacco usage among Quitline callers, both of which are reported by Quitline callers at the three- and six-month follow-up evaluations. Changes in the quantity and frequency of tobacco use following counseling are reported during these follow-up surveys.

The final objective of reducing exposure to environmental tobacco smoke (second-hand smoke) is measured using a question from the Behavioral Risk Factor Surveillance System (BRFSS), "Which statement best describes the rules about smoking in your home?" This question was added Florida Quitline intake and follow-up forms. The number of callers who report changing their house rules from allowing smoking in the home to not allowing it at all indicates a reduction in second-hand smoke.

To indicate the number of children exposed to second-hand smoke, ACS included questions regarding whether children under 18 live in the caller's household and, if so, how many children. The number of children in the household of callers who change their house rules from "smoking is allowed in the home" to "smoking is not allowed at all in the home" could indicate the number of children no longer exposed to second-hand smoke in the home.

Finally, the demographics of Quitline callers are aggregated into regional locations around the state of Florida: Panhandle (Region 1), Northeast (Region 2), North Central (Region 3), Tampa Bay (Region 4), South Central (Region 5), Palm Beach/Broward (Region 6), Dade/Monroe (Region 7). The regional groupings of counties allow comparison of different population groups in Florida. How counties are grouped into each of the seven regions is shown in Appendix A.

II. Analysis of the Intake Data from Florida Residents Calling the Quitline

Background to Evaluation of the Quitline

The Florida Quit-for-Life Line (Quitline) started operations in December 2001 from the American Cancer Society (ACS) Call Center in Austin, Texas. The goal of the Florida Quitline is to provide telephone counseling to residents of Florida who want to stop using tobacco products. In its first year and a half of activity, the Quitline received over 5,000 calls from Floridians seeking counseling, referrals and informational materials on quitting smoking.

When someone calls the Quitline, he or she is asked a set of intake questions by the ACS counselor. In addition to demographic questions, the ACS counselor asks questions related to the caller's reason for calling, willingness to quit tobacco, tobacco use, household smoking rules, the presence of children under 18 in the household, how the caller heard about the Quitline, and a number of other, related questions. All callers are called back after three-months for a follow-up evaluation, and again at six-months. The follow-up evaluations determine whether the caller has quit smoking, or has at least made an attempt at quitting. The analysis contained in this evaluation uses data from the intake surveys of Floridians who called between July 2003 and March 2004. Follow-up data were not available from the American Cancer Society at the time of writing, so are not included in this evaluation.

The populations of interest in this evaluation include all adults in Florida who smoke, broken out by age, gender, race/ethnicity, education and marital status. A second population includes Florida Department of Health (DOH) and County Health employees. A third population of interest are those at risk from smoking, including pregnant women, callers with children under 18 and callers who live with smokers. For each of these groups the risk entails a danger of second-hand smoke, either for the fetus of a pregnant woman or for children in a smoking household. A second focus of interest in this evaluation is the reason Floridians call the Quitline, their smoking behaviors, previous attempts to quit smoking and the services that they request. A final area of interest in the evaluation is to understand how callers heard about the Florida Quitline in the 2003-2004 fiscal year, which saw a reduction in funds for the program and little money available statewide for media campaigns or other promotional activities.

Summary of Findings from the 2002-2003 Quitline Evaluation

The period of the first Quitline evaluation covers calls from December 2001 to February 2003. A total of 3,996 Florida residents called the Quitline in this period, and 3,821 completed intake surveys, to become the base sample for the analysis. The Florida Quitline averaged 266 calls per month over these fifteen months, with 79% of the people calling the Quitline wanting to quit smoking. 54% of smokers request counseling and referral services from the Quitline.

Among callers there were some clear gender and age distinctions. 58% of the Quitline clients were women, compared to 34% who were men. Quitline callers tended to be middle-aged, with 67% of them between 30 and 64. 46% of women and 44% of men requested counseling and referrals. The race/ethnic makeup of callers to the Florida Quitline was predominantly White, followed by Black and Hispanic callers. 55% of all Floridians who called the Quitline were White, 6.5% were Black and 5.9% were Hispanic. 52% of White smokers, 56% of Black smokers and 57% of Hispanic smokers who called the Quitline requested counseling and referrals.

Among the Quitline clients were 58 employees from the DOH or the county health departments; no health employees succeeded in quitting smoking. 54 pregnant women called the Quitline, 46% of whom had children under 18 in their household. Seven (13%) pregnant women succeeded in quitting smoking. 31% of all smokers who called the Quitline had children under 18 in the household, with 52% of them allowing smoking somewhere in the house. 28% of all people calling the Quitline lived with a smoker. An estimated 882 children lived with smokers and were at high risk of second-hand smoke.

The DOH ran a smoking cessation radio and television media campaign during January and February and then June through October, 2002. Over the course of the campaign 490 30-second radio commercials were aired over three months and 4,800 60-second television commercials were aired over five months. During the radio campaign, 83% of all people calling the Quitline were from Orlando. During the television campaign, 96% of all calls to the Quitline came from Orlando. Overall, 42.3% of all Floridians who called the Quitline lived in Orlando.

The three-month follow-up evaluation of all Quitline callers is conducted to determine the outcome of the Quitline call on helping the client stop smoking. 26% of all Quitline clients were contacted for the three-month follow-up evaluation. 61% of Quitline clients contacted had stopped smoking for one or more days in the three-month period and 16% of those contacted had quit smoking entirely. 15.6% of Quitline clients living with children under 18 quit smoking, with an estimated 104 children of Quitline clients no longer at risk of second-hand smoke in the home. 77% of Florida Smokers who quit smoking after calling the Quitline received counseling sessions. 84% of Quitline clients contacted during the three-month follow-up evaluation would recommend the Quitline to others who are trying to quit using tobacco.

The overall assessment of the 2003 Quitline evaluation was that it did succeed in helping Floridians reduce their consumption of tobacco products or to stop quitting entirely. 82% of the targeted 4,000 clients called the Florida Quitline in fiscal year 2002-2003 and 95.6% of all Floridians who called the Quitline received services. 16% (N=159) of all Quitline clients contacted in the three-month evaluation quit smoking. Extrapolating from these 16% of callers 524 Floridians potentially quit smoking after calling the Quitline.

Overview of Calls from Florida Residents to the Quitline, 2003-2004

Complete Versus Incomplete Intake Surveys

Between July 2003 and March 2004 (the last month of data reported by ACS at time of writing) 1,603 Floridians called the Quitline for help in quitting smoking. Of this number, 17 callers declined to answer questions on the ACS intake survey and as a result are excluded from this evaluation analysis. The callers with incomplete intake surveys appear only during July to September, 2003. In November, 2003, the ACS changed its format for reporting intake surveys and from this point on there are no incomplete calls reported. The total number of Quitline clients included in this evaluation is 1,586, which is 93.1% of the 1,704 calls DOH contracted with ACS to receive counseling services for the fiscal year 2003-2004.

Comparison of Calls Between December 2001 and March 2004

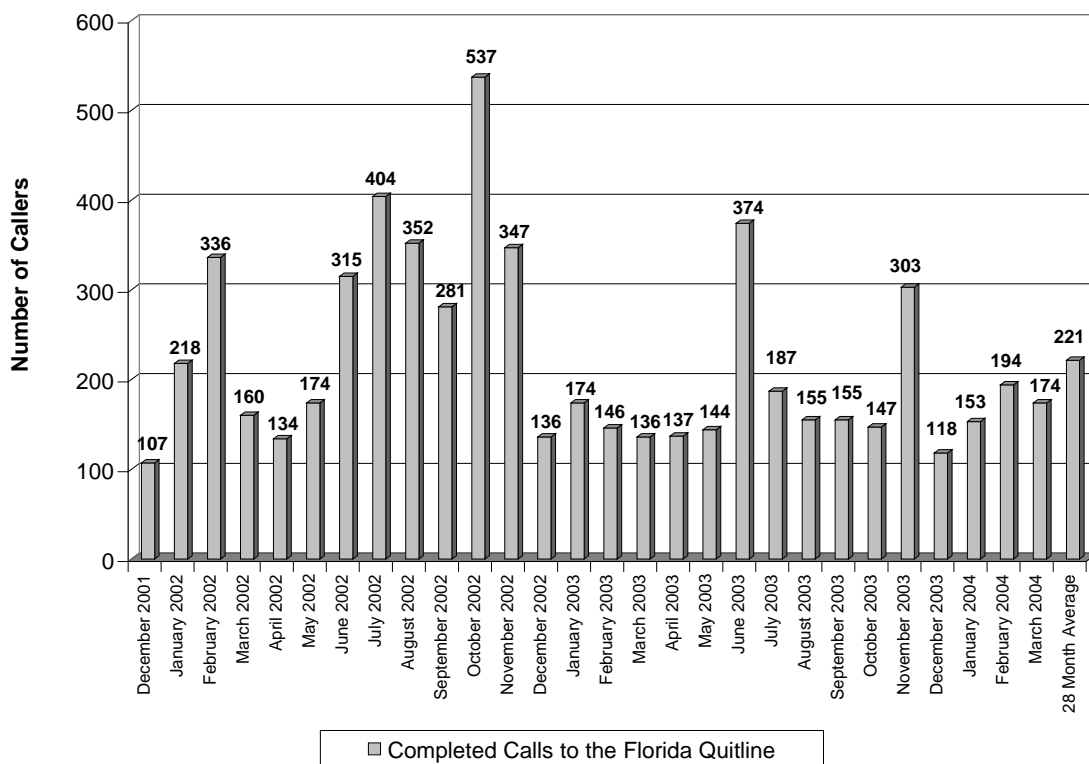
Between July 2003 and April 2004 the Florida Quitline received an average of 176 calls per month; only one month, November 2003, exceeded this average with 303 calls. The average monthly number of calls for this period is well below the average of 266 calls per month for 2001-2003. Figure 4 shows a comparison of all completed calls from December 2001 to March

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2004. While the average calls per month differ by 90 calls for these two periods, when the chart is inspected it becomes clear that the calls per month appear to fall into two groups of months rather than periods of time. The group with the highest call volumes include January and February 2002, June through November 2002, June 2003 and November 2003, with an average of 347 calls per month. The second group, which includes all the remaining months, exhibits a fairly consistent number of calls per month, averaging 152.

The difference between the two groups could be related to the presence of mass communication campaigns. Between January and November 2002 the DOH conducted a smoking cessation campaign in the Orlando Metro area, which accounts for much of the call volume in that period. June 2003 followed the well-publicized World No Tobacco Day on May 31, and November 2003 was Lung Cancer Awareness Month, and had the Great American Smokeout on November 20th. In each of these cases there was heightened media coverage of smoking cessation that could explain the increased call volumes.

Figure 4. Calls to the Florida Quitline by Month, 2001-2004 Reasons for Calling the Florida Quitline



Reasons for Calling the Florida Quitline

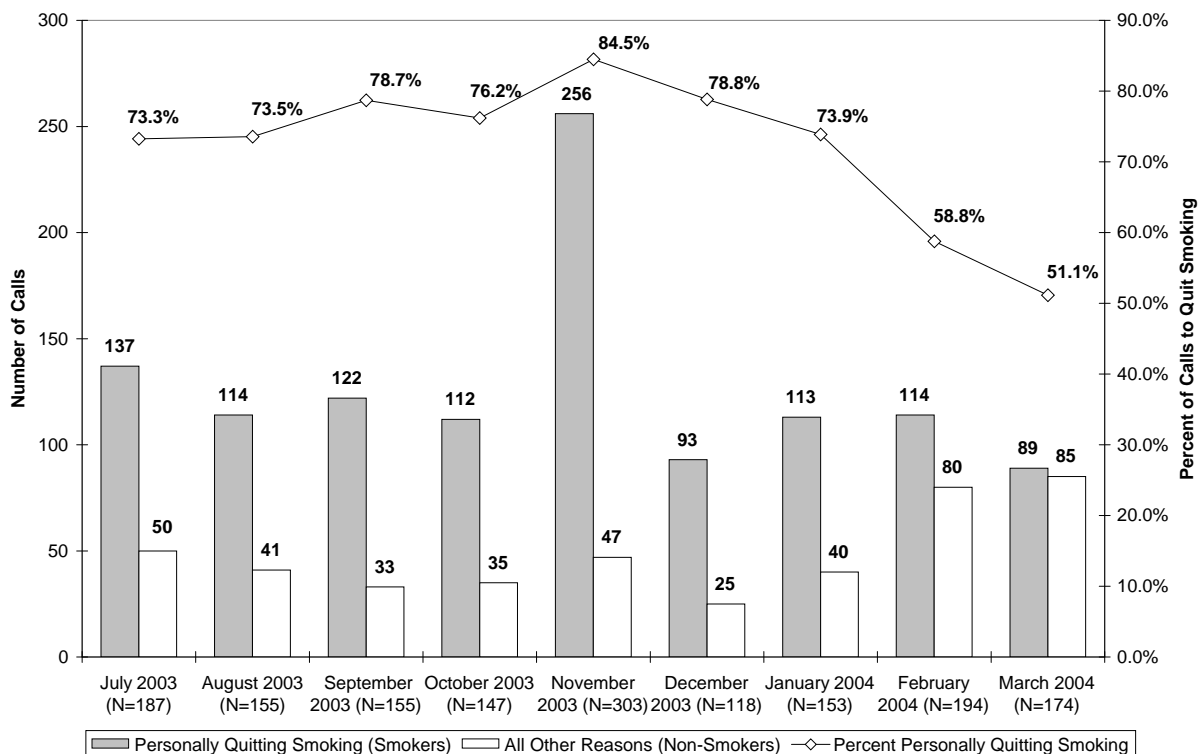
The majority of people calling the Florida Quitline do so to quit smoking tobacco, accounting for 72.5% of all callers, as shown in Table 3. Family members calling for someone else and 'Other' reasons account for another 20.3% of callers. Callers who have already quit make up only 6.1% of the total, and very few people call for smokeless tobacco. These figures show a percentage increase from 2001-2003 in the number of people calling for someone else or after quitting (9.1% increase), and a decrease in the number of people calling to quit smoking (6.5% decrease).

Table3. Reasons for Calling the Florida Quitline, July 2003 to March 2004

Reason for Calling the Quitline	Number of Calls	Percent
Personally Quitting	1,150	72.5%
Personally quitting – Smokeless Tobacco	3	0.2%
Already Quit	97	6.1%
Family Members (including spouses)/ Friend of Current Smoker	142	9.0%
Other (Examples: Drs. Office, Teachers, Community Orgs.)	180	11.3%
Missing	14	0.9%
Total	1,586	100.0%

Over the 2003-2004 fiscal year, the number of Floridians calling the Quitline to quit smoking, versus all other reasons, stayed above the period average of 72.5% for the first seven months of the time period covered, then fell off in February and March, as shown in Figure 5.

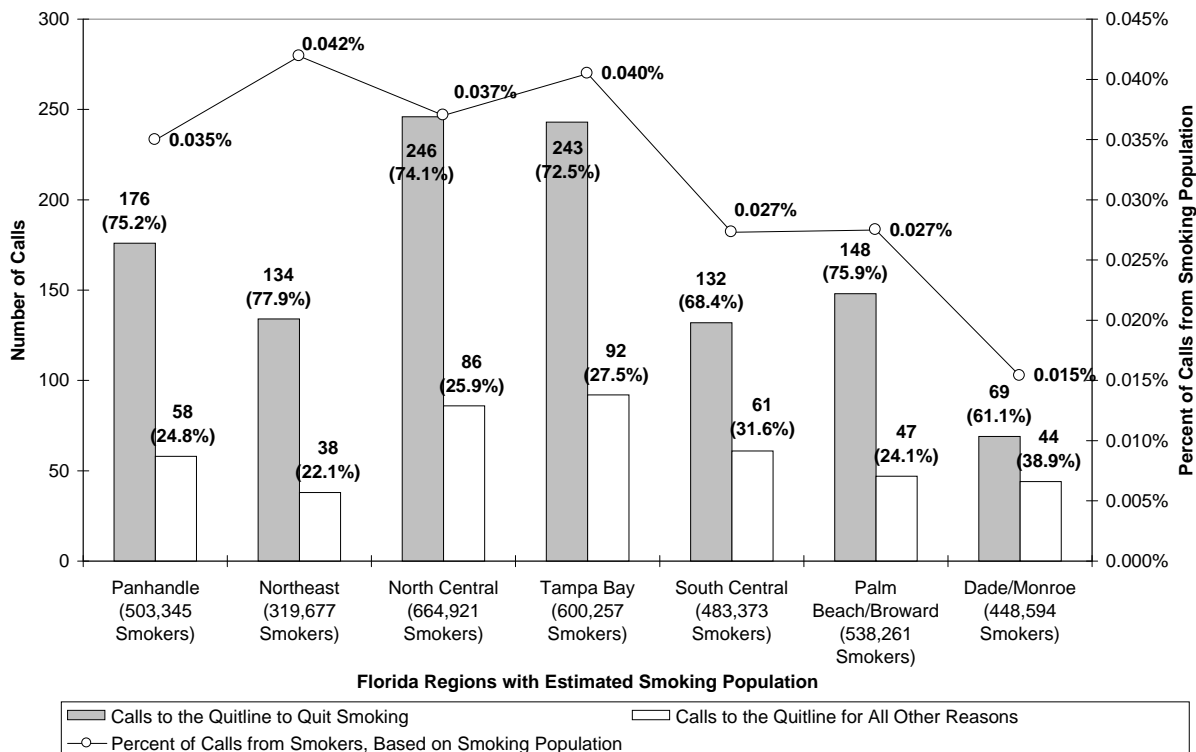
Figure 5. Calls to the Florida Quitline from Smokers and Non-Smokers by Month and Percent Quitting Smoking, 2003-2004



The month with the greatest number of callers and smokers is November 2003 (N = 256 Smokers, 47 Non-smokers), which coincides with Lung Cancer Awareness Month, and the Great American Smokeout. The reason for the falling off of smokers in February and March 2004 is unclear, although the number of calls from 'Other' sources (Doctors' Office, Teachers, Community Organizations) and Family members increased sharply in these two months.

Floridians called the Quitline from every part of the state, though the proportion of calls differed by region, as shown in Figure 6. The greatest number of calls came from Tampa Bay (N = 335, 21.1%), the North Central region area (N = 332, 20.9%) and the Panhandle (N = 234, 14.8%). A smaller proportion of calls came from the other four regions of the state. The number of calls from smokers in each region, however, is somewhat different. The top three regions with the greatest number of smokers calling the Quitline are the Northeast (N = 134, 77.9%), Palm Beach/Broward (N = 148, 75.9%) and the Panhandle (N = 176, 75.2%). These numbers do not tell a complete story, though, because the totals are not adjusted for the number of smokers in each region. A second calculation was conducted to adjust the call rates to reflect the smoking population.

Figure 6. Calls to the Florida Quitline by Percent of Smoking Population and by Region of Florida



Calculating the call rates based on smokers required several assumptions about the target populations. The first assumption was that people calling the Quitline to quit smoking would be classified as smokers, whereas people calling for all other reasons would be classified as non-smokers. The call rate among smokers is then calculated only for those who request help to quit smoking. The population of smokers in each region was calculated using data on smoking prevalence from the 2002 Behavioral Risk Factor Surveillance System (BRFSS) and published

population figures from the 2000 US census, as shown in Table 4. An estimate of the smoking population for each region was then calculated by multiplying the prevalence rate times the population. The calls from smokers in each region was then used to calculate the proportion of calls from the smoking population, as is shown in the percentage line in Figure 6.

Table 4. Calculations to Determine Quitline Call Rates from Quitline, 2000 Census and 2002 BRFSS Data

DOH/BRFSS Regions	Census 2000 Population	BRFSS 2002 Smoking Prevalence	Estimated Smokers in Each Region	Smokers Calling the Quitline	Call Rate of Smokers Only
Panhandle (Region 1)	2,128,312	23.6%	503,345	176	0.035%
Northeast (Region 2)	1,428,088	22.4%	319,677	134	0.042%
North Central (Region 3)	2,782,053	23.9%	664,921	246	0.037%
Tampa Bay (Region 4)	2,529,213	23.7%	600,257	243	0.040%
South Central (Region 5)	2,027,581	23.8%	483,373	132	0.027%
Palm Beach/Broward (Region 6)	2,754,209	19.5%	538,261	148	0.027%
Dade/Monroe (Region 7)	2,333,368	19.2%	448,594	69	0.015%
Total	15,982,824	22.3%	3,563,842	1,148	0.032%

From the secondary analysis of call rates from smokers, it is clear that the proportion of calls based on the smoking population gives a different picture of callers. While the Northeast region of Florida has a low number of calls (N = 172), the proportion of calls relative to its smoking population ranks first at 0.042%. The next highest call rate comes from the Tampa Bay region (N = 335) with 0.040% of smokers calling, while conversely the Dade/Monroe region, with the smallest number of callers (N = 113), also ranks lowest with only 0.015% of its smoking population calling the Quitline. The state as a whole has a call rate from smokers of .032%, indicating that the call rate to the Quitline for 2003-2004 is about one third of one percent of the smoking population.

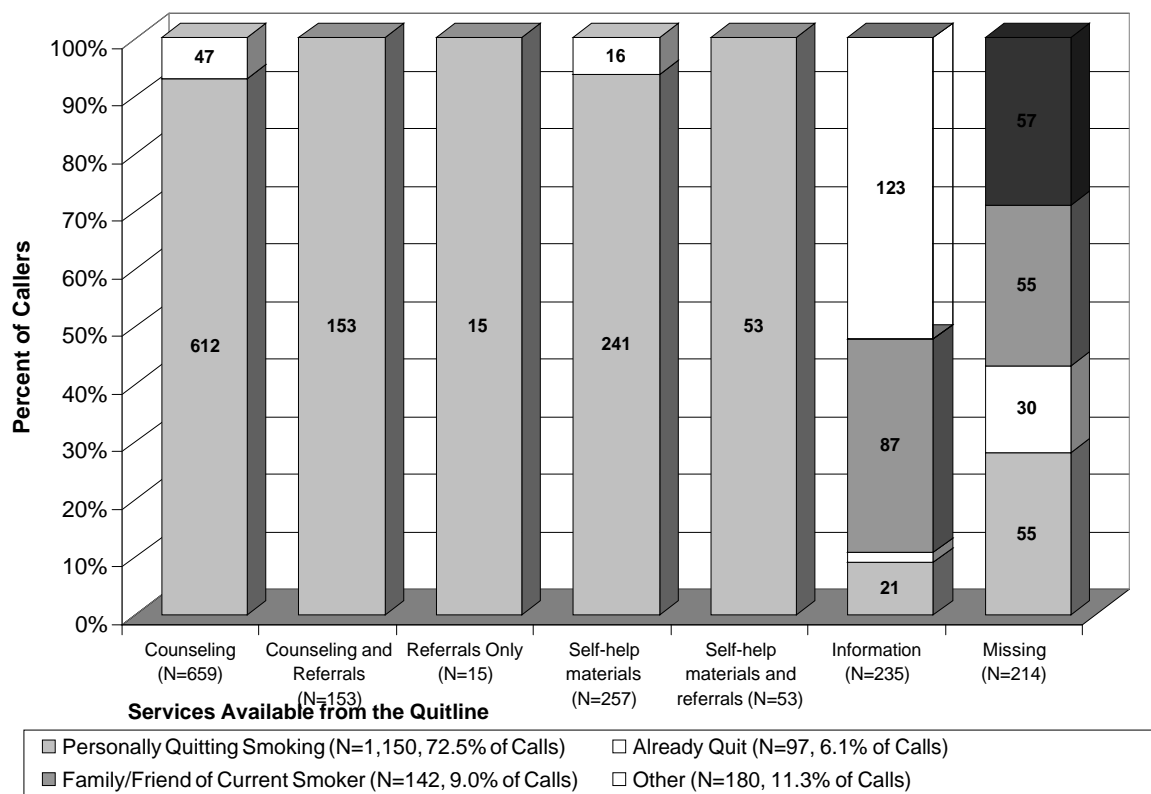
Services Requested from the Florida Quitline

When clients call into the Quitline, they are offered a number of services to help them quit their use of tobacco. These services include counseling, referrals to smoking cessation

resources, self-help materials, and smoking cessation information. Callers can choose the service they would like to receive. If they ask for counseling, they can receive up to three telephone counseling sessions to help them prepare to quit, select a quit date and take the action step to quit. Figure 7 shows a percentage breakdown of the services requested by callers, grouped by the reason for the call. Because the majority of callers want to quit smoking, this group accounts for most of the services.

Counseling services are the most requested service offered by the Quitline, requested by 41.6% of callers. Smokers make up the overwhelming majority of callers asking for counseling (92.9%) followed, interestingly, by a small group of callers who have already quit smoking (7.1%). Smokers also make up the total callers asking for referrals and self-help materials, except for a small group of callers who have already quit (N = 16), who ask for self-help materials. Information is the one service requested by clients who call for family or other reasons. A few smokers and callers who have quit also ask for information services. Not shown in this chart are the 13.4% of callers whose service request is not recorded. By and large, counseling and self-help materials are the most requested service from the Quitline.

Figure 7. Types of Services Requested by Callers by Reason for Calling the Quitline



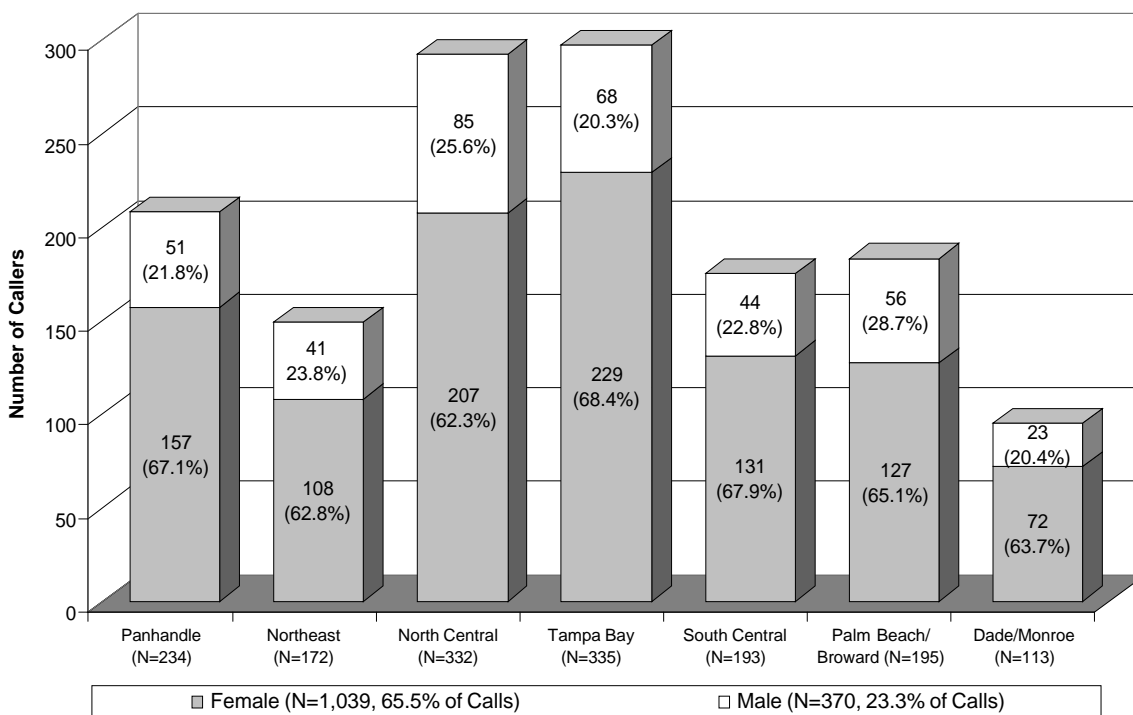
Target Populations – Florida Adults Who Smoke

This section focuses on the demographic characteristics of the Florida Quitline target populations: Florida adults by gender, age, race/ethnicity and education, DOH employees, pregnant women, smokers with children under 18 in the household and clients who live with a smoker.

Age and Gender of Adult Floridians

Florida adults make up the majority of calls to the Florida Quitline. The gender of Quitline clients is split unevenly, with around three women calling (65.5%) for every man (23.3%). 11.2% of all callers gave no gender. Men and women called the Quitline in about the same proportion across the state. Figure 8 shows the breakdown of calls by gender from the regions of Florida, for the period between July 2003 and March 2004. More women than men called the Quitline across the state, in a fairly consistent percentage band of between 62% and 68% of callers. Men called in a range of about 20% to 29% of callers, with the greatest proportion of men calling from Palm Beach/Broward and the smallest proportion from Tampa Bay. (Percentages do not add to 100% because of missing values.)

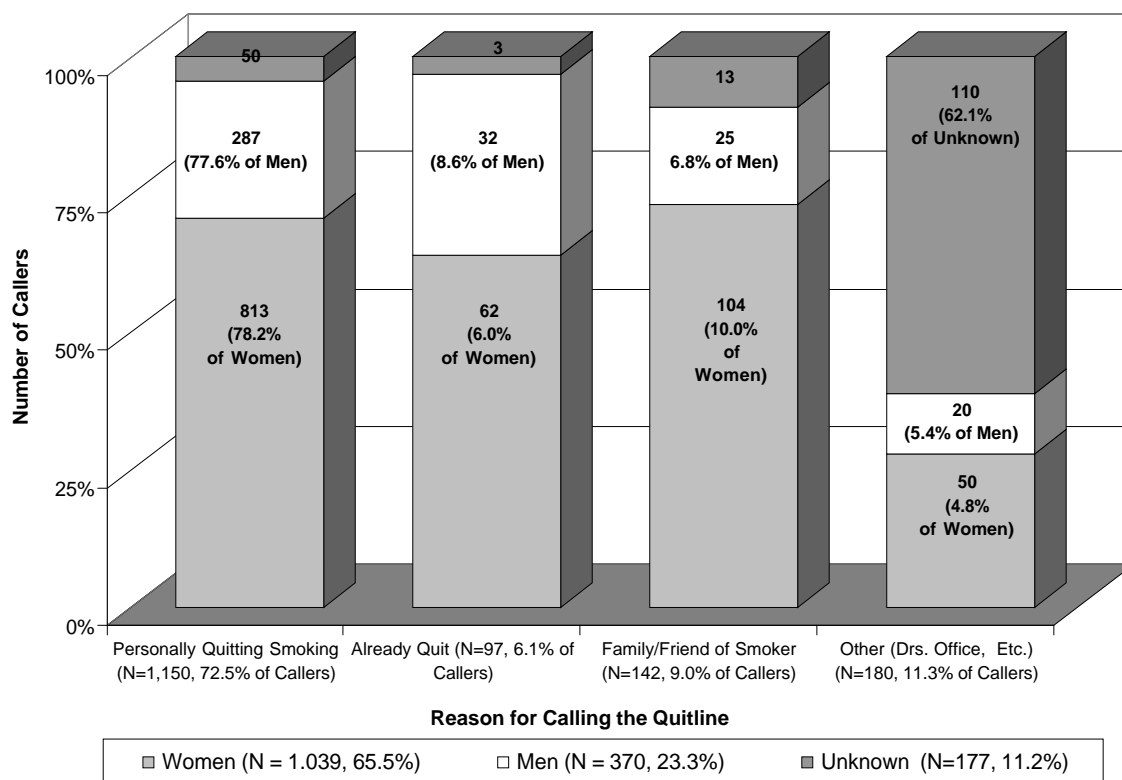
Figure 8. Gender of Caller by Region of Call



Why more women than men call the Quitline is unknown. Psychological or communication variables might explain the difference, or other social or medical reasons. It is of interest to note that during the media campaign in the Orlando Metro area in 2002, the percentages of men and women calling the Quitline were much closer (51.3% were women versus 44.6% who were men). This finding could suggest a “Quitline awareness” explanation which is related to the mass media promotion at the time.

Even though women call the Quitline three times more frequently than men across the state, their reasons for calling the Quitline are very similar in proportion to their numbers. A comparison of reasons for calling the Quitline by men and women is shown in Figure 9.

Figure 9. Reason for Calling the Florida Quitline by Gender



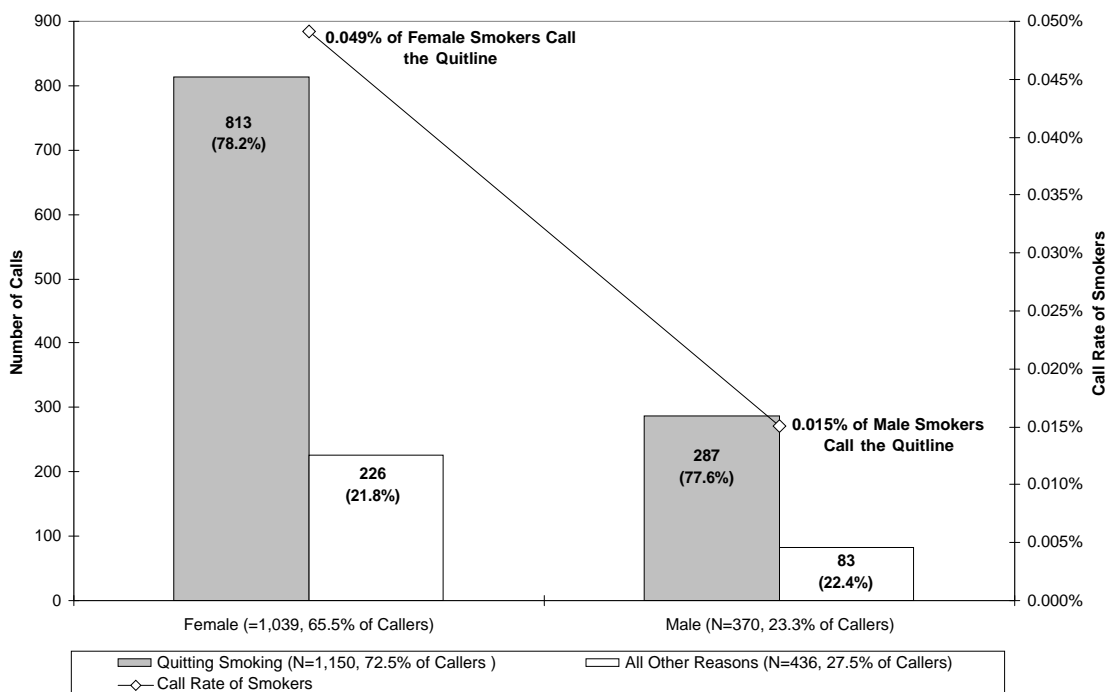
About the same proportion of men and women call the Quitline to quit smoking (78.2% for women and 77.6% for men). A greater percentage of men than women who have already quit smoking called the Quitline (8.6% of men versus 6.0% of women) while a greater proportion of women call on the part of a family member or friend (10.0% of women versus 6.8% of men). A number of calls missing a gender designation call for Other reasons, typically for information. These calls are generally from Doctor’s offices, county health offices or similar organizations.

Comparing men and women based on their smoking prevalence provides a revealing picture of the differences in Quitline calling behavior between the genders. Smoking prevalence is based on the 2002 Behavioral Risk Factor Surveillance Survey (BRFSS) which puts smoking prevalence among women at 20.2% and the prevalence of smoking among men at 24.5%. The calculations for comparing the Quitline call rate between men and women are shown in Table 5.

Table 5. Calculations to Determine Quitline Call Rates for Men and Women from Quitline, 2000 Census and 2002 BRFSS Data

Gender	2000 US Census Florida Population	2002 BRFSS Smoking Prevalence	Estimated Smoking Population	Quitline Calls	Quitline Calls from Smokers	Quitline Call Rate from Smokers
Men	7,797,933	24.5%	1,910,494	1,039	287	0.049%
Women	8,184,891	20.2%	1,653,348	370	813	0.015%
Total	15,982,824	22.3%	3,563,842	1,586	1,150	0.032%

Figure 10. Comparison of Smokers versus Non-Smokers by Gender and Call Rate, July 2003 to March 2004



When the frequency of Quitline calls by male and female smokers versus non-smokers is compared to the prevalence of smoking in Florida, based on the calculations in Table 5, the differences in their call rates stands out markedly, as shown in Figure 10.. Women have a Quitline call rate of 0.049% from the estimated population of female smokers compared to the call rate for men of 0.015%. The Quitline call rate for all smokers in Florida is 0.032% of the estimated smoking population.. Male smokers called the Quitline three times less often than women, based on the estimates of the smoking population. For men to reach the call rate of women, 940 male smokers would have to call the Quitline in the time period of this analysis.

Comparing callers to the Quitline by gender and age, it is apparent that there is a fairly even proportion of both genders in each age group, even though the number of callers differs dramatically among age groups, as shown in Figure 11. The largest number of calls to the Quitline come from the 45 to 64 age group (N=616, 38.8% of callers), followed by the 30 to 44 age group (N=422, 26.6% of callers). The 18 to 29 and 65 and Older age groups have a much lower representation in the Quitline, making up less than a quarter of the callers.

Across the age groups, about 70% of women and 24% of men call the Quitline, with small variations. Smokers in both genders also call at a similar rate. Between 18 and 64 about 80% of the callers are smokers, regardless of gender, with small variations. In the 65 and Older age group this percentage falls to 72.6% for women and 59.5% for men. It is clear that the proportion of calls to the Quitline are consistent for both men and women across age groups.

Figure 11. Comparison of Gender and Age of Quitline Clients by Smokers versus Non-Smokers, July 2003 to March 2004

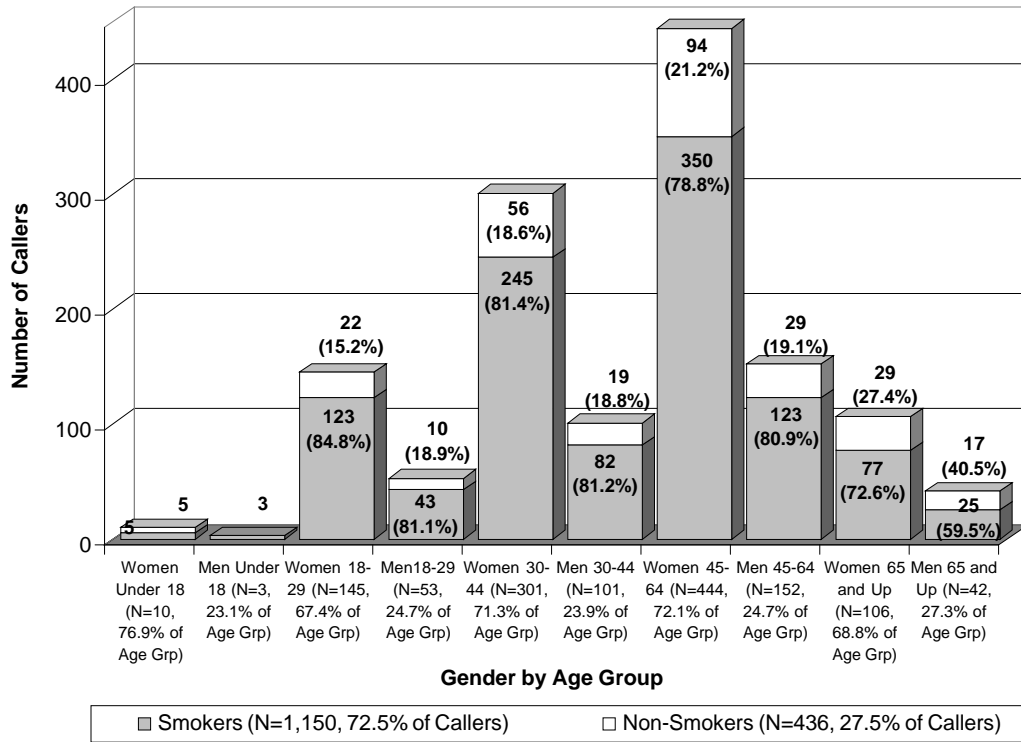
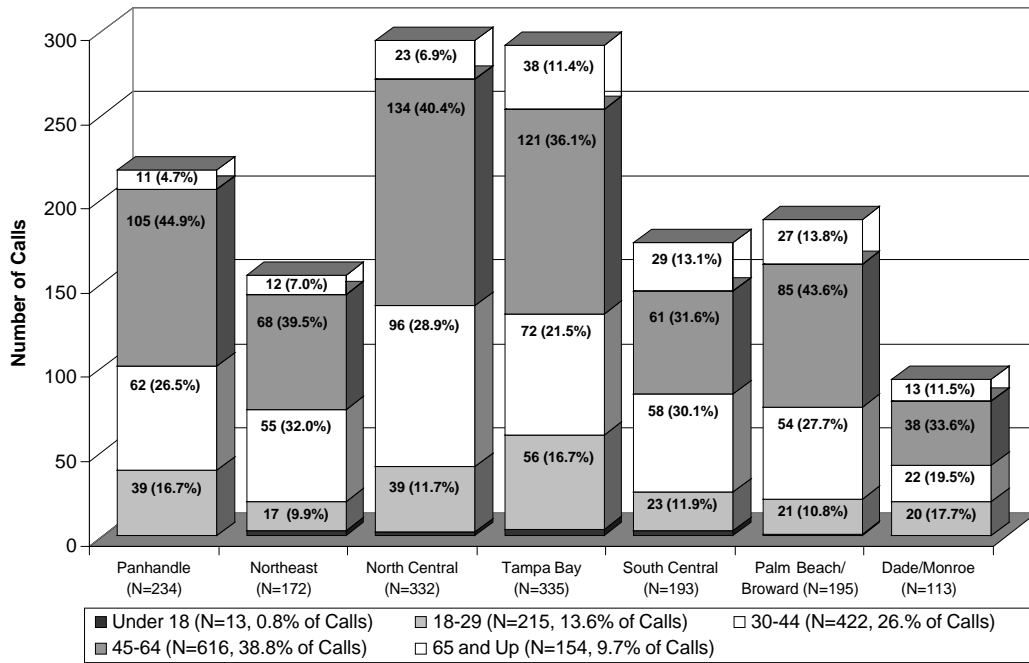


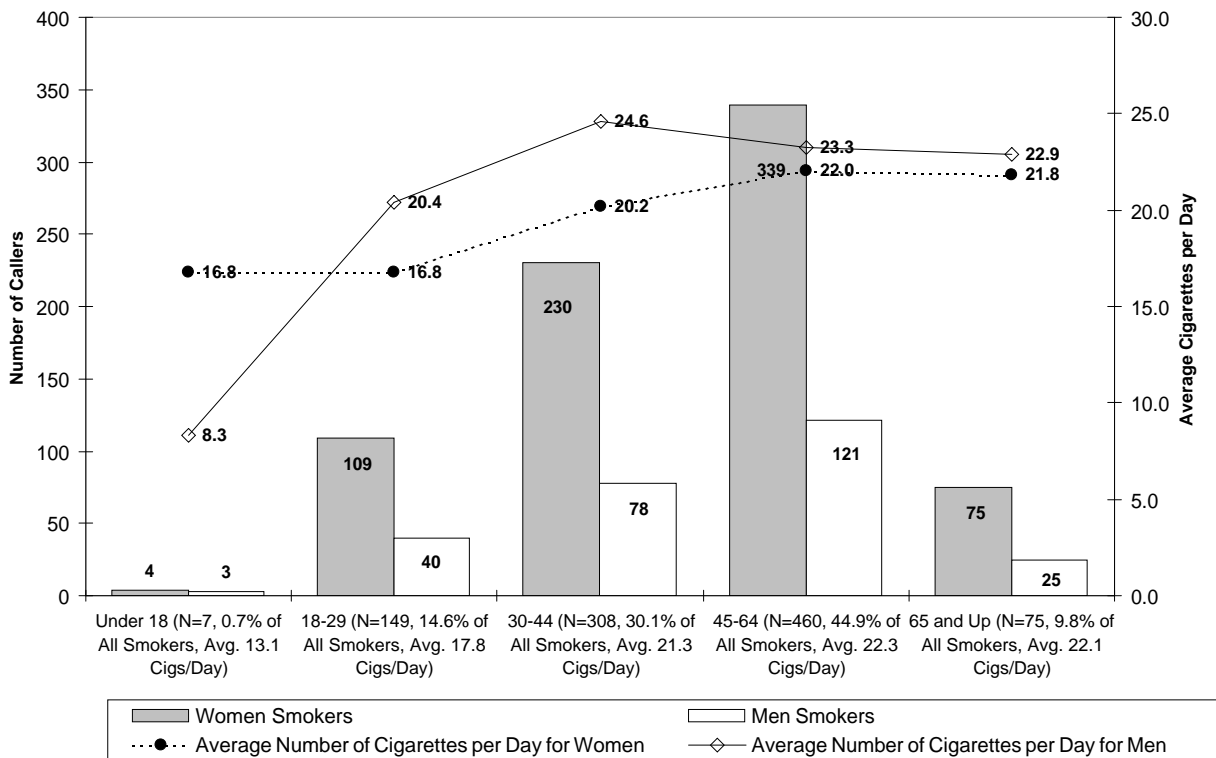
Figure 12. Age Group of Callers to the Quitline, by Region



The age of callers to the Quitline differs somewhat by region across the state, as shown in Figure 12. The largest age group in every region is the 45-64 group, which ranges from 44.9% of callers from the Panhandle to only 31.6% of callers from the South Central region. The next most populous age group is the 30 to 44 year olds. Again, they show variation among callers from every region, from a high of 32.0% of callers from the Northeast to a low of 19.5% of callers from Dade/Monroe. The other age groups show similar variation, though in differing patterns across the seven regions. 18 to 29 year olds call in the greatest proportion from Dade/Monroe (17.7%) and the least from the Northeast (9.9%). The smallest percentage of the 65 and Older age group called from the Panhandle (4.7%) and the largest from the Palm Beach/Broward region(13.8%). Why people in the different age groups call from the seven regions in the proportions that they do in not clear. A comparison with census data might provide insight, but this is not available at the time of analysis.

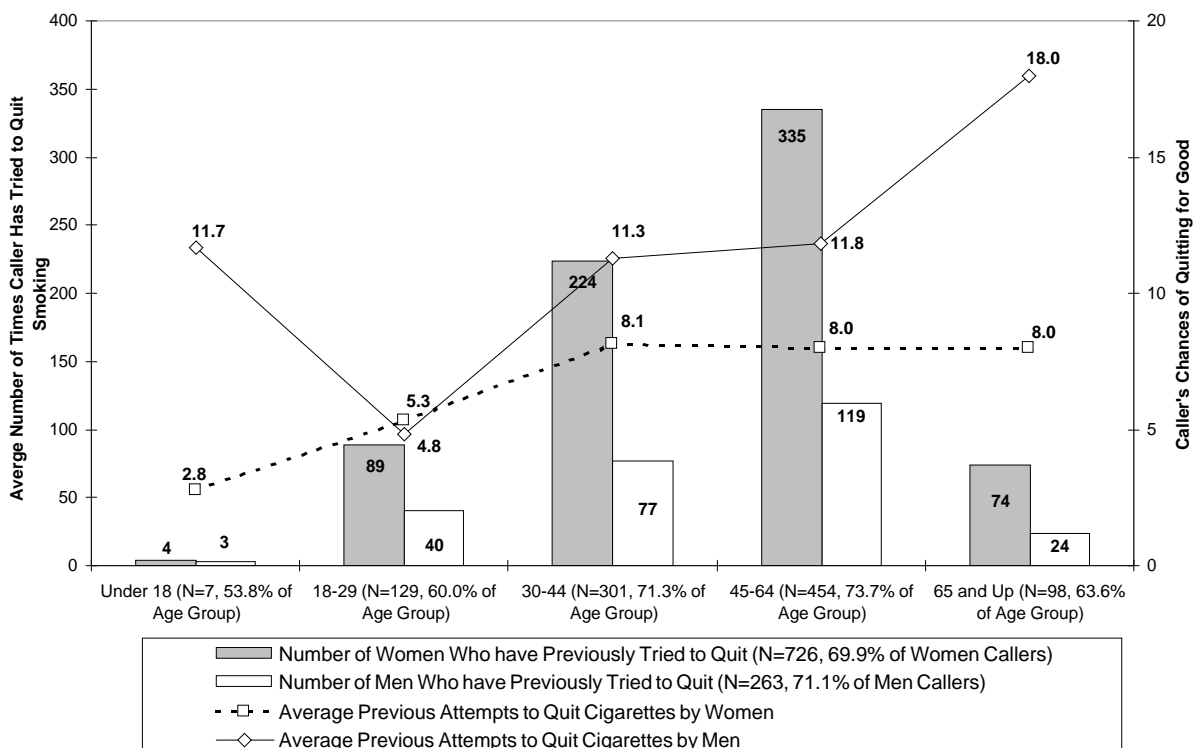
Figure 13 provides a comparison of the average number of cigarettes smoked by men and women smokers, by age group. Two findings stand out: callers tend to smoke more cigarettes per day as they grow older, and men smoke more than women. Callers in the 18 to 29 age group smoked an average of 13.1 cigarettes per day, which is low compared to the 17.8 cigarettes smoked by 18 to 29 year olds and for the top three age groups which all average 21 to 22 cigarettes per day. Men smoke about four more cigarettes a day than women, between 18 and 44. For smokers 45 and up the number of cigarettes smoked per day is almost equal at 22 – about a pack a day for both men and women.

Figure 13. Number of Cigarettes Smoked per Day by Gender and Age Group



During the ACS intake interview, callers are asked how many times they have tried to quit smoking. Figure 14 shows how many men and women in each age group have tried to quit and the average number of times they have attempted to quit. As a percentage of callers in each age group, the older a person becomes the more likely he or she is to attempt to quit smoking, from 53.8% in the Under 18 age group to 73.7% in the 45 to 64 age group. The 65 and Older age group drops by about ten percentage points, however, to 63.6% of the age group. Overall men try to quit smoking more than women do. Women appear to plateau out with about eight quit attempts after 30. Men estimate their quit attempts in a increasing rate as they get older, from an average of 11.3 quit attempts for the 30 to 44 year olds, to 18 quit attempts for men in the 65 and Older group. Such a steep increase is difficult to explain. (Two values of 1,600 and 690 quit attempts were dropped from this analysis. Other estimates cited 200 and 100 times trying to quit; these were left in the analysis, but increase the means.) Because the number of quit attempts is a self-estimate, the numbers could be exaggerated. Nonetheless, it is clear that most people who call the Quitline have tried to quit smoking before they call.

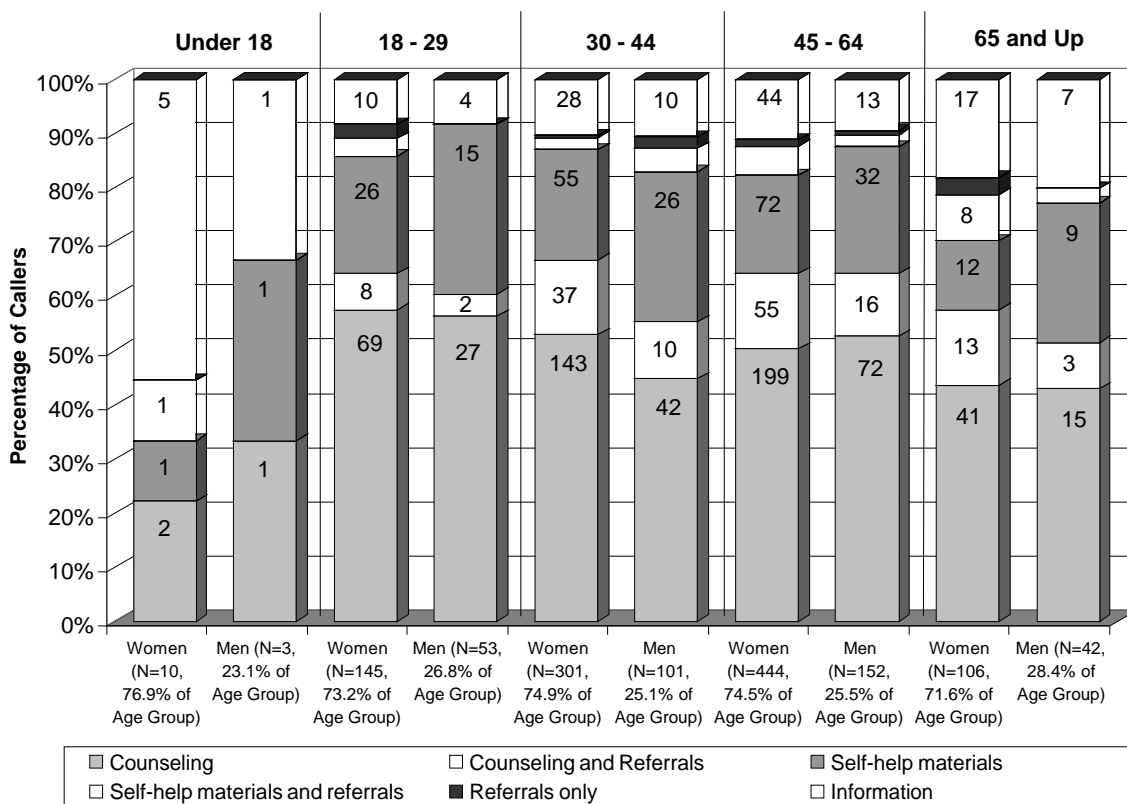
Figure 14. Average Number of Times Men and Women Calling the Quitline Have Tried to Quit Smoking, by Age Group



The final chart in the analysis of Florida adults, Figure 15, shows the percentage of men and women in each of the age groups, and their requests for services from the Quitline specialists. Counseling is the most requested service across genders and age groups, with men and women demonstrating similar percentages in each age group. The largest percentage of men and women requesting counseling is among the 18 to 29 age group, with 50.9% of men and 47.6% of women requesting counseling. In the 30 to 44 age group more women request counseling, at 47.5%, than men, at 41.6%. This reverses for the 45 to 64 age group with men at 47.4% and women at 44.8%. The 65 and Older group drops to the lowest percentages

requesting counseling, with only 38.7% of women and 35.7% of men asking for that service. The next most requested service is self-help materials, where in each age group men request them more often than women. Women, on the other hand, request counseling and referrals and self-help materials and referrals more often than men. Both genders ask for information at the same rate.

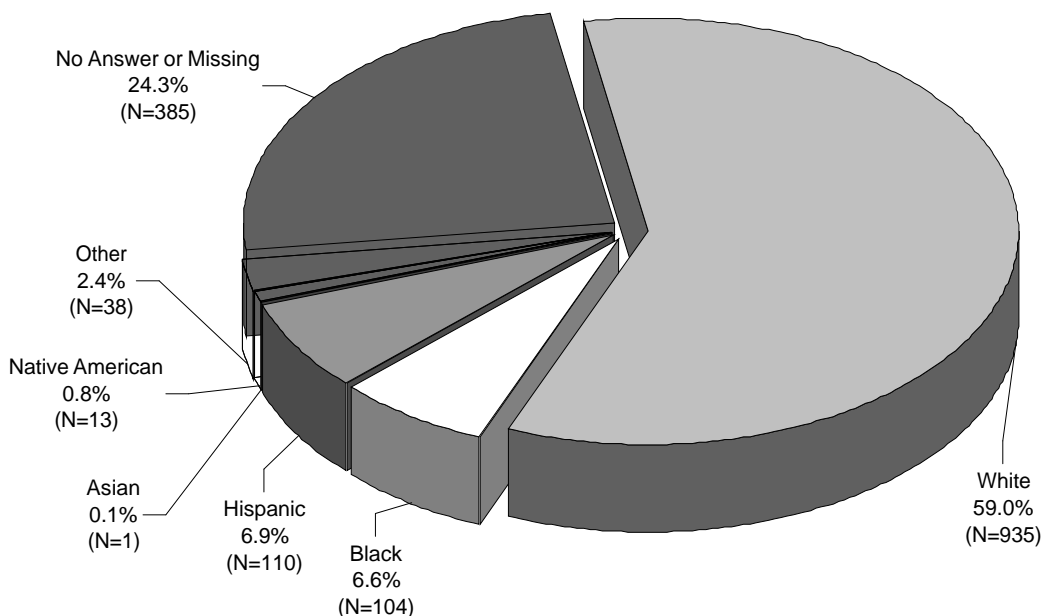
Figure 15. Request for Services by Age and Percentage of Men and Women



Race/Ethnicity of Adult Floridians Who Called the Quitline

The race/ethnic makeup of callers to the Florida Quitline is predominantly White, followed by Black and Hispanic callers. The breakout of race/ethnic groups is shown in Figure 16. White callers account for 59.0% of all calls to the Quitline. This percentage comes close to the percentage of White population in Florida as published in the 2000 Census, which is 65.4%. The percentage of Black callers, at 6.6%, is less than half of the 2000 Census proportion of 14.2%. Similarly, the Hispanic population of callers, 6.9%, is also less than half the 16.8% percentage in the census. Only the Native Americans, 0.8% of callers, are close to their census-based population percentage of 1.1%. The small numbers of non-White callers makes it difficult to come to any conclusions about these target populations, however. The second largest proportion of callers is missing (24.3%). If the race/ethnicity of these callers were known, then the other populations might approach the population proportions described by the 2000 Census.

Figure 16. Race/Ethnicity of Callers to the Florida Quitline



In terms of their call rates based on smoking prevalence, Whites call with a higher frequency than Blacks or Hispanics. An estimate of call rates among smokers was calculated based on the total population of Florida in the 2000 Census (15,982,378) broken out using the US Census percentages of each race/ethnic group: 65.4% are White, 14.2% are Black and 16.8% are Hispanic. Estimates of the smoking populations among these three racial/ethnic groups were calculated based on the 2002 BRFSS. According to the BRFSS, smoking prevalence is greater for Whites than for any other racial/ethnic group, at 23.9%. Hispanics have the next highest rate at 19.5% and Blacks have a smoking prevalence of 14.9%. The final estimates are shown in Table 6, below.

Table 6. Smoking Population Estimates and Call Rates to the Quitline for White, Black and Hispanic Populations in Florida

	White	Black or African American	Hispanic or Latino
Population, 2000 Census	10,452,475	2,269,498	2,685,040
Smoking Prevalence, 2002 BRFSS	23.9	14.9	19.5
Estimated Number of Smokers	2,498,142	338,155	523,583
Calls to the Quitline from Smokers	856	98	105
Call Rate to the Quitline	0.034%	0.029%	0.020%

Based on the figures from the US Census and the BRFSS, the population of smokers in Florida was estimated for each race/ethnic group; clearly the greatest number of smokers is

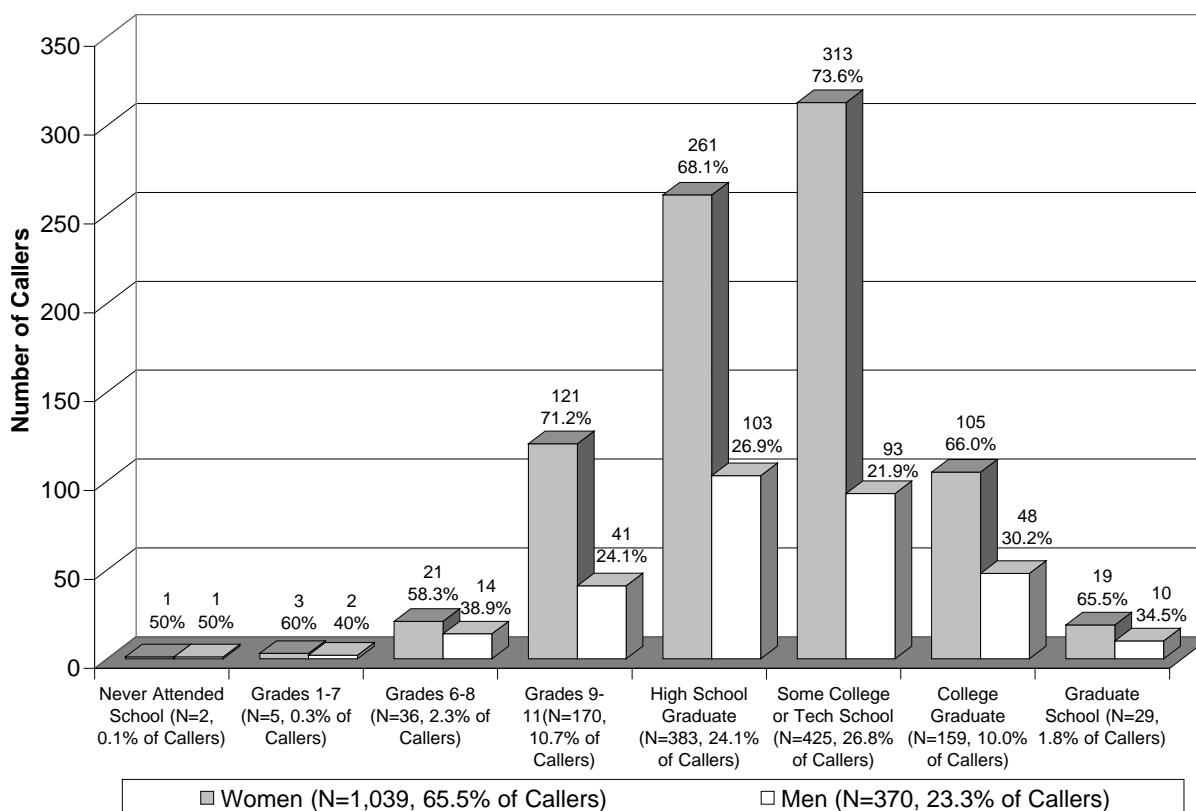
among the White population. Based on the reasons for calling the Quitline, 856 Whites (91.6% of all White callers) called to quit smoking. The estimated call rate to the Quitline is 0.034% for White smokers in Florida. Among Black callers, 98 (94.2% of Black callers) were smokers, for an estimated call rate of 0.029%, five percentage points lower than the call rates of the White smoking population. Hispanics, with 105 smoking callers (95.5% of Hispanic callers), have the lowest Quitline call rate of 0.020%. The call rate figures indicate that members of the Hispanic community call the Quitline at a much lower rate than members of the other two communities.

Requests for service from among members of different racial/ethnic groups are fairly similar for most services. 54.8% of White smokers request counseling compared to 51.0% of Black smokers and 57.1% of Hispanic smokers. Counseling and referrals are requested by 20.4% Black smokers compared to 14.3% of Hispanic smokers and only 12.7% of White Smokers. Finally, self-help materials are requested by 22.3% of White smokers, by 18.4% of Black smokers and by 15.2% of Hispanic smokers. While the percentages for each ethnic/racial group show some fluctuation, which may be indicative of cultural differences, there are too few callers among Black and Hispanic smokers to determine whether variations in the requests for service are meaningful.

Education Levels of Floridians Who Called the Quitline

The Florida Quitline intake survey asks callers for their educational background, using eight levels to pinpoint the amount of education that a caller has received, as shown in Figure 17.

Figure 17. Education Level of Callers to the Florida Quitline by Gender



As can be seen in Figure 17, only 11.9% of callers had college or graduate education, and 10.7% of callers had less than a high school education. The majority of callers have a high school degree and some college or technical school education (50.9%). Differences among men and women across education levels is less obvious. In general, a greater percentage of men call with a higher education, as seen in the 34.5% of male callers with a graduate degree. However, 38.8% of men with less than an high school education also called, so any relationship between gender and education is not really clear.

In requesting services, smokers with the lowest education ask for counseling more often than those with a higher education, though the number of callers in these groups is low. About 57% of callers with a less than a high school education asked for counseling, compared to 56.3% of college graduates, 51.7% of high school graduates and 45.5% of callers with graduate degrees. These percentages are somewhat different with self-help materials, with 25.6% of high school graduates asking for self-help, and only 14.8% of college graduates.

Smokeless Tobacco Users

The population of smokeless tobacco users who called the Quitline was extremely small, with only 3 callers (0.2% of all callers), all men. With such a small sample, no conclusions can be made.

Department of Health or County Health Department Employees

Table 7. Department of Health and County Health Employees Calling the Florida Quitline, by Region in Florida

Region	Department of Health Employee	County Health Employee	Total Health Employees	No	Missing	Total
Panhandle	4	3	7	223	4	234
Northeast	2	2	4	164	4	172
North Central	2	2	4	320	8	332
Tampa Bay	4	7	11	303	21	335
South Central	0	3	3	185	5	193
Palm Beach/ Broward	1	0	1	182	12	195
Dade/Monroe	2	0	2	103	8	113
Missing	0	0	0	3	9	12
Total	15	17	32	1,483	71	1,586

Employees of the DOH and County Health Offices called into the Quitline in very small numbers. Only 15 DOH employees called between July 2003 and March 2004, and 17 County Health employees called. Table 7 shows the regions of Florida from which the health employees called. While there were callers from all parts of the state, the largest number were from Tampa Bay (11) and from the Panhandle (7). Only 28.1% of DOH employees called to quit smoking and 59.4% called for Other reasons, generally for information. This last conclusion is borne out in the fact that DOH employees who called for help in quitting smoking requested either

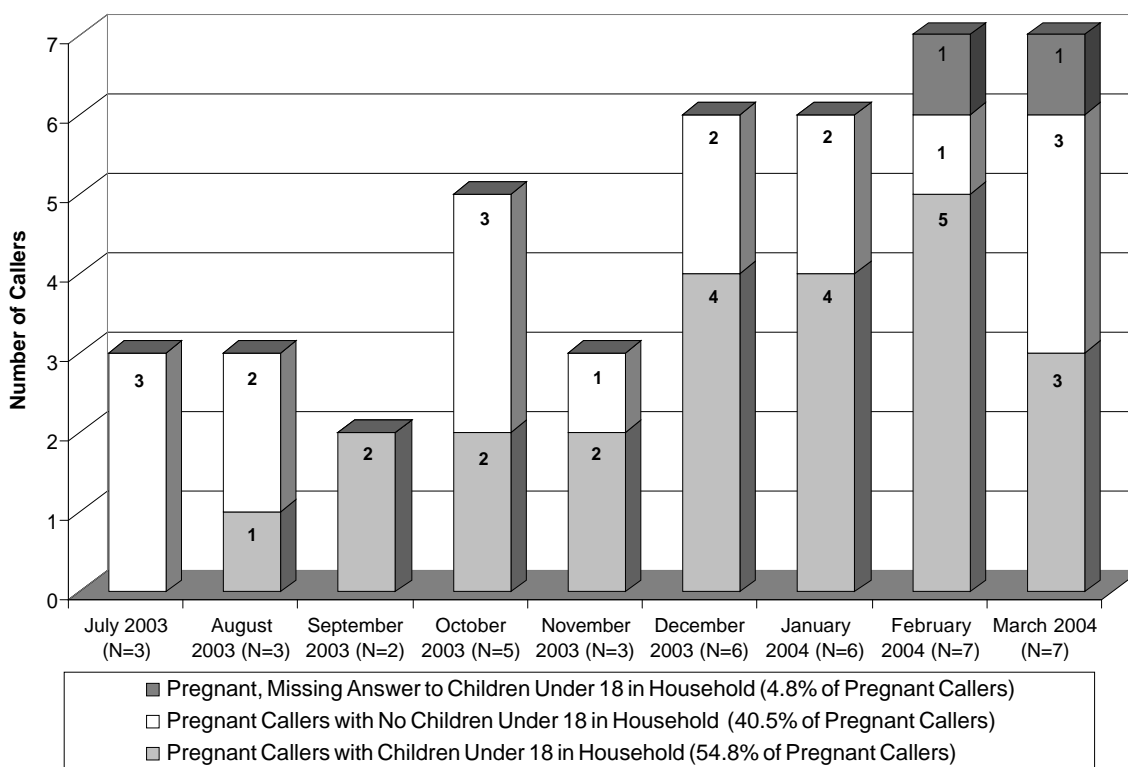
counseling or self-help materials, whereas employees who called in for an Other reason requested information.

At-Risk Target Populations

Pregnant Callers

Over the period of this analysis there were only 42 pregnant callers who called the Florida Quitline. Figure 18 shows the months in which the women called and whether they had children under 18 in the household. All of the pregnant women called to seek help in quitting smoking, and all but two asked for counseling. More than half of the pregnant women who called the Quitline had children under 18 in the household (N=23, 54.8%) who were at risk of second-hand smoke. This at risk population will be examined in the following section.

Figure 18. Pregnant Callers With Children Under 18 in the Household, by Month of Call to the Florida Quitline

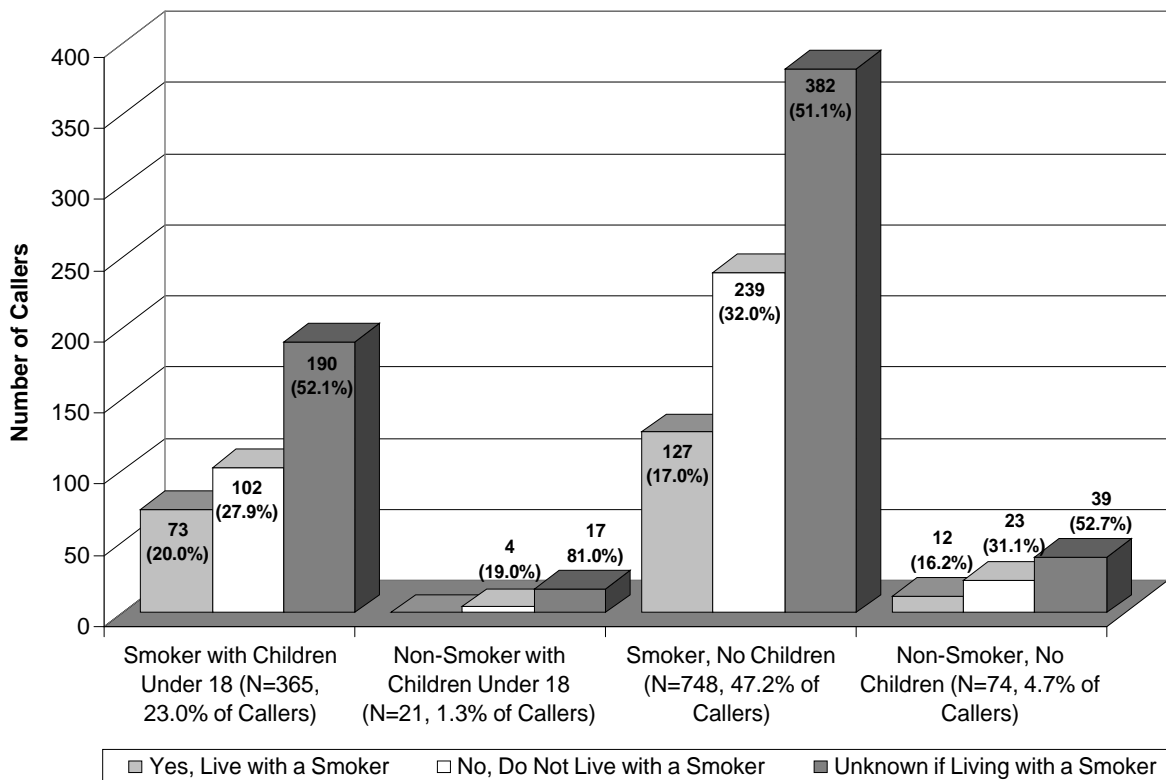


Children and Adults at Risk of Exposure to Environmental Tobacco Smoke

One of the major at-risk target populations for the Florida Quitline is children at risk of exposure to environmental tobacco smoke (ETS). Figure 19 shows those smokers who have children under 18 in the household. Among the callers to the Quitline who smoke, about one third had children under 18 in the household (N=365, 31.7% of all smokers). The average number of children in the smoking households was 1.8 per household. This means that there are about 657 children of Quitline callers at risk of second-hand smoke. This population of children is also the most likely to be spared the risk of second-hand smoke, compared to other

children in smoking households, because one parent has demonstrated a desire and willingness to quit smoking. In this respect the Quitline is potentially helping more than one person per call.

Figure 19. Comparison of Smokers and Non-Smokers with Children Under 18 In the Household, Who Live with a Smoker



Another determinant of risk is if another adult in the household smokes, so that children under 18 run a higher risk of second-hand smoke because more than one person smokes in the household. Figure 19 breaks down households with children under 18 and those with more than one smoker. (The numbers of second smokers in the household are incomplete, however, because these data were not reported by ACS between November 2003 and February 2004. An estimated count based on the average percentage of callers living with smokers during the other months would add another 201 people; these are currently included in the unknown columns, which explains why there are so many unknowns).

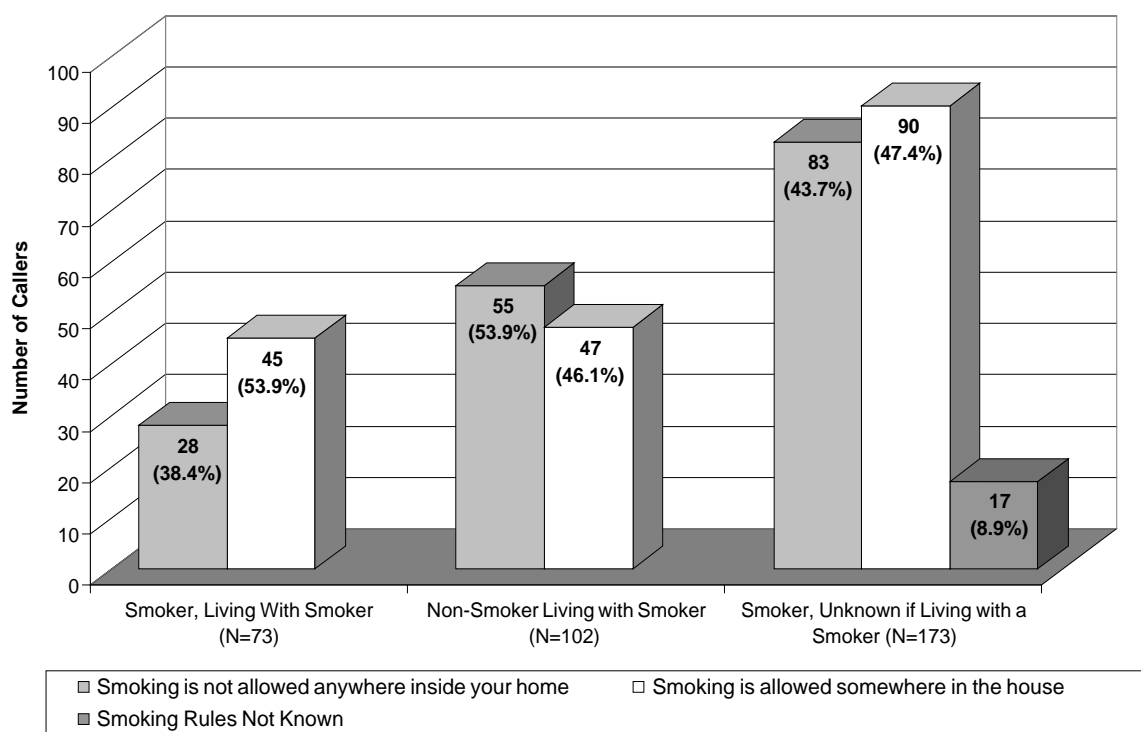
The children with the greatest risk of ETS live with the 175 callers who smoke and/or who live with a smoker, as shown in the first set of columns; another 190 smokers might or might not live with a smoker, though this is not known due to missing data. Another 17 non-smokers with children under 18 live with smokers; all of the non-smokers had already quit smoking when they called the Quitline. In total, 192 families with children under 18 have someone who smokes living in the house, for a total of about 246 children. 73 families definitely have two smokers in the household, which doubles the risk of second-hand smoke for the approximately 131 children under 18 living in them.

A second group at-risk of second hand smoke is smokers who are trying to quit smoking and non-smokers who live with a smoker. There are 212 people who called the Quitline who

admit living with smokers (13.4% of all callers); only 12 of these people are non-smokers. Another 373 Quitline callers have missing data about whether they live with a smoker or not (Not show in the chart). The risk to smokers and non-smokers alike comes from two angles. The first is the risk of second-hand smoke from the other smoker in the house; the second is the possibility that a smoker's motivation to quit will be undercut if the other smoker does not.

Another determinant of a child's or an adult's risk of exposure to second-hand smoke is the household rule established for smoking in the house. The ACS intake survey lists four levels of smoking rules: 1) smoking is never allowed inside the house; 2) smoking is allowed only in certain sections of the home or at certain times; 3) smoking is allowed anywhere; or 4) no rules exist about smoking in the house. Children living in households where there are no rules or where smoking is allowed anywhere are the most at risk of exposure to second-hand smoke, but even smoking in some areas of the house carries risk. For ease of comparison, Figure 20 groups the smoking rules into households that do not permit smoking anywhere in the house, and those that do, regardless of limitations. This chart compares households with children under 18 and callers who live with a smoker by the household smoking rules.

Figure 20. Comparison of Smoking Rules in Households with Children Under 18, and One or More Smokers in the Household



In Figure 20 there are 365 households with one or more smokers, split between homes that do not permit smoking in the house and homes that do permit smoking, for a total of approximately 657 children. The 328 children living in the 182 homes that permit smoking (49.9% of households with children under 18) are at a high risk for environmental tobacco smoke. 81 children in the 45 homes with two smokers that allow smoking anywhere have their risk increased even more because the added frequency of another smoker increases the chances of being exposed to ETS over what they would encounter with just one smoker. In the homes with two smokers that allow smoking anywhere, the children not only encounter more

second-hand smoke, but they are still at high risk even if the person who called the Quitline is successful in quitting smoking. It is obvious that all of the children in the homes with more than one smoker remain at risk of second-hand smoke until all smokers quit smoking.

People at risk of ETS are not limited to children under 18. A Quitline client is still at risk of second-hand smoke if there is another person in the house who smokes, even if he or she quits smoking. The smoking rules in the household again indicate the continuing risk of second-hand smoke for adults, even after he or she has quit smoking. An interesting pattern is that homes with two smokers have more permissive rules than do households with a single smoker. When there are children in the house, still more homes permit smoking in the house (N=45, 38.4% of two-smoker households) than homes that do not (N=28, 38.4% of two-smoker households). In general, homes that do not have children tend to be more permissive about smoking in the home than those that have children (not shown in this chart). Understanding the complex interplay of social rules and relationships is imperative for comprehending the factors that help people quit smoking using Quitline counseling.

How Callers Heard About the Florida Quitline

The measure used to determine how callers heard about the Florida Quitline is a question in the intake survey that asks them how they heard about the Quitline telephone number. Possible responses include 24 different answers, which are listed in Table 6 along with the frequency of responses for the fifteen month of the Quitline sample. This list of responses is fairly extensive, and makes it difficult to focus on discrete information pathways. To simplify the analysis, similar modes of communication were grouped together; for example, radio, TV and the Internet are grouped as Electronic Media, and so forth. These groupings are also listed in Table 8 along with the frequency of response for each communication type.

Looking at the response frequencies in Table 8, the largest referrals to the Quitline come from the Other source (N=550, 34.7%). This is a catch-all for responses that don't fall into the coding selections in the ACS intake survey. When a caller cites this category, he or she is prompted to describe the source; 554 callers provided descriptions, many of which appear to replicate other categories. Callers cite ACS materials in print and on the web, the American Lung Association, Medicare, magazine stories, flyers, commercials from tobacco companies, Nicoderm boxes, various websites and posters in doctor's offices. There were numerous other citations of newspaper and magazine stories, interpersonal referrals and telephone numbers. Only one person mentioned chapstick containers, which were one small media approach adopted by the DOH. Many of these citations could be recoded to one of the other categories.

The second most frequent referral came from medical professionals (N=437, 27.6%). The greatest number of referrals came from doctors, the ACS and county health departments, and other health care providers. Each of these referrals is made from a credible medical source and should hopefully provide an added motivation for the Quitline client to quit smoking.

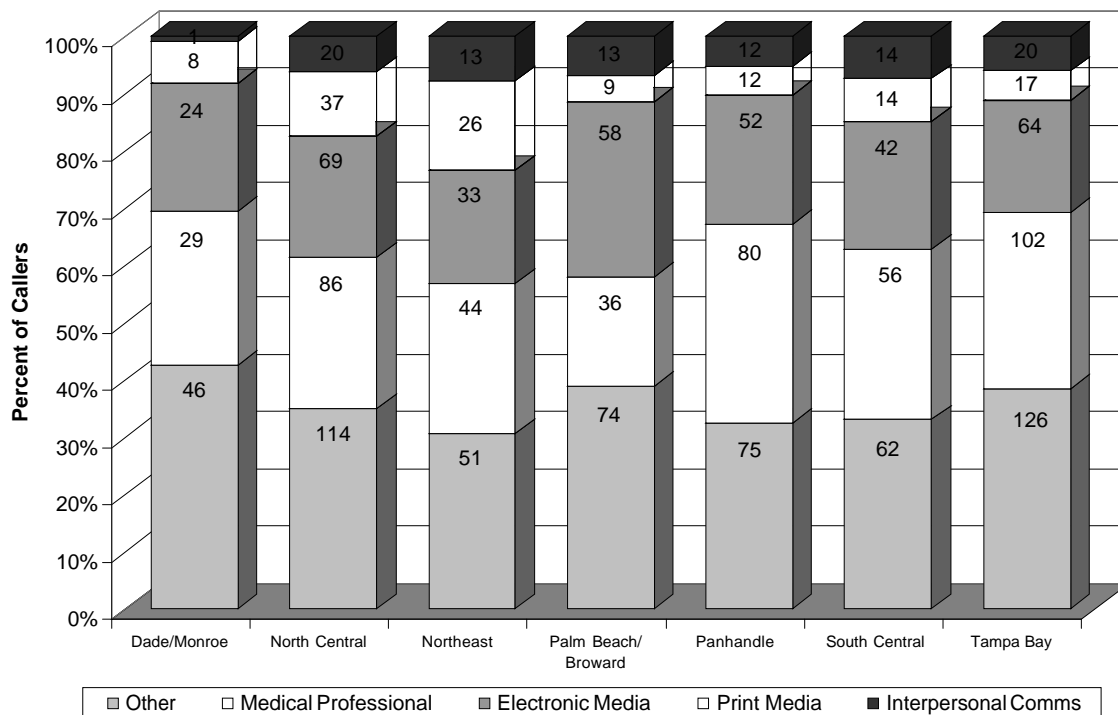
The Department of Health Quitline had no budget for media campaigns in 2003-2004. Nonetheless, Quitline clients mentioned the electronic media 345 times (21.8%), with the majority of references pointing to television advertising and, interestingly, the Internet. Some radio ads and new stories are mentioned, but advertising on television seems to be the most effective medium to motivate people to call the Quitline. Print media (N=124, 7.8%) and interpersonal communications (N=93, 5.9%) play a relatively small role in encouraging Floridians to call the Quitline.

Table 6. Comparison of Original Source of Information with Source Aggregated by Type of Communication

Original Source	Number of Callers	Percent Within Communication Method	Percent of Callers	Source by Communication Method	Number of Callers	Percent of Callers
Newspaper story	33	26.6%	2.1%	Print Media	124	7.8%
Newspaper ad	39	31.5%	2.5%			
Flyer from school	6	4.8%	0.4%			
Flyer from work	25	20.2%	1.6%			
Flyer from community event	20	16.1%	1.3%			
Grocery Receipt	1	0.8%	0.1%			
TV news story	36	10.4%	2.3%	Electronic Media	345	21.8%
TV ad	145	42.0%	9.1%			
Radio News Story	2	0.6%	0.1%			
Radio Ad	35	10.1%	2.2%			
Internet/Website	127	36.8%	8.0%			
Doctor	93	21.3%	5.9%	Medical Professional	437	27.6%
Dentist	3	0.7%	0.2%			
Pharmacist	3	0.7%	0.2%			
Nurse	9	2.1%	0.6%			
ACS Office	81	18.5%	5.1%			
County Health Department	79	18.1%	5.0%			
Other health care provider	130	29.7%	8.2%			
Wal-Mart Health Fair	29	6.6%	1.8%			
Transferred from NCIC	10	2.3%	0.6%			
Friend	61	65.6%	3.8%	Interpersonal Communication	93	5.9%
Relative	32	34.4%	2.0%			
Other	550	100.0%	34.7%	Other	550	34.7%
Missing	37	100.0%	2.3%	Missing	37	2.3%
Total	1,586	100.0%	100.0%	Total	1,586	100%

The way Quitline clients heard about the hotline varied in different regions of the state. Figure 21 compares the percentage of communication methods used to inform Floridians about the Quitline in the seven regions of the state. The ways that people heard about the Quitline are arrayed in terms of frequency, with Other on the bottom of each column and Interpersonal Communications on the top. The Other category is quite varied, as explained above, but it makes up between 30% and 40% of the ways people heard about the Quitline, with Dade/Monroe the greatest (40.7% of callers) and the Panhandle and South Central Florida the lowest (32.1% of callers). Doctor's referrals appear to vary a good deal among the regions. Palm Beach/Broward has the lowest referral rate by medical professionals, with only 18.5% of callers citing that source. This percentage can be compared to Dade/Monroe, the North Central Region and the Northeast region, all of which have 25% of callers referred by doctors. The highest medical professional citation rate is among callers from the Panhandle, who claim a referral rate of 34.2% from doctors.

Figure 21. How Callers Heard About the Quitline Telephone Number by Percentage of Callers and by Region in Florida



The final major method of information about the Quitline is the electronic media. Again, this information channel is cited with some variability in the different regions of the state. Palm Beach/Broward has 29.7% of its callers refer to electronic media, which is the highest of any region. The average citation rate for electronic media is 22%, which includes all of the other regions, give or take a couple of percentage points. While there are differences among the seven regions of the state in how people hear about the Quitline, no distinct patterns stand out that make one region more favorable for one communication method over another.

III. Assessment of the Florida Quitline, July 2003 to March 2004

This section assesses the effectiveness of the Florida Quitline in two areas. The first assessment deals with how well the Florida Quit-for-Life Line achieved its program goals, as interpreted from the Department's contract with the American Cancer Society. A second assessment deals with the Quitline data collection procedures and processes. Both program goal and data are closely related. The program goals provide guidelines for prioritizing and collecting data, but unless the data are available and accurate, there is no way to know if the program is meeting its goals.

How Effectively Did the Florida Quitline Meet the Goals of The Program?

The Department's 2003-2004 Quit-for-Life Line contract with the American Cancer Society states: "The Department's major goals in creating a statewide tobacco use cessation telephone counseling service are to reduce the prevalence of tobacco use in Florida and to reduce exposure to environmental tobacco smoke ("second-hand smoke") among all people who reside in Florida, especially children and youth." The ACS is asked to demonstrate success in six areas:

Goal 1: Establishing a statewide telephone Quit-for-Life Line for tobacco users in Florida.

Goal 2: Maximizing the use of the Quit-for-Life Line throughout the contract period.

Goal 3: Sustained abstinence from tobacco use among tobacco users in Florida who use the Quit-For-Life Line.

Goal 4: Decreased consumption of tobacco products among tobacco users in Florida who use the Quit-For-Life Line.

Goal 5: Decreased exposure to environmental tobacco smoke among callers and members of their household.

Goal 6: Decreased prevalence of tobacco use among target populations.

In the following section each of these goals will be discussed in light of the data from the Quitline intake surveys. Several of the goals cannot be assessed due to a lack of data on counseling and from any of the follow-up evaluations. In general the American Cancer Society staff have been successful providing Quitline services during the fiscal year 2003-2004. The target number of people who called the Florida Quitline in this period matched the targeted populations, though to a greater and lesser extent depending on age, gender and race/ethnicity. The lack of follow-up data make it impossible to determine if the Quitline was successful in helping some callers to quit entirely and helping others reduce their tobacco consumption.

Goal 1: Establishing a statewide telephone Quit-for-Life Line for tobacco users in Florida

The Florida Quitline is now well-established as a counseling and referral hot-line. The ACS program staff are available during periods of operation. The results of the calls are recorded accurately and summary data reports on the calls are distributed in a timely fashion. Florida residents call the Quitline from all regions of the state, evidence of statewide availability, though some regions of the state contribute more callers than other regions. People of all ages call the Quitline, with more middle-aged people calling. The goal of establishing a Quitline as a public utility appears to be successful.

Goal 2: Maximizing the use of the Quit-for-Life Line throughout the contract period

The ACS contract with the Department of Health required the ACS to answer calls to the Quitline from at least 1,704 Florida residents, and to offer referral and counseling services to at least 95% of these callers. Between July 2003 and March 2004 1,603 Florida residents called the Florida Quitline. This averages out to 176 callers per month during fiscal year 2003-2004. 1,372 callers requested services (86.5%) to help them quit tobacco use.

The budget for the Quitline was only 40% (\$100,000) of the amount budgeted for the 2002-2003 fiscal year (\$250,000). This amount resulted in a reduction of the number of people who could call the Quitline from 4,000 to 1,704. Such a backward step does little to maximize the Florida Quitline. There was also no budget for promoting the Quitline, so the Floridians who called the Quitline were mostly referred through doctors and non-directed media.

In sum, the Florida Quitline was not maximized during the 2003-2004 contract period.

Goal 3: Sustained abstinence from tobacco use among tobacco users in Florida who use the Quit-For-Life Line

Data from the 2002-2003 Quitline evaluation indicated that 16% of the people contacted had abstained from smoking for the period between their call to the Quitline and the follow-up call from ACS staff. The ACS did not supply any follow-up evaluation data for the 2003-2004 contract period, so it is not possible to ascertain sustained abstinence from tobacco products for callers during this period.

Goal 4: Decreased consumption of tobacco products among tobacco users in Florida who use the Quit-For-Life Line

Data from the 2002-2003 Quitline evaluation indicated that 61.0% of callers reduced their tobacco consumption. The ACS did not supply any follow-up evaluation data for the 2003-2004 contract period, so it is not possible to ascertain decreased consumption of tobacco products for callers during the contract period.

Goal 5: Decreased exposure to environmental tobacco smoke among callers and

Data from the 2002-2003 Quitline evaluation indicated that 15.3% of callers with children under 18 stopped smoking, which equated to an estimated 67 children under 18 who had their risk of second-hand smoke gone. In the 2003-2004 evaluation, 657 children under 18 were identified as being at risk of second-hand smoke. However, in the absence of follow-up evaluation data, it is not possible to calculate how many children have their risk of ETS reduced because of the Quitline.

Goal 6: Decreased prevalence of tobacco use among target populations

Data to test the success of this goal will have come from health surveys like the BRFSS, the Florida Adult Tobacco Survey and the Florida Youth Tobacco Survey. Given the small number of people that the Quitline has serviced in the past fiscal year, the impact on prevalence will be low to nonexistent.

How Well the Quitline Data Met Program Needs

When the DOH contracted with the American Cancer Society for the Florida Quit-for-Life Line, a set of required service tasks were included in the contract. Many of service tasks generate information about the Quitline and its services or provide summaries of Quitline activities. The service tasks relevant to the data needs of the evaluation are listed below with a short assessment of how well the ACS performed its data reporting requirements, from the evaluator's perspective. In a number of cases important information about the Quitline was missing or not reported, which proved to be a hindrance to the Quitline evaluation.

Contractual Service Tasks for ACS Reporting of Quitline Data

- *The Provider will deliver telephone-based intake and referral, and self-help materials as core services.*

ACS has done an excellent job of delivering these services to Florida residents who have called the Quit-for-Life Line. The ACS staff completed intake interviews with 99% of the Floridians who called the Quitline. ACS received 478 (30.1% of callers) requests for referral and self-help materials. ACS did not provide any data on self-help materials mailed out, or the total number of referrals that were not requested.

- *The Provider will provide pro-active telephone-based counseling (three sessions for adults, three sessions for youth) to callers referred for counseling services.*

The ACS staff received requests for counseling from 659 (41.6%) of callers and requests for counseling and referrals from 153 (9.6%) callers. No data on the counseling sessions were submitted by the ACS to the evaluator.

- *The Provider will provide pharmacotherapy assistance (coupons or the opportunity for discounts) to all adult counseling clients if appropriate as indicated in intake.*

No information on coupons sent by the ACS to callers was submitted to the evaluator.

- *The Provider will consult the Quitline evaluation contractor in the design of the program and program evaluation.*

The ACS did not consult with the current evaluator concerning program evaluation.

- *The Provider will submit monthly activity reports and quarterly evaluation reports according to the evaluator's design and requirements. In addition, a download of all Quitline data will be sent to the department in a format compatible with department requirements, on a monthly basis and at the completion of the final three, six and twelve month follow-up calls.*

The ACS is expected to submit monthly activity reports and Quitline datasets to the evaluator and the DOH contract manager by the 15th of each month. The datasets and activity reports should include a list of topics, which cover the following data:

- Number of calls by county;
- Number of calls by stage of readiness to quit/disposition;

- Number of calls by age group (under 18, 18-29, 30-44, 45-64, 65 and over) by county;
- Other caller demographics, including sex, race, education level, marital status and ethnicity;
- Number of calls from Department of Health or County Health Department employees;
- Number of referrals made by county;
- Number of follow-up calls made by counseling staff;
- Time of day for all calls, including calls that are sent to voice mail;
- How callers heard about the hotline;
- Type of caller (client, relative, friend, etc.);
- Number of callers who were pregnant or thought they were;
- Number of callers who refuse to answer;
- Number of callers who are “warm transferred” to another service due to age of caller, lack of contract funds or other reasons;
- Number of callers who have “children under 18 living in the home;”
- Frequencies of number of children under 18 in household;
- Frequencies for “rules about smoking in the home;”
- Other information required by the evaluator and agreed to by all parties.

The ACS staff sent in monthly reports to the evaluator and DOH staff in a timely manner, with many, but not all of the data points listed above. The ACS reported on the following data elements in a monthly report: Note that there are summaries of data reported that go beyond the minimum requested, and provide some good information about the Quitline. However, other data fields are not reported at all, for example smoking rules in the household.

Number of Calls by Gender of Caller
Average Age by Gender of Caller
Frequency of Calls by Age Group of Caller
Number of Calls by Education Level of Caller
Number of Calls by Marital Status of Caller
Number of Calls by Race/ethnicity of Caller
Do you have Children Under 18 in the home?
Number of Children in the Home under 18
Number of Calls by How Called Heard About Quitline
Number of Calls by Type of Service Requested
Average Number of Cigarettes Smoked per Day
Average Number of Previous Quit Attempts
How Long Have You Been Smoking
Number of quit attempts during the past 12 months
Stage of Change
Florida - Daily Call Volume w/ Chart
Florida - Call Volume by County
Florida - How Heard - Other Responses

The ACS sent datasets from the intake survey to the evaluator generally in a timely manner each month. However, during the fall of 2003, the ACS changed its database to a Siebel server, and there was a disruption of data reporting for about three months. When the new datasets arrived the data were included in one file which facilitated updating. However, several fields were missing, requiring the evaluator to request their addition to the reported data. Some data remains missing from the mid-year changeover.

There was no information provided to the evaluator on the following data elements:

- Number of referrals made by county
- Number of follow-up calls made by counseling staff;
- Time of day for all calls, including calls that are sent to voice mail;
- Type of caller (client, relative, friend, etc.);
- Number of callers who refuse to answer;
- Number of callers who are “warm transferred” to another service due to age of caller, lack of contract funds or other reasons;

None of the quarterly evaluation reports called for as a service task were submitted to the evaluator. The evaluator requested the three-month and six-month follow-up evaluation data, but no data were sent in time for the evaluation. Finally, the contract calls for the datasets to be sent when they are completed. However, the evaluation surveys are conducted every month, three and six months following the Quitline call. New records should be sent quarterly.

- *The provider will provide any updated copies (electronic if possible) of the following to the contract manager:*
 - (a) *print screens*
 - (b) *data dictionary*
 - (c) *National Cancer Information Center (NCIC) procedures*
 - (d) *telephone counseling training materials*
 - (e) *community resource directory (CRD) that will be used for referral to local services*
 - (f) *all materials that will be included in the self-help materials package*
 - (g) *intake form and follow-up form (Florida-specific forms that will be modified to meet the State of Florida’s needs, and subject to approval by the contract manager prior to quitline telephone intake or counseling services being provided)*
 - (h) *Written description of all program platforms and database languages that the provider uses or will use in performance of this contract.*

The contract between the DOH and ACS states that the ACS will share information about its Quitline activities noted above with the DOH project manager. The evaluator received little documentation on most of the topics, though the information may have been sent to the DOH project manager. ACS did supply data coding sheets and a copies of the intake form, counseling protocols and follow-up evaluation forms. These are included in the appendices.

Data Required for Evaluation

The data sent in the monthly intake survey datasets were sufficient to generate good picture of the calls from target populations to the Quitline. However, all of the data required for a

thorough evaluation need to be sent, as indicated above. Several of the intake survey fields should be reported as well as the follow-up evaluation and counseling data.

The ACS should send information on all of the counseling sessions conducted with clients as well as the number of coupons sent and community referrals made. There should be an additional “services” file that can be linked to the intake survey and the follow-up evaluations. This information would be very useful in understanding the process by which the Quitline counselors help people to quit smoking or reduce the amount they smoke. This information should be included with each monthly report.

The ACS staff should be responsible for collecting and submitting all materials used in the Quitline to the evaluator. In general the data supplied were accurate, but not all data necessary to the evaluation were made available.

Quitline Protocols for Intake Survey

The Quitline Protocols for Intake Survey are well thought out and sufficient for the information needed to determine the caller’s demographic status, smoking behaviors and interest in services. A major problem is one of missing data in too many records.

Quitline Protocols for Three, Six and Twelve-Month Evaluations

The three-month and six-month, and twelve-month follow-up evaluations consist of the same instrument, with the same questions asked over again. Many other Quitlines use shorter forms for their six- and twelve-month follow-up evaluations. The Florida Quitline decided to stay with the long form to generate the maximum amount of information possible.

Summary

Overall, the ACS provided excellent intake and counseling services to Florida callers to the Quitline. Most of the contracted callers were accepted several months before the end of the contract. In the absence of data on the follow-up satisfaction questions, however, there is no way to rate estimate caller satisfaction with the Quitline services.

The data reports and datasets submitted by the ACS were in general good, though the missing fields in the intake survey data proved a hindrance to the evaluation. The ACS staff need to attend to the reporting requirements of the ACS contract and make all attempts to fulfill the data reporting agreements within it.

The lack of counseling data is a hindrance to the evaluation, and creates an information “hole” about the services provided to Quitline clients. As specified in the ACS contract, staff should provide data on these services in a timely manner.

The lack follow-up evaluation data make it impossible to complete a thorough outcome evaluation of the Quitline. These data are essential to a clear assessment of how well the Quitline is achieving the goals set out for it. Because the follow-up data were not forthcoming, the evaluation cannot reach any conclusions about the success of the Quitline in reducing tobacco use in Florida.

The problem of missing data needs to be seriously addressed and rectified.

IV. Recommendations to Improve the Effectiveness of the Quit-for-Life Line Program and the Program Evaluation

Recommendations to Improve the Quitline Program for Upcoming Year, 2004-2005

1. The Florida Quit-for-Life Line needs to be expanded with a larger budget to provide smoking cessation services to at least as many Floridians as in the fiscal year 2002-2003.
2. The Florida Quit-for-Life Line needs to have budget allocated for media promotions as a way to raise awareness of the service and to motivate Floridians to call the number.
 - 2.1. The media campaign should target specific Florida regions based on the reports of differential call rates. For example Miami-Dade has the lowest call rate of all Florida's regions, and should be targeted with a media campaign.
 - 2.2. The media campaign should target minority race/ethnic groups to increase their participation in Quitline services. For example, Hispanic smokers called the Quitline at a much lower rate than Whites or Blacks, and should be targeted to increase their call rate.
 - 2.3. The media campaign should focus specific target groups, for example pregnant women with children under 18 in the household, or young people between 18 and 29, who call the Quitline the least.
3. The Florida Quit-for-Life Line should work with smoking-cessation groups and medical professionals to increase awareness of the Quitline services, and to increase referrals from the medical community.
 - 3.1. The Florida Quit-for-Life Line should work with health maintenance organizations and insurance companies to generate awareness of Quitline services in these organizations and among their clients.
4. The Florida Quit-for-Life Line should cooperate with North American Quitline Consortium to share Quitline data from other states. The benefit of this action is that Florida's Quitline outcomes can be compared with the figures nation-wide, and thus can gauge its successfulness from a wider perspective.

Recommendations to Improve the Quitline Evaluation for Upcoming Year, 2004-2005

5. The evaluator should work more closely with the American Cancer Society to create more efficient Quitline data reporting.
 - 5.1. The ACS monthly data reporting of the intake survey data should be in a standardized format, containing all relevant data fields and delivered timely for inclusion in the evaluator's dataset.
 - 5.2. Follow-up evaluations at three, six and twelve months should be reported quarterly instead of once a year, or not at all.

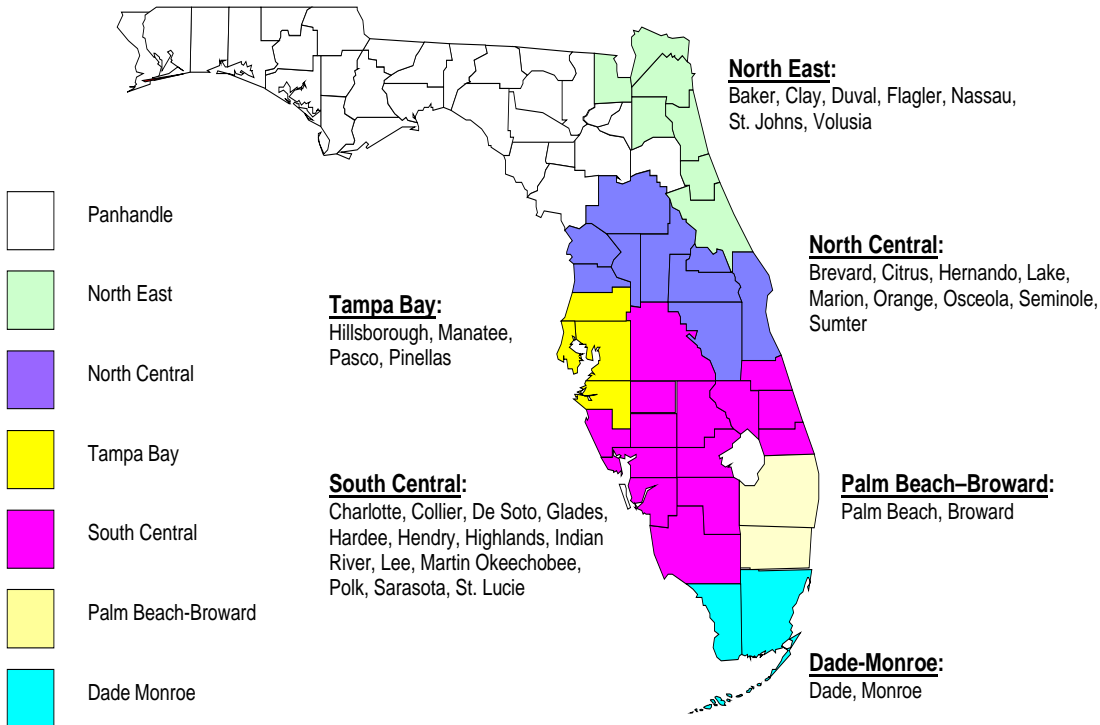
- 5.3. Quitline counseling and referral services should be summarized for each client and reported monthly.
6. The evaluator should continue to provide monthly and quarterly report updates to the Quitline contract manager at the DOH and interested staff.
 - 6.1. The evaluator should submit monthly reports to the DOH project manager and interested parties at DOH and in county health departments around the state.
 - 6.2. The evaluator should submit quarterly reports on the three-month, six-month and twelve-month follow-up evaluations to the DOH project manager and interested parties at DOH and in county health departments around the state.

Appendix A
Florida Regions

Florida Regions

Panhandle:

Alachua, Bay, Bradford, Calhoun, Columbia, Dixie, Escambia, Franklin, Gadsden, Gilchrist, Gulf, Hamilton, Holmes, Jackson, Jefferson, Lafayette, Leon, Levy, Liberty, Madison, Okaloosa, Putnam, Santa Rosa, Suwannee, Taylor, Union, Wakulla, Walton, Washington



Panhandle (Region 1)	Alachua, Bay, Bradford, Calhoun, Columbia, Dixie, Escambia, Franklin, Gadsden, Gilchrist, Gulf, Hamilton, Holmes, Jackson, Jefferson, Lafayette, Leon, Levy, Liberty, Madison, Okaloosa, Putnam, Santa Rosa, Suwannee, Taylor, Union, Wakulla, Walton, Washington
Northeast (Region 2)	Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia
North Central (Region 3)	Brevard, Citrus, Hernando, Lake, Marion, Orange, Osceola, Seminole, Sumter
Tampa Bay (Region 4)	Hillsborough, Manatee, Pasco, Pinellas
South Central (Region 5)	Charlotte, Collier, DeSoto, Glades, Hardee, Hendry, Highlands, Indian River, Lee, Martin, Okeechobee, Polk, Sarasota, St. Lucie
Palm Beach/Broward (Region 6)	Palm Beach, Broward
Dade/Monroe (Region 7)	Dade, Monroe

Source: Florida Department of Health

Appendix B

Quit-for-Life Line Survey Intake Survey

Quit-for-Life Line Survey Intake Survey

(Collect Infonet Demographic Information)

Date: _____

Caller Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email Address: _____

D.O.B.: _____

1. Can you tell me what county you live in? _____

2. Are you a Department of Health or County Health Department employee?

Yes-Dept. of Health Yes-County Health No

Indicate reason for call

3. Personally quitting – Cigarettes
 Personally quitting – Smokeless Tobacco
 Already Quit
 Family/Friend of current smoker
 Other (examples: Drs. office, Teachers, Community Orgs., etc, pipe and/or cigar smokers)

4. How did you hear about this phone number?

Newspaper story Newspaper ad TV news story
 TV ad/Describe Ad _____
 Radio news story Radio ad Doctor Dentist
 Pharmacist Nurse Other health care provider

Flyer from school Flyer from work Flyer from community

Friend Relative Internet/Website

County Health Department

Other/Describe Ad _____

If caller is under 18 go to # 5

If calling for family member or friend go to # 5A

Already quit go to # 15

Personally quitting cigarettes go to # 7

Personally quitting smokeless tobacco go to # 7B

If "Other", handle per standard NCIC procedures. If applicable, order appropriate materials according to caller's needs. End Call.

If caller indicates they are pregnant, you may refer them to the Great Start phone number: 1-866-667-8278

5. Since you are under 18, we are only able to offer you self-help materials and referrals to smoking cessation resources in your community. What would you like?

- Yes – Materials only
 Yes – Community Resources only (**Look in CRD**)
 Yes – Materials and Community Resources(**Look in CRD**)
 No

Is there anything else I can do for you today?

Thank you for calling your American Cancer Society, good bye.

(If applicable, order Quitline Only, Self-help materials (# 0020.90)

Refer caller to the Quitline phone number for their area: 1-877-822-6669. If applicable, refer to CID for "caller appropriate" materials then press continue.

5A That's great that you want to help your friend or family member to quit. It's a tough decision and smoker's can use all the help they can get.

There are some different types of brochures I can send you. There are some that talk about all the different ways to quit and others that focus more on the effects of smoking on your health. You can read them yourself and perhaps give them to the person you want to help.

Also, please try and encourage your friend or family member to give us a call when they are ready to quit, we're here to help. Do you have our Quitline phone number?

Is there anything else I can do for you today?

- Yes (**Handle per Standard NCIC procedures, go to # 6**)
 No (**go to # 6**)

6. Thank you for calling your American Cancer Society. Good bye. **(If applicable, order caller specific materials, end call)**

7. We have several services that you can choose from to help you quit smoking. I will describe what we have available for you but first I'd like to ask you a few more demographic questions, would that be okay?

- Yes (**go to # 14**)
- No (**go to # 10**)
- Insists on more information (**go to # 8**)

7B. We have several services that you can choose from to help you quit using tobacco. I will describe what we have available for you but first I'd like to ask you a few more demographic questions, would that be okay?

- Yes (**go to #15**)
- No (**go to # 11**)
- Insists on more information (**go to # 9**)

8. There are three services...

The Counseling Program consists of five counseling sessions held over the course of one month and scheduled around your quit date. These sessions help you to learn more about your smoking habits, prepare you for the day you quit, and support you in your efforts to remain quit.

The self-help materials are a package of three booklets called "Break Away From the Pack". They help prepare you for your quit date and give you skills to remain a non-smoker.

We can also provide Community Referrals where we look in your area or surrounding communities for support groups or other services available to smokers.

If you are interested in any of these, I will need to gather a little more demographic information, will that be okay?

- Yes (**go to # 14**)
- No (**go to #10**)

9. There are three services...

The Counseling Program consists of five counseling sessions held over the course of one month and scheduled around your quit date. These sessions help you to learn more about your tobacco use, prepare you for the day you quit, and support you in your efforts to remain quit.

The Self-help materials are designed to help you quit by preparing you for your quit date and teach you skills to help you remain tobacco free.

We can also provide Community Referrals where we look in your area or surrounding communities for support groups or other services available to tobacco users.

If you are interested in any of these free services I will need to gather a little more information, will that be okay?

- Yes (**go to # 15**)
- No (**go to # 11**)

10. Are you interested in trying to quit smoking within 30 days?

- Yes (**go to # 12**)
- No (**go to # 31**)

11. Are you interested in trying to quit using tobacco within 30 days?

- Yes (**go to # 13**)
- No (**go to smokeless tobacco protocol # 6**)

12. I'd like to ask you a couple of questions about your smoking. You're currently smoking on a regular basis, is that right?

- Current Smoker (**go to # 23**)
- Already Quit (**go to # 23**)

13. I'd like to ask you a couple of questions about your tobacco use (**go to # 23**)

14. You're currently smoking on a regular basis, is that right?

- Current Smoker
- Already Quit

15. Do you have access to the Internet for your personal use?

- Yes
- No

16. Do you have email?

- Yes (**Collect address**) _____
- No

If Already Quit go to # 17. Otherwise, go to # 19

17. We are offering some help for people who have already quit smoking. I will describe what we have available for you in more detail but first I need to gather some additional information, will that be okay?

- Yes (**go to # 19**)
- No (**go to # 18**)

18. Okay, but please feel free to call us back at another time, we're here to help.

Is there anything else I can do for you today?

Thank you for calling your American Cancer society, good bye.

19. What is the highest grade or year of school you completed?

- Never attend school or only Kindergarten
- Grades 1-7 (some Grade School)
- Grades 6-8 (some Jr. High School)
- Grades 9-11 (some High School)
- Graduate School
- Refused to answer
- High School Graduate or GED
- Some College or Technical School
- College graduate

20. What is your marital status?

- Single Married Widowed Divorced
 Separated Refused to answer

21A. Do you have any children under 18 living in your household?

- Yes (**go to # 21B**) No (**go to # 22**)

21B. How many? _____

22. What is your ethnic background?

- White
 Black
 Hispanic
 Asian
 American/Native Indian
 Other _____
 Refused to answer

23. Which statement best describes the rules about smoking in your home?

- Smoking is not allowed anywhere inside your home**
 Smoking is allowed in some areas or at some times
 Smoking is allowed anywhere inside the home
 There are no rules about smoking inside the home
 I don't know
 Refused to answer

**If Personally Quitting Smokeless Tobacco, go to Smokeless Tobacco protocol # 1
Otherwise go to # 24**

For MALE CALLERS, do not ask the following question go to # 25

**If caller asks why you are asking this question say: "Because we have a program
specifically designed for pregnant women who want to quit smoking"**

24. May I ask if you are currently pregnant?

- Yes (**go to Great Start Legacy protocol**) No (**go to # 25**)

25. Do you live with a smoker?

- Yes (**go to # 26**) No (**go to # 28; If AQ, go to # 27**)

26. Are they willing to quit with you?

- Yes (**go to # 28; If AQ, go to # 27**) No (**go to # 28; If AQ, go to # 27**)

27. That's great that you've quit smoking, how many days have you been quit?

- 24 hours or less
- 1 - 3 days
- 4 - 7 days
- 8 - 14 days
- More than 14 days

(go to # AQ session # 1)

28. How long have you been smoking?

- less than six months
- six months to one year
- one to five years
- six to ten years
- greater than ten years

29. On the average, about how many cigarettes do you smoke a day? _____

If caller refused to answer demographic questions but has indicated that they were interested in quitting, go to # 40. Otherwise go to # 30

30. Are you willing to make a serious quit attempt in the next 30 days?

- Yes **(go to # 40)**
- No **(go to # 31)**

31. Even though you're not ready to quit right now, there are a couple of things that can help you get ready to quit. If you have a few minutes, I can discuss them with you?

- Yes **(go to # 32)**
- No **(go to # 36)**

32. Can you tell me some of the reasons why you're thinking about quitting?

- health benefits
- cost
- family pressure
- peer pressure
- right thing to do
- work is/going smoke-free
- smell/dirty habit
- role model
- doctor
- pregnant
- health/well being of others
- other _____

(If Health Benefits was NOT mentioned go to # 33 otherwise go to # 35)

33. I noticed that you didn't mention the effects of smoking on your health. Are you aware of the significant health benefits from quitting?

- Yes **(go to # 36)**
- No **(go to # 34)**

34. The materials I'm going to send you contain some good information about the health risks of smoking and the benefits from quitting. I think you may find it very useful in preparing to quit. **(go to #36)**

35. It sounds like you have some really good reasons for wanting to quit. That can be very helpful in terms of your motivation to stay quit. **(go to # 36)**

36. The last thing I'd like to mention is that you should seriously consider using one of the available medications to help you quit when you're ready. Research has shown that use of one or more of these products can double your chances of quitting successfully. Would you like some information about the available medications now?

- Yes (go to # 37) No **For those who have selected "no" at Q #31, go to Q # 39 otherwise go to # 38**

37. Nicotine replacement products include nicotine gum, patches, nasal spray and the inhaler. These products significantly reduce withdrawal symptoms by supplying your body with low doses of nicotine. Because they address the physical cause of withdrawal symptoms, they have the advantage of reducing multiple withdrawal symptoms at the same time. Zyban is a prescription medication that has been shown to reduce withdrawal symptoms such as anxiety and irritability. When taken as prescribed, Zyban takes about 1 week to start working. It can be used alone or in combination with nicotine replacement products. One clinical study showed that using Zyban plus a nicotine patch was much more effective than either method alone. However, if you consider using a combination of products we highly recommend you talk with your Doctor first. **(For those who have selected "no" at Q #31, go to Q # 39 otherwise go to # 38)**

38. I hope this has helped you prepare for quitting. Please remember when you're ready to quit in the next 30 days, call us, we'll be glad to help. **(go to # 39)**

39. When you're ready to quit, call us, our program might be able to help. In the mean time, I'll send you some information about quitting and how to prepare for it. Is there anything else I can do for you today? Thank you for calling your American Cancer Society, good bye. **(end call)**
Order "Set Yourself Free: A Smokers Guide)

40. As previously mentioned, there are three options available to you; self-help materials, telephone counseling supplemented with materials, and/or referrals to smoking cessation resources in your community. Are you interested in any of these services?

- Counseling (go to # 41) Counseling & Referrals (go to # 41)
 Self-Help Materials (go to # 41) Referrals Only (go to # 41)
 Self-Help Materials & Referrals (go to # 41)
 No Help Wanted (go to # 45)

41. I just have a few more questions for you.

42. Do you have a cigarette within the first 15 minutes after you wake up?

- Yes No

43. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- Yes No

44. Since you began smoking regularly, how many times have you tried to quit? _____

45. On a scale of 0-100%, where 0 is no chance and 100 is absolutely, what do you think your chances are for being able to quit for good this time? _____

- Counseling (**go to # 52**)
- Counseling & Referrals (**go to # 49**)
- Self-Help Materials (**go to 46**)
- Self-Help Materials & Referrals (**go to # 46**)
- Referrals Only (**go to # 46**)
- No Help Wanted (**go to # 47**)

If caller asks about the coupons say: "The coupons are worth \$5 each and can be used towards the purchase of over the counter nicotine replacement products."

46. I want to mention that you should seriously consider using one of the available medications to help you quit when you're ready. Research shows that use of one or more of these products can double your chances of quitting successfully. Also, included in the materials that you'll be receiving are discount coupons provided by the State of Florida for nicotine replacement products, should you decide to use them. Would you like some information about these products?

- Yes (**go to # 48**)
- No
 - Self-Help Materials (**go to # 50**)
 - Referrals Only (**go to # 49**)
 - Self-Help Materials & Referrals (**go to # 49**)

47. I want to mention that you should seriously consider using one of the available medications to help you quit when you're ready. Research shows that use of one or more of these products can double your chances of quitting successfully. Also, we will be sending you discount coupons provided by the State of Florida for nicotine replacement products, should you decide to use them. Would you like some information about these products?

- Yes (**go to # 48**)
- No (**go to # 57**)

48. Nicotine replacement products include nicotine gum, patches, nasal spray and the inhaler. These products significantly reduce withdrawal symptoms by supplying your body with low doses of nicotine. Because they address the physical cause of withdrawal symptoms, they have the advantage of reducing multiple withdrawal symptoms at the same time. Zyban is a prescription medication that has been shown to reduce withdrawal symptoms such as anxiety and irritability. When taken as prescribed, Zyban takes about 1 week to start working. It can be used alone or in combination with nicotine replacement products. One clinical study showed that using Zyban plus a nicotine patch was much more effective than either method alone. However, if you consider using a combination of products we highly recommend you talk with your Doctor first. Do you have any questions?

- Self-Help Materials (**go to # 50**)
- Referrals Only (**go to # 49**)
- Self-Help Materials & Referrals (**go to # 49**)
- No Help Wanted (**go to # 57**)

(Look up referrals in CRD)

49. Let me look up the community resource information you requested.

- Counseling & Referrals (**go to # 52**)
- Referrals only (**go to # 57A**)
- Self-Help Materials & Referrals (**go to # 50**)

50. You've elected to receive self-help materials to help you quit smoking. We have some new materials that we'll send you right away. They consist of 3 booklets that can help you quit for good by teaching you various skills.

Booklet 1 goes over things you should know about quitting and how to prepare for your quit date.

The second booklet shows you what you need to do to get through your first few days, especially the methods you can use to handle nicotine withdrawal symptoms. If you are strongly addicted to tobacco, this booklet also provides information on the available medications that you and your Doctor might want to consider.

The third booklet focuses on the situations that can cause you to relapse and how you can prepare yourself to handle them. Together, these three booklets tell you almost everything you might need to know about how to stop smoking.

Do you have any questions?

I want to let you know that one of our evaluation staff may call in a few months just to see how you're doing with your quit attempt, would that be alright? ____ (**go to # 51**)

51. Is there anything else I can do for you today?

Thank you for calling you American Cancer Society, good bye.

Order Quitline Only – Self-Help Materials (item # 0020.90) and FI discount coupons # 0001.00

If caller asks about the coupons say: "The coupons are worth \$5 each and can be used towards the purchase of over the counter nicotine replacement products."

52. You've elected to receive telephone counseling supplemented by self-help materials. I'm going to send you the materials today and I want to let you know that included in the materials will be discount coupons provided by the State of Florida for nicotine replacement products, should you decide to use them. If a counselor is available would you like to have your 1st counseling session now? It takes about 10 minutes..

- No (**go to # 54**)
- Yes. Transfer to Counselor. If Counselor is unavailable (**go to # 53**)
(Order Quitline Only – Counseling Materials (item # 0020.90) and FI discount coupons # 0001.00

53. I'm sorry, all of our counselors are currently busy. Let's set up a date and time that a counselor can call you back. Can you give me at least a 3 to 4 hour block of time on a specific day that you can be contacted?

Date _____ Block of Time _____ (**go to # 55**)

54. Let's set up a date and time that a counselor can call you back. Can you give me at least a 3 to 4 hour block of time on a specific day that you can be contacted?

Date _____ Block of Time _____ **(go to # 55)**

55. Is there anything else I can do for you today?

- Yes – **(Handle per standard NCIC procedures and go to # 56)**
 No – **(go to # 56)**

56. Thank you for calling your American Cancer Society, good bye.
(Order Quitline Only – Counseling Materials (item # 0020.90) and FI discount coupons # 0001.00)

57. Is there anything else I can do for you today?
Thank you for calling your American Cancer Society, good bye.
Order FI discount coupons # 0001.00

57A. I want to let you know that one of our evaluation staff may call in a few months just to see how you're doing with your quit attempt, would that be alright? ____ **(go to # 57)**

Already Quit Counseling Sequence

1. I can send you some information that can help you remain quit and if you're interested, you can talk to one of our counselors about any problems with quitting that you may be experiencing.

___ Self help materials only **(go to # 2)** ___ Counselor **(go to # 8)**
___ Nothing wanted **(go to # 2)**

2. I'd like to ask you one more question. Are you using any medications to help you quit?

3. The reason I ask is that withdrawal symptoms are among the most common reasons why people relapse. Research has shown that use of one or more of the available medications to help you quit can nearly double your chances of quitting for good. Would you like some information about these products?

4. There are 2 types of medications, nicotine replacement therapy, or NRT and Zyban. Nicotine replacement therapy includes products such as nicotine gum, patches, nasal spray and the inhaler. The gum and the patch can be bought from any drug store. The inhaler and nasal spray require a prescription. These products significantly reduce withdrawal symptoms by supplying your body with low doses of nicotine. Because they address the physical cause of withdrawal symptoms, they have the advantage of reducing multiple withdrawal symptoms at the same time. Zyban is a prescription medication that has been shown to reduce withdrawal symptoms such as anxiety and irritability. When taken as prescribed,

Zyban takes about 1 week to start working. It is recommended that you talk with your doctor to determine if it's right for you.

5. I'm going to send you the materials to help you remain quit today. Included in these materials will be discount coupons that the State of Florida is providing for you to use should you decide to use nicotine replacement products. We also have access to Community Resource information. There might be a program or support group in your area. Would you like me to look that information up for you?

Give caller Quitline phone number if necessary 1-877-822-6669

6. I just want to let you know that we do have a program that is designed to help people quit smoking. If you should have trouble and relapse you might consider giving us a call to help you quit again for good. Do you have our quitline number? I also want to let you know that one of our evaluation staff may be calling you in a few months to see how you're doing with your quit attempt. Would that be okay?

7. Is there anything else I can do for you today? Thank you for calling your American Cancer Society, good bye.

If applicable, Order CID "Quitting smoking". Also order FL discount coupons, fulfillment number 0001.00

8. Let me see if a counselor is available
If Counselor is available, **go to # 12**. If Counselor is unavailable **(go to # 9)**
(Order CID doc "Quitting Smoking" and FI discount coupons # 0001.00)

9. I'm sorry, all of our counselors are currently busy. Let's set up a date and time that a counselor can call you back. Can you give me at least a 3 to 4 hour block of time on a specific day that you can be contacted?

Date _____ Block of Time _____ **(go to # 10)**

10. Is there anything else I can do for you today?

- Yes – **(Handle per standard NCIC procedures and go to # 11)**
 No – **(go to # 11)**

11. Thank you for calling your American Cancer Society, good bye. **(go to # 14)**
(Order CID doc "Quitting Smoking" and FI discount coupons # 0001.00)

12. Yes a counselor is available, I will transfer you now. **(go to # 13)**

13. Hi (client name) that's great that you've quit smoking, how's it going so far? Do you mind if I call you by your first name? **(go to # 15)**

14. Hi this is (counselor name) from your American Cancer Society, may I speak with (client name). I understand you've recently quit smoking and you'd like some help remaining quit. May I call you by your first name?
(If caller indicates that they have relapsed they are routed back to the service options for personally quitting)

15. Are you taking any of the available medications to help you quit?

Yes. Which ones? **(go to #16)**

Nicotine gum Nicotine patch Nicotine Inhaler Nicotine Nasal Spray

Zyban Other medication (please list) _____

No. Would you like a little information about them?

Yes **(go to 17)**

No **(go to # 18)**

16. How are they working for you?

Do you have any questions about them? **(go to # 18)**

17. Nicotine replacement products include nicotine gum, patches, nasal spray and the inhaler. These products significantly reduce withdrawal symptoms by supplying your body with low doses of nicotine. Because they address the physical cause of withdrawal symptoms, they have the advantage of reducing multiple withdrawal symptoms at the same time. Zyban is a prescription medication that has been shown to reduce withdrawal symptoms such as anxiety and irritability. When taken as prescribed, Zyban takes about 1 week to start working. It can be used alone or in combination with nicotine replacement products. However, if you consider using a combination of products we highly recommend you talk with your Doctor first.

Do you have questions? (answer any questions and then go to # 18)

18. Have you been having any problems with physical withdrawal symptoms?

(If yes and are not already on medications) These symptoms are normal and should go away as soon as your body has adjusted to not having nicotine. But if you're having severe problems with these symptoms, you could either consider using one or more of the available medications or you might want to give your Doctor a call, Okay?

(If yes and are on medications) These symptoms are normal and should go away as soon as your body has adjusted to not having nicotine. But if you're having severe problems with these symptoms, I would suggest that you give your Doctor a call, okay?

(If no) That's great.

(go to # 19)

19. Are you noticing certain situations or circumstances where your desire to smoke is especially strong?

Yes **(go to # 21)**

No **(go to # 20)**

20. In case this changes let's go over a few things that could be useful for you. **(go to # 23)**
21. What do you think is the hardest situation for you to handle without smoking?
22. And how are you handling that situation now? _____ -
23. It's important that you know that the length of time that a craving or urge lasts largely depends on what you do about it. For example, if you just sit there waiting for it to go away, it can seem like an eternity. But, if you actively do something to combat the craving whether it's taking a walk or cleaning out a closet, you'll find that it can go away in a matter of minutes. Does that make sense?
24. When trying to think about different things or "strategies" you can do to combat a craving, keep in mind that whatever you choose should be easy to do, not unpleasant and, reasonably effective in eliminating the craving or urge to smoke. You might even have to experiment with various strategies to find a set that work best for you. It would also be a good idea for you to write these things down so you'll have a plan next time you have a strong craving, okay?
25. Why don't we take your toughest situation and come up with some strategies that you can use to handle it without smoking so you can get a good idea of how this process works. You mentioned you were having a hard time with _____. What do you think you can do in this situation instead of smoking?
26. Another thing that can be helpful for you is to become more aware of some of the thoughts you might be having about smoking. It's very common for someone who has recently quit to try and talk themselves into having "just one". For instance, you might have a thought like "you know, just one cigarette isn't going to kill me and it doesn't mean that I'm really smoking again either". Sound familiar?
- Well, you can counter these thoughts by saying something like "wait a minute one cigarette might be all it takes to turn me back into a smoker and then I'll have to start this whole process over again"! Does that make sense? You'll find that if you make yourself use these counter thoughts eventually you'll do it automatically.
27. On a scale of 0-100%, where 0 is no chance and 100 is absolutely, what do you think your chances are for being able to quit for good this time? _____
28. I think it's great that you've quit smoking and I hope we've been able to help you remain quit. I want to let you know a couple of things.

We have a program that is designed to help people quit smoking. If you should have trouble and relapse, call us we're here to help. Do you have our quitline number?

(1-877-822-6669)

Included in the materials that you will be receiving are discount coupons that the State of Florida is providing for you to use should you decide to use nicotine replacement products. **(If caller asks about the coupons say: "The coupons are worth \$5 each and can be used towards the purchase of over the counter nicotine replacement products.")**

We also have access to Community Resource Information. There might be a program or support group in your area. Would you like me to look that information up for you?

___ Yes **(look in CRD then go to # 29)**

___ No **(go to #29)**

29. I want to let you know that one of our evaluation staff may call in a few months just to see how you're doing with your quit attempt, would that be alright? _____

30. Is there anything else I can do for you today? Thank you for calling your American Cancer Society, good bye.

Smokeless Tobacco Protocol

1. Do you live with a tobacco user or someone who smokes?

Yes **(go to # 2)** No **(go to # 3)**

2. Are they willing to quit with you?

Yes No

3. How long have you been using tobacco?

less than six months six months to one year one to five years
 six to ten years greater than ten years

4. On the average, about how many times do you dip (or chew) a day? _____

If caller refused to answer demographic Q's, go to # 17

5. Are you willing to make a serious quit attempt in the next 30 days?

Yes (**go to # 17**) No (**go to # 6**)

6. Even though you're not ready to quit right now, there are a couple of things that can help you get ready to quit. If you have a few minutes, I can discuss them with you?

Yes (**go to # 8**) No (**go to # 7**)

7. When you're ready to quit, call us, our program might really be able to help. In the mean time, I'll send you some information about quitting and how to prepare for it. (**go to # 12**)

8. Can you tell me some of the reasons why you're thinking about quitting?

health benefits cost family pressure
 peer pressure right thing to do smell/dirty habit role model
doctor dentist
 other _____

(If Health Benefits was NOT mentioned go to # 9 otherwise go to # 11)

9. I noticed that you didn't mention the effects of smoking on your health. Are you aware of the significant health benefits from quitting?

Yes (**go to # 12**) No (**go to # 10**)

10. The materials we'll be sending you talk quite a bit about the negative effects of tobacco use on your health. It also talks about the immediate and long-term health benefits from quitting. But I can give you some information about this now if you'd like?.

No - Well, you can review that information when you receive our materials, OK? Let's move on to the next set of questions. (**go to # 12**)

Yes – The most serious health effect is cancer of the mouth and pharynx. You can also develop sores in the mouth that can lead to cancer. Gum recession, tooth abrasion and bone loss around the teeth are also common. The chances of avoiding these things are significantly increased upon quitting. The disappearance of sores in the mouth and gums is a readily visible benefit to quitting. It might be a good idea to give your Doctor or Dentist a call for more information. (**go to # 12**)

11. It sounds like you have some really good reasons for wanting to quit. That can be very helpful in terms of your motivation to stay quit. (**go to # 12**)

12. The last thing I'd like to mention is that you should seriously consider using one of the available medications to help you quit when you're ready. Research has shown that use of one or more of these products can greatly increase your chances of quitting successfully. I can give you some information about the available products now if you'd like?

Yes (**go to # 13**) No
For those who have selected "no" at Q #14, go to Q # 15)

13. Nicotine replacement products include nicotine gum, patches, nasal spray and the inhaler. These products significantly reduce withdrawal symptoms by supplying your body with low doses of nicotine. Because they address the physical cause of withdrawal symptoms, they have the advantage of reducing multiple withdrawal symptoms at the same time. Zyban is a prescription medication that has been shown to reduce withdrawal symptoms such as anxiety and irritability. When taken as prescribed, Zyban takes about 1 week to start working. It can be used alone or in combination with nicotine replacement products. However, if you consider using a combination of products we highly recommend you talk with your Doctor first.

For those who have selected "no" at Q #14, go to Q # 15)

14. I hope this has helped you prepare for quitting. Please remember when you're ready to quit in the next 30 days call us, we'll be glad to help. **(go to # 15)**

15. Is there anything else I can do for you today?

- Yes – **(Handle per standard NCIC procedures and go to # 16)**
 No **(go to # 16)**

(Order "Quitting Spitting" fulfillment item # 2090.00)

16. Thank you for calling your American Cancer Society. Good bye. **(End call)**

17. As previously mentioned, there are three options available to you; self-help materials, telephone counseling supplemented with materials, and/or referrals to smoking cessation resources in your community. Are you interested in any of these services?

- Counseling **(go to # 18)** Counseling & Referrals **(go to # 18)**
 Self-Help Materials **(go to # 18)** Referrals Only **(go to # 18)**
 Self-Help Materials & Referrals **(go to # 18)**
 No Help Wanted **(go to # 23)**

18. I just have a few more questions for you.

19. Do you dip or chew minutes within the first 20 minutes after you wake up?

- Yes No

20. Since you began using tobacco regularly, how many times have you tried to quit? _____

21. On a scale of 0-100%, where 0 is no chance and 100 is absolutely, what do you think your chances are for being able to quit for good this time? _____

- Counseling **(go to # 27) (because they are covered in the first counseling session, medications are not mentioned at this time)**
 Counseling and referrals **(go to # 25) (because they are covered in the first counseling session, medications are not mentioned at this time)**
- Self-Help Materials **(go to # 22)**
 Self-Help Materials & Referrals **(go to # 22)**

Referrals Only (**go to # 22**)

22. I want to mention is that you should seriously consider using one of the available medications to help you quit when you're ready. Research has shown that use of one or more of these products can greatly increase your chances of quitting successfully. Also, included in the materials that you'll be receiving are discount coupons provided by the State of Florida for nicotine replacement products should you decide to use them. I can give you some information about the available products now if you'd like?

Yes (**go to # 24**)

No

Self-Help Materials (**go to # 26**) Referrals Only (**go to # 25**)

Self-Help Materials & Referrals (**go to # 25**)

23. I want to mention is that you should seriously consider using one of the available medications to help you quit when you're ready. Research has shown that use of one or more of these products can greatly increase your chances of quitting successfully. Also, included in the materials that you'll be receiving are discount coupons provided by the State of Florida for nicotine replacement products should you decide to use them. I can give you some information about the available products now if you'd like?

Yes (**go to # 24**)

No (**go to # 32**)

24. Nicotine replacement products include nicotine gum, patches, nasal spray and the inhaler. These products significantly reduce withdrawal symptoms by supplying your body with low doses of nicotine. Because they address the physical cause of withdrawal symptoms, they have the advantage of reducing multiple withdrawal symptoms at the same time. Zyban is a prescription medication that has been shown to reduce withdrawal symptoms such as anxiety and irritability. When taken as prescribed, Zyban takes about 1 week to start working. It can be used alone or in combination with nicotine replacement products. However, if you consider using a combination of products we highly recommend you talk with your Doctor first.

Self-Help Materials (**go to # 26**)

Referrals Only (**go to # 25**)

Self-Help Materials & Referrals (**go to # 25**)

No Help Wanted (**go to # 32**)

(Look up referrals in CRD)

25. Let me look up the community resource information you requested.

Referrals only (**go to # 32**)

Self-Help Materials & Referrals (**go to # 26**)

Counseling and Referrals (**go to # 27**)

26. You've elected to receive self-help materials to help you defeat your dependence on tobacco. We have some a new self-help guide that we'll send you right away. It can help you quit for good by teaching you various skills.

There are 3 sections to the guide. The first section goes over things you should know about quitting and how to prepare for your quit date.

The second section shows you what you need to do to get through your first few days, especially the methods you can use to handle nicotine withdrawal symptoms. If you are strongly addicted to tobacco, this section also provides information on the available medications that you and your Doctor might want to consider.

The third section focuses on the situations that can cause you to relapse and how you can prepare yourself to handle them. This guide tells you almost everything you might need to know about how to stop your dependence on tobacco.

Do you have any questions?

Order Quitline Only – Self-Help Materials (item # 1499.00 and FL coupons # 0001.00)

Is there anything else I can do for you today? Thank you for calling your American Cancer Society. Good bye.

27. You've elected telephone counseling supplemented by our self-help guide to help you quit smoking. I will send the materials to you today. Also, included in the materials that you'll be receiving are discount coupons provided by the State of Florida for nicotine replacement products should you decide to use them.
If a counselor is available, would you like to have your 1st counseling session now? It takes about 15 minutes.

- No (**go to # 29**)
 Yes. Transfer to Counselor. If Counselor is unavailable (**go to # 28**)

(Order Quitline Only – Counseling Materials (item # 1499.00 and FI coupons # 0001.00)

28. I'm sorry, all of our counselors are currently busy. Let's set up a date and time that a counselor can call you back. Can you give me at least a 3 to 4 hour block of time on a specific day that you can be contacted?

Date _____ Block of Time _____ (**go to # 30**)

29. Let's set up a date and time that a counselor can call you back. Can you give me at least a 3 to 4 hour block of time on a specific day that you can be contacted?

Date _____ Block of Time _____ (**go to # 30**)

30. Okay [client's name], a counselor will call you on [day, date] at [time]. (**go to # 31**)

31. Is there anything else I can do for you today? Thank you for calling your American Cancer Society. Good bye.

32. Is there anything else I can do for you today?

- Yes – (**Handle per standard NCIC procedures**)
 No

Thank you for calling your American Cancer Society. Good bye.
(If appropriate order FI coupons # 0001.00)

Appendix C

Three-Month Follow-up Evaluation

FLORIDA – 3 MONTH EVALUATION

CONSENT PROTOCOL FOR FOLLOW-UP INTERVIEWS

Constituent ID

Date of Evaluation / /2002

1. This is _____ calling from the Quitline evaluation research unit at the Florida Quit-for-Life Line.

May I speak with _____

If client is not there, when is a good time to call back? _____

Repeat introduction if appropriate.

We are studying the effects of the assistance you recently received from the Quitline project. This interview will take 5 to 10 minutes to complete. May I have your permission to continue?

If yes, continue below.

If no, thank the person for her or his time and ask what time is better.

Callback date and time _____

The purpose of the interview is to find out about your tobacco use and your efforts to stop smoking after your call to the Florida Quit-for-Life Line.

It is important that you know that your participation is entirely voluntary. You may decide not to take part or to quit the interview at any time without penalty.

There will be no risk or discomfort to you in providing responses to the questions asked in this interview; however, should you feel uncomfortable in providing a response to a specific question, you may skip that question.

Your participation will benefit the Florida Quit-for-Life Line and other tobacco users by providing useful information on the effectiveness of the assistance that we've provided you.

Your answers will be kept confidential. Your name will not be known to anyone nor will it be used in any reports or publications from this study.

Are you willing to participate in this interview?

If yes, say "Good, thank you." and continue on the next page.

If no, thank the person for her or his time, probe for why not, and describe below.

I'd like to ask you a few questions about your smoking status since you contacted the Florida Quit-for-Life Line.

1. During the past 3 months, have you stopped smoking [or using tobacco] for one day or longer?

____ 1 Yes (go to 1a)

____ 0 **No (go to 3 for smokers;
go to 4 for spit
tobacco users)**

1a. Have you used tobacco within the last 48 hours?

____ 1 **Yes (go to 2)**

____ 0 No (go to 1b)

1b. Have you used tobacco at all?

____ 1 Yes (go to 1c)

____ 0 **No (go to 2)**

1c. On about how many days did you use tobacco? ____ Days

1d. When was the last day you used tobacco? _____

2. About how many days did you go without using tobacco? _____ Days (go to 5)

If spit tobacco user, go to #4.

3. On average how many cigarettes do you smoke per day? _____ Cigarettes

3a. Do you have a cigarette within the first 15 minutes after you wake up?

____ 1 Yes (go to 5)

____ 0 **No (go to 5)**

[Spit tobacco users only]

4. On average, about how many times do you dip (or chew) a day?"

_____ Number of times

4a. Do you dip or chew within the first 15 minutes after you wake up?

_____ 1 Yes (go to 6)
_____ 0 **No (go to 6)**

5. During the past 3 months, about how many times have you tried to quit?

times

_____ Number of

6. Do you live with a smoker [or tobacco user]?

_____ 1 Yes (go to 7)
_____ 0 **No (go to 8)**

7. Has that person tried to quit tobacco with you?

_____ 1 Yes
_____ 0 **No**

8. Do you have any children under 18 living in your household?

_____ 1 Yes (go to 8a)
_____ 0 **No (go to 9)**

8a. How many? _____

9. Which statement best describes the rules about smoking in your home?

1. Smoking is not allowed anywhere inside your home
2. Smoking is allowed in some areas or at some times
3. Smoking is allowed anywhere inside the home
4. There are no rules about smoking inside the home
5. I don't know
6. Refused to answer

10. Did you get any discount coupons for nicotine replacement products from the Quitline?

_____ 1 Yes (go to 10a)
_____ 0 **No (go to 11)**

10a. Did you use those coupons?

_____ 1 **Yes (go to 11)**
_____ 0 **No (go to 11)**

11. Did you take any medications to help you quit smoking?

- _____ 1 Yes (go to 11a)
- _____ 0 No (go to 12)

11a.(If yes) Which ones did you take?

- _____ 1. Nicotine gum
- _____ 2. Nicotine patch
- _____ 3. Nicotine inhaler
- _____ 4. Zyban
- _____ 5. Wellbutrin
- _____ 6. Other medication(s)
List _____

11b. Did your health plan cover the medications (to help you quit smoking)?

- _____ 1 Yes (go to p.5, #1)
- _____ 0 No (go to p.5, #1)
- _____ 2 Don't know (go to p.5, #1)

12. Can you tell me why you didn't use a medication to help you quit? (Eval staff - select the phrase that most accurately describes the response. If none are appropriate, choose other and define)

- _____ 1. Cost
- _____ 2. Concern that nicotine-based medicines could harm them
- _____ 3. Difficulty of getting a prescription (for Zyban/inhaler)
- _____ 4. Used NRT in the past and didn't work
- _____ 5. Used Zyban in the past and didn't work
- _____ 6. Used both NRT and Zyban in past and didn't work
- _____ 7. Want to quit without medicine
- _____ 8. Don't think that medicines are effective/help much
- _____ 9. Other - define _____

12a. Does your health plan cover medications to help you quit smoking?

- _____ 1 Yes (go to p.5, #1)
- _____ 0 No (go to p.5, #1)
- _____ 2 Don't know (go to p.5, #1)

Now I'd like to ask you about your satisfaction with our services.

1. If you were to have a relapse, would you use the Quitline again?

- _____ 1 Yes
- _____ 0 No

2. Would you recommend the Quitline to others who are trying to quit tobacco use?

_____ 1 Yes
_____ 0 No

Could you please rate the next question for me on a scale from 1 to 10, where “1” represents “Poor,” and “10” represents “Excellent”

3. Please tell me how you would rate your overall experience with the Florida Quit-for-Life Line?
_____ (If 1, 2, or 3 go to 4)
(If 4 or more go to 5)

4. Can you tell me why you feel that way?

PROBE: Are there any other reasons?

5. On a scale from 1 to 10, where “1” represents “did not meet expectations,” and “10” represents “exceeded expectations”, overall, how would you say the information you received from the Florida Quit-for-Life Line met your needs?

6. Did you receive our materials in the mail? _____
_____ 1 Yes (go to 7)
_____ 0 No (go to 8)
_____ 2 Don't recall (go to 8)

7. On a scale of 1 - 10, where “1” represents “not at all helpful” and “10” represents “extremely helpful”, how helpful do you feel the self-help materials were in your quit attempt?

8. Did the Florida Quit-for-Life Line refer you to any community resources (support groups, etc.)?
_____ 1 Yes (go to 9)
_____ 0 No (**go to 10**)
_____ 2 Don't recall (**go to 10**)

9. On a scale of 1 - 10, where “1” represents “not at all helpful” and “10” represents “extremely helpful”, how helpful do you feel the community resources were in your quit attempt?

10. After you called the Florida Quit-for-Life Line were you set up to receive counseling?
_____ 1 Yes (go to 11)
_____ 2 No (**go to 18**)
_____ 3 Don't know (**go to 18**)

18)

11. On a scale from 1 to 10, where "1" represents "Poor," and "10" represents "Excellent" please tell me how you would rate the overall quality of the service provided by the counselor you spoke with?

_____ (If 1, 2, or 3 go to 12)
(If 4 or more go to 13)

12. Ok, is there anything in particular that you can tell us about why you feel that way?

PROBE: Are there any other reasons?

13. On a scale of 1 - 10, where "1" represents "not at all helpful" and "10" represents "extremely helpful", how helpful was your counselor in your quit attempt?

14. On a scale of 1 - 10, where "1" represents "not at all satisfied" and "10" represents "extremely satisfied", please rate your satisfaction with the advice you received from your counselor.

On a scale from 1 to 10, where "1" represents "did not meet expectations," and "10" represents "exceeded expectations", please rate your counselor(s) on the following attributes:

15. Their sincerity _____

16. Having a positive and helpful attitude _____

17. Having compassion for your situation _____ (go to 20)

18. On a scale from 1 to 10, where "1" represents "Poor," and "10" represents "Excellent" please tell me how you would rate the overall quality of the service provided by the person you spoke with?

_____ (If 1, 2, or 3 go to 19)
(If 4 or more go to 20)

19. Ok is there anything in particular that you can tell us about why you feel that way?

PROBE: Are there any other reasons? (**go to 21**)

20. What parts of the telephone assistance or self-help materials were most useful to you?

21. How could this service be improved in the future?

This concludes the interview. You will be contacted again in about 3 months to see how you are doing. Please feel free to ask questions you may have about the interview or about your rights as a research subject. Do you have any questions now?

If other questions occur to you later, we have a number that you can call. Do you have a pen and paper? You may contact Dr. Alfred McAlister, the principal investigator at (713) 500-9676. And for concerns specifically about your rights as a research subject, you can call the Committee for the Protection of Human Subjects at (713) 500-5827. Thank you for your participation on behalf of your Florida Quit-for-Life Line.

Appendix D
Quitline Counseling Sessions

Counselor Name: _____
Date: _____

Client Name: _____

Con. ID: _____
Phone: _____ **Time Zone** _____

SESSION 1

1. Hi this is _____, from your American Cancer Society; may I speak with _____?

- ___ Yes (continue w/ session)
- ___ No (reschedule) Date: _____ Time _____
- ___ No Contact (enter in date _____)
(enter in date _____)
(enter in date _____)
___ 3 Attempts

2. Is it ok if I call you by your first name?

3. I'd like to give you a little information about how our counseling program works. As previously mentioned, your calls may be monitored for quality assistance but any information you provide will remain private and confidential. However, we are required by law to report any reference of harm to yourself or others. We'll be sending you our self-help booklets that will help you learn skills about how to quit smoking. We'll then have four more short sessions in addition to this one. Your next session will be right before your quit date and the others will be scheduled within the two weeks after you quit. Today, I'd like to ask you some questions so we can plan the best way for you to get ready to quit.

(IF YES TO ANY Q's # 4 through 7, go to # 8)
(IF NO TO All Q's # 4 through 7, go to # 9)

4. Do you normally smoke within 10 or 20 minutes after you wake up in the morning? _____

5. Do you usually smoke even when you are sick? _____

6. Do you feel withdrawal symptoms of any kind when you go without smoking? _____

7. Do you sometimes smoke more than 10 cigarettes per day? _____

8. Based on your answers, it seems you are most likely physically addicted to nicotine. Using the patch, nicotine gum or a prescription medication like Zyban could greatly increase your chances of quitting for good. You can read about these medications in the booklets we're sending you. But you should go ahead and consult your doctor or your pharmacist now to find out what might be best for you.

9. Based on your answers, you may not be seriously addicted to nicotine. However, you still might want to consider using one of the available medications to help you quit. The materials you'll be receiving have information about these products and you can also talk to your Dr. to determine which medication may work best for you.

10. Now let's talk about your reasons for quitting. Can you tell me about them?

(please list)

11. It sounds like you're really ready to quit. To keep your motivation up, I suggest you write those reasons down on a piece of paper and put them somewhere you will see them, like on your bathroom mirror or refrigerator. **(go to # 12)**

12. Now let's set a quit date for you. I think it's best to set it for about two weeks from now. That will give you plenty of time to receive the booklets and prepare a bit before you quit. We'll also set your 2nd and 3rd appointments. The 2nd one should occur about 2 days before your quit date and your 3rd appointment the day after your quit date. I'll be sending you a reminder postcard with these dates and times on it if that's all right? ___ Yes ___ No

Quit Date _____

Session 2 Date _____ Time _____ Counselor _____

Session 3 Date _____ Time _____ Counselor _____

(if yes to addiction question otherwise go to # 14)

13. I just want to remind you, if you decide to use one of the medications to help you quit, don't forget to talk to your doctor or pharmacist about which one may be right for you. If you are going to use Zyban you need to get a prescription and start taking it at least 7 days before you quit, OK?

14. When you get your booklets, read them carefully, especially booklets 1 and 2, to get ready for our next call. And don't forget to write or mark down a list of your reasons for quitting and put it where you can see it.

1- 877-"Yes-Quit" (877-937-7848)

15. Do you have our quit line number? Give us a call if you don't receive the self-help booklets within a week so we can make sure they're sent out to you right away. If you're not in at our scheduled time, our policy is to call you back within 10 minutes if possible. We'll then try to contact you again 2 more times. After the 3rd attempt, you would need to call us back to continue with the program. If you're not there when we call, do we have your permission to leave information about your counseling sessions on your machine or with anyone who answers?

___ Yes ___ No

16. I'd like to ask you one last question. On a scale of 0 to 100 where 0 is no chance and 100 is absolutely, what do you think your chances are for being able to quit for good this time? ____

17. OK, I'll talk to you on the _____ at _____. Thank you Good-bye.

___ Yes (go to # 12) ___ No (go to # 13)

12. Can you give me an example? **(if example given, praise and go to # 14, If no example given, go to # 13)**
13. It's going to be helpful for you to take a little time out to come up with a list of things that you can do instead of smoking while in some of these types of situations. For example, deep breathing is a nice technique where you take five seconds to slowly breathe in through your nose and five seconds to slowly breath out through your mouth. Doing it three or more times can help you relax. **(go to # 15)**
14. Good, the self-help booklets talk about how you can reduce stress with something as simple as taking a walk every day. They also list several other things you can do in different situations. It would be a good idea to read them carefully, OK? **(go to # 15)**
15. Now, I want to ask you this: What are the times or situations when the desire to smoke is the strongest? _____ **(go to # 17)**
If no good responses are given and go to # 16)
16. Well, OK? _____ **(go to # 17)**
17. What do you think you can do instead of smoking? _____
18. Let's take a couple of minutes now and talk about something else. Negative thoughts can defeat you before you even get started. For example, sometimes a smoker who is about to quit starts telling him or herself "I can't do it, I've tried before and I just can't do it!" What would you tell yourself if you started thinking like that? **If no reasonable response, go to # 19 otherwise go to # 20)**
19. Well, how about trying something like this: "I'm more ready to quit now and this time I really think I can do it". Can you say that to yourself?
20. OK, I think you have an excellent chance of quitting for good this time. Just read the self-help booklets carefully and follow as many instructions as you can.
21. Your next appointment is set for [session 3 date/time]. Good luck and don't forget, if you haven't done it already, to make a list of your reasons for quitting and put it up somewhere you will see it every day. Above all, get rid of all your cigarettes just before you quit.
22. I'd like to ask you one last question. On a scale of 0 to 100 where 0 is no chance and 100 is absolutely, what do you think your chances are for being able to quit for good this time? _____
23. OK, I'll talk to you on the _____ at _____. Thank you Good-bye.

SESSION 3

Date _____

1. Hi this is _____, from your American Cancer Society; may I speak with _____?

___ Yes (continue w/ session)

___ No (reschedule) Date: _____ Time _____

___ No Contact (enter in date _____)

(enter in date _____)

(enter in date _____)

___ 3 Attempts

2. Your quit date was _____. How are you doing?

___ No attempt made (**go to # 3**)

___ Attempt made but not successful (**had a cig. w/in 6 hours of this call - go to # 6**)

___ Successful Attempt, Not Currently Smoking (**go to # 9**)

3. It often takes more than one try before someone attempts to quit for good. Let's set a new quit date, Okay?

___ Yes (**go to # 5**)

___ No (**go to # 4**)

4. Please call us back when you're ready, we're here to help. (**close and exit**)

5. After we set your new quit date, let's go over the last session again so you can get better prepared. (**Set new quit date and recycle to session 2.1**)

(Angela chged 3-5 to 5-7)

6. Many times it takes someone **5 to 7** serious attempts before they're able to quit for good. Do you want to set a new date and try again?

___ Yes (**go to # 8**)

___ No (**go to # 7**)

7. Please call us back when you're ready, we're here to help. (**Closing and exit**)

8. Let's go over the last session to help you get better prepared for your next quit attempt. (**Set new quit date and recycle to session 2.1**)

9. That's great! Let's go over some things to help you remain a non-smoker.

(**Ask Question # 10 only if "NO" was answered to # 6 in Session 2**)

(**Ask Question # 15 only if "YES" was answered to # 6 in Session 2**)

10. Did you go to a pharmacy or talk with your doctor for medications to help you quit?

___ Yes (**go to # 11**)

___ No (**go to # 12**)

11. Have you decided on one?

Decided not to use any (**go to # 13**)
 Nicotine gum Nicotine patch Nicotine inhaler Nicotine Nasal Spray
 Zyban Other medication (please list) _____
(**go to # 14**)

12. Have you decided to use any?

No (**go to # 13**)
 Nicotine gum Nicotine patch Nicotine inhaler Nicotine Nasal Spray
 Zyban Other medication (please list) _____
(**go to # 14**)

13. If you start having trouble with withdrawal symptoms, you might want to consider using one of them, Okay? (**go to # 16**)

14. Great, if you use them correctly, medications like this can double your odds of quitting. Make sure you follow the product instructions carefully. (**go to # 16 or # 17**)

15. How is (*medication indicated in Session 1or2*) working for you?
(**go to # 16 or # 17**)

(Ask question # 16 only if client indicated that they do NOT live with a smoker at Intake otherwise, go to # 17)

Condition on # 13, 14 and 15

16. Here's something else important: If possible, it would be helpful to you if you could avoid being around other people who are smoking. The smell of cigarette smoke can make it hard to stay quit during the first week or two. Do you think you can do that? (**go to # 21**)

Condition

17. You mentioned earlier that you lived with a smoker, right?

Yes (**go to # 18**) No (**go to # 19**)

18. Have you asked them not to smoke in the house and not give you any cigarettes even if you ask for one?

Yes (**go to # 19**) No (**go to # 20**)

19. That's good. It might also be helpful if you could avoid being around other people who smoke for a week or two when you're trying to quit, Okay? (**go to # 21**)

20. You might want to consider doing that. It can really be helpful to not smell cigarette smoke while you're trying to quit. Even a week or two would be good so consider talking to him or her about it, Okay? (**go to # 21**)

21. Let's talk for a minute about stress. What can you do to handle stress without smoking?

(if good example is given) That's great! (go to # 22)

(if no good example) You probably need to work on learning ways to deal with stress without smoking. For example, the self-help booklets recommend deep breathing and getting more exercise. It could be really helpful to read through booklets 2 & 3 again, Okay? **(go to # 22)**

22. How about substitutes? Have you found other things you could do instead of smoking?

Yes **(go to # 23)** No **(go to # 24)**

23. Can you give me a couple of examples?

24. It's going to be important for you to think about the times where you'll want to smoke the most and learn to do something else instead. It can be something as simple as chewing gum or using mints. The self-help booklets have ideas on this too.

25. Now let's talk about risky situations. When do you think you'll want to smoke the most and what do you think you can do to resist it?

(if good example) Great **(go to # 26)**

(if no good example) It would be a good idea to work on this. Think of when you'll want to smoke the most and get ready for those situations. Booklets 2 and 3 have some suggestions. **(go to # 26)**

26. Just remember, the key is to find other things to do besides smoking. As your sense of taste improves after quitting, you might enjoy food more and sometimes eating becomes one substitute for smoking. That's not necessarily bad, but some people have a concern about gaining weight when they quit smoking. Is this a concern for you?

No **(go to # 27)**

Yes – It's possible that you might gain a little weight but not everyone does. There are things you can do to help avoid it like eating low or no fat foods and things like carrot and celery sticks. But if you do gain a little weight, you can worry about losing it after you're successful in quitting. You'll probably feel better too so exercising might be easier. **(go to # 27)**

27. Do you have any questions before we end today?

28. I'd like to ask you one last question. On a scale of 0 to 100 where 0 is no chance and 100 is absolutely, what do you think your chances are for being able to quit for good this time? _____

29. Let's go ahead and set our next appointment for about 5 to 7 days from now. (set 4th counseling session date/time).

30. I'll talk to you on the _____ at _____. Thank you Good-bye.

SESSION 2.1

Date _____

(RECYCLING RELAPSES OR THOSE WHO DON'T QUIT ON FIRST QUIT DATE)

Counselors: You must know the following before you begin the session:

1. Medication status: Yes/No?; If yes, what kind?

2. If client indicated they “live w/ a smoker”

(For clients who made an attempt but failed)

1. Let's talk about the thing or things that got in your way from quitting this time. Was there something that happened in particular?

(Allow client to describe relapse causes)

1A. (For those who made no attempt at all) Let's talk about the thing or things that made you decide not to try and quit on the day you planned?

(Allow client to describe relapse causes)

2. What do you think you could have done differently to not give in to the urge to smoke? **(Praise any appropriate responses)**
3. OK, let's go over the basics again.

Ask Q # 4 if client indicated that they were planning on getting a medication in Session 3

Ask Q # 5 if client indicated that they were using a medication in Session 3

4. Did you get a medication to help you quit?
___ No – Well, you might want to rethink that since you had trouble quitting next time. Maybe you could re-read pages 8 and 9 in booklet 1 and ask your doctor or pharmacist what they think, but medications can really help you quit, OK? **(go to # 5)**

___ Yes - Great, that can really improve your odds of quitting permanently this time.
(go to # 6)
5. How is the medication working for you? **(go to # 6)**
6. Did you find someone who will give you support and encouragement during your quit attempt?

___ Yes - That's great. In the self-help booklets, you can look at page 8 in book 2 for ideas on how to use this support to help you quit.

___ No - It would probably be helpful to you if you had some type of social support while you're going through this process. Think about everyone you know and try and decide on someone you can talk to. Also, look on page 8 in booklet 2 for ideas on how to use this support to help you quit, OK?

(If client indicated that they do NOT live with a smoker at intake go to # 7 otherwise, go to # 8)

7. Here's something else important: If at all possible, it would be helpful to you if you could avoid being around other people who are smoking. The smell of cigarette smoke can really be tempting during the first week or two of quitting. Do you think you can do that? **(go to # 12)**
8. You mentioned earlier that you lived with a smoker, right?
___ Yes **(go to # 9)** ___ No **(go to # 10)**
9. Have you been able to ask them not to smoke in the house and not to give you any cigarettes even if you ask for one?
___ Yes **(go to # 9)** ___ No **(go to # 11)**
10. That's great. It might also be helpful if you could avoid being around other people who smoke for a week or two if that's at all possible, OK? **(go to # 12)**
11. Well, you might want to consider doing that. It can really be helpful to you to not smell cigarette smoke while you're going through this. Even a week or 2 would be helpful so consider talking to him or her about it, OK? **(go to # 13)**
12. Great. You might even consider avoiding being around others who smoke if that's at all possible. Even a week or two can help, OK? **(go to # 13)**
13. Let's talk a bit about things you can do instead of smoking if you are stressed out, angry or depressed. What can you do to relax? **(If no good response to request go to # 14)**
14. OK, you'll find this quitting process a little easier for you if you could learn about ways to relax and deal with stress or without smoking. We recommend a deep breathing technique and getting more exercise. The self-help booklets have a lot of information of this too, OK?
15. Tell me about things you can use as substitutes for smoking. **(Praise any reasonable responses, go to # 16)** _____

(Please list response(s))

(If no good response) In booklet 2 has lots of information about the things that people can do instead of smoking. Gum, lozenges, anything like that can help. **(go to # 16)**

16. OK, now you might start telling yourself "I can't do it, I've tried before and I just can't do it!" What will you tell yourself now if you start thinking like that?

(If no reasonable response is given) Well, this time it will be different, because you know more. You can use your past attempts to your advantage, does that make sense? **(go to # 17)**

17. Do you have any ideas about how you can keep from smoking again if you run into the same things that got in your way last time? **(go to # 18)**

(If this is a recycle at session 5, go to # 21 otherwise go to # 18)

18. OK, you're learning and I have a better feeling about your chances this time. Let's set your new quit-date for tomorrow or the next day and your next appointment a day or two after that. **(Set quit date and next appointment)**

19. Read through the self-help booklets again, especially book 2, Do you have any questions before we end today? I have one last question for you. On a scale of 0 to 100 where 0 is no chance and 100 is absolutely, what do you think your chances are for being able to quit for good this time? ____

20. Good bye and I'll talk to you on _____. Thank you, good-bye. **(End session)**

21. OK, well this is your final session, how are you feeling about that? I think you're going to be fine. I know you can do this. Just remember everything we've talked about, how to generate substitutions for cigarettes in hard situations, being aware of your own thoughts and read through the booklets periodically, OK?

22. I just have a few questions for you before we end today, OK?

23. How do you feel about the assistance that we have provided?

24. What were some of the most useful things?

25. Was there anything you didn't find useful?

26. Was there anything that you didn't like?

27. Would you recommend this service to a friend who wants to stop smoking?

28. On a scale of 0-100, where 0 is no chance and 100 is absolutely, what do you think your chances are for being able to quit for good this time?

29. Do you have any final questions or concerns? Ok, it was really great talking with you. Good luck to you. Thank you, good-bye

Appendix E

Quitline Data Coding Sheet

Florida Quitline Variables Reported Monthly from the ACS Intake Survey

Coding Sheet For Quitline Variables, Descriptions and Values

1. Demographic variables asked of every caller.

<u>Variable Name</u>	<u>Old Variable Name</u>	<u>Description/Old Response Values</u>
QCDS_ID:		this is the unique identifier – use to link files
CONTRACT_DATE	CD	Creation date
CITY	CITY	City of call
CONTRACT_TEXT	ST	State of contract (Florida)
DATE_OF_BIRTH	DOB	Birthdate of caller
GENDER	SEX	Gender of caller
AGE	AGE	Age of caller

2. The following list shows the question asked on the intake survey, the new variable name as sent in the Quitline monthly dataset (as of November, 2003), the old variable name (as sent from December 2001 to October 2003) and the response values for each question.

<u>Variable Name</u>	<u>Old Variable Name</u>	<u>Description/Old Response Values</u>
Can you tell me what county you live in?		
COUNTY_NAME	(_5005)	COUNTY RESPONSE VALUES 1: Alachua 2: Baker 3: Bay 4: Bradford 5: Brevard 6: Broward 7: Calhoun 8: Charlotte 9: Citrus 10: Clay 11: Collier 12: Columbia 13: Dade 14: Desoto 15: Dixie 16: Duval 17: Escambia 18: Flagler 19: Franklin 20: Gadsden 21: Gilchrist 22: Glades 23: Gulf 24: Hamilton

<u>Variable Name</u>	<u>Old Variable Name</u>	<u>Description/Old Response Values</u>
		25: Hardee
		26: Hendry
		27: Hernando
		28: Highlands
		29: Hillsborough
		30: Holmes
		31: Indian River
		32: Jackson
		33: Jefferson
		34: Lafayette
		35: Lake
		36: Lee
		37: Leon
		38: Levy
		39: Liberty
		40: Madison
		41: Manatee
		42: Marion
		43: Martin
		44: Monroe
		45: Nassau
		46: Okaloosa
		47: Okeechobee
		48: Orange
		49: Osceola
		50: Palm Beach
		51: Pasco
		52: Pinellas
		53: Polk
		54: Putnam
		55: Santa Rosa
		56: Sarasota
		57: Seminole
		58: St. Johns
		59: St. Lucie
		60: Sumter
		61: Suwannee
		62: Taylor
		63: Union
		64: Volusia
		65: Wakulla
		66: Walton
		67: Washington

Are you a Department of Health or County Health Department employee?

EMP_OF_HEALTH_DEPT _5006

RESPONSE VALUES

1. Yes-Dept. of Health
2. Yes-County Health
3. No

<u>Variable Name</u>	<u>Old Variable Name</u>	<u>Description/Old Response Values</u>
Indicate reason for call		
WHOS_CALLING	WHYCALL & _1010	RESPONSE VALUES 1. Personally quitting – Cigarettes 2. Personally quitting – Smokeless Tobacco 3. Already Quit 4. Family/Friend of current smoker 5. Other (examples: Drs. office, Teachers, Community Orgs., etc, pipe and/or cigar smokers)
How did you hear about this phone number? HH (_101) & _801		
HOW_HEARD_QUITLINE	HH	RESPONSE VALUES 1: Newspaper story 2: Newspaper ad 3: TV news story 4: TV ad 5: Doctor 6: Dentist 7: Pharmacist 8: Nurse 9: Other health care provider 10: Flyer from school 11: Flyer from work 12: Flyer from community event 13: Friend 14: Relative 15: Other 16: Radio News Story 17: Radio Ad 18: ACS Office 19: Transferred from NCIC 20: Internet/Website 21: County Health Department
Specify TV Ad		
WHICH_TV_AD	_102 & _802	Text field
Specify Other		
HOW_HEARD_QUITLINE_OTHER	HHO	Text Field

<u>Variable Name</u>	<u>Old Variable Name</u>	<u>Description/Old Response Values</u>
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What is the highest grade or year of school you completed?

EDUCATION_LEVEL	EDLEV	<p>RESPONSE VALUES</p> <p>1: Never attended school or only Kindergarten</p> <p>2: Grades 1-7 (some Grade School)</p> <p>3: Grades 6-8 (some Jr. High School)</p> <p>4: Grades 9-11 (some High School)</p> <p>5: High School Graduate or GED</p> <p>6: Some College or Technical School</p> <p>7: College Graduate</p> <p>8: Graduate School</p> <p>9: Refused to Answer</p>
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What is your marital status?

MARITAL_STATUS	MARSTAT	<p>RESPONSE VALUES</p> <p>1: single</p> <p>2: married</p> <p>3: widowed</p> <p>4: divorced</p> <p>5: separated</p> <p>6: refused to answer</p>
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Do you have any children under 18 living in your household?

KIDS	_110	<p>RESPONSE VALUES</p> <p>1. Yes</p> <p>0. No</p>
------	------	---

How many?

HOW_MANY_KIDS	_111	Text Field
---------------	------	------------

Do you live with a smoker?

LIVE_WITH_SMOKER	_13	<p>RESPONSE VALUES</p> <p>1. Yes</p> <p>0. No</p>
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Are they willing to quit smoking with you?

QUIT_WITH_YOU	_1300	<p>RESPONSE VALUES</p> <p>1. Yes</p> <p>0. No</p>
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<u>Variable Name</u>	<u>Old Variable Name</u>	<u>Description/Old Response Values</u>
What is your ethnic background?		
ETHNICITY	ETHN	RESPONSE VALUES 1: White 2: Black 3: Hispanic 4: Asian 5: American Indian or Native American 6: Other 7: Refused to answer
Specify Other Ethnicity		
ETHNICITY_OTHER	ETHNOTHER	Text Field
Which statement best describes the rules about smoking in your home?		
RULES_IN_HOUSEHOLD	_1600	RESPONSE VALUES 1: Smoking is not allowed anywhere inside your home 2: Smoking is allowed in some areas or at some times 3: Smoking is allowed anywhere inside the home 4: There are no rules about smoking inside the home 5: I don't know 6: Refused to answer
May I ask if you are currently pregnant?		
PREGNANT	_1601	RESPONSE VALUES 1. Yes (go to Great Start Legacy protocol) 0. No
How long have you been smoking?		
SMOKING_DURATION	DURSM	RESPONSE VALUES 1: less than six months 2: six months to one year 3: one to five years 4: six to ten years 5: greater than ten years
On the average, about how many cigarettes do you smoke a day?		
CIGARETTES_PER_DAY	NUMCIG	Numeric Field

<u>Variable Name</u>	<u>Old Variable Name</u>	<u>Description/Old Response Values</u>
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As previously mentioned, there are three options available to you; self-help materials, telephone counseling supplemented with materials, and/or referrals to smoking cessation resources in your community. Are you interested in any of these services?

SERVICE_REQUESTED	SRVC	RESPONSE VALUES 1: Counseling 2: Counseling and Referrals 3: Self-help materials 4: Self-help materials and referrals 5: Referrals only 6: Don't want anything
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During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

QUIT_12_MONTHS	QUIT12	RESPONSE VALUES 1. Yes 0. No
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Since you began smoking regularly, how many times have you tried to quit?

PREVIOUS_QUITS	NUMQUIT	Numeric Field
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REFERRALS	_123 & _152	RESPONSE VALUES Yes No
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HOW_HEARD_TYPE	N/A	RESPONSE VALUES News Ads Referrals Other
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QUITTING_STAGE	WILLQUIT	RESPONSE VALUES Action Contemplation : To get a value of Contemplation the client responded Yes to "are you willing to quit in the next 30 Days".
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TOBACCO_USE		RESPONSE VALUES Cigarettes Smokeless
-------------	--	--

STATUS_TEXT		RESPONSE VALUES OK Required Answer Missing
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Appendix F

Data Tables to Accompany Quitline Evaluation Figures

Table for Figure 4. Calls to the Florida Quitline by Month, 2001-2004

**Completed Versus Not Completed Calls to the Florida Quitline
December 2001-March 2004**

Month of Calls	Completed Calls to the Florida Quitline	Percent	Did Not Complete Intake Survey	Percent	Total
December 2001	107	93.9%	7	6.1%	114
January 2002	218	89.0%	27	11.0%	245
February 2002	336	96.8%	11	3.2%	347
March 2002	160	97.0%	5	3.0%	165
April 2002	134	96.4%	5	3.6%	139
May 2002	174	96.7%	6	3.3%	180
June 2002	315	89.5%	37	10.5%	352
July 2002	404	90.6%	42	9.4%	446
August 2002	352	91.0%	35	9.0%	387
September 2002	281	100.0%	0	0.0%	281
October 2002	537	100.0%	0	0.0%	537
November 2002	347	100.0%	0	0.0%	347
December 2002	136	100.0%	0	0.0%	136
January 2003	174	100.0%	0	0.0%	174
February 2003	146	100.0%	0	0.0%	146
March 2003	136	97.1%	4	2.9%	140
April 2003	137	95.8%	6	4.2%	143
May 2003	144	96.0%	6	4.0%	150
June 2003	374	97.4%	10	2.6%	384
July 2003	187	98.4%	3	1.6%	190
August 2003	155	93.9%	10	6.1%	165
September 2003	155	97.5%	4	2.5%	159
October 2003	147	100.0%	0	0.0%	147
November 2003	303	100.0%	0	0.0%	303

2004 Quit-for-Life Line Evaluation Report

Month of Calls	Completed Calls to the Florida Quitline	Percent	Did Not Complete Intake Survey	Percent	Total
December 2003	118	100.0%	0	0.0%	118
January 2004	153	100.0%	0	0.0%	153
February 2004	194	100.0%	0	0.0%	194
March 2004	174	100.0%	0	0.0%	174
Total	6,198	96.6%	218	3.4%	6,416
Average	221	97.0%	8	3.0%	229

Table for Figure 5. Calls to the Florida Quitline from Smokers and Non-Smokers by Month and Percent Quitting Smoking, 2003-2004

Calls to the Florida Quitline from Smokers and Non-Smokers by Month, 2003-2004

Month of Call	Personally Quitting Smoking (Smokers)	All Other Reasons (Non-Smokers)	Percent Personally Quitting Smoking	Percent Calling for All Other Reasons	Total
July 2003	137	50	73.3%	26.7%	187
August 2003	114	41	73.5%	26.5%	155
September 2003	122	33	78.7%	21.3%	155
October 2003	112	35	76.2%	23.8%	147
November 2003	256	47	84.5%	15.5%	303
December 2003	93	25	78.8%	21.2%	118
January 2004	113	40	73.9%	26.1%	153
February 2004	114	80	58.8%	41.2%	194
March 2004	89	85	51.1%	48.9%	174
Total	1,150	436	72.5%	27.5%	1,586

Table for Figure 6. Calls to the Florida Quitline by Percent of Smoking Population and by Region of Florida

All Calls to the Florida Quitline by Region of Florida with Smoking Prevalence by Region July 2003 to March 2004

Region	Calls to the Quitline to Quit Smoking	Calls to the Quitline for All Other Reasons	Population Estimates Based on 2000 Census	Smoking Prevalence Rate Based on 2002 BRFSS	Smoking Population Estimate	Percent of Calls from Smokers, Based on Smoking Population
Panhandle	176	58	2,128,312	23.65%	503,345	0.035%
Northeast	134	38	1,428,088	22.38%	319,677	0.042%
North Central	246	86	2,782,053	23.90%	664,921	0.037%
Tampa Bay	243	92	2,529,213	23.73%	600,257	0.040%
South Central	132	61	2,027,581	23.84%	483,373	0.027%
Palm Beach/Broward	148	47	2,754,209	19.54%	538,261	0.027%
Dade/Monroe	69	44	2,333,368	19.23%	448,594	0.015%
Missing	2	10				
Total	1,148	426	15,982,824	22.26%	3,558,428	0.032%

Table for Figure 7. Types of Services Requested by Callers by Reason for Calling the Quitline

**Comparison of Requests for Services from the Florida Quitline by Reason for Calling
July 2003 to March 2004**

Interested in Services	Personally Quitting Smoking	Already Quit	Family/ Friend of Current Smoker	Other	Personally Quitting Smokeless Tobacco	Missing	Total	Percent of Smokers Requesting Services
Counseling	612	47					659	92.9%
Counseling and Referrals	153						153	100.0%
Referrals Only	15						15	100.0%
Self-help materials	241	16					257	93.8%
Self-help materials and referrals	53						53	100.0%
Information	21	4	87				235	8.9%
Missing	55	30	55	57	3	14	214	25.7%
Total	1150	97	142	180	3	14	1586	100%
Percent	72.5%	6.1%	9.0%	11.3%	0.2%	0.9%	100.0%	

Table for Figure 8. Gender of Caller by Region of Call

**Comparison of Callers to the Florida Quitline by Gender and
Region in Florida, July 2003 to March 2004**

Region of Call	Female	Percent Female	Male	Percent Male	Missing	Percent Missing	Total
Panhandle	157	67.1%	51	21.8%	26	20.1%	234
Northeast	108	62.8%	41	23.8%	23	22.7%	172
North Central	207	62.3%	85	25.6%	40	22.0%	332
Tampa Bay	229	68.4%	68	20.3%	38	19.7%	335
South Central	131	67.9%	44	22.8%	18	16.6%	193
Palm Beach/ Broward	127	65.1%	56	28.7%	12	10.8%	195
Dade/Monroe	72	63.7%	23	20.4%	18	29.2%	113
Missing	8	66.7%	2	16.7%	2	33.3%	12
Total	1,039	65.5%	370	23.3%	177	19.9%	1,586

Table for Figure 9. Reason for Calling the Florida Quitline by Gender

Reason for Calling the Florida Quitline, by Gender
July 2003 to March 2004

	Women	Percent Women	Men	Percent Men	Missing	Percent Missing	Total
Personally Quitting Smoking	813	78.2%	287	77.6%	50	28.2%	1,150
Already Quit	62	6.0%	32	8.6%	3	1.7%	97
Family/ Friend of Smoker	104	10.0%	25	6.8%	13	7.3%	142
Other	50	4.8%	20	5.4%	110	62.1%	180
Personally Quitting Smokeless Tobacco	0	0.0%	3	0.8%		0.0%	3
Missing	10	1.0%	3	0.8%	1	0.6%	14
Total	1,039	100.0%	370	100.0%	177	100.0%	1,586
Percent of Callers	65.5%		23.3%		11.2%		100%

Table for Figure 10. Comparison of Smokers versus Non-Smokers by Gender and Call Rate

**Comparison of Smokers versus Non-Smokers Calling the Quitline
by Gender and Call Rate, July 2003 to March 2004**

Gender	Quitting Smoking	All Other Reasons	Total	Florida Smoking Population	Call Rate of Smokers
Female	813	226	1039	1,653,348	0.049%
Male	287	83	370	1,910,494	0.015%
Missing	50	127	177		
Total	1150	436	1586	3,563,842	0.032%
Percent	72.5%	27.5%	100%		

Table for Figure 11. Comparison of Gender and Age of Quitline Clients by Smokers versus Non-Smokers, July 2003 to March 2004

**Comparison of Gender and Age of Quitline Clients
by Smokers versus Non-Smokers, July 2003 to March 2004**

Age Group	Female	Percent Female	Male	Percent Male	Unknown Gender	Percent Unknown	Total
Smokers							
Under 18	5	62.5%	3	37.5%		0.0%	8
18-29	123	68.3%	43	23.9%	14	7.8%	180
30-44	245	71.4%	82	23.9%	16	4.7%	343
45-64	350	71.7%	123	25.2%	15	3.1%	488
65 and Up	77	72.6%	25	23.6%	4	3.8%	106
Missing	13	52.0%	11	44.0%	1	4.0%	25
Subtotal	813	70.7%	287	25.0%	50	4.3%	1150
Non-Smokers							
Under 18	5	100.0%		0.0%		0.0%	5
18-29	22	62.9%	10	28.6%	3	8.6%	35
30-44	56	70.9%	19	24.1%	4	5.1%	79
45-64	94	73.4%	29	22.7%	5	3.9%	128
65 and Up	29	60.4%	17	35.4%	2	4.2%	48
Missing	20	14.2%	8	5.7%	113	80.1%	141
Subtotal	226	51.8%	83	19.0%	127	29.1%	436
Total	1,039	65.5%	370	23.3%	177	11.2%	1,586

Table for Figure 12. Age Group of Callers to the Quitline, by Region of Florida

**Comparison of Age of Quitline Clients
by Region of Florida, July 2003 to March 2004**

DOH Region	Under 18	18-29	30-44	45-64	65 and Up	Missing	Total
Panhandle (Region 1)	0	39	62	105	11	17	234
Northeast (Region 2)	3	17	55	68	12	17	172
North Central (Region 3)	2	39	96	134	23	38	332
Tampa Bay (Region 4)	4	56	72	121	38	44	335
South Central (Region 5)	3	23	58	61	29	19	193
Palm Beach/Broward (Region 6)	1	21	54	85	27	7	195
Dade/Monroe (Region 7)	0	20	22	38	13	20	113
Missing	0	0	3	4	1	4	12
Total	13	215	422	616	154	166	1,586
Percentage	0.8%	13.6%	26.6%	38.8%	9.7%	10.5%	100.0%

Table for Figure 13. Number of Cigarettes Smoked per Day by Gender and Age Group

Average Number of Cigarettes Smoked per Day by Callers to the Florida Quitline, by Age Group and Gender, July 2003 to March 2004

Age Group Based on Reported Age	Women Smokers	Men Smokers	Total	Average Number of Cigarettes per Day for Women	Average Number of Cigarettes per Day for Men	Average Cigs for Age Group
Under 18	4	3	7	16.8	8.3	13.1
18-29	109	40	149	16.8	20.4	17.8
30-44	230	78	308	20.2	24.6	21.3
45-64	339	121	460	22.0	23.3	22.3
65 and Up	75	25	100	21.8	22.9	22.1
Total	757	267	1,024	19.5	19.9	19.3

Table for Figure 14. Average Number of Times Men and Women Calling the Quitline Have Tried to Quit Smoking, by Age Group

**Average Number of Times Men and Women Calling the Quitline Have Tried to Quit Smoking,
by Age, July 2003 to March 2004**

Age Group	Women Who Have Tried to Quit	Average Attempts to Quit Smoking by Women	Men Who Have Tried to Quit	Average Attempts to Quit Cigarettes by Men	Total Attempting to Quit	Percent of Total in Age Group	Total in Age Group
Under 18	4	2.8	3	11.7	7	53.8%	13
18-29	89	5.3	40	4.8	129	60.0%	215
30-44	224	8.1	77	11.3	301	71.3%	422
45-64	335	8.0	119	11.8	454	73.7%	616
65 and Up	74	8.0	24	18.0	98	63.6%	154
Total	726	6.4	263	11.5	989	62.4%	1,420
Total of Gender	1,039		370				1,586
Percent of Gender	69.9%		71.1%				71.1%

Table for Figure 15. Request for Services by Age and Percentage of Men and Women

Requests for Services by Age and Gender, July 2003 to March 2004

Age Group	Counsel	Counsel and Referral	Self-help Materials	Self-help Materials and Referral	Referral Only	Info	Missing	Total
Women Under 18	2		1	1		5	1	10
Men Under 18	1		1	1				3
Missing Gender Under 18								
Total Under 18	3	0	2	2	0	5	1	13
Women 18-29	69	8	26	4	3	10	25	145
Men 18-29	27	2	15			4	5	53
Missing Gender 18-29	8	1	2	2		2	2	17
Total 18-29	104	11	43	6	3	16	32	215
Women 30-44	143	37	55	6	1	28	31	301
Men 30-44	42	10	26	4	2	10	7	101
Missing Gender 30-44	11	4	1	1		1	2	20
Total 30-44	196	51	82	11	3	39	40	422
Women 45-64	199	55	72	21	5	44	48	444
Men 45-64	72	16	32	3	1	13	15	152
Missing Gender 45-64	10	2	1	1		1	5	20
Total 45-64	281	73	105	25	6	58	68	616
Women 65 and Up	41	13	12	8	3	17	12	106
Men 65 and Up	15	3	9	1		7	7	42
Missing Gender 65 and Up	3	1				1	1	6
Total 65 and Up	59	17	21	9	3	25	20	154

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Age Group	Counsel	Counsel and Referral	Self-help Materials	Self-help Materials and Referral	Referral Only	Info	Missing	Total
Women Missing Age	9		3			18	3	33
Men Missing Age	6	1	1			8	3	19
Missing Gender Missing Age	1					66	47	114
Total Missing Age	16	1	4	0	0	92	53	166
Women Total	463	113	169	40	12	122	120	1,039
Men Total	163	32	84	9	3	42	37	370
Missing Gender Total	33	8	4	4		71	57	177
Total Callers	659	153	257	53	15	235	214	1,586

Table for Figure 16. Race/Ethnicity of Callers to the Florida Quitline

**Race/Ethnic Background of Callers to the Florida Quitline
July 2003 to March 2004**

Race/Ethnic Background	Number of Callers	Percent
White	935	59.0%
Black	104	6.6%
Hispanic	110	6.9%
Asian	1	0.1%
Native American	13	0.8%
Other	38	2.4%
No Answer	385	24.3%
Total	1,586	100.0%

Table for Figure17. Education Level of Callers to the Florida Quitline by Gender

**Comparison of Education Level with Gender of Callers to the Florida Quitline,
July 2003 to March 2004**

Education Level	Female	Percent of Female Callers	Male	Percent of Male Callers	Unknown or Missing	Total
Never Attended School or Only Kindergarten	1	50.0%	1	50.0%	0	2
Grades 1-7 (some Grade School)	3	60.0%	2	40.0%	0	5
Grades 6-8 (some Jr. High School)	21	58.3%	14	38.9%	1	36
Grades 9-11 (some High School)	121	71.2%	41	24.1%	8	170
High School Graduate or GED	261	68.1%	103	26.9%	19	383
Some College or Technical School	313	73.6%	93	21.9%	19	425
College Graduate	105	66.0%	48	30.2%	6	159
Graduate School	19	65.5%	10	34.5%	0	29
Refused to Answer	2	66.7%	1	33.3%	0	3
Missing	193	51.6%	57	15.2%	124	374
Total	1,039	65.5%	370	23.3%	177	1,586

Table for Figure 18. Pregnant Callers to the Florida Quitline With Children Under 18 in the Household, by Month of Call and

Pregnant Callers to the Florida Quitline with Children Under 18 in the Household, July 2003 to March 2004				
Month of Call	Pregnant Callers with Children Under 18 in Household	Pregnant Callers with No Children Under 18 in Household	Missing Answer to Children Under 18 in Household	Total
July 2003	0	3	0	3
August 2003	1	2	0	3
September 2003	2	0	0	2
October 2003	2	3	0	5
November 2003	2	1	0	3
December 2003	4	2	0	6
January 2004	4	2	0	6
February 2004	5	1	1	7
March 2004	3	3	1	7
Total	23	17	2	42
Percent of Total	54.8%	40.5%	4.8%	100.0%

Table for Figure 19. Comparison of Smokers and Non-Smokers with Children Under 18 In the Household, Who Live with a Smoker

Do You Live With a Smoker?	Smokers		Non-Smokers		Missing	Total	Total Children At Risk (Avg = 1.8 per Home)
	Smoker with Children Under 18	Smoker, No Children	Non-Smoker with Children Under 18)	Non-Smoker, No Children			
Yes, Live with a Smoker	73	127		12	1	213	131
No, Do Not Live with a Smoker	102	239	4	23	4	372	184
Unknown if Living with a Smoker	190	382	17	39	373	1001	342
Total	365	748	21	74	378	1586	657
Percentage	23.0%	47.2%	1.3%	4.7%	23.8%	100.0%	

Table for Figure 20. Comparison of Households with Children Under 18, Parents Who Smoke and Smoking Rules in the House

Comparison of Households of Smokers Who Called the Quitline with Children Under 18 and Living With a Smoker, July 2003 To March 2004

Smokers Only	Children Under 18		No Children Under 18			
Smoking Rules in the Household	Children < 18 Live With a Smoker	Children < 18, Do Not Live With a Smoker	No Children < 18 Live With a Smoker	No Children < 18, Do Not Live With a Smoker)	Missing	Total
Smoking is not allowed anywhere inside your home	28	55	48	102	215	448
Smoking is allowed in some areas or at some times	25	28	23	43	121	240
Smoking is allowed anywhere inside the home	7	8	17	35	83	150
There are no rules about smoking inside the home	13	11	39	56	122	241
Don't know, Refused to Answer or Missing				3	68	71
Total	73	102	127	239	609	1,150
Percentage	6.3%	8.9%	11.0%	20.8%	53.0%	100.0%

Table for Figure 21. How Callers Heard About the Quitline Telephone Number by Percentage of Callers and by Region in Florida

**How Callers Heard About the Quitline by Percentage of Callers
and by Region of Florida, July 2003 to March 2004**

Region of Call	Other	Medical Pro	Electronic Media	Print Media	Interpers'l Comms	Missing	Total	% of Calls
Dade/Monroe	46	29	24	8	1	5	113	7.1%
North Central	114	86	69	37	20	6	332	20.9%
Northeast	51	44	33	26	13	5	172	10.8%
Palm Beach/ Broward	74	36	58	9	13	5	195	12.3%
Panhandle	75	80	52	12	12	3	234	14.8%
South Central	62	56	42	14	14	5	193	12.2%
Tampa Bay	126	102	64	17	20	6	335	21.1%
Missing	2	4	3	1		2	12	0.8%
Total	550	437	345	124	93	37	1586	100.0%
Percentage	34.7%	27.6%	21.8%	7.8%	5.9%	2.3%	100.0%	