

Florida Department of Health
Quit-for-Life Line
2003 Evaluation Report

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Image Research

PO #S 6480 B01102

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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 service that was established to meet the needs of Florida adults who use tobacco. In Florida, approximately 2.4 million adults smoked tobacco in 1999 while tobacco use accounted for almost 1 out of every 5 deaths in Florida in 1998, and more than \$2.6 billion in hospital charges. The Florida Department of Health (DOH) responded with a tobacco cessation telephone counseling service, the Quitline. DOH used funding from the Centers for Disease Control and Prevention (CDC), and negotiated a contract with the American Cancer Society (ACS) 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 during a stakeholders’ meeting in 2001. 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:

- Florida Adults (Age 18 and Over) Who Smoke – 3,776 adults called the Quitline.
- Smokeless (“Spit”) Tobacco Users – 21 smokeless tobacco users called.
- Parents Who Smoke and Who Have Children Under Age 18 In Household – 937 people called the Quitline, with an estimated 1,687 children.
- Pregnant Women – 54 pregnant women called the Quitline.
- DOH Employees and DOH Clients – 58 employees called the Quitline
- Adult Smokers in the North Central Region of Florida – 1,456 smokers called from the Orlando metro area.

Media Campaign

The DOH Quit-for-Life Line ran radio and television media campaigns over several months of 2002, all in the Orlando Metro area. The 2000 Behavioral Risk Factor Surveillance System survey (BRFSS) identified the North Central region of Florida as having the most households in which children were exposed to environmental tobacco smoke, so this region was targeted for the Quit-for-Life Line media campaign.

Discussion of the Intake Data from Florida Residents Calling the Quitline

The Florida Quit-for-Life Line opened in December 2001 to provide telephone counseling to residents of Florida who wanted to stop using tobacco products. Callers to the Quitline were asked a set of intake questions when they called, and the answers were recorded by the ACS counselor. One-quarter of all clients were contacted for a three-month follow-up evaluation to determine whether they had quit or reduced their smoking. The goals of this evaluation analysis are to confirm whether the Quitline reached its populations of interest 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 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 this analysis.

- The Quitline averaged 266 calls per month.
- 42.3% of all calls came from the Orlando metro area.
- 79% of the people calling the Quitline wanted to quit smoking.
- 88% of smokers who call the Quitline promise to quit in 30 days.
- 54% of smokers request counseling and referral services from the Quitline.

Target Population: Age and Gender of Adult Smokers

- 58% of the Quitline clients are women compared to 34% who are men.
- 82% of the women called to quit smoking versus 86% of the men.
- Quitline callers tend to be middle-aged, with 67% of them between 30 and 64.
- 87% of smokers between 30 and 64 have smoked for over 10 years.
- Women between 30 and 64 report smoking an average of 22 cigarettes per day.
- Men between 30 and 64 report smoking an average of 26 cigarettes per day.
- 46% of women and 44% 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.

- 55% of all Floridians who called the Quitline were White, compared to 65.4% of population in the 2000 US Census.

- 6.5% of Floridians calling the Quitline were Black, compared to 14.2% of population in the 2000 US Census.
- 5.9% of Floridians who called the Quitline were Hispanic, compared to 16.8% of population in the 2000 US Census.
- Between 93% and 96% of all race/ethnic groups calling the Quitline want to quit smoking.
- 52% of White smokers, 56% of Black smokers and 57% of Hispanic smokers who called the Quitline requested counseling and referrals.

Target Population: DOH and County Health Employees

- 58 health employees called the Quitline.
- No health employees succeeded in quitting smoking.

Target Population: Pregnant Women

- 54 pregnant women called the Quitline.
- 46% of the pregnant women had children under 18 in their household.
- 7 pregnant women succeeded in quitting smoking.

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

- 31% of all smokers who called the Quitline had children under 18 in the household.
- 52% of households with children under 18 allow smoking somewhere in the house.
- An estimated 882 children live with smokers who have called the Quitline who are at high risk of second-hand smoke.
- An estimated 227 of these children under 18 live in households with two smokers.
- 28% of all people calling the Quitline live with a smoker.

Quit-for-Life Line Media Campaign

During January and February and June through October, 2002, the DOH ran Quit-for-Life Line media campaign in Orlando Florida. The campaign ran on radio and television stations.

- 490 30-second radio commercials were played over three months.
- 4,800 60-second television commercials were aired over five months.
- 44.2% of all Floridians who called the Quitline heard about the service over electronic media.
- 42.3% of all Floridians who called the Quitline lived in Orlando.
- 77% of the people calling from Orlando heard about the Quitline through electronic media.

- 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.

Smoking Cessation Evaluation Three Months After Calling the Florida Quitline

Once a Florida resident calls the Quit-for-Life Line, he or she receives counseling, referrals to services, coupons for nicotine replacements or self-help materials. The caller is also called back after three months to determine whether he or she was able to quit smoking. The three-month follow-up evaluation is used to validate whether the intermediate goals of the Quitline are being met.

- 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.
- 16% of those contacted had quit smoking entirely.
- 82% of the 30-44 age group quit smoking, compared to 65% for the 18-29 and 45-64 age groups.
- 15.6% (N=53) of Quitline clients living with children under 18 quit smoking.
- An estimated 104 children of Quitline clients are no longer at risk of second-hand smoke in the home.
- 67% of Florida smokers who stopped smoking for one or more days after calling the Quitline received counseling sessions.
- 77% of Florida Smokers who quit smoking after calling the Quitline received counseling sessions.
- Quitline clients rated their satisfaction with the Quit-for-Life Line at 7.7 on a ten-point scale.
- Quitline clients rated their satisfaction with Quitline counseling services at 8.7 on a ten-point scale.
- 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.

Assessment of the Florida Quitline, December 2001 to February 2003

The overall assessment of the Quitline is that the service is successful in helping Floridians reduce their consumption of tobacco products or to stop quitting entirely.

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

- 82% of the targeted 4,000 clients called the Florida Quitline in fiscal year 2002-2003.
- 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. Extrapolated to all Quitline clients, this finding indicates that 524 Floridians potentially quit smoking after calling the Quitline.
- There is a significant statistical relationship ($p < .000$) between Quitline clients who received counseling and subsequently quit smoking.
- 61% of Quitline clients contacted during the three-month evaluation reported reducing their tobacco consumption.
- There are statistically significant relationships between reducing tobacco consumption and receiving counseling ($p < .008$), receiving coupons for nicotine-replacement patches ($p < .003$) and using medications ($p < .000$).
- An estimated 67 children had their risk of second-hand smoke eliminated in the three-month evaluation sample. Extrapolated to all of the Quitline clients, this would amount to an estimated 184 children who would have their risk eliminated after their parent(s) stopped smoking.

How Well the Quitline Data Met Program Needs

- Data reports sent from the ACS were generally on time and accurate.
- Data sets sent from the ACS were irregular in timing and need to be standardized.
- Some data elements were not reported by the ACS as contracted; for example, data from counseling sessions, time of day of calls and number of referrals made or coupons sent.

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

- The Florida Quit-for-Life Line should be maintained at least at its current level, if not expanded to provide smoking cessation services to more Floridians in the fiscal year 2003-2004.
- The Florida Quit-for-Life Line should target one or more Florida urban areas with anti-smoking media campaigns as a means of publicizing the Quitline telephone number.
- The Florida Quit-for-Life Line should cooperate with Quitlines in other states and with the American Cancer Society to share Quitline data from other states. Florida's Quitline outcomes should be compared with the figures nation-wide, to gauge its successfulness from a larger perspective.
- The evaluator should work more closely with the American Cancer Society to create more efficient Quitline data reporting.
- The evaluator should provide monthly 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
May 30, 2003**

Introduction to the Quitline Evaluation

This evaluation report is divided into three general parts. In Sections I through IV, 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. Part of this material comes from the initial evaluation report prepared by Brandt Information Services, Inc., and presented to the Department of Health Quit-for-Life Line program staff in June 2002.

Sections V and VI present analyses of the calls to the Florida Quit-for-Life Line between December 2001 and February 2003 and the follow-up evaluations conducted by the American Cancer Society (ACS) Quitline staff three months after the original call. Section V examines the demographics of the Floridians who called the Quitline during that time period and compares the caller population to the target populations. The section next 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 the Florida Quit-for-Life Line media campaign, how callers heard about the Quitline, and what role the Quitline media campaign played in motivating people to call the Quitline. Section VI analyzes the results of follow-up evaluations at three months, paying particular attention to the smoking cessation rates attributable to having called the Quitline.

Sections VII and VIII of the evaluation assess the effectiveness of the Quitline program and offer some recommendations to improve the effectiveness. Section VII focuses on comparing the results of the caller data analysis with the program goals of the Quitline to demonstrate whether its implementation was successful. Section VII 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, 2003. This evaluation would not be possible without the gracious help of a number of Department of Health and American Cancer Society colleagues, to whom thanks are given.

I. Description of the Program

The description of Florida Quit-for-Life Line program covers the background to the initiation of the Florida Quit-for-Life Line, a report of the stakeholders' planning meeting in the fall of 2001, a summary of Quitline services and operations, and a summary of the Quit-for-Life Line media campaign in Orlando in 2002.

Background

Tobacco use is the leading cause of unnecessary illness and premature death in the United States, consuming billions in scarce health care resources. In Florida, approximately 2.4 million adults smoked tobacco in 1999. Of these, approximately 51 percent had stopped smoking at least one day during the preceding 12 months but were unsuccessful in quitting for life¹. Additionally, tobacco use accounted for almost 1 out of every 5 deaths in Florida in 1998 and more than \$2.6 billion in hospital charges. Florida clearly has a need for tobacco cessation programs, and the Department of Health (DOH) chose to implement a tobacco cessation telephone counseling service and related media campaign.

The Florida Quit-for-Life-Line ("Quitline") is a telephone-based tobacco cessation service that was established to meet the needs of Florida adults who use tobacco. A special emphasis was put on the Orlando area and Florida DOH employees and clients. The entire program is based on best practices at the intervention and population level.

During the course of the project, the DOH used funding from the Centers for Disease Control and Prevention (CDC), wrote an RFP and negotiated a contract with the American Cancer Society (ACS) for implementation and operation of the Quitline, identified or hired internal and external evaluators, participated in a stakeholders' meeting, and conducted ongoing conference calls. The ACS added Florida specific questions to their forms, protocols, and databases, and sent data to the DOH and evaluators, while going through a major database change.

The ACS coordinates the Florida Quitline activities through existing relationships and collaborations with the Florida DOH Chronic Disease Tobacco Control Program, Florida Clean Indoor Air Act Program, Bureau of Epidemiology, Office of Communications, and the Florida Leadership Council for Tobacco Control.

The ACS is contracted by the Florida DOH to operate Florida's Quitline. Inbound calls and counseling are handled through the ACS's National Cancer Information Center (NCIC) in Austin, Texas. More than 250 staff members work to provide state-of-the-science medical information about cancer, referrals to local community programs and services, and to fulfill orders. Callers dial toll-free and as part of their assessment are asked a set of questions that attempt to create a data "snapshot" of their smoking patterns, social setting, demographics 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, of any age, who call the Quitline are referred to the American Legacy Foundation's Great Start hotline, where a prenatal-specific protocol is used. Great Start is specifically designed for prenatal smoking cessation.

The Quitline can 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

CDC's 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.

Effectiveness of Using Quitlines and Other Related Issues

Proactive telephone counseling has been shown to be consistently effective, and that effectiveness increases with the intensity of treatment (i.e., contact minutes). Studies have shown significantly higher short- and long-term cessation rates and increased quit rates with telephone counseling than when a self-help manual was used alone.² One study also found that quit rates among participants in different programs were not significantly different, suggesting that the telephone counseling program was at least as effective as the more intensive group program.³ Another study concluded that self-help is the method of choice for the vast majority (90%) of smokers.⁴ Telephone counseling can be a promising adjunct to other self-help methods.

Over the past few years, several new treatments for tobacco addiction have been introduced, such as new nicotine delivery systems, nasal sprays and inhalers. Further, nicotine patches and gum have become available without a prescription in the United States, offering the potential for increased use of these smoking cessation aids.⁵

Research has shown that pharmacotherapies for smoking cessation can be used successfully with all patients attempting to quit smoking, except in the presence of contraindications. Studies have identified five *first line* pharmacotherapies that reliably increase long-term smoking abstinence rates: Bupropion SR, nicotine gum, nicotine inhaler, nicotine nasal spray, and nicotine patch. Two *second-line* pharmacotherapies, Clonidine and Nortriptyline, were identified as efficacious and may be considered by clinicians if first-line pharmacotherapies are not effective. Over-the-counter nicotine patches were also found to be effective.⁶ Based on these findings, the DOH chose to require that pharmacotherapies be made available to Florida Quitline telephone counseling participants. Since funds for the Quitline prohibit the direct purchase of pharmacotherapy products, ACS was required to provide a match of one dollar in pharmacotherapy assistance for every four dollars in the Quitline services contract.

Stakeholders' Planning Meeting, October 2001

A stakeholders' planning meeting was held on October 26, 2001. The meeting focused on refining goals and objectives of the Quitline, identifying data needs, defining stakeholder roles and responsibilities, and engendering support for the Quitline from current and potential stakeholders. Participants included representatives from DOH (program, evaluation, and communications staff), ACS (Florida and National Home Office staff), community and advocacy groups, health and medical professions (public and not-for profit), and education.

The Stakeholders' meeting established a set of objectives for the Quitline, along with methods to measure its effectiveness. These goals include:

Objective 1. Establishment of a statewide telephone tobacco use cessation hotline for adults in Florida

The Florida Quit-for-Life Line was launched on December 7, 2001. The first two contract periods for the Quitline end June 30, 2003, giving the program eighteen months to generate data for the evaluation reports due during this same time period.

Objective 2. Use by adults in Florida of the telephone-based tobacco use cessation hotline increasing quarterly throughout the contract period

This objective is assessed through the number of calls from target populations reported monthly by ACS. Use of the Quitline by various demographic groups (such as race/ethnicity, gender, and age) will be established from data provided monthly from the ACS database. The number of calls broken down by demographic and by service provided will be used to assess the types of services being accessed by different populations.

Objective 3. Sustained abstinence from tobacco use among adults age 18 and above who use the Quit-for-Life Line

Indicators for this objective 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 can be obtained during the three-month follow-up evaluations.

Objective 4. Decreased consumption of tobacco products among tobacco users in Florida who use the Quit-for-Life Line

Indicators for this objective will be reduced use of tobacco (both in quantity and in frequency) reported by Quitline callers at the three- and six-month follow-up evaluations. Changes in addiction levels can also be reported yearly from the ACS database.

Objective 5. Decreased prevalence of tobacco use among adults who use the Quit-for-Life Line

The majority of indicators for this objective are the same as those for *decreased consumption of tobacco products among tobacco users in Florida who use the Quit-for-Life Line*. The ACS database will provide data on target population groups who call the Quitline. This analysis can be done from the DOH request for number of calls broken down by information and referral and counseling calls, and each of these broken down by demographics.

Objective 6. Reduction in Exposure To Environmental Tobacco Smoke (Second-Hand Smoke)

This objective 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 will indicate 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.

Florida Quit-for-Life Line, 2001 - 2003

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.

The ACS has 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.

The Quitline is available for any tobacco user over the age of 18 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 or enrolled in an ACS clinical trial, if appropriate.

Calls from tobacco users are handled in a stage-based manner as described in Table 1. Community referrals, health care provider information and referral, and other information are provided at every stage, as appropriate. 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.

Florida-specific training occurred prior to live calls being taken from Florida. As a result, all Florida Quitline scripting is specific to Florida programs and services. Calls are answered by trained and experienced information specialists 24 hours a day, 365 days a year. These information specialists follow scripted protocols to 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.

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. This results in an average of 120 minutes of counseling per 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.

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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

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

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. This results in an average of 120 minutes of counseling per 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.

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.

Quitline Operations

Intake and counseling staff complete a three-week classroom training, pass a comprehensive exam, and participate in at least two weeks of mentoring before taking live calls alone. The information specialist training includes medical information, technical training, call handling, and policies and procedures. All information specialists receive specialized tobacco and

Quitline protocol training. The Quitline Telephone Counselor training includes the segments above as well as more extensive tobacco and cessation information, protocol, counseling and behavioral segments. Continuing education modules are provided at least monthly to enhance skills and knowledge base.

Over 95% of information specialists have a bachelor's degree or higher. Quitline telephone counselors are required to have a bachelor's degree, and many have or are pursuing advanced degrees. They are also required to have previous counseling and research experience. Supervisory and program staff are trained to cover each other's job functions when a position becomes vacant.

The Florida Quitline is able to handle sharp increases in call volume due to media, advertising, and outreach efforts by diverting existing staff as appropriate. Quitline telephone counselor are scheduled primarily for evening hours when most callers prefer appointments. The following of the availability of counseling appointments, depending on callers' needs.

Monday-Thursday	8:00 am	–	11:00 pm
Friday	8:00 am	–	9:00 pm
Saturday	10:00 am	–	6:30 pm
Sunday	10:00 noon	–	6:30 pm

Currently, the Quitline does not provide counseling appointments on federal holidays (except New Year's Day).

Call volume is balanced over the entire Quitline staff in order to provide maximum coverage for the least amount of money. Inbound service (for incoming calls) is provided 24 hours a day, 365 days a year, and proactive counseling appointments are provided 88 hours per week. Staff salaries are pro-rated based on volume. This includes supervisory and evaluation staff.

The survey tool used to deliver the intake and counseling protocol is database-driven. 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.

The telephone counseling protocol is a formulation utilizing the stages of change model proposed by Prochaska, DiClemente, and Norcross (1992). Telephone counseling includes prompts and reminders, praising callers' successes, and persuading them to increase self-efficacy expectations. The ACS utilizes 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.

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.

Media Campaign

Press releases announced the launching of the Quitline on December 7, 2001. Since then, a State media campaign of anti-tobacco ads and Quitline information has targeted area-specific populations, and will reach others in Florida through public service ads and other types of media. In managing the Quitline, the ACS requires a three-week notice for media, advertising, and promotional efforts in order to provide the highest service levels possible to callers during these peak times.

The paid media (TV and radio) campaign for the first year of the Quitline was limited to the Orlando area in North Central Florida. In January 2002, the DOH developed informational flyers about the Quitline and disseminated them statewide to county health departments and other partners. Paid radio commercials promoting the Quitline began in mid-February 2002. Advertisements were played on various stations to target a wide range of audiences. On WXXL, a radio personality provided commercials and live promotionals that were used to target males between the ages of 18 and 34. Advertisements on WSHE targeted male and female tobacco users over the age of 34. WMMO, an adult contemporary station, was used to target females. Airtime on these stations was purchased instead of using public service announcements (PSAs) in order to ensure desired coverage. The ads ran continuously for two to three weeks. One of the Orlando radio ads addressed second-hand-smoke with the message, "Do it for your children—second-hand smoke kills." The second-hand smoke message was the only ad specifically targeting parents.

Additional media releases to promote the Quitline in the Orlando area began on May 31, 2002—World No Tobacco Day. The media campaign included radio spots, printed products, and television ads. Lip balms and custom-made display cases with the Quitline telephone number were sent to the 67 Florida county health departments. Printed products are being released by direct mail magazines and "pick up" racks in the Orlando area. Additional money for thirteen weeks of paid television advertising in the same target area was made available late in the program's fiscal year. Other informational events included e-mails to DOH employees and a scheduled warrant message, and press releases for events related to the Quitline.

II. Program Monitoring

Program implementation was to be monitored through on-site observations by the external evaluator and DOH staff. Due to program manager changes at DOH, however, the on-site monitoring visit was postponed. Consequently, evaluation staff used information from ACS and DOH conference calls, e-mails and other correspondence, telephone discussions, and meetings to help develop program implementation monitoring information. Information on barriers to effective program services were also derived through these means. DOH staff were responsible for monitoring the implementation schedule through ACS quarterly reports to DOH.

Necessary adjustments to the evaluation design and Quitline counseling protocols were inferred from the above described implementation monitoring. Other information that was used to determine necessary changes in the future included 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.

Quitline Protocols for Intake Survey

When a client calls the Quitline, he or she is asked a battery of questions from the Florida Quitline Intake Survey. The survey is a research tool that records a variety of types of information about each caller. The 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 is 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 Three, Six and Twelve-Month Evaluations

The follow-up evaluations given at three, six and twelve months are the same instrument, designed to give answers to the same questions at incremental intervals. 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 house, 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.

Quitline Protocols for Counseling Sessions

Callers who request counseling are given five 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 E

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 from Florida Department of Health (including County Health Department and Children's Medical Services) employees and clients
- Callers under 18
- 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 refused to answer
- Number of callers who were referred to another service due to age of caller, lack of contract funds, non-Florida resident, or other reasons
- Types of services callers received (referrals; materials; counseling; counseling plus materials)
- Number of callers requesting counseling and the number receiving counseling
- Number of calls by stage of readiness to quit/disposition

Additional information that was unavailable during the first year of the evaluation, but should be included in the future data reports includes:

- Number of referrals made by count
- Number of follow-up calls made by counseling staff;
- Time of day for all calls, including calls that were sent to voice mail
- Program participation rates and completion rates
- Use of medications/pharmaceuticals (assessed at the end of the contract year, or from a sample of 1,000, whichever came first)

ACS quarterly budgetary reports indicated how much money the project was using, specifically program activities and amounts rendered. Direct and in-kind funding was determined by DOH and ACS, and monitored by DOH. Staffing levels and patterns were also monitored by DOH.

Tracking of Quitline Promotions

The effectiveness media promotions to increase call volume was evaluated by comparing location and dates of media campaigns with location and dates of call volume. The data show that call volume rose in those areas specifically targeted by media promotions. The ACS database also includes specific information on how callers heard about the Quitline (e.g., on the radio or the television) which made it possible to link specific media campaigns with specific target populations.

III. Target Populations

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

Florida Adults (Age 18 and Over) Who Smoke

Smoking has had devastating consequences for adults in Florida. In 1996, 20% of all deaths in Florida were attributed to cigarette smoking.⁸ Further, lung cancer has been Florida's leading cause of cancer deaths and the second most common type of cancer. Medicaid costs for Florida tobacco users have been estimated to be between \$264 and \$365 million.⁸

Smokeless ("Spit") Tobacco Users

Studies have shown that long-term use of smokeless or "spit" tobacco is associated with nicotine addiction and increased risk of oral cancer, yet use of spit tobacco in the U.S. almost tripled from 1972 through 1991.⁹ Among U.S. adults, an estimated 5.3 million were current users in 1991, most of them men. Prevalence for men was highest among 18 to 24 year olds; and prevalence for women, was for those 75 or more years of age. Among men American Indians/Alaskan Natives and Whites had the highest rates of spit tobacco use; among women, American Indians/Alaskan Natives and Blacks had the highest rates of spit tobacco use. Educational level has the same relationship with spit tobacco use as it does with other tobacco use: the higher a person's educational level, the less likely he or she is to be a user of tobacco. Additionally, the prevalence of spit tobacco use is higher among those living in the southern U.S. and in rural areas. For both men and women, spit tobacco use was highest for those below poverty level.

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 affects 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 are more likely to develop asthma if they are exposed to second-hand smoke.¹¹

Changing adult attitudes toward tobacco is a key goal for Florida's tobacco control initiatives. 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.¹² Research suggests that smokers who live in smoke-free homes may modify their smoking behavior and have longer periods of abstinence following cessation.¹³ Adolescents whose parents had quit smoking are one-third less likely to be smokers and are twice as likely to quit if they do smoke.¹⁴ The earlier parents quit, the less likely their children are to become smokers.

Male smokers were more likely than females to report having a smoke-free home. Hispanics and Asians were more likely than other ethnic groups to report having a smoke-free home. After adjusting for demographics, smokers were nearly 6 times more likely to report having a smoke-free home if they lived with a non-smoking adult and child compared to when there was no child or adult non-smoker in the household, and over 5 times more likely to report having a smoke-free home if they believed in the harmfulness of secondhand smoke. 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.¹⁵

Promoting the Quitline among adults, particularly young adults and parents, might result in reduced cigarette use for both youth and adults.¹¹ In addition, focusing promotional efforts on adults with children in the home could result in the reduction of children's exposure to second-hand smoke.

Pregnant Women

In 2001, lung cancer was estimated to have killed nearly 68,000 women in the U.S. More women died from lung cancer than from breast cancer, and many died from heart disease that was either worsened by or related to smoking. Since 1950, there has been a 600% increase in death rates from lung cancer among women, primarily caused by cigarette smoking.¹⁶ Between 12.9 and 22% of women are estimated to smoke while pregnant. 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. Fortunately, a higher percentage of women stop smoking during pregnancy, both spontaneously and with assistance, than at other times in their lives. Evidence from best practices recommend that pregnant smokers be offered extended or augmented psychosocial interventions that exceed minimal advice to quit.¹⁷

DOH Employees and DOH Clients

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.¹⁸ Although a low response rate of approximately 50% of DOH employees makes generalization to the entire DOH employee "population" unreliable, some interesting results emerged from the survey analysis.

Respondents to the survey reported few cessation support programs in their workplaces and communities. Slightly more than 50% reported that there was a need for cessation programs in their counties. DOH employees agreed that they had the responsibility to model healthy behavior.¹⁸

DOH headquarters recently launched a worksite wellness campaign called Health In Site. This campaign includes promotion of tobacco-free lifestyles. DOH Secretary John Agwunobi, M.D., M.B.A., supports a "tobacco-free philosophy" that encourages employees to abstain from tobacco use at work. This philosophy is intended to protect non-smoking employees from exposure to second-hand smoke, as well as to encourage tobacco cessation by employees who smoke. Quitline promotions to DOH employees should result in employee participation in these campaigns.

DOH clients were also selected as a target population since many have low incomes. Research has found that “persons below the poverty threshold continue to be more likely to be current smokers.”¹⁹ Additionally, DOH is uniquely capable of disseminating information to clients through the county health departments.

Adult Smokers in the North Central Region of Florida

The counties in Florida are grouped into seven regions by the Department of Health. The counties are grouped into regions based on geographic proximity and population, so some regions have numerous counties, and others have only a few. Table 3 shows names of the different regions and the counties that are included in them. A map of the regions can be seen in Appendix B.

Table 3. How Counties are Grouped into Regions in Florida

Region in Florida	County in Florida
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

Analysis of 2000 Behavioral Risk Factor Surveillance System (BRFSS) data showed that the North Central region of Florida had the highest number of households in which the youngest child was exposed to second-hand smoke at least one hour a day, when compared to the other six regions. The North Central region includes nine counties, among them Orange County with its large, diverse population. Since the Quitline’s media budget was limited, media campaigns targeted this region, specifically the metro Orlando media market.

IV. Evaluation Methodology

DOH's major goals in creating a statewide tobacco cessation telephone counseling service are to reduce the prevalence of tobacco use among adults in Florida and to reduce exposure to second-hand smoke among adults and children.

A literature search and data from tobacco surveys in Florida were used to help develop preliminary or draft outcome measures for the Quitline and to identify target audiences for the media campaign. A stakeholders' meeting was then held to direct the evaluation. Objectives were established at the stakeholders' meeting to help meet these goals, as discussed previously. Logic models for the Quitline's inputs, activities, outputs and outcomes were drawn. These graphically displayed what effect the various elements of the program were to have (see Appendix A).

Data Management Plan

ACS prepares two monthly files which are distributed electronically to the DOH Quitline administrators and copied to Dr. Christopher Sullivan at Image Research, the Quitline external evaluator. One is a spreadsheet file with summary statistics of the surveillance reports and the second is a database file with the raw data from that month's surveys. The ACS tables of summary information are built into a file in their database to keep track of monthly numbers and to compile comparisons over time. The intake dataset is exported monthly from the Siebel database and send as a set of DB4 files.

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 very useful, if limited, as monthly summaries.

The data files sent by the ACS each month consist of a "Contacts" data file, a "Responses" data file, two files containing client IDs of callers who did not complete the intake and a file listing variables for the intake files. The first two files include demographic data on clients who called the Quitline that month, 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 (4.4%) of callers did not complete the intake survey during the time period covered by this analysis. The new data file received every month was appended to a cumulative database in Microsoft Access, and retained for analysis purposes. The external evaluator forwarded a summary report quarterly to DOH Quitline staff with cumulative data presented in a series of tables. All data are backed up and will be included on a CD with the final evaluation.

In March, 2003, ACS sent data files containing records of the quality assurance follow-up responses for three and six month intervals. These two files are joined to the intake records by client identification numbers and provide follow-up data on the effectiveness of the Quitline. A second dataset containing the responses to counseling questions for the five different sessions offered to callers was never sent to the evaluator.

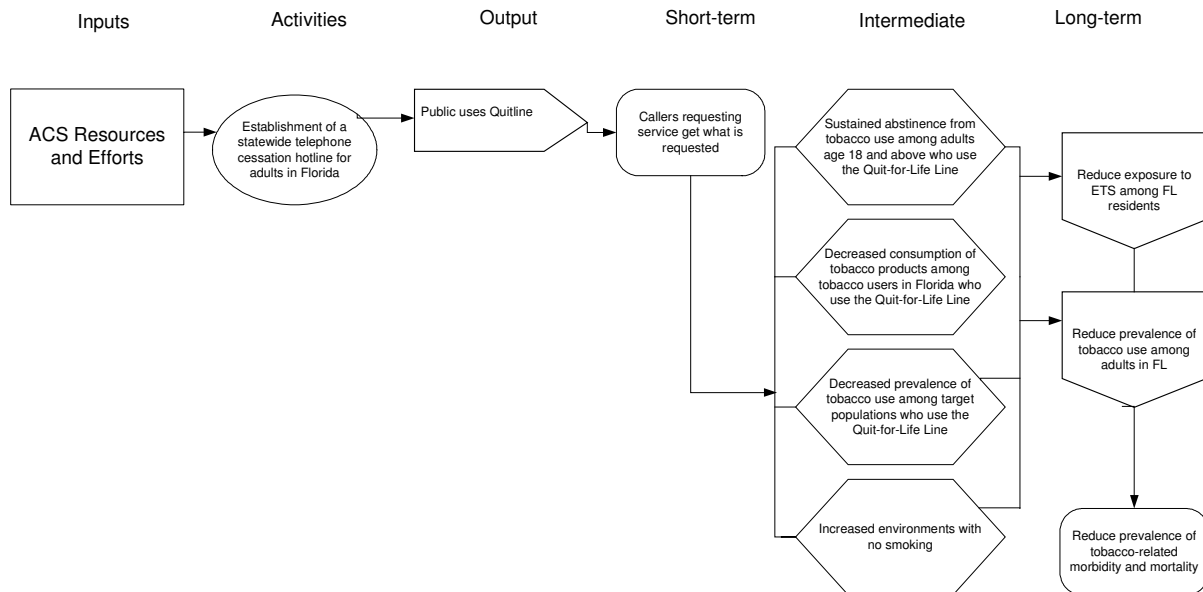
V. Discussion of the Intake Data from Florida Residents Calling the Quitline

Introduction

The Florida Quit-for-Life Line was opened in December 2001 to provide telephone counseling to residents of Florida who wanted to stop using tobacco products. Callers to the Quitline were asked a set of intake questions when they called, and the answers were recorded by the ACS counselor. In addition to demographic questions, the ACS counselor asked 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. About one-quarter of all callers in the first fifteen months (N=996, 26%) were called back for a three-month follow-up evaluation, and another one-tenth (N=355, 9.3%) of callers were contacted for six-month follow-up evaluations. All follow-up evaluations contained questions to determine whether the callers had indeed quit smoking. This analysis covers the intake survey and the three-month follow-up evaluation, but not the 6-month evaluation, which had too small a sample for analysis.

The goals of this evaluation analysis are to confirm whether the Quitline reached its populations of interest and whether it had a positive effect on smoking cessation through the use of its referrals for counseling and counseling sessions. The evaluation follows the logic path of the second Evaluation Logic Model shown in Appendix A, which charts a path from the ACS Quitline to the reduction of tobacco use and exposure to second-hand smoke. This model is reproduced below in Figure 1.

Figure 1. Florida Quitline Smoking Cessation Logic Model



The evaluation model shown above posits a number of intermediate and long-term goals for the Florida Quitline. A primary focus of this evaluation analysis to assess how well this model works when examined against the data from the Quitline clients who called the Florida Quitline in the first fifteen months of its operation. The immediate short-term goal is that Florida residents call the Quitline and receive referral and counseling services designed to help them in their

effort to quit using tobacco products (contemplation and preparation stages). The intermediate goal of the Quitline is to reduce tobacco use among those who called for counseling, either by enabling them to quit altogether (action and maintenance stages) or by decreasing their use of tobacco (preparation stage). This intermediate goal is assessed by using data from the three-month follow-up evaluation reports. The long-term goal of the model is to reduce the prevalence of tobacco use and exposure to environmental tobacco smoke, and ultimately to reduce tobacco-related diseases in the state of Florida. This goal can only be assessed over time, as Quitline services reach out to more smokers in the state.

The populations of interest to this evaluation include all adults in Florida who smoke, broken out by age, gender, race/ethnicity, education and marital status. A second group are DOH and County Health employees who called the Quitline. Another population of interest includes those at greatest risk from smoking, including pregnant women and 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. The evaluation analysis takes a close look at this group to determine how many at-risk children are potentially helped by the Quitline. A final group, callers under 18, were originally excluded from counseling; however, during the fall of 2002 this group was included.

A second area of interest entails the reasons that people call the Florida Quitline, their smoking behaviors and determination to quit smoking and the services that they request. The evaluation analysis takes a fairly detailed look at these areas and tries to determine if age, gender or race/ethnicity plays a role in the caller's tobacco use, desire to quit smoking, or type of cessations services desired.

A final area of interest in the evaluation is in tracking the influence of media campaigns and referrals on callers to the Quitline. This analysis is based on the third Evaluation Logic Model shown in Appendix A. In this model the public is informed about the availability of the Florida Quitline through promotions, informational literature and media campaigns. These media communications should in turn raise the anti-tobacco awareness of listeners and motivate Florida residents to call the Quitline for help, which in turn leads to decreased prevalence of tobacco use. In this model, call volumes are targeted as one way to measure the effectiveness of the media campaigns; this analysis uses that method, and several others, to assess the efficacy of the media in motivating people to call the Florida Quitline.

Overview of Calls from Florida Residents to the Quitline

The following analysis is based on data for calls to the Florida Quitline from December 2001 to February 2003. In total there were 3,996 calls to the Quitline in that period. Of that number 175 (4.4%) of the callers did not complete the intake survey. The incomplete calls were fairly evenly distributed between men (N=60, or 4.4% of all male callers) and women (N=82, or 3.6% of all female callers), with 33 of unknown gender. More callers under 45 had incomplete calls than the older age group. Because the incomplete calls do not yield any intake data, they are dropped from the dataset for analysis purposes. The final number of callers used in this evaluation analysis is 3,821.

The calls to the Florida Quitline varied from month to month. Over the fifteen month sample period, the Quitline averaged 266 calls per month. The total number of calls per month is shown in Figure 2 below. In this chart both complete and incomplete calls are shown to provide a comparison of calls. The call volume varied noticeably from month to month, peaking during

Figure 2. Calls to the Florida Quitline by Month, 2001-2003

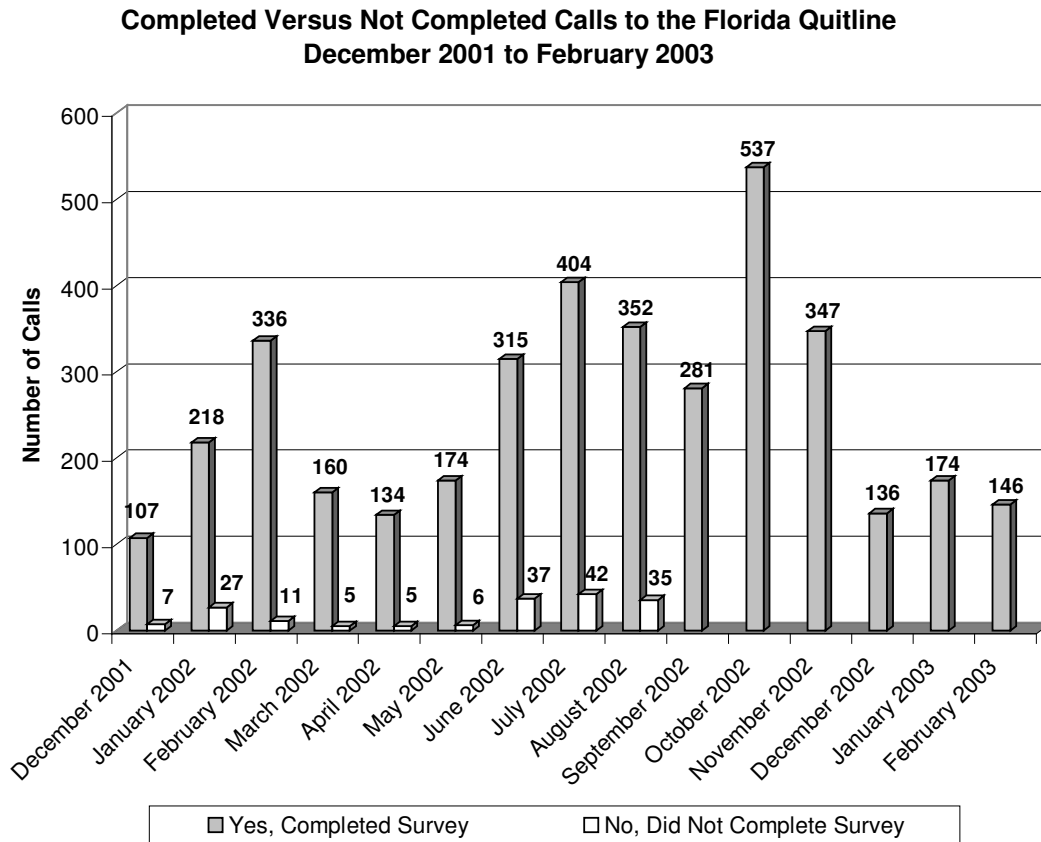
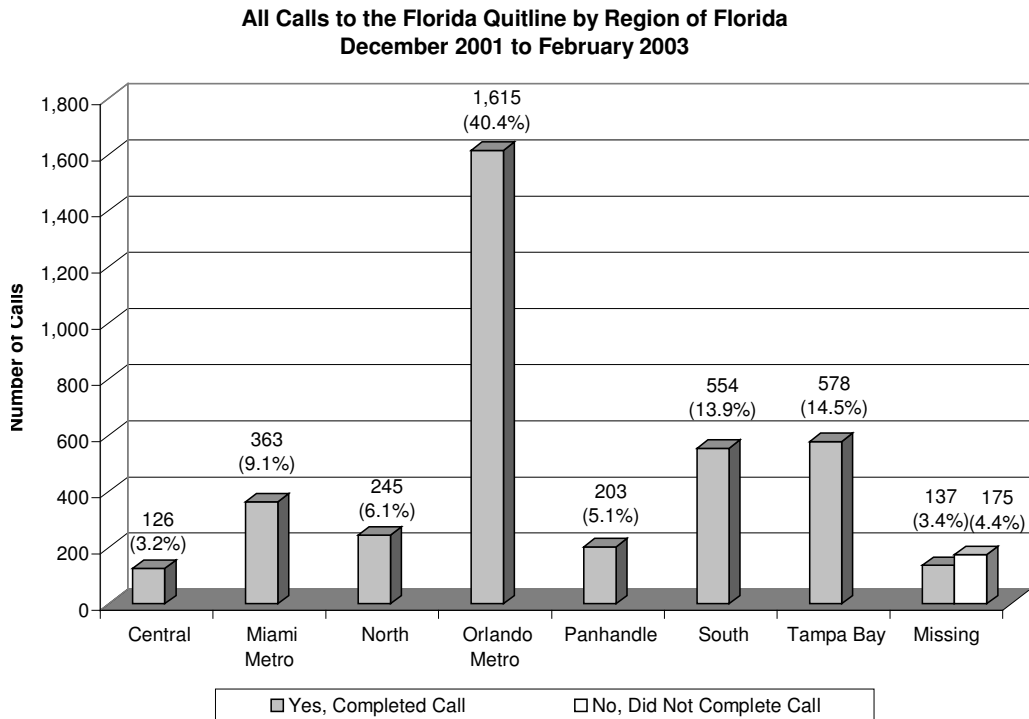


Figure 3. All Calls to the Florida Quitline by Region in Florida

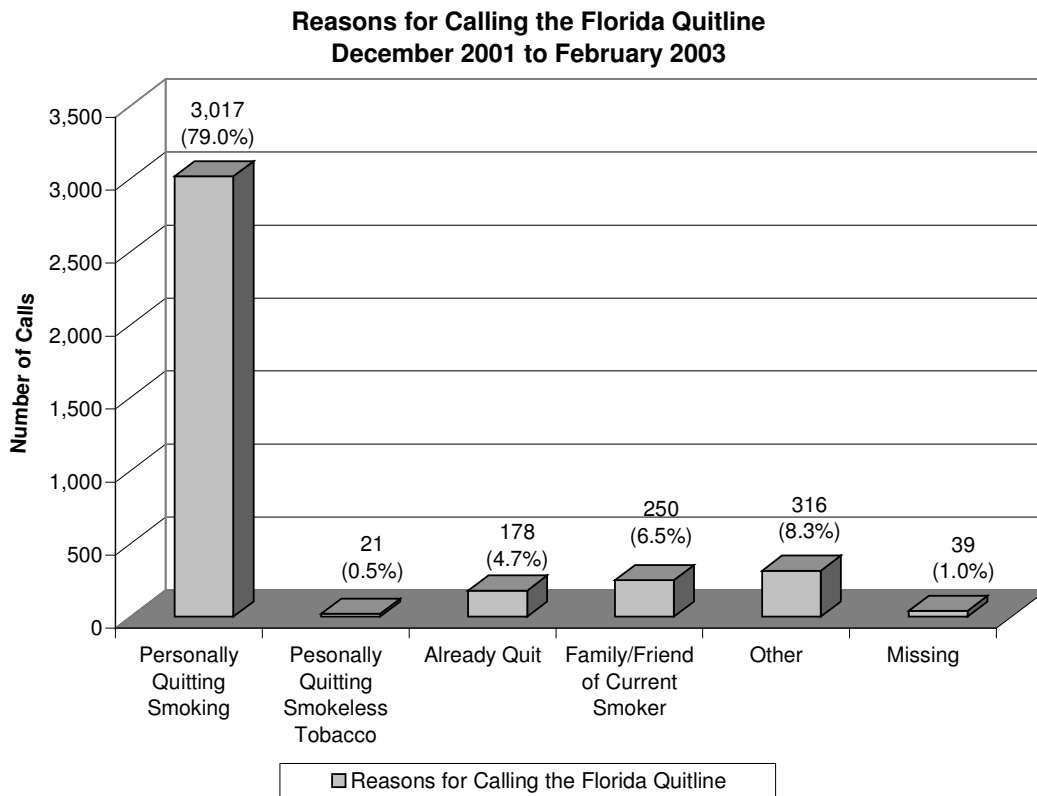


October 2002 at 537 and then falling to 136 in December 2002. Over the fifteen month period there were an average of 266 calls per month to the Quitline.

Using the different regions in Florida to examine the geographical location of callers, it is clear that the number of calls from across Florida also varied by region, as shown in Figure 3. The majority of the calls came from the Orlando Metro area (N=1,615, 40.4% of all calls). Tampa Bay and the South Central Regions accounted for the next highest number of calls, followed by Miami Metro and the rest of the state. The large number of calls from the Orlando Metro area appear to coincide with the anti-tobacco media campaign.

The reasons given by callers for calling the Quitline were chiefly to quit smoking, as shown in Figure 4, where 79% of the callers indicated that they personally wanted to quit. Only 21 (0.5%) of the callers wanted to quit smokeless tobacco and 178 (4.7%) had already quit using tobacco products. Of note is that 250 (6.5%) of callers wanted to help someone else quit smoking.

Figure 4. Reasons for Calling the Florida Quitline



Across the fifteen months of Quitline activity, the ratio of smokers to non-smokers was fairly consistent. Figure 5 shows the total number of calls per month from smokers and non-smokers, arranged to show the percentage of calls from each group. While the total number of calls varied month to month, as was shown in Figure 2, the percentage of smokers calling the Quitline fluctuated between a low of 66% and a high of 88% of clients. The months in which the greatest proportion of smokers called correspond to the months in which the anti-smoking media campaign ran in the Orlando Metro area.

Figure 5. Calls to the Florida Quitline from Smokers and Non-Smokers by Month, 2001-2003

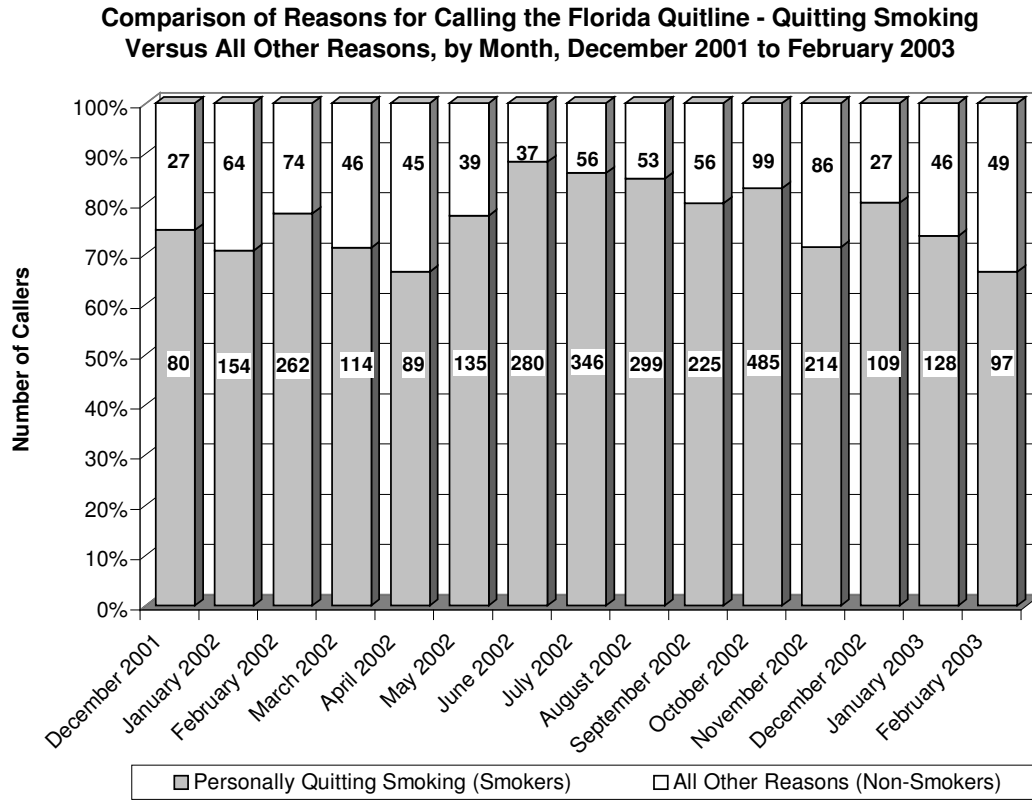
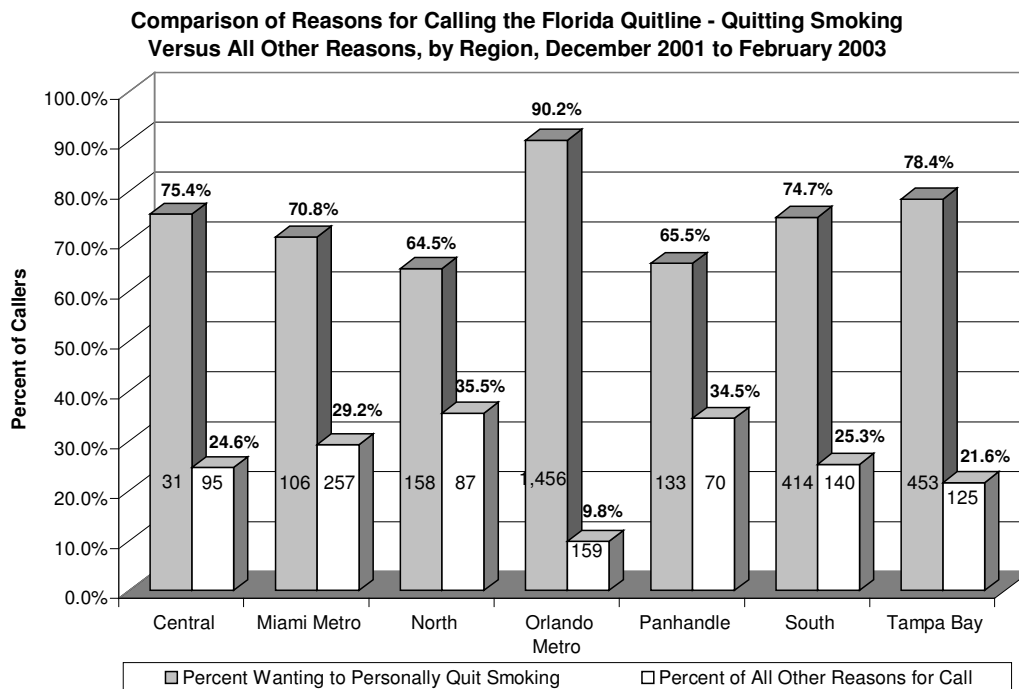


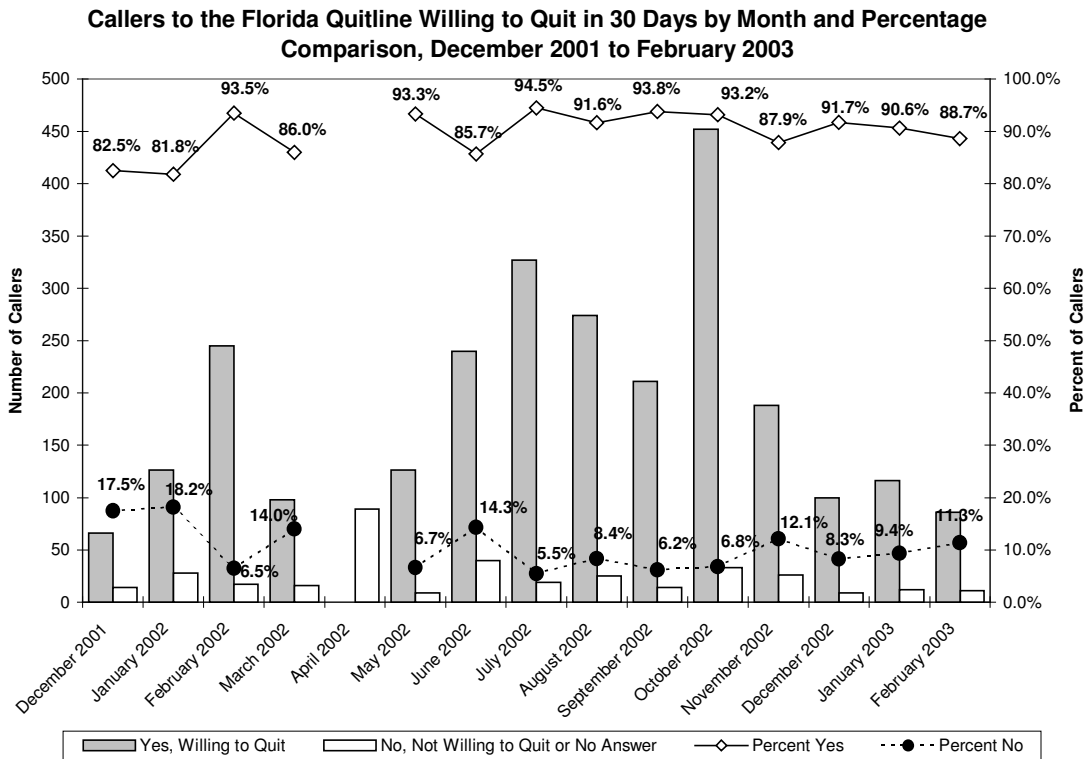
Figure 6. Comparison of Calls from Smokers versus Non-Smokers by Region in Florida



There are variations in the geographic distribution of smokers versus non-smokers calling the Quitline. Figure 6 shows the percentage of smokers versus non-smokers calling the Quitline by region in Florida, with the number of callers from each region included for comparison. In the Orlando area more than 90% of callers were smokers. The Orlando area also accounted for the majority of calls around the state, with 1,456 smokers (48.3% of smokers) calling the Quitline from the Orlando Metro area.

One of the questions asked of smokers when they call the Quitline is whether they are willing to quit smoking within 30 days. Figure 7 shows the responses of smokers (N = 3,017) over the fifteen months of the analysis by the total number of smokers per month (columns) and by percentage of smokers (lines). The percentage of smokers willing to quit in 30 days remained consistently high over the period, fluctuating between 82% and 94% of all smokers. The percentage of smokers who indicated that they would not be willing to quit smoking was quite low, generally only one or two a month. The percentage shown here includes smokers who refused to answer, assuming that a refusal indicates an unwillingness to quit smoking. (In April, 2002, all answers to this question were missing, so the percentage for that month is attributed to measurement error and not shown.) In general, the responses to this question indicate that the majority of callers to the Quitline were ready to take action and quit smoking when they called.

Figure 7. Number and Percent of Smokers Willing to Quit Within 30 Days by Month, 2001-2003



During the intake survey, all callers are offered a number of services to help them quit their use of tobacco. These services include self-help materials, counseling, and referrals to smoking cessation resources. Callers are free to select the service they would like to receive. Figure 8 shows a percentage breakdown of the choices made by the reason for the call. The majority of callers requesting services are those who want to quit smoking. A few callers who had already

quit smoking requested some services; most people calling for reasons other than to quit smoking did not want further services or did not answer the question, as can be seen by the gray-hatched columns in the chart. It is not clear why callers who use smokeless tobacco or who call on behalf of another person would refuse services; however, what is clear is that smokers do want to receive services to help them quit smoking.

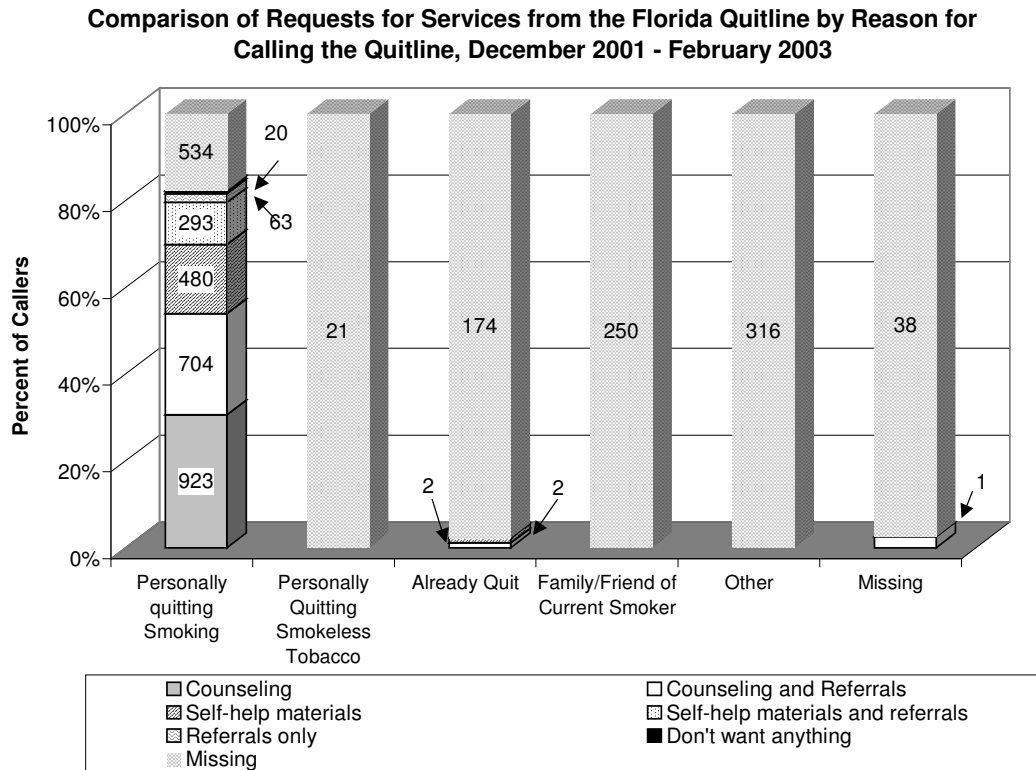
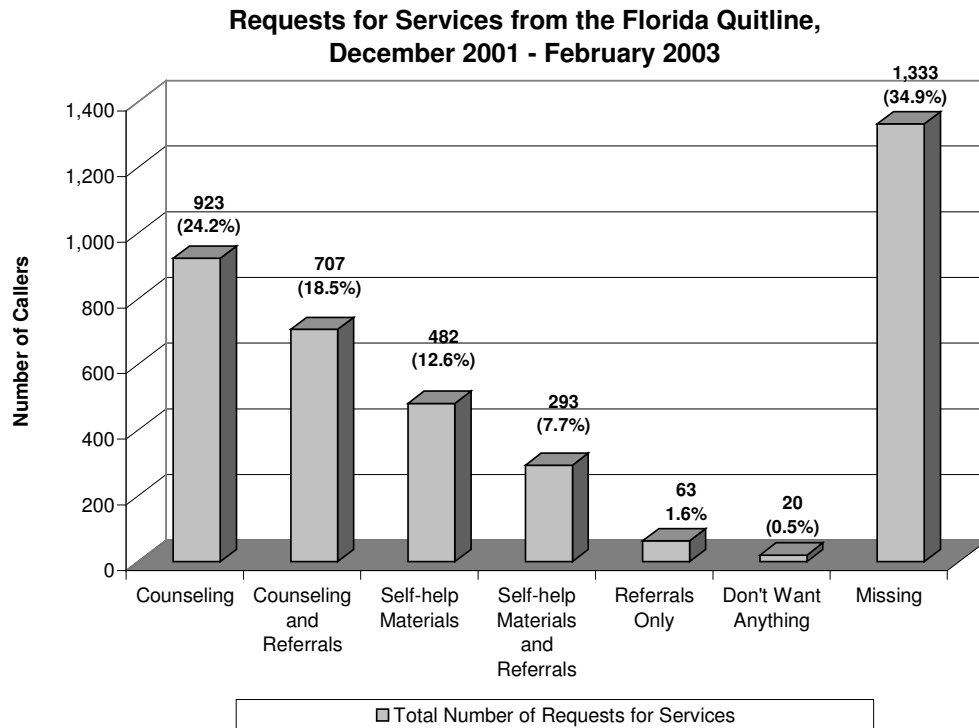


Figure 8. Types of Services Requested by Callers by Reason for Calling the Quitline

Figure 9 takes a closer look at the services requested by all callers to the Florida Quitline (smokers and non-smokers included). The service most requested is counseling (24.2% of callers) followed closely by counseling and referrals (18.5% of callers). These two services provide telephone counseling sessions, which are interactive for callers and potentially provide the most help for them to quit smoking. Fewer callers requested self-help materials (12.6%) or self-help materials plus referrals (7.7%), and very few callers wanted referrals only (1.6%). One would assume that smokers calling the Quitline request services that they believe are the most likely to help them. Unfortunately, there were no data provided by the ACS from the counseling sessions, so there is no way to determine the effectiveness of the counseling sessions.

Based on the data already discussed, we know that the majority of callers to the Florida Quitline are smokers, who want help quitting. We also know that the majority called from the Orlando Metro area during the periods in which television and radio campaigns were running in Orlando. In the next section of this report, the demographics of callers to the Florida Quitline are examined, with an eye to finding patterns or common characteristics among callers that might predict success in helping them quit smoking.

Figure 9. Interest in Services from the Florida Quitline by Month



Target Populations – Florida Adults Who Smoke

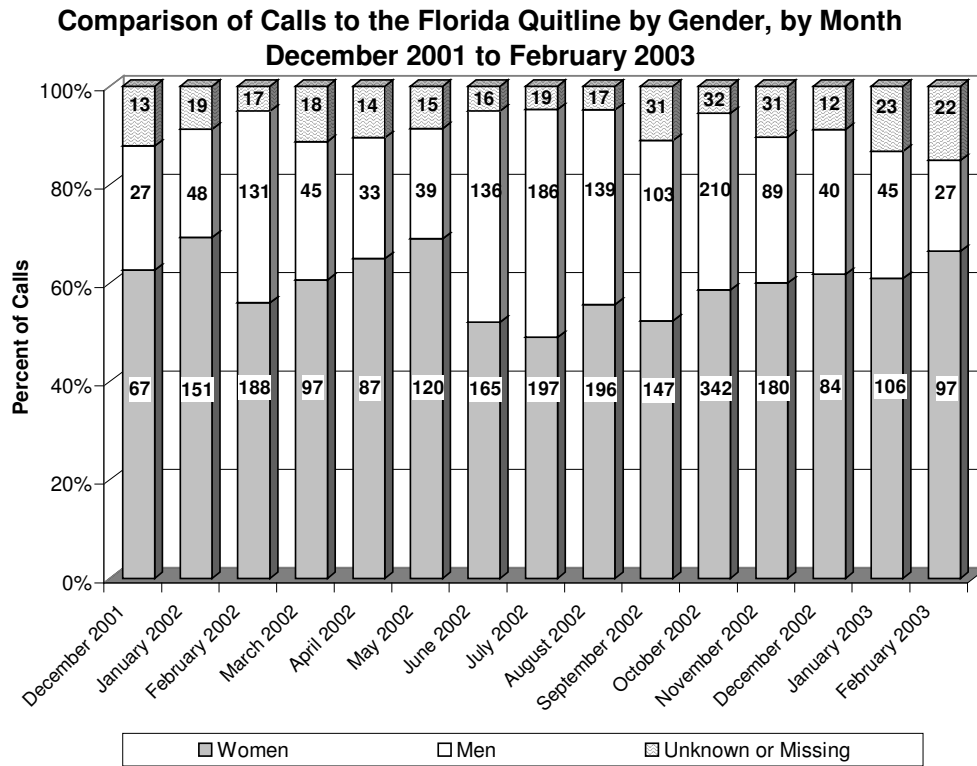
Analysis in this section focuses on demographic characteristics of the Florida Quitline target populations: Florida adults by gender, age, race/ethnicity and education, smokeless tobacco users, DOH employees, pregnant women, callers under 18, and smokers with children under 18 in the household.

Age and Gender of Adult Floridians

Florida adults make up the majority of calls to the Florida Quitline. The gender of callers to the Quitline was split unevenly, with roughly two women calling (58.2%) for every man (34.0%). About 8% of all callers gave no gender. Men and women called the Quitline in roughly the same proportion across the state, except for the Orlando Metro area. For all other regions of the state, between 58% and 67% of the callers were women, while men accounted for 20% to 30% of the callers. In the Orlando area, women only accounted for 51% of the calls, and men for 45% of the calls. The pattern of calls over the fifteen months covered by this analysis again shows changes in the proportions of men and women calling the Quitline.

Figure 10 shows the breakdown of calls by gender for the period between December 2001 and February 2003. While overall there are more women than men, the proportions do change depending on the month. During January, March, April and May of 2002 and again in February 2003, only 24% or less of the callers were men. Compare this to February and June through October, 2002, when the percentage of men ranged from 36% to 46%.

Figure 10. Gender of Caller by Month of Call, 2001 to 2003



Men and women gave reasons for calling the Quitline in roughly the same two to one ratio as they called in the population. As shown in Figure 11, the majority of callers were smokers interested in quitting smoking, with 82% of the women and 86% of the men indicating that's why they called the Quitline. Women made up a slightly higher percentage of callers who had already quit and more than twice the percentage of callers concerned about family and friends compared to male callers (8% of women called for someone else compared to only 4% of men). Of interest is that only one woman called concerning smokeless tobacco, which indicates that this is primarily a male habit.

The age of callers appears to play a role in which men and women call the Quitline, as can be seen in Figure 12. The proportion of men to women calling the Quitline changes with each age group. In the 18 to 29 age group, 53.3% of callers are women, but by age 65 and up, 69.1% of callers are women. The percentage of men in each age group calling the Quitline decreases as they get older. Overall, Quitline callers tended to be younger, with 50% between 18 and 44, and 42% over 45 (6% of callers gave no birth date and 1% were under 18).

The age of callers also varied somewhat by region, with more young people, 18 to 44, calling from North Florida (47% of callers from that region), the Panhandle (51% of callers from that region) and the Orlando Metro area (63% of callers from that region). More older people, 45 and up, called from Central Florida (54% of callers from that region), South Florida (56% of callers from that region) and Tampa (56% of callers from that region). Callers from Miami were equally split between young and old (46% each). Figure 13 shows the proportion of callers to the Quitline by age group for each region of Florida. The patterns of calls by age groups may

Figure 11. Gender of Caller by Reason for Call

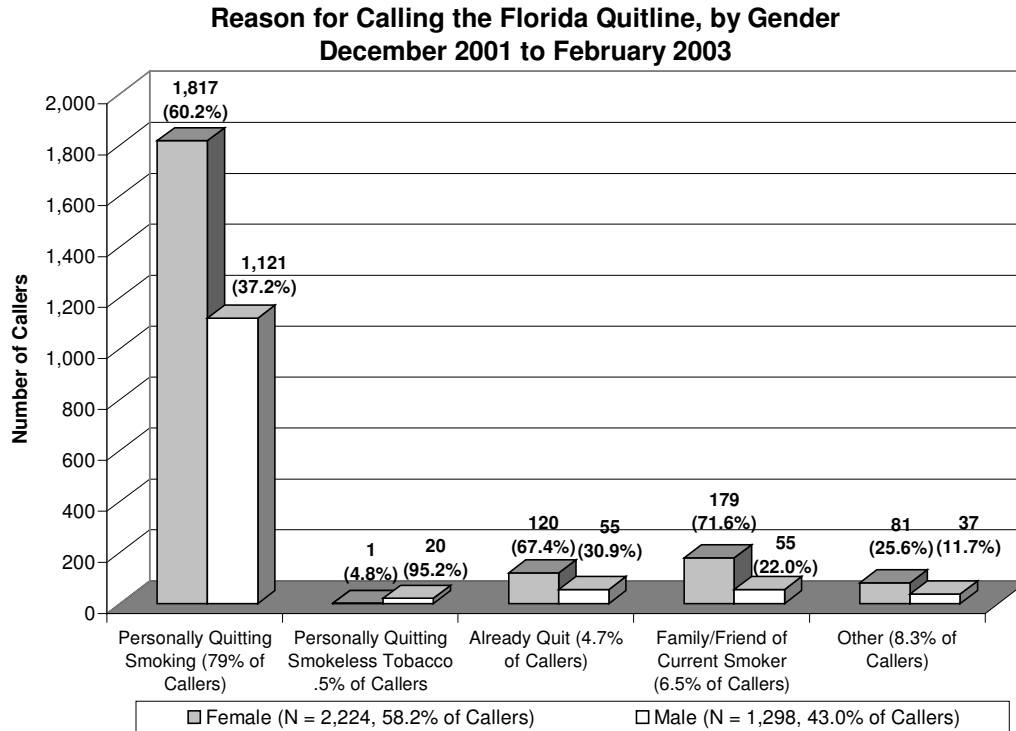


Figure 12. Age Grouping of Callers to the Florida Quitline by Gender

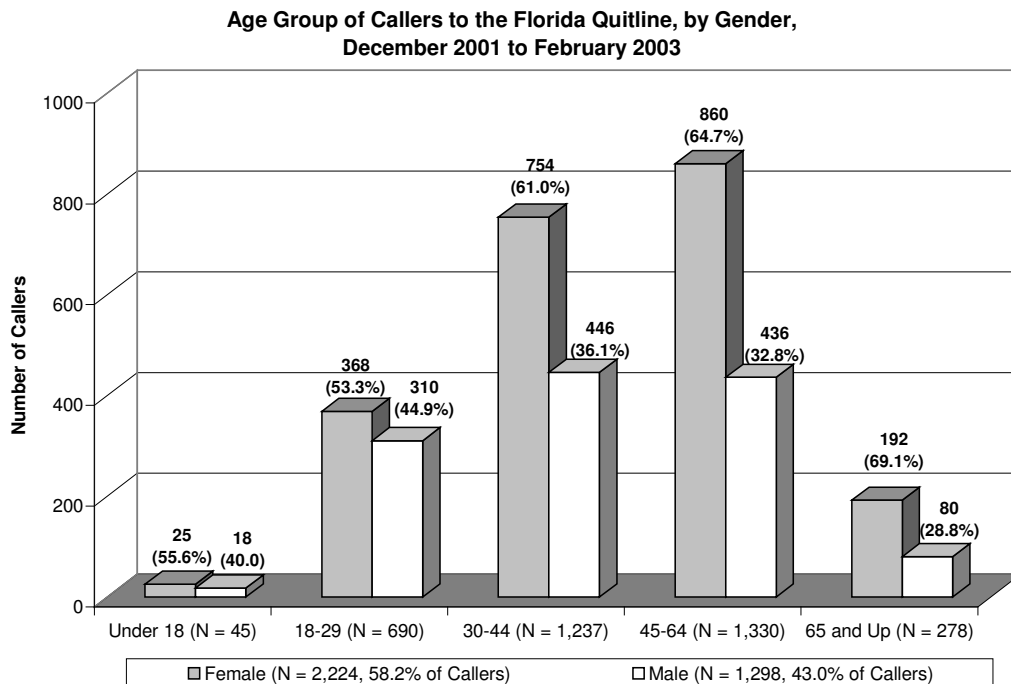
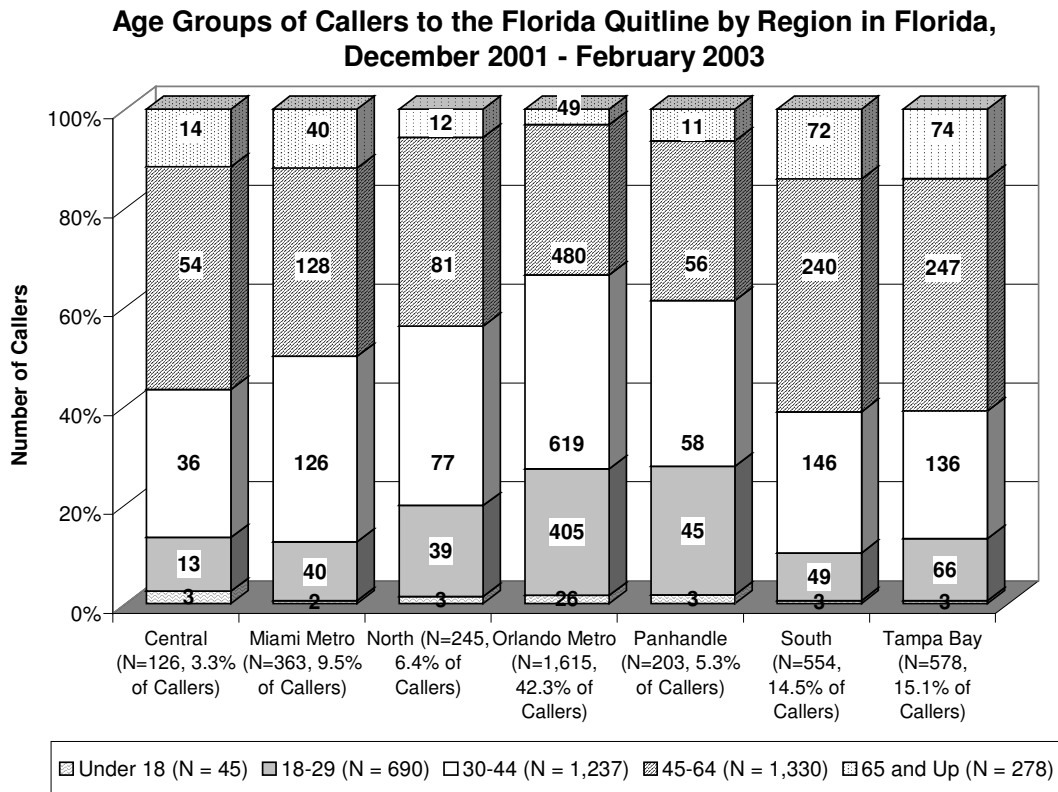


Figure 13. Age Group of Callers to the Quitline, by Region

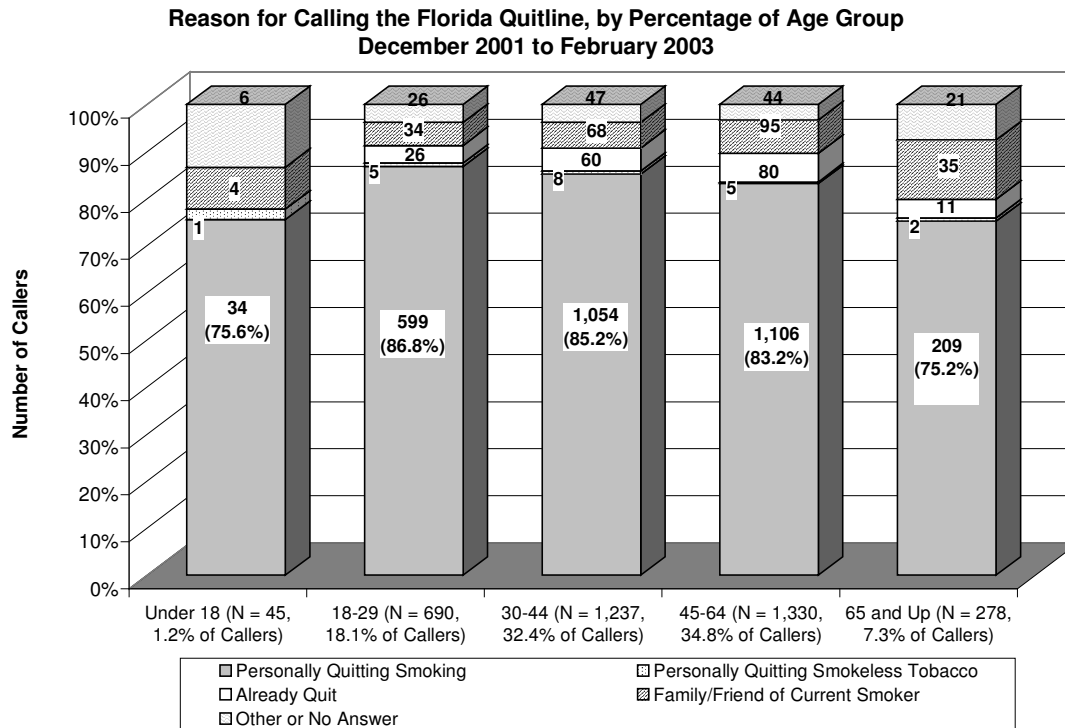


parallel population groupings in each region, though this conclusion needs to be matched to census data.

Figure 14 shows the reason for calling the Quitline by percentage of age group. December 2001 to February 2003. Reasons for calling the Quitline varied minimally by age, with the majority of people calling to personally quit smoking (79%). For all groups, the percentage of callers who wanted to quit smoking is high, from 75% for callers over 65 years old to 86% for callers 18 to 29 years old. What is interesting is that a similar percentage in all age groups had already quit smoking, from 4% to 6% (except for those under 18). Also, a higher percentage of callers under 18 years old (9%) and callers 65 years old and older (13%) called about a family member or friend compared to the middle age groups (4% to 5%).

With more than three-quarters of each age group calling the Quitline for help in quitting smoking, it is of interest to consider the extent of their smoking habits. As might be expected, the majority of smokers over age 30 have been smoking the longest, with 74% of all callers having smoked for more than ten years. In the 30 to 44 age group, 84% of all callers have smoked for more than ten years; for callers 45 and older, 90% have smoked for more than ten years. In the 18-29 group, only 28% have smoked ten years or more, 40% have smoked six to ten years and 21% have smoked for less than five years. In the under 18 age group, only three callers answered, each one smoking for less than five years. The data show that the majority of callers to the Quitline begin smoking sometime in their 20's rather than in their teens, and few callers begin smoking after the age of 30.

Figure 14. Reason for Calling the Quitline by Percentage of Age Group



The average number of cigarettes smoked per day varies by age and gender. Figure 15 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 19 cigarettes per day versus the 45 to 64 age group which smoked an average of 25 cigarettes per day. The average number of cigarettes for callers over 65 is only 20. Figure 15 shows that men smoke on average 4 more cigarettes a day than women, with men in the 45 to 64 age group smoking the greatest number, an average of 27 cigarettes per day.

During the intake survey, callers are asked how many times they have tried to quit smoking and to estimate what they think their chances are to quit for good. Figure 16 compares the caller's self-report of how many times he or she has tried to quit smoking with the his or her estimates of quitting for good, by gender and age group.

Callers' attempts to quit appear to be more gender-related than age-related. In each of the age groups 18 to 65, men report making more quit attempts than women; this pattern reverses in the above 65 age group. The fact that callers have made as many attempts to quit smoking as is shown in the chart suggests that when they call the Quitline they have already progressed through the stages of contemplation and preparation and have attempted to take action to quit smoking more than once.

Figure 15. Number of Cigarettes Smoked per Day by Gender and Age Group.

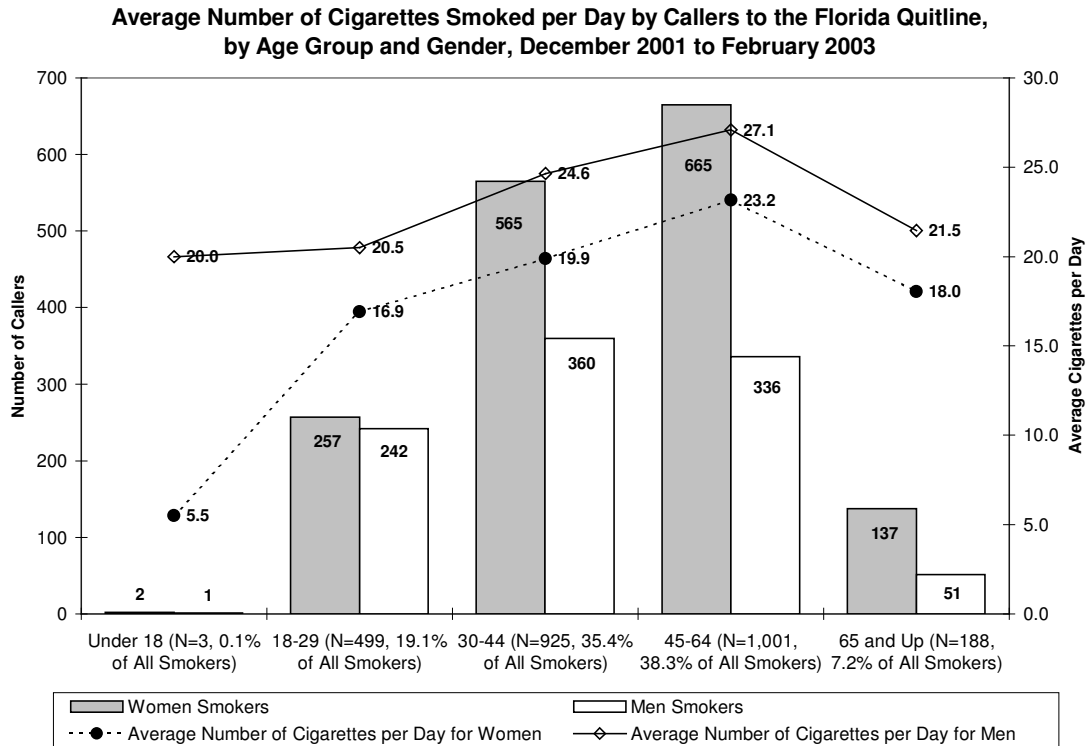
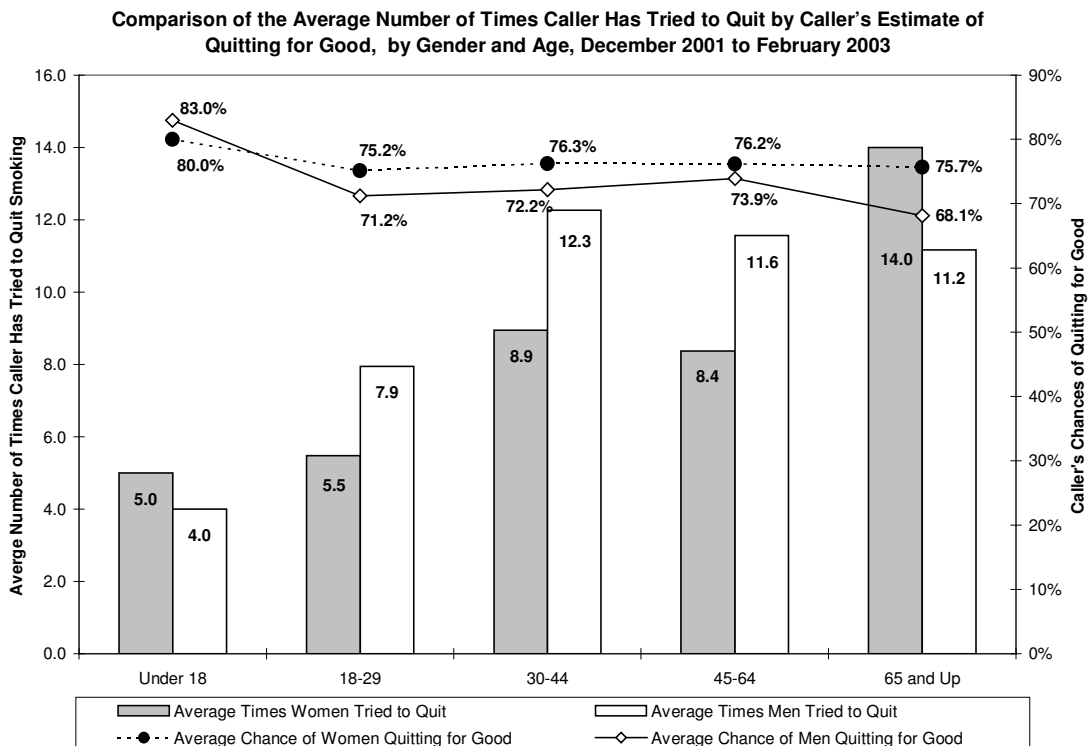


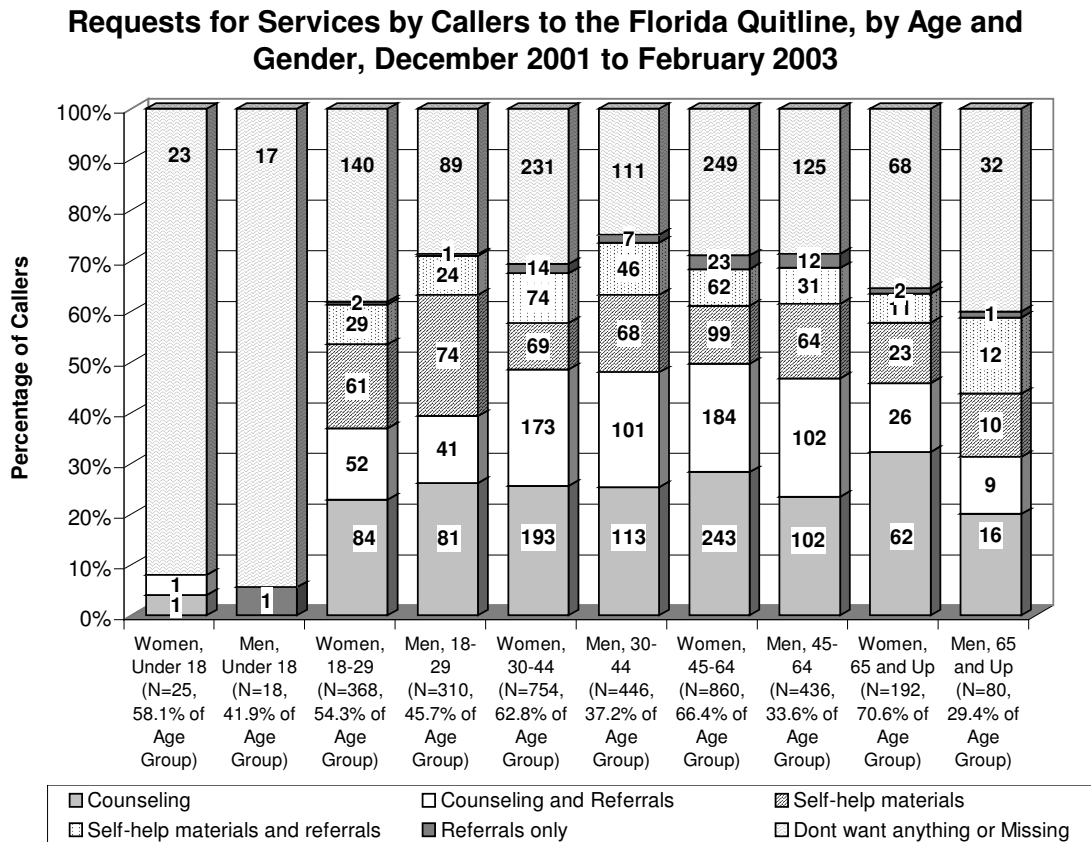
Figure 16. Average Number of Times Caller Has Tried to Quit and Chances of Quitting for Good



The callers' estimates of quitting for good, however, appears to be related more to gender differences than age differences. In Figure 16, women show a fairly consistent expectation of being able to quit for good, estimating that they have a 76% chance of success. Men, on the other hand, give themselves a lower chance of quitting for good that hovers at about 72%, and then drops to 68% after age 65. The estimated chances of quitting do not appear to be related to how long a person has smoked, nor to the number of cigarettes a person smokes (which increases with age until 65, then drops), nor to the number of times a person has tried to quit.

Men and women differ in the services that each age group requests. Figure 17 shows the percentage of men and women in each of the age groups and their requests for services from the Quitline counselors. In general, counseling is the most requested service. Requests for counseling increase for women as they get older but decrease for men, as can be seen in the age groups for callers 45 and older. For example, 32% of women age 65 and up request counseling, while only 20% of the men do. Requests for counseling and referral are about the same for men and women in each age group, though the percentages for this service change with age groups. Between 11% and 14% of callers in the 18 to 29 age group and in the 45 and up age group request this service, Compared to the 21% to 23% of callers in the 30 to 64 age groups.

Figure 17. Request for Services by Gender and Percentage of Age Group

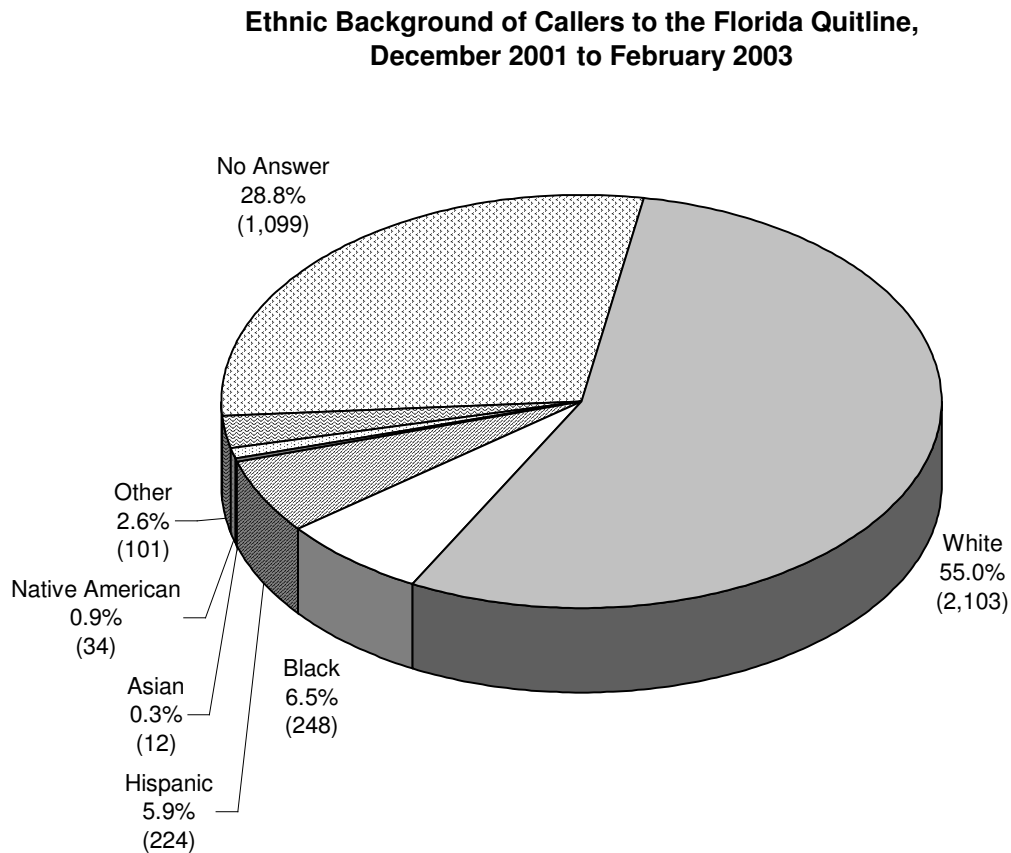


Men on the other hand request more self-help materials than women do. Few callers wanted referrals only, and a large number in every age group failed to request any service. Demand for some type of interactive response appears indicated by the fact that a majority of requests (45%) are for counseling or for referrals to community resources. This finding could point out a need for support from other people during the action stage.

Race/Ethnicity of Adult Floridians Who Called the Quitline

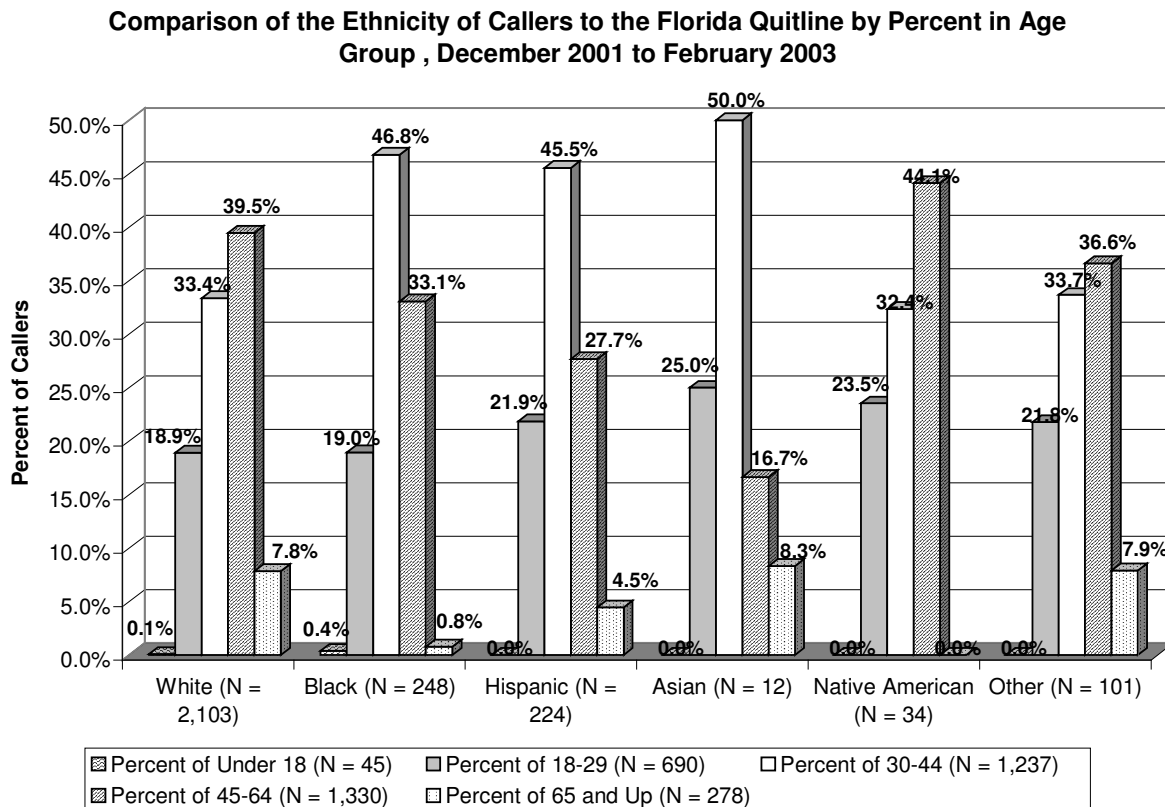
The race/ethnic makeup of callers to the Florida Quitline is predominantly White, followed by Black and Hispanic callers. The breakout of race/ethnic groups is shown in Figure 18. White callers account for 55% of all callers to the Quitline. While this is a large percentage, it does not equal the percentage of White population in Florida as published in the 2000 Census, which is 65.4%. The next largest proportion (28.8%), more than a quarter of all callers, is missing. If the true race/ethnicity of these callers were known, then the White and other populations might approach normal expectations among the Quitline callers. The percentage of Black callers, at 6.5%, is less than half of the 2000 Census proportion of 14.2%. Similarly, the Hispanic population of callers, 5.9%, is almost two thirds less than the 16.8% percentage in the census. Only the Native Americans, 0.9% of callers, are close to their census-based population percentage of 1.1%. The serious lack of non-White callers makes it difficult to come to any conclusions about these target populations.

Figure 18. Race/Ethnicity of Callers to the Florida Quitline



Each of the race/ethnic groups calling the Quitline varies by age, as can be seen in Figure 19, though the small sample sizes make any conclusions difficult. Approximately the same percentage of callers age 18 to 29 contact the Quitline across all race/ethnic groups. However, among the non-White population, the 18-29 age group appears more likely to call than other age groups, whereas, among Whites, the 30-44 age group is more likely to call than other age groups. The percentage of callers 65 and up is about 8% for Whites and 4.5% for Hispanics, but only 0.8% for Blacks. These samples are not large enough for more in-depth analysis of important cultural or social differences.

Figure 19. Race/Ethnicity by Age Group



Across all race/ethnic groups, the reason for calling the Quitline is consistent – to quit smoking. Between 93% and 96% of all target populations call for this reason, as shown in Figure 20. the only difference among groups is that a greater proportion of Whites had quit smoking at the time of the call, compared to relatively few of the other groups.

Requests for service are also fairly consistent across race/ethnic groups, as shown in Figure 21. The majority of most groups wants counseling and referrals first, then self-help materials. It is at this point that the small population samples for all non-White groups becomes problematic, because no clear conclusions can be drawn with such small samples.

Figure 20. Reason for Calling the Florida Quitline by Race/Ethnicity

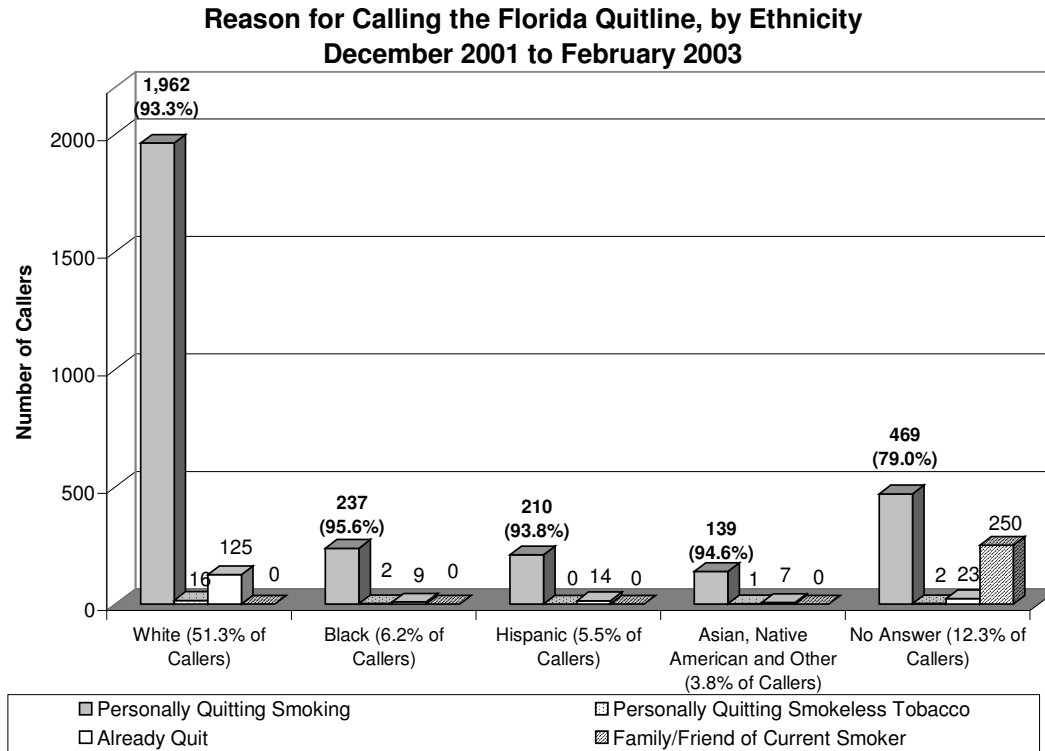
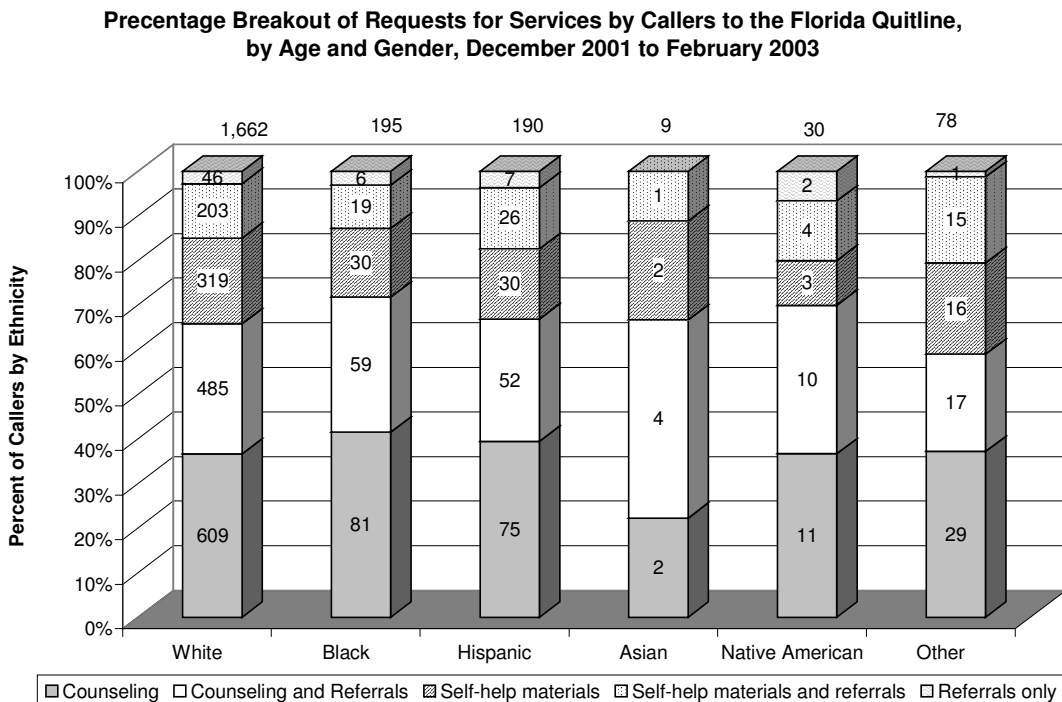


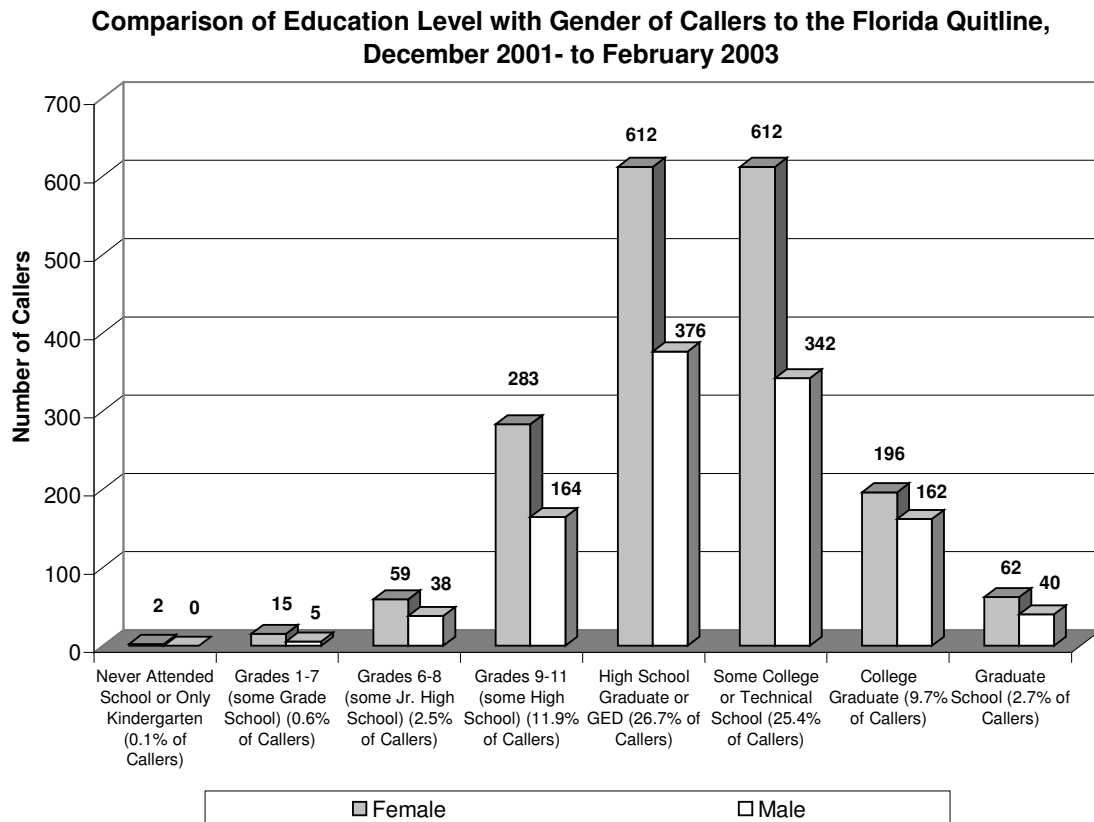
Figure 21. Requests for Services by Race/Ethnicity



Education Level of Adult 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. The majority of callers to the Florida Quitline had either a high school, some college or a technical school education level (52%). Only 12% of callers had college or graduate education, which compares to the 12% of callers who had only some high school. From this evidence it appears that the majority of callers are high school graduates, with some college or technical school.

Figure 22. Education Level of Callers to the Florida Quitline by Gender



In looking at the reason for calling by education, between 92% and 95% of all educational groups call the Quitline to quit smoking. Requests for services made by different educational groups in the population show the same pattern of preferring counseling and referrals over self-help materials. At all education levels, counseling and referrals are selected by between 52% and 55% of the callers, with a somewhat greater percentage of educated callers wanting these services. Self-help materials and referrals are selected between 18% and 27% of the time, with a steadily decreasing percentage as the educational level increases. From this evidence it appears that the higher the education, the more counseling is preferred and the lower the education level, the more self-help materials are preferred. However, the sample of higher educated callers is so small that such a conclusion is preliminary.

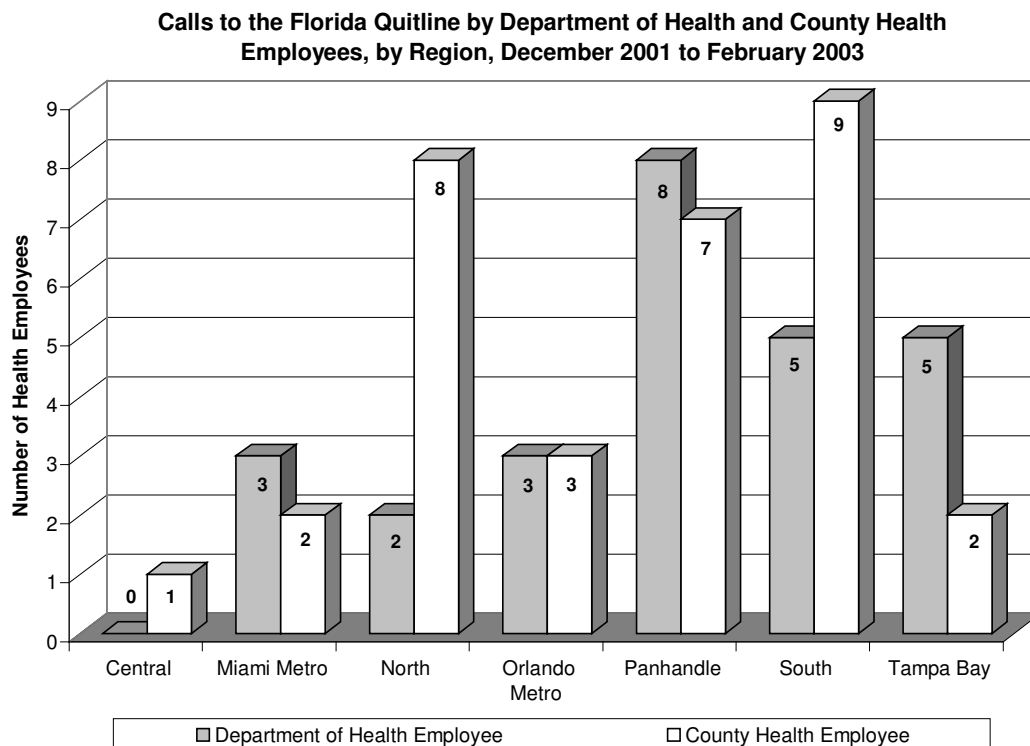
Smokeless Tobacco Users

The population of smokeless tobacco users who called the Quitline was extremely small, with only 21 callers (0.5% of all callers), all but one of them men. With such a small sample, no conclusions can be made, except that the majority of smokeless tobacco users was between 30 and 64 in age.

Department of Health or County Health Employees

Employees of the DOH and County Health Offices called into the Quitline in very small numbers. Only 26 DOH employees called in the fifteen months, and 32 County Health employees called. Figure 23 shows the region of Florida from which the health employees called. While there were callers from all parts of the state, the largest number were from the Panhandle (15) and from South Florida (14).

Figure 23. Department of Health and County Health Employees Calling the Florida Quitline, by Region in Florida

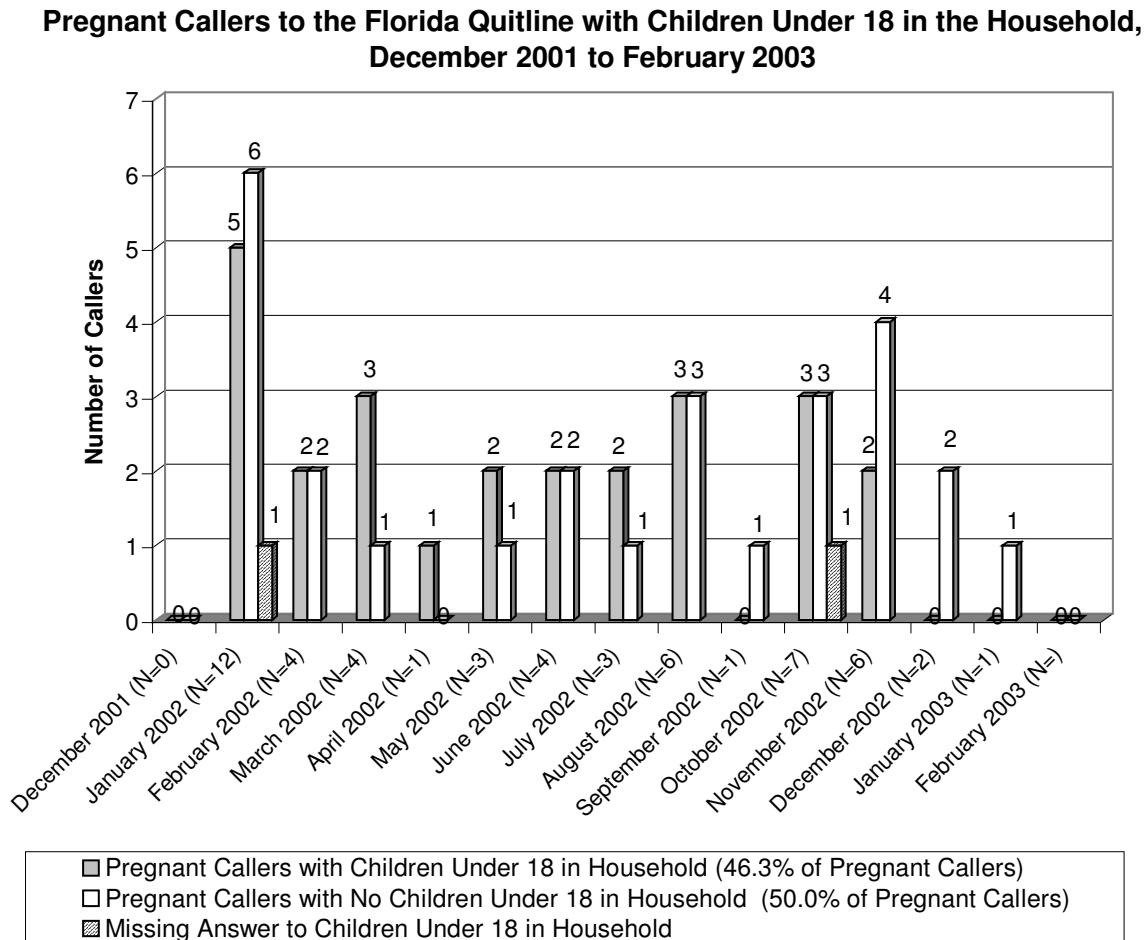


About half of the health employees called for other reasons rather than to quit smoking; the majority of these were county health employees. The rest of the calls were to quit smoking or the caller had already quit. Also, when requesting services, 67% of the health employees requested nothing, while the rest asked for counseling, referrals and self-help materials.

At-Risk Target Populations – Pregnant Callers

Over the fifteen month period of this analysis there were only 54 pregnant callers who called the Florida Quitline. Figure 24 shows the months in which they called. All of them called to seek help in quitting smoking. Because pregnant women were referred to Great Start, none of them were asked for services they might need. Half of the pregnant women who called the Quitline had children under 18 in the household, at risk of second-hand smoke, as shown in Figure 24. This at risk population will be examined in the following section.

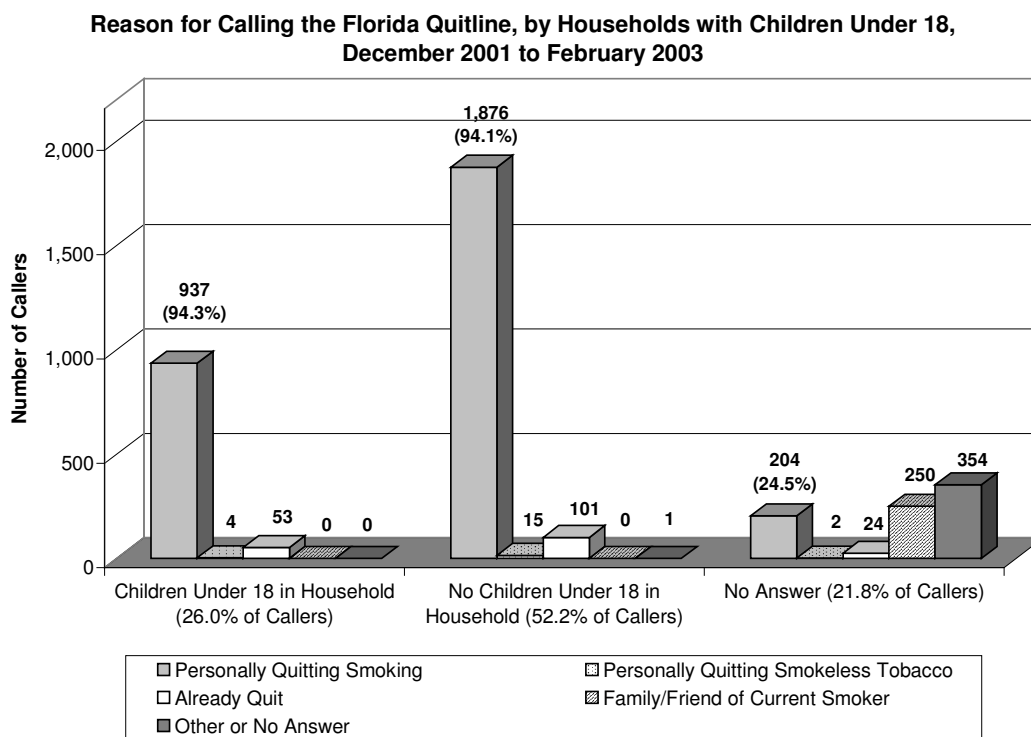
Figure 24. Pregnant Callers With Children Under 18 in the Household, by Month of Call to the Florida Quitline



At Risk Target Populations – Children at Risk of Exposure to Second-hand Smoke

One of the at-risk target populations is children at risk of exposure to second-hand smoke. Among the callers to the Quitline, 937 (31.1% of all smokers) had children under 18 in the household. In this population, 94.3% called the Quitline to quit smoking, as shown in Figure 25. This number is about the same as the population with no children under 18 in the household. The average number of children in the smoking households was 1.8 per household. This means that there are about 1,687 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 25. Reason for Calling the Quitline by Households with Children Under 18

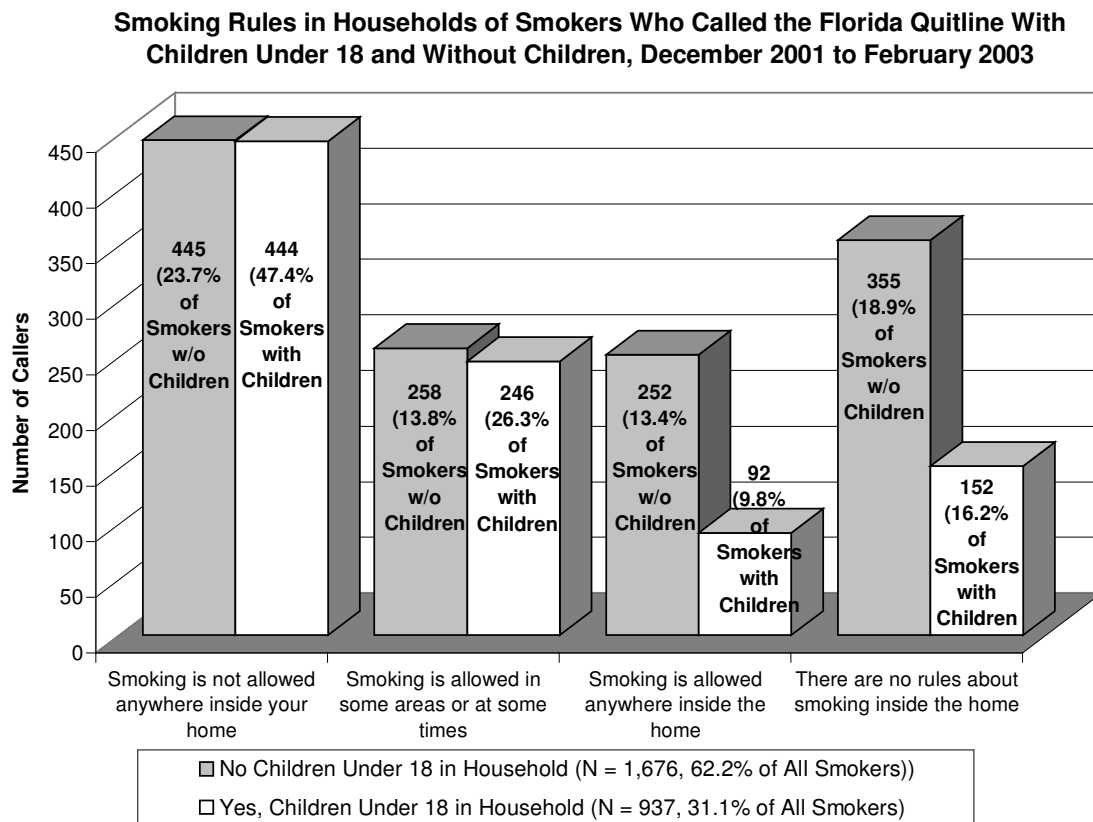


One of the determinants of a child's exposure to second-hand smoke is the household rule established for smoking in the house. In some households, smoking is never allowed inside the house (30% of all smokers who called the Quitline); in others it is allowed only in certain sections of the home or at certain times (17% of all smokers who called the Quitline). In other households, smoking is allowed anywhere (11.9% of all smokers who called the Quitline), or no rules exist about smoking in the house (17.2% of all smokers who called the Quitline). Children living in households where smoking is allowed anywhere are the most at risk of exposure to second-hand smoke.

Figure 26 shows the household smoking rules in the families of smokers who called the Florida Quitline, comparing households with children under 18 (31.1% of all smokers) and those without children (62.2% of smokers). About one half (N=444, 47.4%) of the smoking households

with children under 18 do not allow smoking in the house. At an average of 1.8 children per household, there are about 800 children who are at low risk of second-hand smoke. Another 246 households (26.6%) with children under 18 restrict smoking in the house. This places children at a greater risk of second-hand smoke, but not to the extent of the 244 households (26.0%) with children under 18 in which smoking is allowed anywhere. Nonetheless, there are 490 households (52.3%) that place children under 18 at some level of risk of second-hand smoke in the house, for a total of 882 children. While all children of smokers run some risk of second-hand smoke, this last group runs the greater risk.

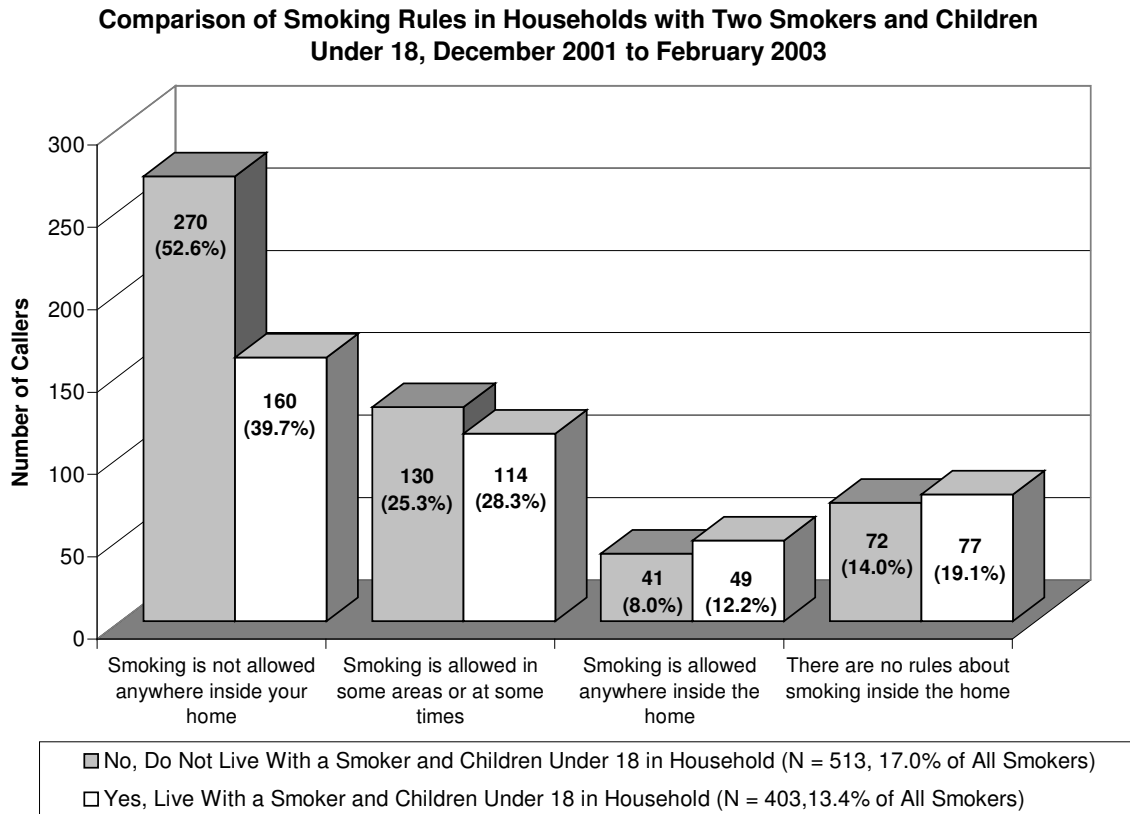
Figure 26. Smoking Rules in Households with Children Under 18 and Without Children



In many households, more than one adult smokes, so children under 18 run a higher risk of second-hand smoke because more people smoke in the household. Figure 27 shows a breakdown of the rules on smoking in the house these house households. There were 403 households (13.4%) with children under 18 that had more than one smoker, which means that children in these households run an even greater risk of second-hand smoke. Another 114 (28.3%) restrict smoking in the house, but the added frequency of another smoker still increases the risk for children over what they would encounter with just one smoker.

The children most at risk live in the 126 dual-smoker households (31.3%) in which there are no smoking rules. In these homes 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.

Figure 27. Comparison of Households with Children Under 18, Parents Who Smoke and Smoking Rules in the House



Adults at Risk of Environmental Tobacco Smoke

People at risk of environmental tobacco smoke are not limited to children under 18. A caller to the Quitline 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. Figure 28 shows the number of callers to the Quitline who live with a smoker (N=1,092, 28.0% of all callers), by age and by gender. The percentage of callers living with a smoker decreases as people get older. In the 18 to 29 age group 39.3% of callers live with a smoker; this proportion decreases to 32.6% for the 30 to 44 age group, then to 26.5% for the 43 to 64 age group and finally 14.7% for the 65 and up group. This implies that younger people are more at risk from second-hand smoke than older people. Since young people tend to have children under 18 in the household, the 18 to 44 age groups are more likely to include children also at risk of second-hand smoke. In terms of living with a smoker, there doesn't seem to be a pattern for each gender. More men live with women smokers in the 18 to 29 age group, but his pattern reverses itself in the older age groups.

For callers to the Quitline who live with a smoker, the smoking rules in the household again indicate the continuing risk of second-hand smoke even after he or she has quit smoking. Figure 29 compares the smoking rules for callers who live with a smoker and those who do not live with one.

Figure 28. Comparison of Callers to the Quitline Who Live with a Smoker, by Age and Gender

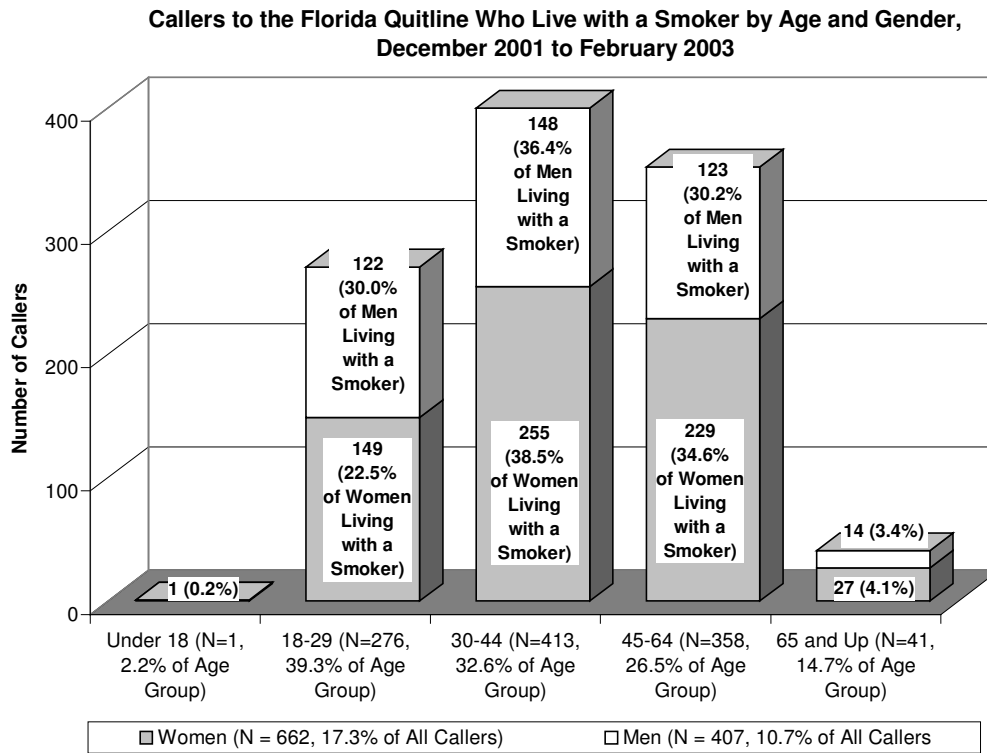
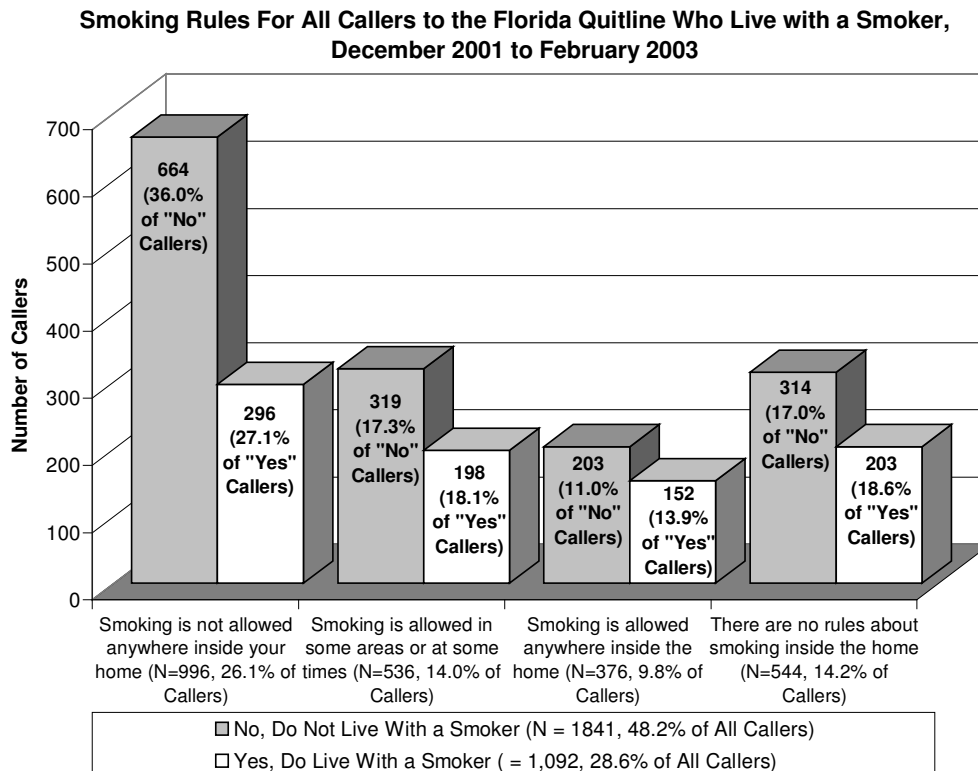


Figure 29. Smoking Rules of Callers Who Live with a Smoker, by Age and Gender



One pattern in Figure 29 is that dual-smoking households have more permissive rules than do households with a single smoker. Compare the 36.0% of single-smoker households that do not permit smoking in the house with the 27.1% of dual smokers households do not allow smoking in the house. It is clear that fewer dual-smoker households restrict smoking in the house. Conversely, dual-smoking households demonstrate a bit more openness in allowing smoking in the house than do single-smoking homes, as can be seen by their slightly higher percentages in the other rules. One drawback to this analysis is that 35.1% of the responses to smoking rules in the household are missing, and 23.2% of the responses to whether a callers lives with a smoker are missing. With so many missing responses it is difficult to tell if more callers are at risk of second-hand smoke. Nonetheless, it is clear that even when people stop smoking, they remain at risk until their partners quit also.

Quit-for-Life Line Media Campaigns and How Callers Heard About the Florida Quitline

The Department of Health Quit-for-Life Line ran several media campaigns in 2002, all in the Orlando Metro area. The rationale for running them in the Orlando was based on the findings of the 2000 Behavioral Risk Factor Surveillance System (BRFSS) data, which identified the North Central region of Florida as having the most households in which children were exposed to environmental tobacco smoke. Because this is a high-risk population the area was targeted for a media campaign. Because media funds were limited, Orlando was the only Florida city to host radio and TV campaigns. The media campaigns took place in January and February, then again from June to October. Table 4 provides a breakdown of the radio and television stations and dates of airplay.

The first campaign consisted of paid 60-second radio commercials that played during January and February 2002. These ads aired 585 times over six FM radio stations; the play mix of the six stations was classic and new rock and roll. A second radio campaign consisted of “make good” radio commercials that were not aired during the first campaign, and free radio Public Service Announcements (PSAs). These radio ads played in June 2002. The first TV campaign used paid 30-second television commercials broadcast over twelve network affiliates of Time-Warner Communications during June 2002. These ads aired 3,408 times during the month. The second TV campaign consisted of PSAs that aired from July to October 2002 over the Time-Warner Communications affiliates. These ads aired 1,400 times.

In addition to the electronic media campaigns, the Quit-for-Life Line used other media to bring the anti-tobacco message to Florida’s residents. These components of the Quit-for-Life Line campaign took place in May and June of 2002. In March the Quit-for-Life Line held an audio conference to discuss tobacco issues and made the audio conference tapes available to interested parties.

In May the Quit-for-Life Line sponsored a booth at the Health Fair in Tallahassee and distributed a “World No Tobacco Day” press release. Also in May the Quit-for-Life Line send packets to each of the 67 county Health Departments containing Quitline descriptions, brochures, information cards and lip balm with Quitline information on the tube. The Quit-for-Life Line also set up a Quitline display and message board in the lobby of the Department of Health building to inform Department employees of the telephone counseling available to help them quit smoking. Finally, in June the Quit-for-Life Line sent out packets to 15 Orange County physicians with information about the Quitline.

Table 4. Quit-for-Life Line Electronic Media Campaigns in the Orlando

Florida Department of Health 2002 Quit-for-Life Line Electronic Media Campaign			
Run Dates	Location	Media	Exposure
Run dates: 12/31/2001 - 1/20/2002	Orlando Metro Area	Radio: WHTQ - Cox Communications: 94 radio commercials, 60 seconds each.	21 Days, 4.5 Ads per Day
Run dates: 1/28/2002 - 2/24/2002	Orlando Metro Area	Radio: WJRR - Clear Channel: 56 radio commercials, 60 seconds each.	28 Days, 2 Ads per Day
Run dates: 1/28/2002 - 2/17/2002	Orlando Metro Area	Radio: WXXL - Clear Channel: 116 radio commercials, 60 seconds each.	21 Days, 5.5 Ads per Day
Run dates: 2/4/2002 - 2/24/2002	Orlando Metro Area	Radio: WMMO - Cox Communications: 141 radio commercials, 60 seconds each.	21 Days, 5.5 Ads per Day
Run dates: 2/20/2002 - 2/27/2002	Orlando Metro Area	Radio: WMMO - Cox Communications: 12 radio commercials, 60 seconds each.	7 Days, 1.7 Ads per Day
Run dates: 2/11/2002 - 3/1/2002	Orlando Metro Area	Radio: WSHE - Clear Channel: 72 radio commercials, 60 seconds each.	19 Days, 3.8 Ads per Day
Run dates: June 2002	Orlando Metro Area	Radio: Free make good radio commercials.	
Run dates: June 2002	Orlando Metro Area	Radio: Free radio PSAS.	
Run dates: 6/7/02- 6/30/02.	Orlando Metro Area	Television: Time Warner Communications: 3,408 - 30 second commercials on 12 networks.	24 Days, 11.8 Ads per day
Run dates: July 2002 to October 2002	Orlando Metro Area	Television: Time Warner Communications: 1,400 free 30 second TV PSAs on 12 networks	120 Days, 1 Ad per Day

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 21 different answers, which are listed in Table 5 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, like 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 5 along with the frequency of response for each communication type.

Table 5. Comparison of Original Source of Information with Source Aggregated by Type of Communication

How Did Callers Hear About the Florida Quitline? Comparison of Original Sources and Sources by Type of Communication					
Original Source	Number of Callers	Percent of Callers	Source by Communication	Number of Callers	Percent of Callers
Newspaper story	148	3.9%	Print Media	386	10.1%
Newspaper ad	158	4.1%			
Flyer from school	8	0.2%			
Flyer from work	43	1.1%			
Flyer from community event	29	0.8%			
TV news story	103	2.7%	Electronic Media	1,688	44.2%
TV ad	1,220	31.9%			
Radio News Story	11	0.3%			
Radio Ad	282	7.4%			
Internet/Website	72	1.9%			
Doctor	104	2.7%	Medical Professional	445	11.6%
Dentist	2	0.1%			
Pharmacist	9	0.2%			
Nurse	19	0.5%			
ACS Office	116	3.0%			
County Health Department	46	1.2%			
Other health care provider	149	3.9%			
Friend	156	4.1%	Interpersonal Communication	275	7.2%
Relative	119	3.1%			
Transferred from NCIC	1	0.0%	Other	912	23.9%
Other	911	23.8%			
Missing	115	3.0%	Missing	115	3.0%
Total	3,821	100.0%	Total	3,821	100.0%

Looking at the response frequencies in Table 5, the first finding that should jump out is the large number of responses (N=1,220, 31.9% of all callers) that refer to TV ads as the source for callers hearing about the Quitline. The second largest source is Other (N=911, 23.8% of callers) and the third largest is Radio Ads (N=282, 7.4% of callers). When the Internet and TV and radio news stories are added to the commercials, the ensuing Electronic Media grouping comes to 1,688, which represents 44.2% of the Quitline callers. This overwhelming number alone should point to the importance of electronic media in providing Quitline information, and suggest that the radio and TV campaigns in Orlando had an impact in motivating callers. Medical professionals make up 11.6% of the referrals to the Quitline, and Print media accounts for 10.1% of the calls. These two findings suggest that the materials distributed by the Quit-for-Life Line made a difference in motivating people to call the Quitline. Finally, Interpersonal Communication accounts for 7.2% of referrals for callers; while this is a relatively small percentage, it, too, points to an important channel of communication – one that is often highly credible and motivating because of the relationship the caller has with the source.

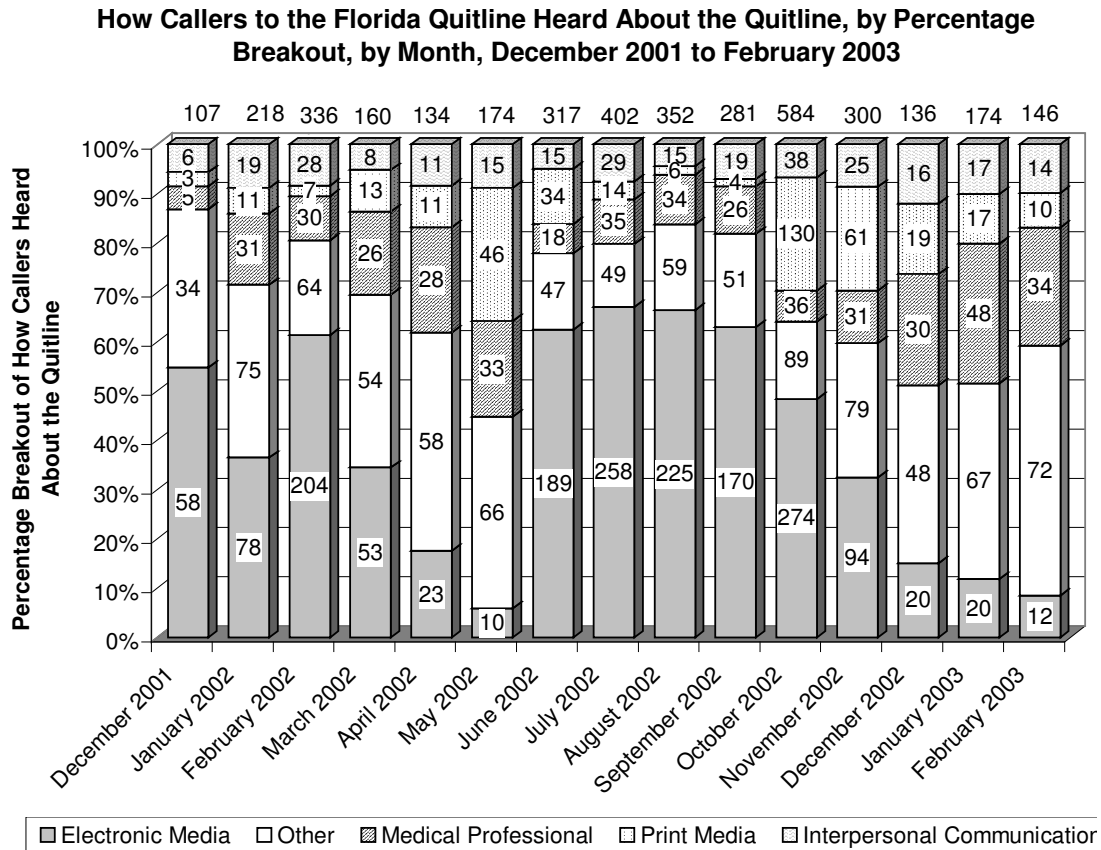
The “Other” category needs some explanation. When the caller cited this category, he or she was prompted to describe the source; 905 callers provided descriptions, many of which replicate other categories. For example, callers mention information from ACS brochures, booklets, pamphlets, TV commercials, and website. Other materials from organizations include pamphlets, brochures, flyers and ads from the AARP, American Heart Association, American Lung Association, Alcoholics Anonymous, American Legacy Association, Blue Cross/Blue Shield, CIGNA, Community Resource Directories, the County Health Department, the Department of Health, a dentist’s or doctor’s office, Dear Abbey columns, hospitals, the Mayo clinic, Medicare offices, Nicoderm and Nicorette packaging, the telephone book, the United Way and the Veteran’s Administration. There were numerous other citations of newspaper and magazine stories, interpersonal referrals and telephone numbers Other sources.

The majority of Other sources are print-based and most often provided by organizations or outlets with which the caller has an interpersonal relationship and that have a stake in the effects of tobacco smoking. The prevalence of this form of information dispersal is highly significant because it serves as a guide for future information campaigns. One of the benefits of this type of communication is that the presence of some form of relationship with the source enhances the credibility of the message, which in turn exerts a positive motivation on the person receiving the information.

Given the high percentage of calls that refer to TV and radio ads, it is instructive to look at the reference to communication sources over the course of the fifteen months covered by this analysis. Figure 30 provides a percentage breakdown of the sources cited by callers, by month. The importance of the electronic media as a source of information is clear in this chart, as it accounts for the majority of citations. The interesting pattern, though is that the electronic media account for a majority of referrals during the months of February, then June through September, when the Quit-for-Life Line was running its media campaigns in Orlando.

Another interesting pattern is the prevalence of Other referrals, especially in those months when the electronic media are not so prominent. During March – May 2002 and December 2002 – February 2003, the Other referrals actually account for more referrals than any other media. There was also a steady number of calls based on referrals from Medical Professionals that fluctuated between 30 and 40 per month. Finally, Print Media played a role in informing callers of the Quitline. In May, for example, and then again in October and November, more than 20% of the callers referred to the print media as their source of information. May was the month that

Figure 30. How Callers Heard About the Quitline by Month, December 2001 to February 2003



the Quit-for-Life Line distributed its press release for World No Tobacco Day, so perhaps some of the calls during that month came in because of newspaper or magazine coverage.

In order to focus in on the effects of the Quit-for-Life Line media campaign, a way to look at its impact is to consider how callers heard about the Quitline telephone number by the region of the state from which calls came in. Figure 31 shows this pattern of calls by regional source of call. The major finding in this chart is the overwhelming number of calls from Orlando referring to electronic media as the source of information. The total frequency of calls from the Orlando area and the information source that they refer to suggest that the media campaign was successful in motivating people to call the Quitline. A second piece of evidence comes in Figure 32, which shows the proportion of calls coming into the Quitline from Orlando, versus the rest of the state, which refer to electronic media as the source of information. During the radio ad campaign in February 83% of the calls came from Orlando. Compare this with the period when the radio and TV campaigns were running from June to September, when between 94% and 98% of all calls came in from Orlando. This type of frequency pattern strongly suggests that the Quit-for-Life Line media campaign was highly successful in motivating people to call the Quitline.

Figure 31. How Callers Heard About the Quitline Telephone Number by Region in Florida

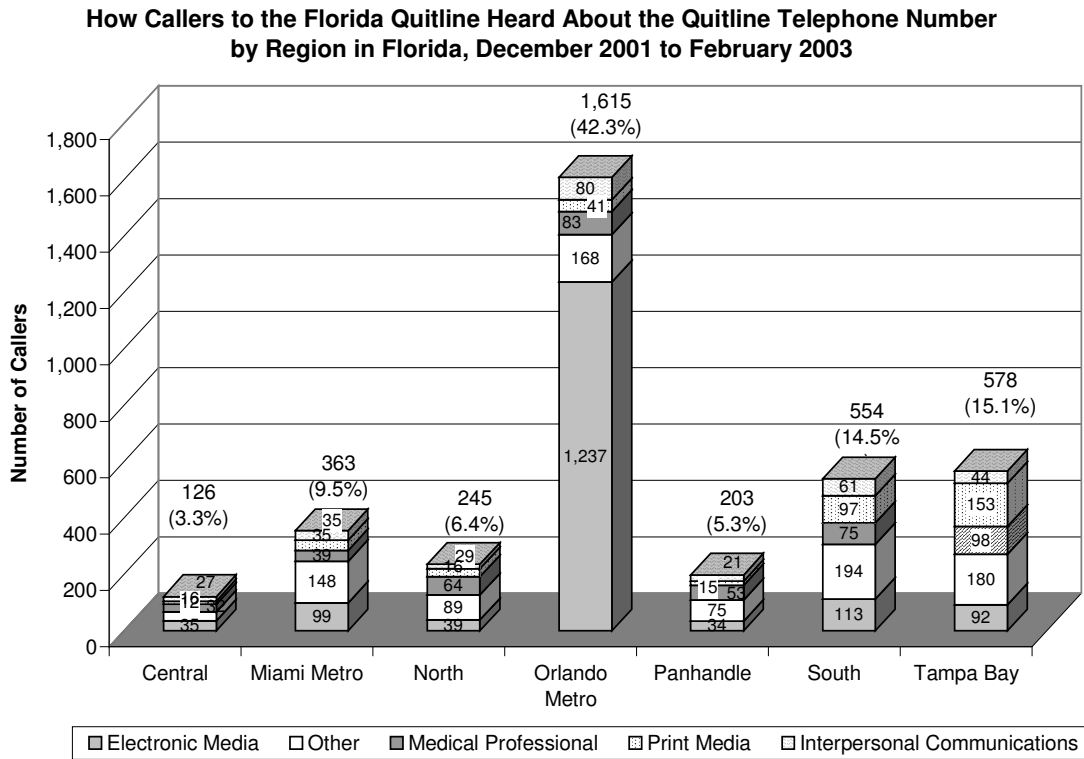
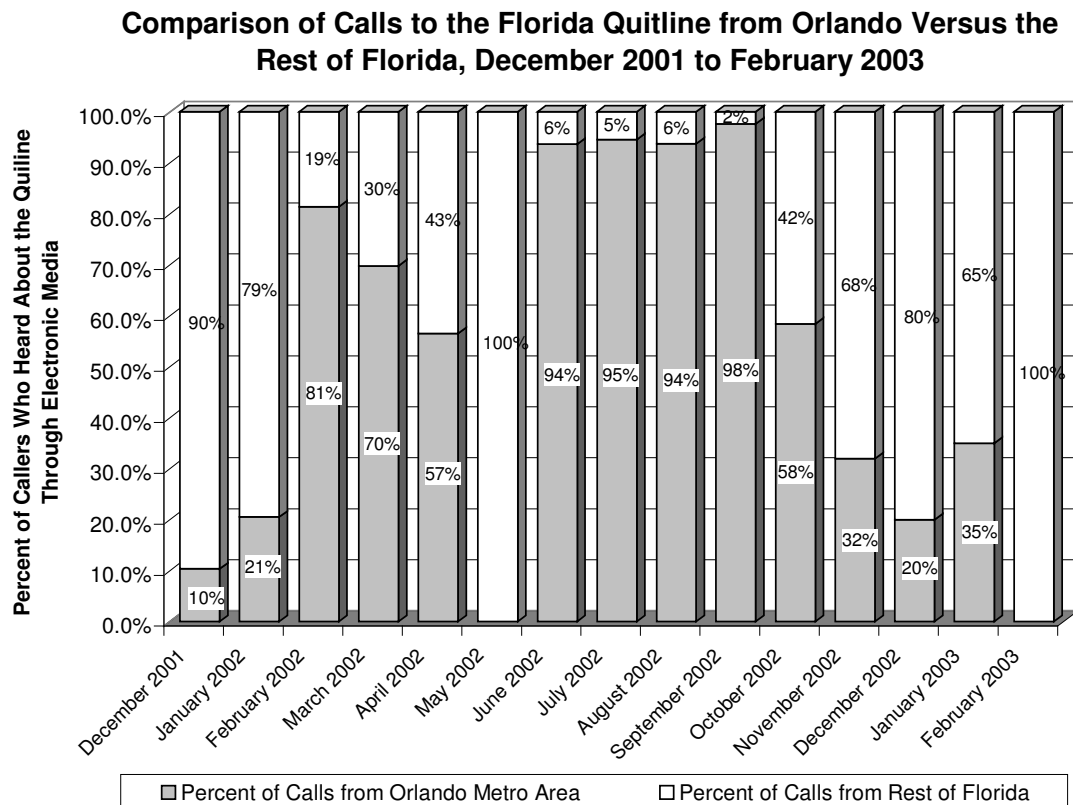
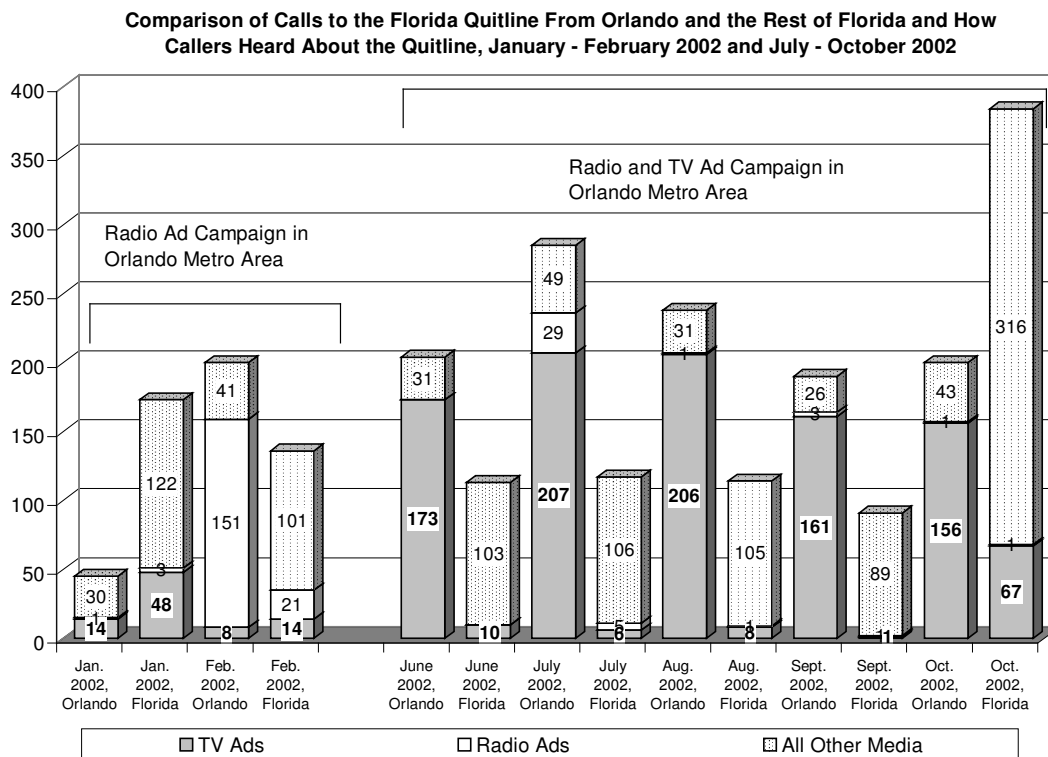


Figure 32. Callers Who Heard About the Quitline Telephone Number by Electronic Media, by Region and Month



A final check of the efficacy of the radio and TV campaign in Orlando focuses on just the radio and TV mentions, compared to all other sources, for just the months of the campaign. Figure 33 presents the results of this query. In this chart, the prevalence of Orlando callers referencing radio ads in February, 2002, provides strong evidence that the radio ads made a difference in that month. January, on the other hand, yielded only one caller who referred to a radio ad, even though ads were playing for three weeks. Another anomaly regarding radio ads is the absence of callers during June who reference radio ads as the source of information, and the small number of callers in July who mention the radio, even though PSAs were being run during those months.

Figure 33. Comparison of Callers Who Heard About the Quitline Telephone Number by Radio and TV versus All Other Media, by Region and Month



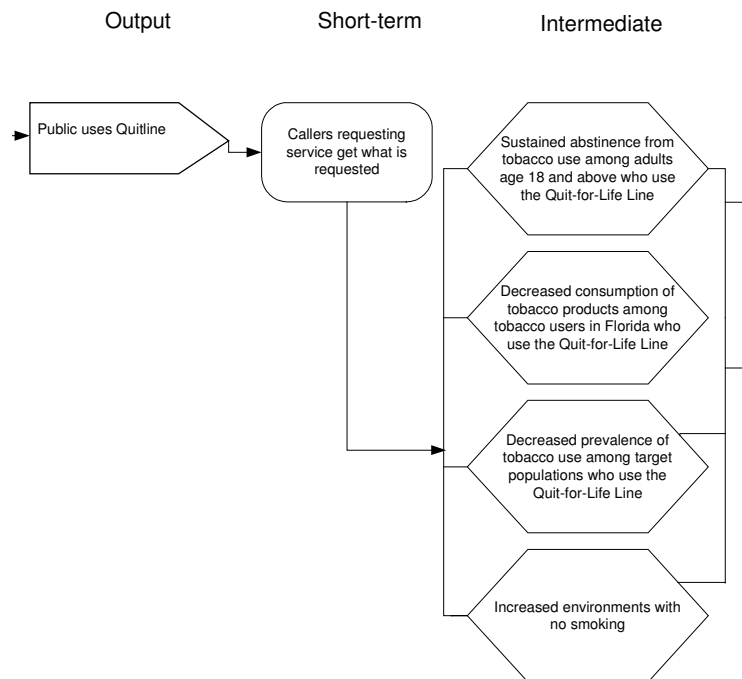
The figures for callers who refer to TV as the source of their information is impressive. The majority of all callers during June through September were located in Orlando, and referenced TV as the source of their information. In October there was a surge of calls from other parts of the state in large part referencing other media, but there were still a good number of calls from the Orlando area referring to TV as the source of information about the Quitline.

One can build up a picture of the way information about the Quitline was disseminated across the state. The most important source of information was from TV ads, followed by radio ads. The next most significant source was through printed materials distributed from health organizations and medical professionals. In each case the information distributed by the Quit-for-Life Line seems to have made its way into the hands of people ready to quit smoking. However, the media campaign in Orlando was by far the most important method of motivating people to call the Quitline.

VI. Smoking Cessation Evaluation Three Months After Calling the Florida Quitline

Once a Florida resident calls the Quit-for-Life Line, he or she receives counseling, referrals to services, coupons for nicotine replacements or self-help materials. The caller is also called back after three months to determine whether he or she was able to quit smoking. The three-month follow-up evaluation is used to validate whether the intermediate goals of the Quitline are being met, as expressed in the Quitline logic model shown in Figure 1. In Figure 34, a subsection of the model is displayed, which relates directly to the 3-month evaluations. In these three sections, the initial call to the Quitline is modeled, followed by a set of services. The expected outcomes of these services are shown in the Intermediate column and include: 1) sustained abstinence, or 2) decreased consumption, 3) decreasing prevalence of tobacco use in target populations and 4) less second-hand smoke.

Figure 34. Section of Quitline Logic Model Related to 3-Month Follow-up Evaluations



Three Month Follow-up Evaluation

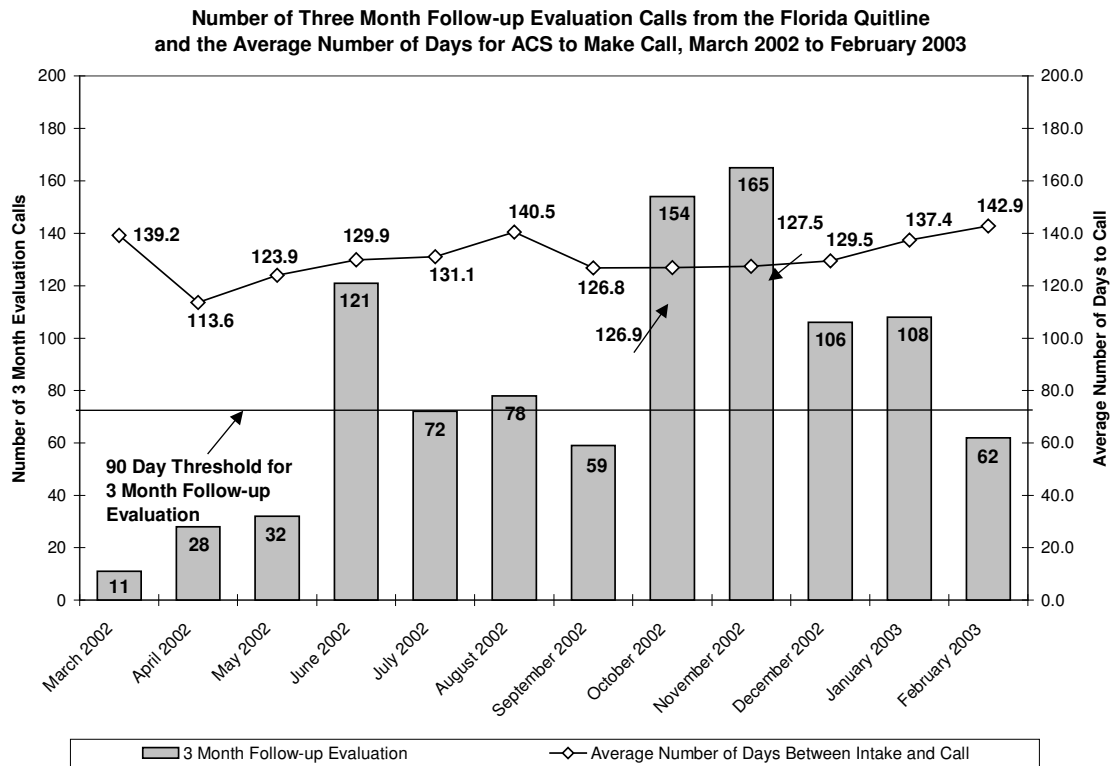
The focus of this analysis of the 3-month evaluations will be to determine whether any of these four intermediate goals were met in the three months following a call to the Florida Quitline. To start, the 3-month follow-up sample will be assessed, then each of the goals will be tested using the evaluation data and the original Quitline data on demographics of callers. Finally, an analysis of the satisfaction section of the 3-month evaluation will be presented.

The protocol for the 3-month evaluation is split into two sections. The first includes questions about tobacco use in the past three months, for example whether the caller used tobacco at all, or stopped smoking for one day or longer, how often did he or she try to quit, how many days did he or she smoke, and how many cigarettes per day did he or she smoke? Next are questions about whether the respondent lives with a smoker, or children under 18, and the

smoking rules of the house. The last questions in the first section deal with coupons for nicotine replacement, medications to help quit smoking and whether the caller's health plan covered the medications. Section two of the 3-month evaluation survey asks a battery of satisfaction questions intended to provide feedback on how the Quitline counseling and help was received.

The staff at the American Cancer Society (ACS) began making calls to Quitline callers in March 2002, three months after the first calls came in. Figure 35 shows the number of calls per month between March 2002 and February 2003. No sampling methodology was provided by the ACS staff, nor is there any information on the total number of call attempts made versus those completed.

Figure 35. Number of Three-Month Evaluation Calls Compared to the Average Number of Days Between the Original Call and the Follow-up Call, by Month

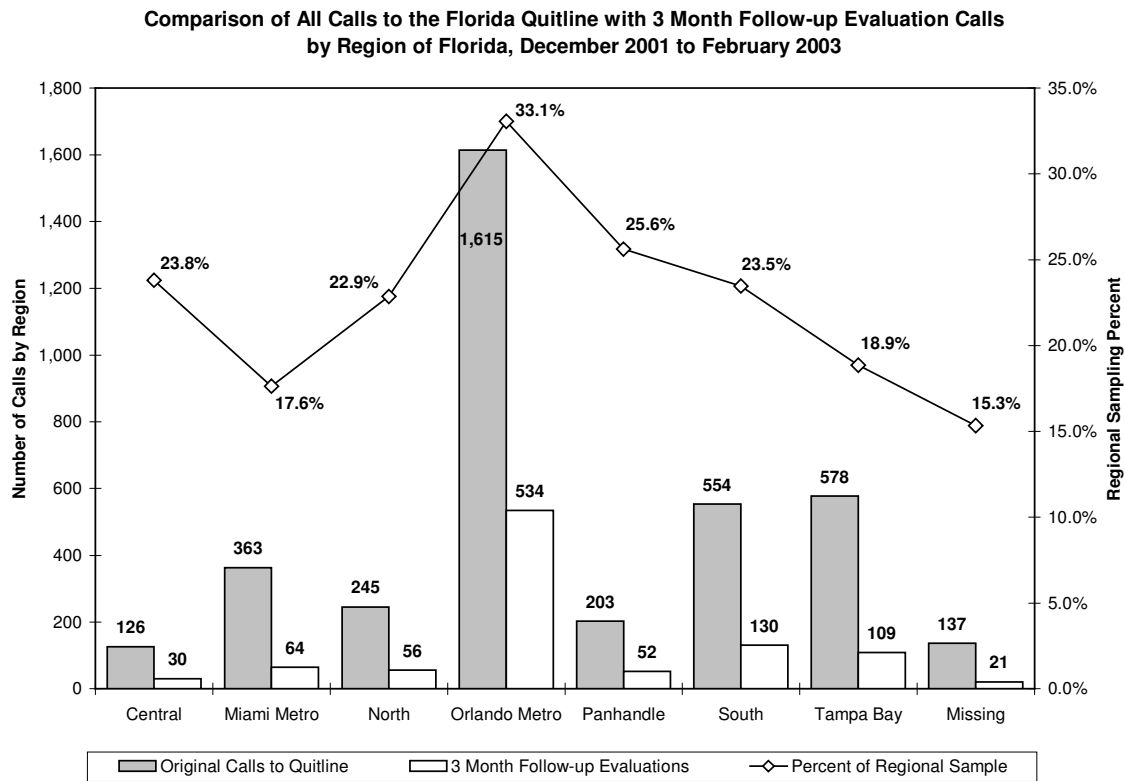


A total of 996 (26.1% of all original calls) 3-month evaluations were conducted over the span of twelve months, with a majority of the evaluations administered between October 2002 and January 2003. The number of callers contacted each month fluctuated as a percentage of all callers who had contacted the Florida Quitline three to four months previously. An accurate percentage match month to month is unlikely since each month of evaluation calls overlaps calls to the Quitline from four to five months before. The average period of time between the original call and the evaluation call was 131 days for all calls, about four months and a week for the follow-up call.

Follow-up calls from the different regions of Florida also varied compared to the location of the original calls. Figure 36 compares the frequency of original calls from each of the regions in Florida with the follow-up calls and the percentage of each region represented in the follow-up

calls. The region with the largest sample of evaluation calls is the Orlando Metro region, in which 33.1% of the original callers received a follow-up call. This percentage changes with the other regions, however, from 26.6% of the Panhandle callers to only 17.6% of the Miami Metro callers. While the over-sampling of the Orlando Metro area is beneficial because that was the site of the anti-tobacco media campaigns, it would also be preferable to sample each of the regions equitably in order to check on regional differences.

Figure 36. Evaluation Calls Compared to Original Calls, by Florida Region



The Quitline callers contacted by the ACS were predominantly smokers, though several had already quit, and a number had originally called for a family member or friend. Table 6 shows the original reason for calling the Quitline, and the response to two questions: “During the past 3 months, have you stopped smoking for one day or longer” and “Have you used tobacco at all?” The significance of this comparison is that one determines an attempt at quitting and the other indicates successful quitting. If the respondent answers ‘yes’ to the first question (N = 608), the intermediate question asks whether he or she has smoked in the past 48 hours. If the answer to this question is ‘no’ (N = 234) then the respondent is asked if he or she has smoked at all. So, the second question in this comparison is a subset of all those respondents who have quit for at least one day, and had not smoked within two days of the evaluation call.

Callers to the Florida Quitline included smokers who called the line ostensibly after quitting or for someone else, as can be seen in the seven smokers who had not quit smoking, but had called in for someone else. The first question, “have you stopped smoking for one day or longer” addresses the goal of decreased consumption of tobacco for Quitline callers. Here it is clear that the majority of respondents (N = 608, 61.0% of all evaluations) were able to quit smoking for at least one day. Of this group, 234 respondents had not smoked in the past two days, and 159 of

them (16% of all evaluations) had successfully quit smoking entirely for the three months. Calling the Quitline appears to make a difference for the majority of callers. While the majority quit smoking at least for a while, a small percentage of respondents quit entirely.

Table 6. Comparison of Callers Success in Quitting Smoking by Their Original Reason for Calling.

Original Reason for Calling the Quitline	During the past 3 months, have you stopped smoking for one day or longer?				Have you used tobacco at all in the past three months?			
	No	Yes	Missing	Total	No	Yes	Missing	Total
Personally quitting Smoking	377	570		947	144	64	741	949
Already Quit	1	2		3	1		2	3
Friends and Family	7	36		43	14	6	23	43
Missing	1		2	3			1	1
Total	386	608	2	996	159	70	767	996

A second way to look at the success of callers in either attempting to quit or quitting entirely is to consider the services they requested from the Quitline when they called. Figure 37 shows the services requested by respondents to the 3-month evaluation, and their ability to quit smoking for one or more days. Respondents requesting counseling are the largest group, at 28.7% of all evaluations. In this group, 187 (65.4%) were able to quit for at least one day. Counseling and Referrals is the next largest group, consisting of 20.0% of all evaluations; in this group 54.8% of all respondents quit for one or more days.

For the rest of the services, between 55% and 65% of all respondents were able to quit smoking for one or more days. From this chart it appears that more than half of all respondents were able to quit temporarily, across all of the services they received, though slightly more appear to benefit from the counseling. This finding suggests that the act of calling the Quitline helped some of the callers decrease their smoking, regardless of the service.

By comparison, Figure 38 shows the original request for services by respondents and whether they were to quit smoking entirely. This group equals that subset of callers who were able to quit for one or more days and had not smoked within 48 hours of the evaluation (N = 234, 23.5% of all respondents). For this group, the type of service provided does appear to make a difference in the respondent's decision to quit smoking. Callers who requested counseling again make up the largest group (N = 66, 28.8% of respondents), followed by those who requested counseling and referrals (N = 30, 13.1%). These two groups make up almost half of all respondents in this sample, which at 96 is still small for anything but exploratory analysis.

Figure 37. Services Requested by Caller to the Florida Quitline and Whether Caller Had Quit for One or More Days.

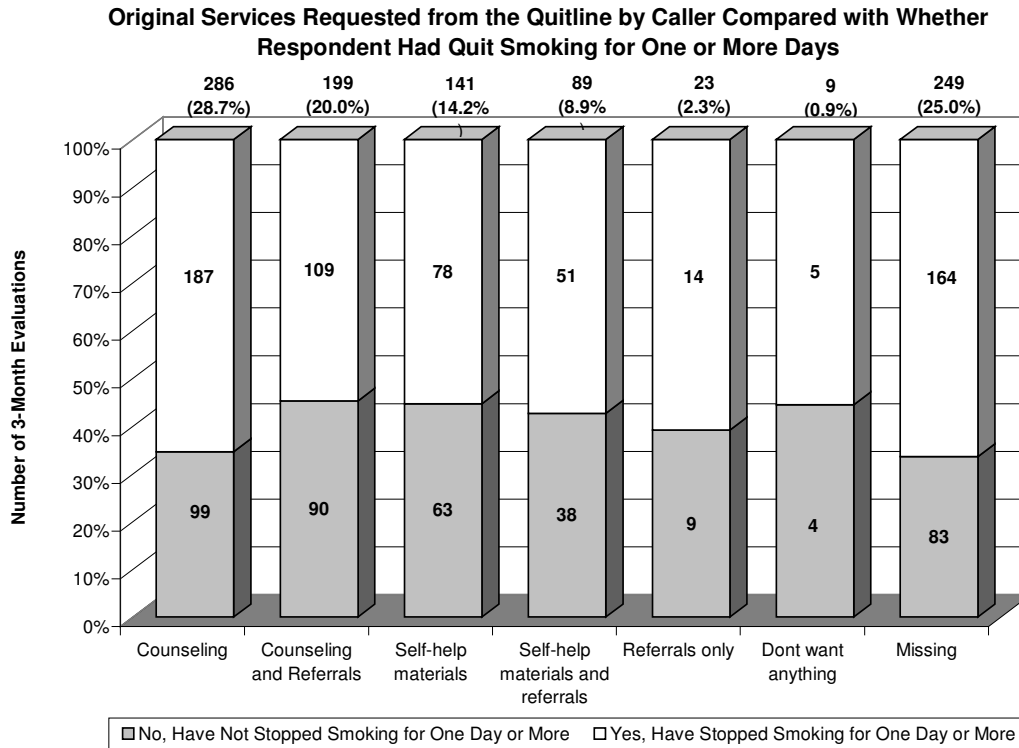


Figure 38. Services Requested by Caller to the Florida Quitline and Whether Caller Had Smoked at All

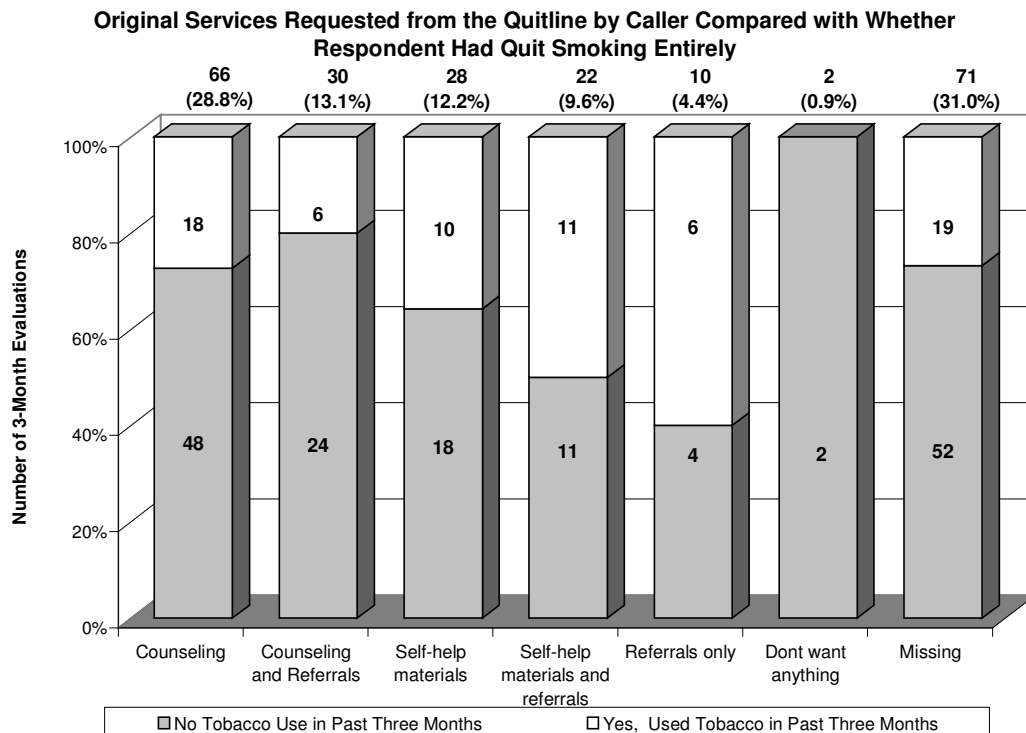


Figure 38 shows that the majority of respondents who quit smoking received either counseling (N = 48, 72.7% of those requesting counseling) or counseling and referrals (N = 24, 80.0% of those requesting counseling and referrals). Compare these high percentages with the lower percentages of respondents who asked for self-help materials (N = 18, 64.3%) or self-help and referrals (N = 11, 50%) and referrals only (N = 4, 40%). It appears that these other services have less of an effect on callers to the Quitline, or conversely, that counseling and counseling joined with referrals leave a lasting imprint on the caller, helping him or her to successfully quit smoking. The numbers in this last analysis are too small to allow for generalization to all callers to the Quitline. However, the findings point to an important result, if it were to hold true for most callers.

Target Populations – Florida Adults Who Smoke

Among the target populations of interest to the Quitline, gender differences and age differences may play the greatest role in determining why people quit smoking. In this section these and other demographic factors are analyzed to determine what role they do play in helping people quit smoking.

Gender of Adult Floridians in Smoking Cessation

ACS staff completed evaluations for 588 women (59.0% of evaluations) and 384 men (38.6% of evaluations), which closely approximates the proportion of each gender originally calling the Quitline. When respondents were asked if they had stopped smoking for one or more days in the past three months, 63.6% of women (N=374) and 58.1% of men (N=223) replied in the positive, as shown in Figure 39.

Figure 39. Success at Quitting and Smoking Behaviors by Gender

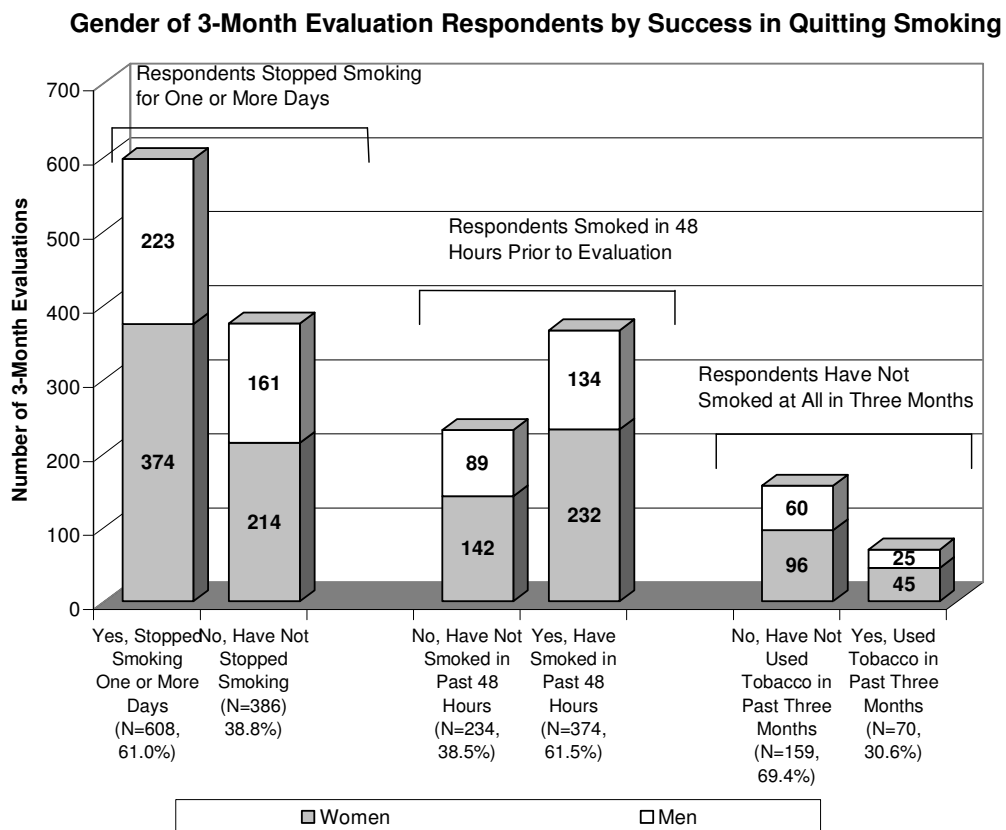
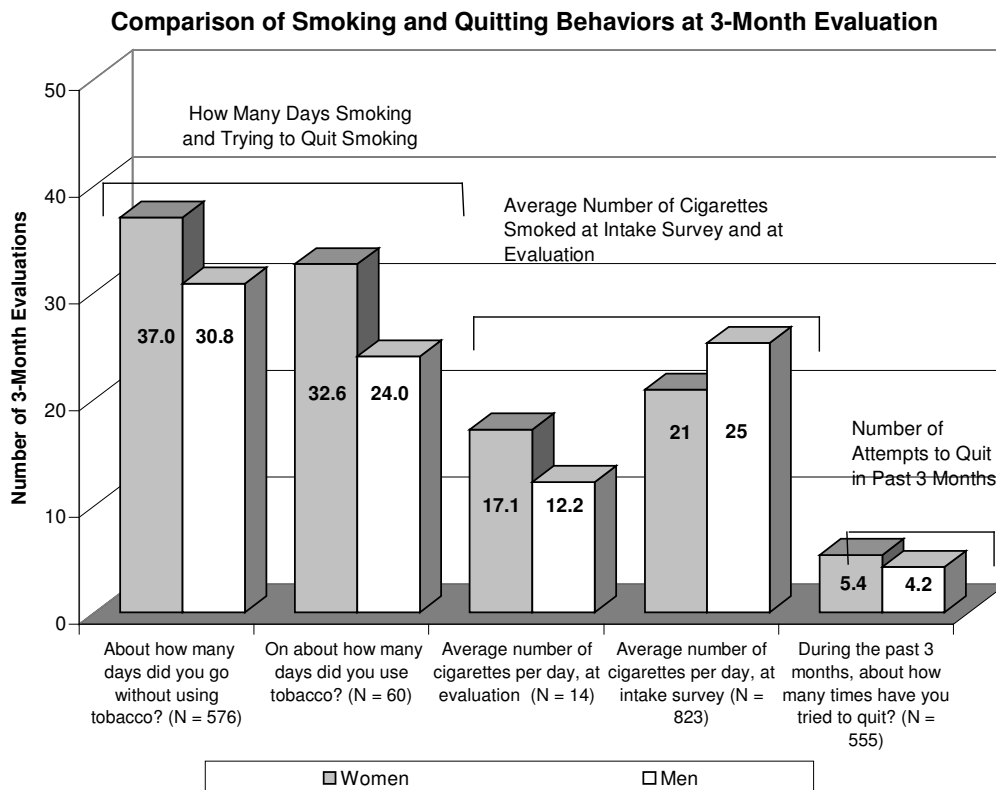


Figure 39 shows that an equal proportion of men and women were able to stop smoking for a some amount of time during the three months between their call to the Quitline and the call back for evaluation. An equal proportion of men and women were also able to continue not smoking as 38.0% of women (142) and 39.9% of men (89) had not smoked within 48 hours of the 3-month evaluation. The same holds true for quitting smoking, where 68.1% of women (96) and 70.6% of men (60) had not smoked in the three months since they called the Quitline. The percentage of women and men who quit smoking entirely was also equal compared to their gender, with 16.3% of women, and 15.6% of men quitting smoking.

While only a small percentage of callers to the Quitline actually succeeded in quitting smoking for the three months, a larger proportion was successful in making an attempt to quit smoking and in reducing the amount of tobacco consumed. Figure 40 shows three sets of comparisons, by gender. The first is a comparison between the average number of days the respondent went without smoking or did smoke during the three months. The second comparison is between the average number of cigarettes smoked at the time of the original Quitline call versus the average number smoked at the time of the evaluation. The last comparison relates to attempts to quit smoking. Each sample is drawn from those respondents who answered 'yes' when asked if they had quit smoking for one or more days.

Figure 40. Comparison of Smoking Behaviors and Quit Attempts at the 3-Month Evaluation, by Gender



The first set of comparisons in Figure 40 consists of how many days the respondent quit smoking versus how many days he or she smoked between the first call to the Quitline and the 3-month evaluation. Women outpaced men at quitting smoking, going for about a week longer (37 days) than the men (30.8 days). In either case, though, men and women quit smoking for a

month during this period, indicative of a reduction in smoking behaviors, assuming each smoked every day when he or she called the Quitline. Men also smoked more than a week longer than the women, at 32.6 days compared to 24 days. Finally, women made more attempts to quit smoking than men, at 5.4 times to the men's average of 4.2. As self-reported frequencies, though, these numbers could be too close to make much difference. Note, too, that the low number of respondents to this question make any generalizations from these findings unreliable.

The second set of comparisons looks at the average number of cigarettes smoked by men and women. The first comparison is taken from the 3-month evaluation as described above, the sample for second comparison is taken from the Quitline intake survey data. It should be noted that the low number of respondents on the evaluation survey make these findings preliminary only. On the intake survey women smoked an average of 21 cigarettes per day; at the time of evaluation they smoked an average of 17.1 cigarettes per day. This finding equates to a reduction of four cigarettes per day. For men the change is even more dramatic. At the time of the intake survey, men smoked an average of 25 cigarettes per day, but the sample at evaluation smoked only 12.2, which is a reduction of 13 cigarettes per day. In sum, there is a tendency for callers to smoke less in the first three months after calling the Quitline.

Age of Adult Floridians in Smoking Cessation

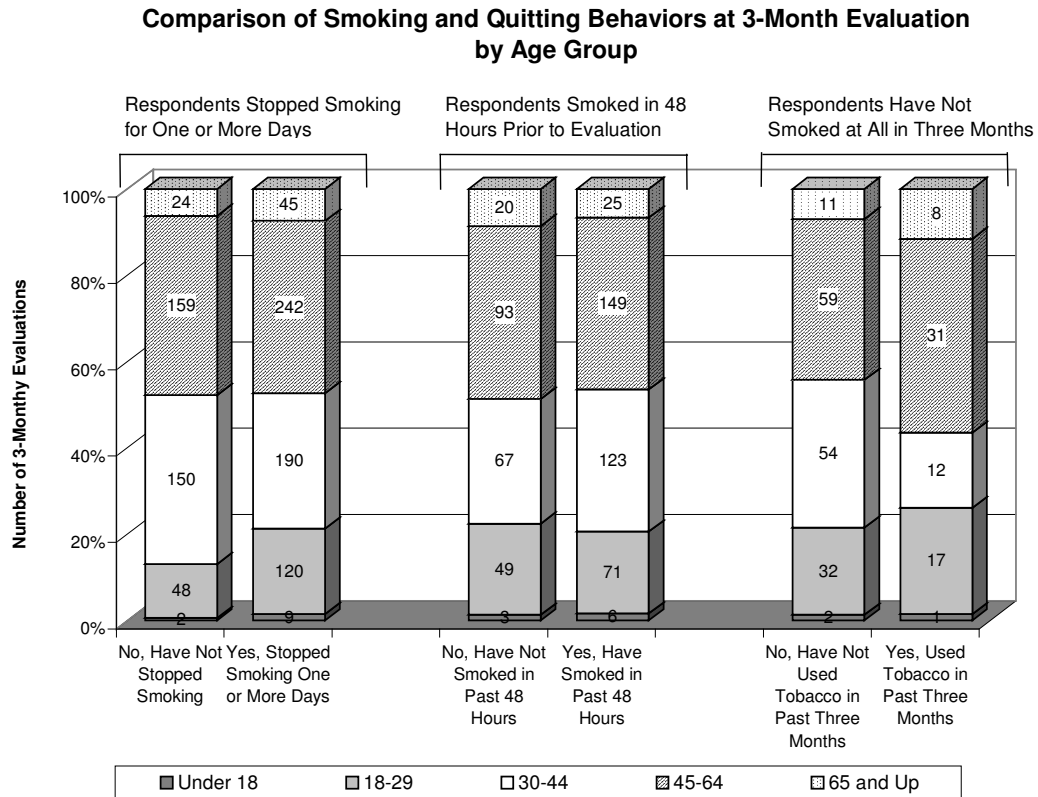
The comparison of the quitting and smoking behaviors of different age groups is a bit more complicated than comparing by gender, and not helped by the generally low numbers. The age breakout of respondents called during the 3-month evaluation is shown in Table 7. In this table the age group percentages of respondents called for an evaluation is fairly close to within a few percentage points as the percentages in which they called the Quitline originally. This indicates a considered approach to the evaluation sampling, which is a good sign. It should be noted, again, that the relatively low sample numbers in some age groups make it difficult to come to any strong conclusions.

Table 7. Breakdown of Age Groups Called at 3-Month Evaluation

During the past 3 months, have you stopped smoking for one day or longer?		
Age Group	Total Respondents	Percent of Respondents
Under 18	11	1.1%
18-29	168	16.9%
30-44	340	34.1%
45-64	401	40.3%
65 and Up	69	6.9%
Missing	7	0.7%
Total	996	100.0%

The respondents' ability to stop smoking one or more days, is similar across all age groups. Figure 41 shows the comparisons between quitting smoking for one or more days, smoking within 48 hours of the evaluation interview and attempts to quit. The 18 to 29 year old age group (N=120) had the largest percentage, with 71.4% of them quitting for one or more days. The 45 to 64 year old age group had 60.3% of its sample (N=242) stop smoking while the 30 to 44 year old age group had 55.9% of its sample (N=190) quit for one or more days. All three show a majority of each age group able to reduce smoking.

Figure 41. Success at Quitting and Smoking Behaviors by Age Group

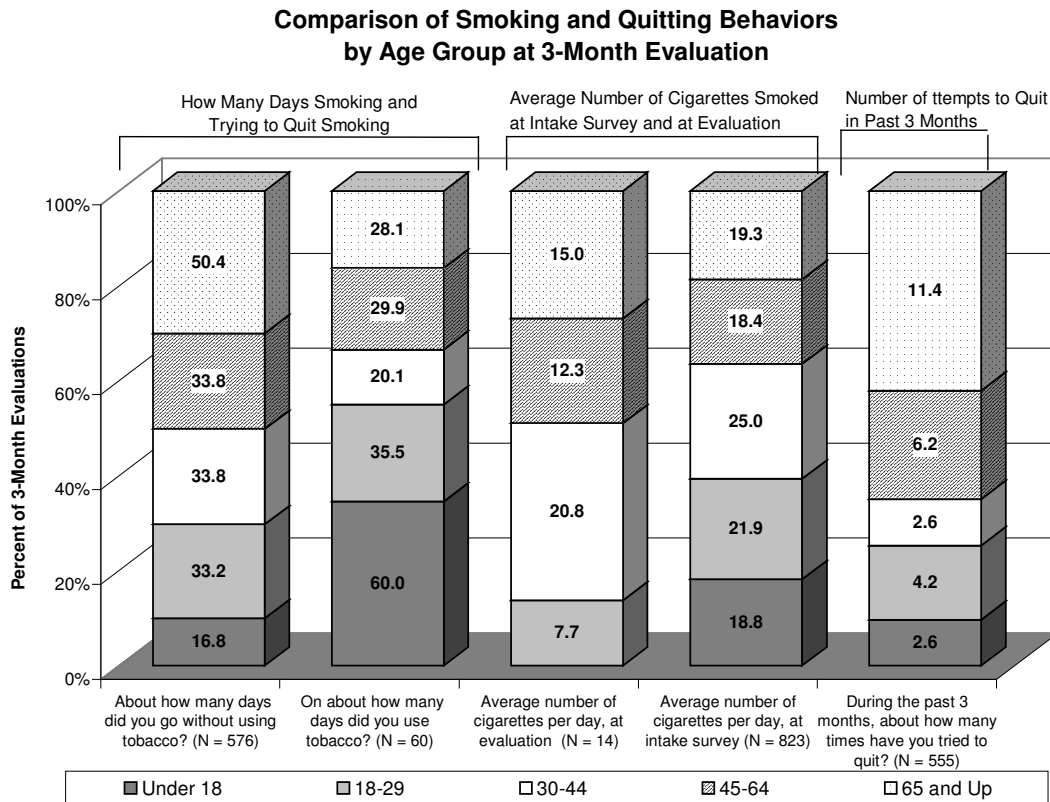


In answering the question whether they had smoked within 48 hours of the evaluation interview, each age group showed a similar proportion of respondents. Between 35% and 40% of the three middle age groups had not smoked within 48 hours of the call. In the final comparison of not smoking at all, there does appear to be a difference in age groups among those who have successfully quit, though sample sizes are very low. The 30 to 44 year old age group had the largest percentage of respondents, at 81.8% not smoking at all. Both of the other age groups came in 15 percentage points lower, both at 65% of their group who had quit smoking. Other than these differences, age does not appear to make much of a difference when it comes to quitting smoking.

When it came to describing efforts to quit smoking, age difference again made little difference, as shown in Figure 42. Each of the middle three age groups were able to go without smoking for about 33 days, more than a month. When it came to days smoking, though, the 30-44 year old age group set the record at 20.1 days, whereas the other two age groups smoked between 29.9 and 35.5 days in the four month period between original call and follow-up

evaluation call. As for the average number of cigarettes smoked, there was a general reduction of between four and six cigarettes per day in all age groups. Finally, the number of attempts to quit ranges from 3 to 6 for all age groups, with the two older age trying to quit more often than the other age groups. In sum, though, there appears to be little difference between age groups when it comes to attempts to quit smoking. Respondents at all ages have made similar efforts and have reduced their tobacco use to similar extents.

Figure 42. Comparison of Smoking Behaviors and Quit Attempts at the 3-Month Evaluation, by Age Group



Race/Ethnicity of Adult Floridians and Smoking Cessation

The sampling of the Quitline population by race/ethnic background was successful in matching the percentages of each race/ethnic group among the callers to the Quitline. A breakdown of the sample is shown in Table 8, where the percentage of Blacks and Hispanics is within a percentage point of the relative proportion at the time of the original call. At 67.4%, only the White group is over-sampled relative to the Quitline population, though the difference might be in the high number of “missing” responses to race/ethnicity. One downside of this evaluation sample is the very small numbers of non-White groups. There are only 74 Black respondents and 51 Hispanic respondents.

When asked if they had quit smoking for one or more days, 66.2% of Blacks answered positively, compared to 61.3% of the Whites and only 51.0% of Hispanics. Of the group that quit for one or more days, 31% of the Blacks and Hispanics had not smoked within 48 hours of the evaluation call, compared to 39% of the Whites. However, the percentage of respondents in each race/ethnic group to quit smoking entirely came to 16% of the entire sample for Whites

and Blacks and 12% for Hispanics. These percentages suggest that race/ethnicity does not play a major role in why a person will quit smoking.

Table 8. Breakdown of Race/Ethnicity of Respondents Called at the 3-Month Evaluation

Race/Ethnic Background of Respondents to the Quitline's 3-Month Follow-up Evaluation			
Race/ethnicity of Respondent	Respondents to Evaluation	Percent at 3-Month Evaluation	Percent at Time of Quitline Call
White	671	67.4%	55.0%
Black	74	7.4%	6.5%
Hispanic	51	5.1%	5.9%
Asian	6	0.6%	0.3%
Native American	13	1.3%	0.9%
Other	30	3.0%	2.6%
No answer	151	15.2%	28.8%
Total	996	100.0%	100.0%

Department of Health Employees and Smoking Cessation

Thirteen Department of Health and County Health employees were called during the 3-month evaluation out of the original 58 who called the Quitline; ten were DOH employees and the other three worked for the county health department. Half of the DOH employees (5) were able to quit one or more days, and all of the county employees. Three of these had not smoked within 48 hours of the evaluation call, and none of them successfully quit smoking.

At-Risk: Pregnant Floridians and Smoking Cessation

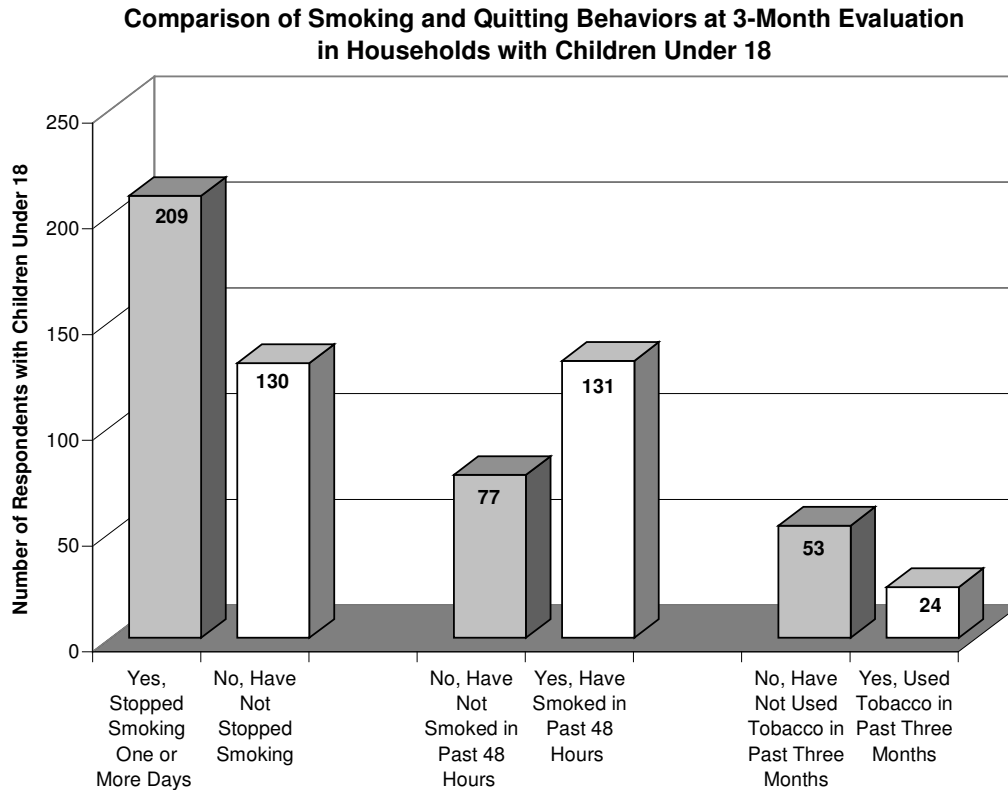
Pregnant smokers are an important at-risk group. In the Quitline intake survey sample there were 54 pregnant women who called in. ACS staff contacted 13 pregnant women in the 3-month evaluation. Twelve of the pregnant women were able to quit smoking one or more days after calling the Quitline, and seven of these had not smoked within 48 hours of the call. These seven successfully quit smoking, too. This is a 54% success rate, which is much higher than with any other group in the sample.

At Risk: Children Under 18 at Risk of Environmental Tobacco Smoke

Another important at-risk group includes children under 18 with an adult smoker in the house. In the sample of calls to the Quitline, 937 households had children under 18, or 26% of all callers. In the 3-month follow-up evaluation, ACS staff contacted 339 households with children under 18, a population that equals 36.2% of the evaluation sample. Of these households, 32 respondents who had answered 'yes' to having children under 18 during their call to the Quitline, answered 'no' when called for the evaluation. While small, this group

represents a percentage of error in the sample that should not exist. Figure 43 shows the success that adults with children under 18 had with quitting smoking before the evaluation.

Figure 43. At-Risk Population of Children Under 18 and Success in Quitting by Adults in Their Household

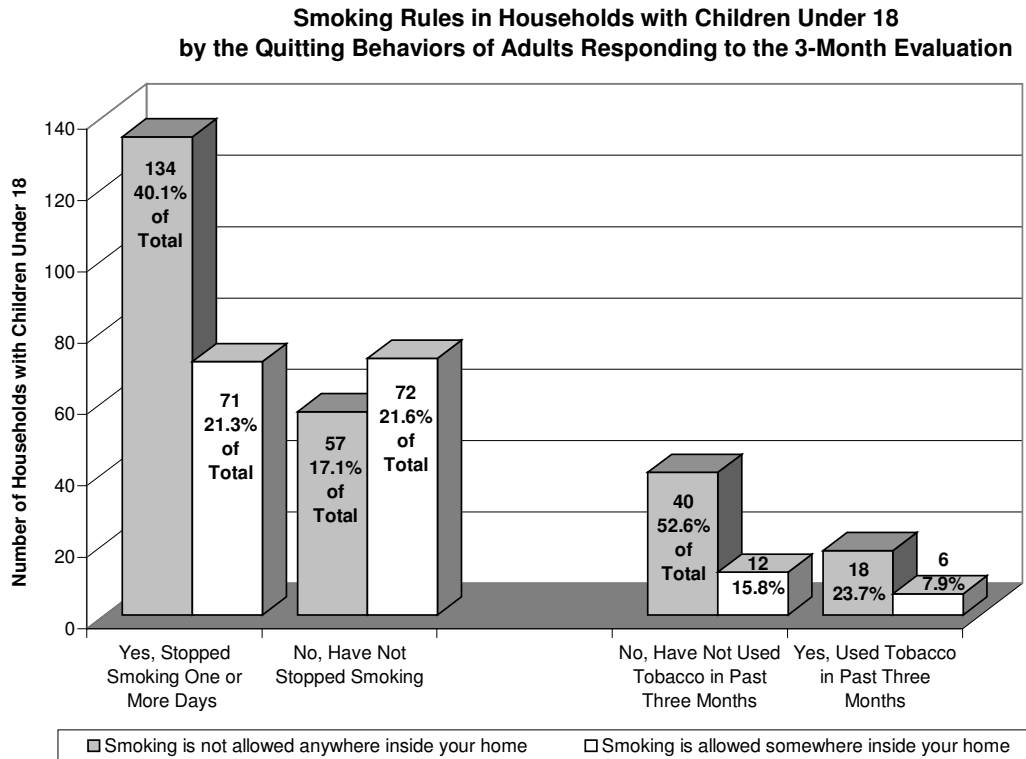


In households with children under 18, 61.7% (209) of the adults stopped smoking for one or more days between their call to the Quitline and the 3-month evaluation. Of these, 77 had not smoked in the past 48 hours before the evaluation call. When asked if they had smoked at all, 53 (15.6% of households with children under 18) answered that they had quit entirely. The percentage of respondents quitting smoking is in line with the percentages already presented among gender and age groups. From this finding one can extrapolate that about 95 children live in families where one adult has quit smoking, thus reducing the risk of second-hand smoke for those children.

Another way to estimate the risk of second-hand smoke is to consider the smoking rules in households with children under 18. Adults who give up smoking reduce the risk of second-hand smoke, as do adults who change the rules of smoking in the house. Unfortunately, the results of the question concerning smoking rules during the 3-month evaluation yielded results that were at variance with the rules recorded during the call the Quitline. For example, 19% (53) of respondents who answered that smoking was not allowed in the house, now allow it somewhere. Another 53% of households that did allow smoking somewhere do not allow it now; of that group 17% allow smoking anywhere. Given the variety of changes between the smoking rules as described during the intake survey and the rules as given during the 3-month evaluation, it is probably best to take the new smoking rules at face value, and try to determine how many children have their risk of second-hand smoke reduced. Figure 44 shows the

smoking rules for respondents who have quit smoking one or more days, and for those who have quit entirely, comparing households that do not allow smoking anywhere and those that do.

Figure 44. Comparison of Smoking Rules in Households with Children Under 18 and Adults Have Tried to Quit



In this chart the majority of respondents (N=205, 61.4%) with children under 18 in the household tried to quit for one or more days, as was the case with other target populations. Of this group, 40.1% (134) do not allow smoking in the house, while 21.7% (71) do allow smoking in the house. In this circumstance, approximately 240 children have a reduced risk of second-hand smoke (based on an average of 1.8 children per family) because smoking is not allowed in the house and at least one adult has taken steps to quit. Another 102 children live in homes in which the parent did not stop smoking, but the household rules do not allow any smoking in the house.

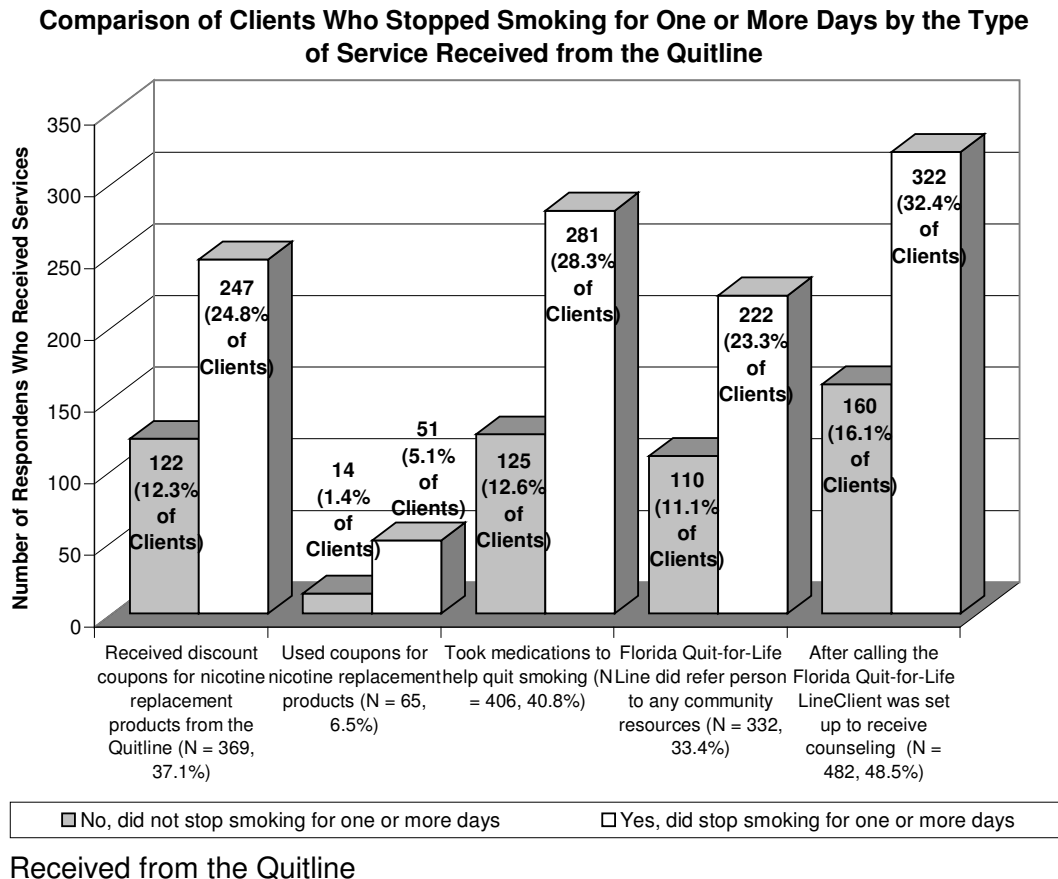
Among the respondents who had not smoked within 48 hours of the evaluation, 68.4% (52) had quit smoking entirely after calling the Quitline. This number equates to 15.5% of all households with children under 18 that have adults who have quit smoking. About half of these households do not allow smoking anywhere in the house; another 15.8% allow smoking in the house, but unless there is another smoker, children should see reduced risk of second-hand smoke here. And even in the households in which adults did not quit smoking, 23.7% do not allow smoking. From these numbers we can estimate that 104 children definitely have a reduced risk of second-hand smoke, and another 54 have a somewhat reduced risk of second-hand smoke.

Services Provided by the Quitline and Success in Smoking Cessation

During the 3-month evaluation, clients were asked about the services they received. The responses provide an interesting perspective on the provision of services by the Quitline staff. Out of all the clients evaluated, 48.5% (482) received appointments for counseling, 37.1% (369) received discount coupons for nicotine replacement coupons and 33.4% (332) received community resource referrals. Only 17.6% of the clients who received coupons (65 out of 369) used them.

When the services provided by the Quitline are compared to the success that clients have in quitting smoking, some interesting associations appear. Figure 45 shows a comparison of those clients who received services from the Quitline with their success in stopping smoking for one day or more. (Clients who did not receive the services are not included in this chart.) The chart shows clearly that the majority of clients who received services, or who used pharmacotherapy services, did stop smoking for one or more days between the original Quitline intake survey and the follow-up call three months later.

Figure 45. Clients Who Stopped Smoking for One or More Days by the Type of Service



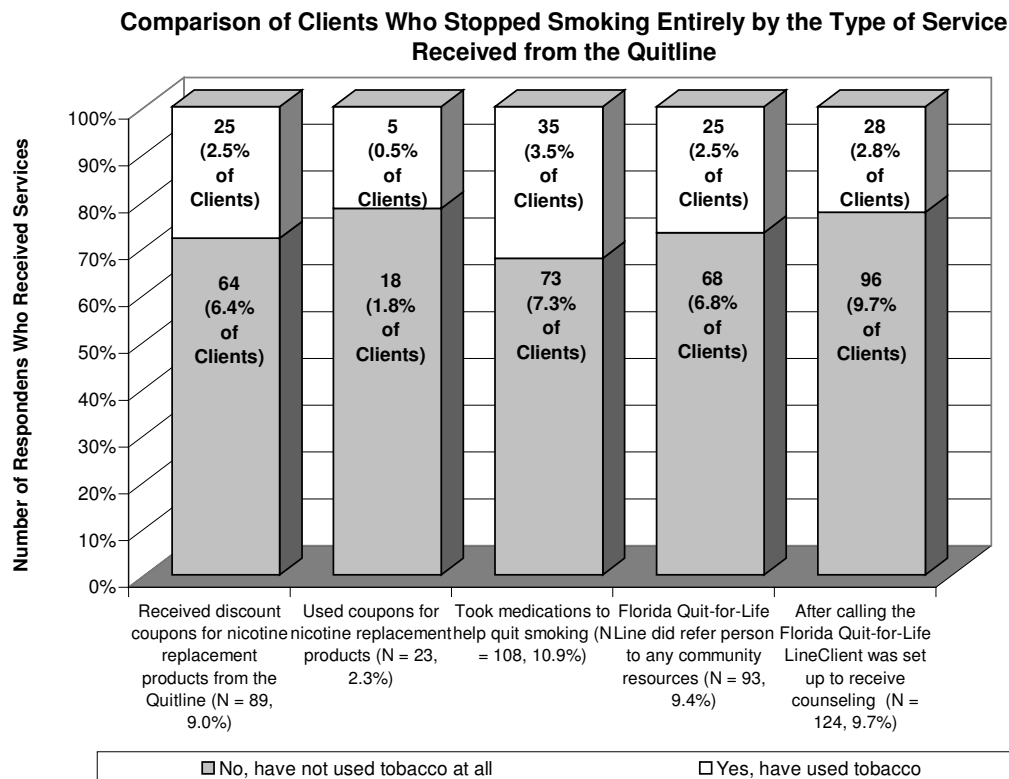
One finding about the Quitline clients who stopped smoking for one or more days is that an equal percentage of them received each Quitline service: 66.9% of the clients who received coupons for nicotine replacement products succeeded in quitting temporarily; 66.9% of clients who received community referrals quit smoking temporarily; and 66.8% of those who received

counseling appointments did, too. Clients who used pharmacological treatment had an equal success. Even though very few of the clients who received coupons used them, 78.5% of those who did use the coupons (51) stopped smoking for one or more days, as did 69.2% of those who took medications (281).

A final finding is that the when each relationship between Quitline Services and smoking reduction is tested using the chi square statistic, several of the relationships are shown to be statistically significant. The relation between quitting smoking for one or more days and the client receiving discount coupons is significant at $p < .003$; and likewise, its relationship to the client receiving a counseling appointment is significant at $p < .008$. In like kind, relationship between clients who took medications to quit smoking and their temporary cessation was statistically significant at $p < .000$. Each of these significant relationships points to the success of the Quitline services in helping Florida residents reduce the number of cigarettes they smoke.

The number of people who actually quit smoking is much smaller in number than those who merely stopped temporarily. However, Quitline services also play an important role in helping clients quit, as shown in Figure 46. In this chart, it is clear that between 60% and 70% of all clients who received Quitline services and were asked if they had used tobacco at all during the 3-month evaluation indicated that they had not smoked in that time. This suggests an important relationship between Quitline services and clients quitting smoking. When tested statistically, however, only one Quitline service had a statistically significant finding, but that one is very important. The relationship between clients who received counseling and who quit smoking is $p < .000$. This finding means that there is an important relationship between counseling and smoking cessation, and that Quitline counseling plays an important role in clients quitting smoking.

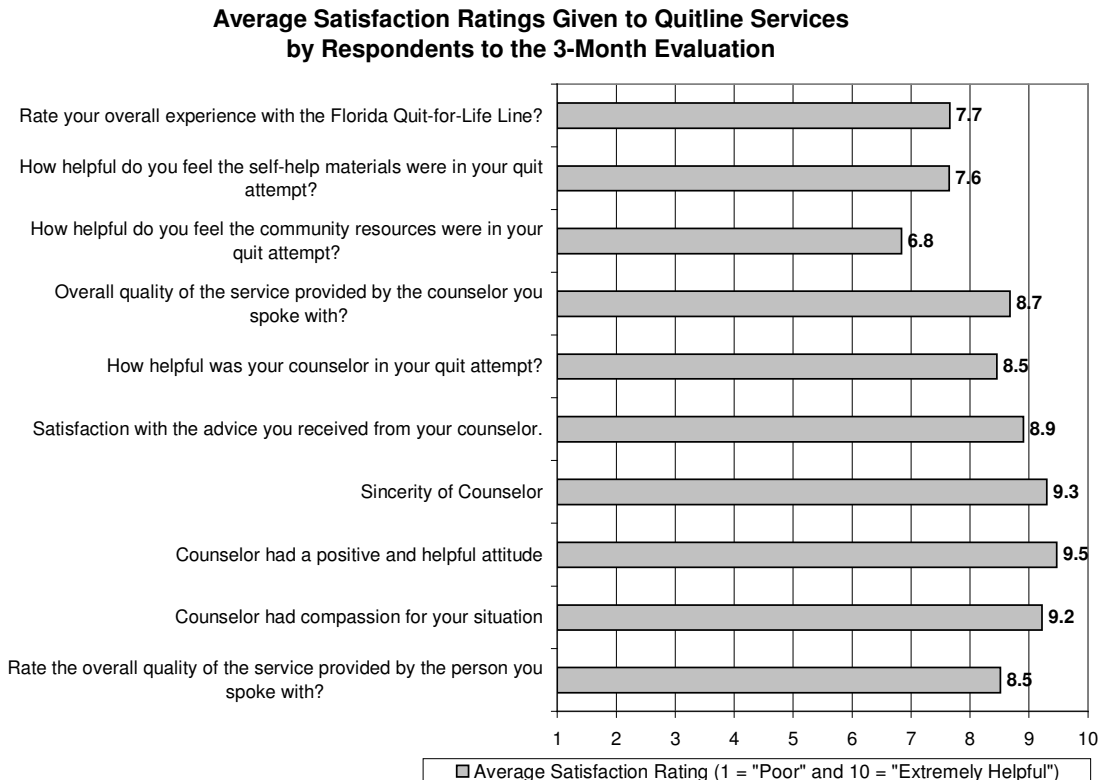
Figure 46. Clients Who Stopped Smoking by the Type of Service Received from the Quitline



Satisfaction with the Quitline

At the end of the 3-month evaluation survey, respondents were asked a battery of satisfaction questions, asking them to indicate their satisfaction with the Florida Quitline. They were also asked if they would use the Quitline again, and whether they would recommend it to others. Figure 47 shows the average satisfaction rating given to the Quitline by respondents. The satisfaction questions asked the respondents to assess Quitline services by rating them a 1 for “poor” service and 10 for “extremely helpful” service.

Figure 47. Responses to Quitline Satisfaction Questions



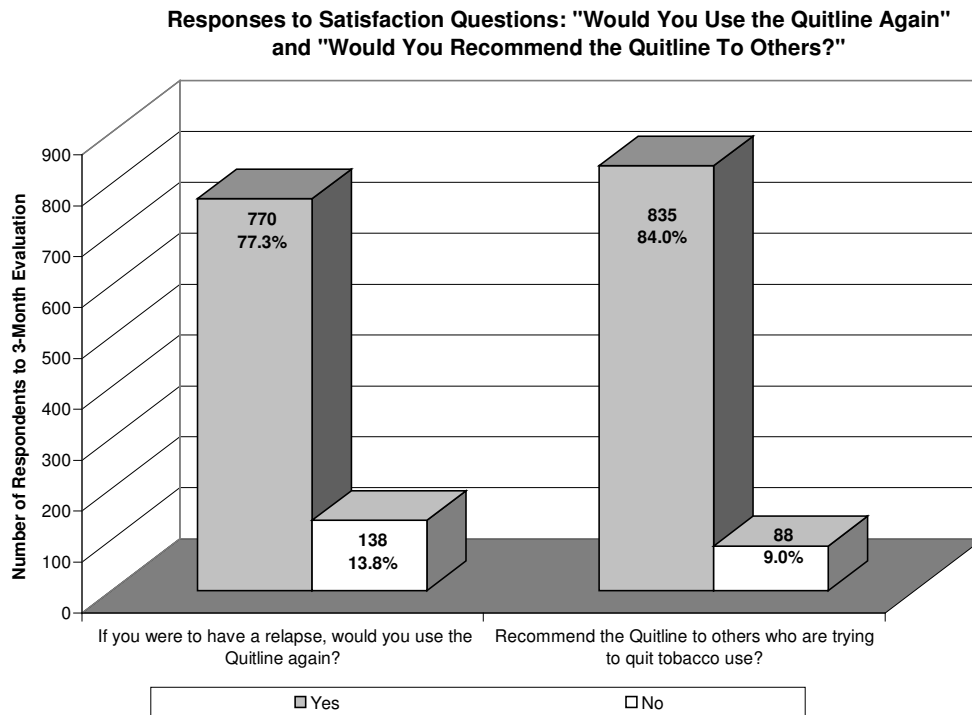
The satisfaction section of the 3-month evaluation survey ask respondents to rate the Quitline on a number of dimensions: helpfulness of the resources provided; aspects of their counseling experience such as their perceptions of the counselor's attitude, sincerity, compassion, helpfulness and overall quality of service; and finally, the respondents could rate the quality of service of the Quitline, as exemplified by its staff on the telephones.

With a 10 point range between the worst and the best rating, the mid-point tends to be a neutral point, with the positive or negative response gaining in intensity as one goes further toward one or ten from that midpoint. In Figure 48 the smallest average estimate is 6.8 for the “helpfulness of community resources.” The highest rating is given to “counselor has a positive and helpful attitude” with a 9.5 rating. This high rating is followed by several others such as 9.3 for “sincerity of counselor” to an 8.5 rating on the counselor's helpfulness. All of these are in the upper range of positive estimates of the counselor and Quitline services. The ratings of the Quitline services in general are somewhat lower, with a 7.7 rating for “overall experience with the Florida Quit-for-Life Line” and an 8.5 rating for the “overall quality of service provided by the

person you spoke with.” As an overall estimate of the Quitline services, a 7.7 is still in the “good” range, in part because those services included some that were outside of the Quitline’s control, such as self-help materials and community services. All told, the respondents were satisfied with the Quitline services.

A final set of questions asks the respondents whether they would use the Quitline services again, or would recommend them to a friend. The results are shown in Figure 46, which compares the ‘yes’ and ‘no’ answers to both of the questions posed.

Figure 48. Whether Respondent’s to the 3-Month Evaluation Use the Quitline Again or Recommend It to Their Friends



In response to the question “would you use the Quitline again,” 77.3% of the respondents answered positively. When asked if they would “recommend the Quitline to others” the respondent’s answered even more positively, with 84% voting ‘yes.’ Both of these questions were answered by about 900 people responding to the evaluation. The message is a clear endorsement of the quality and helpfulness of the Florida Quitline.

VII. Assessment of the Florida Quitline, December 2001 to February 2003

This section assesses the effectiveness of the Florida Quitline in three different 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. The third assessment deals with the effectiveness of the Quit-for-Life Line media campaign in Orlando during 2002.

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

The Department's 2002-2003 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 and the 3-month follow-up evaluations. In general the American Cancer Society staff and the Quitline in general have been successful providing services in the past year and a half. The target number of people called the Florida Quitline, and the data indicate that 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 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. The ACS Quitline staff conducted 996 follow-up evaluations at three months following the call to the Quitline, and 355 six-month evaluations.

Florida residents call the Quitline from all regions of the state, evidence that the availability of the Quitline is recognized everywhere. People of all ages call the Quitline, showing that the services are of value to young and old. When asked, Quitline callers rate the services positively,

and rate the ACS counseling staff as excellent. The goal of establishing a Quitline as a public utility is successfully reached.

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

The ACS contract with the Department of Health requires the ACS to answer calls to the Quitline from at least 4,000 Florida residents, and to offer referral and counseling services to all of these callers. Between December 2001 and February 2002 3,996 Florida residents called the Florida Quitline. From June 2002 to June 2003, 3,269 Floridians will call the Quitline (estimating calls for June 2003). This averages out to 251 callers per month during fiscal year 2002-2003, with 95.6% of callers (3,281) receiving services to help them quit smoking.

Regionally, there was a concentration of callers from the Orlando Metro area, who accounted for 40.4% (N = 1,615) of all callers. Such a concentration from one area suggests that the rest of the state is less represented in the Quitline. However, the large number of calls from the Orlando areas correlate with several months of anti-smoking media campaigns in that area. This provides evidence of the positive effects of communication campaigns to motivate Florida residents to call the Quitline. If budget were available to conduct media campaigns in other parts of the state, there is reason to expect that more calls would come from those areas, too. Hence, if more efforts were made to inform Florida residents about the Quitline, the volume of calls should rise across the state.

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

Data from the Quitline call records indicate that the Florida Quitline does help people to quit smoking. Among the callers who completed the intake survey, 79% (N = 3,017) indicated that they wanted to quit smoking, and 69.6% (N = 2,660) indicated that they would be willing to quit smoking within 30 days. These figures suggest that the majority of Floridians who called the Quitline were contemplating quitting smoking.

The three-month follow-up evaluations showed that 16% of the people contacted (N = 159) had abstained from smoking for the period between their call to the Quitline and the follow-up call from ACS staff. If this percentage were extrapolated to all of the Floridians who called the Quitline between December 2001 and February 2002, 524 people would have successfully quit smoking because of the Quitline.

. In the three-month follow-up evaluations, 48.4% of those contacted (N = 482) indicated that the ACS staff had set up counseling sessions with them. Of the 159 callers who quit smoking, 60.4% of them (N = 96) indicated that they had received counseling. When a statistical test of association is run comparing the association between smokers who quit and receiving counseling, there is a statistically significant relationship between them, at $p < .000$. This means that there is something about the Quitline counseling session that is connected to clients quitting smoking. The Quitline appears to be helping Floridians quit smoking.

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

The three-month follow-up evaluation of Quitline callers demonstrated that following their call to the Quitline, 61.0% of callers (N = 608) reduced their tobacco consumption. Men stopped

smoking for about a month, on average; they also cut the number of cigarettes they smoked in half, from an estimated 25 per day to 12 per day. Women quit smoking for an average of five weeks; they reduced their cigarette consumption by about one fifth, from an estimated 21 cigarettes per day to 17 per day. Younger smokers tended to reduce their cigarette consumption more than older smokers.

When statistical tests of association are run comparing the relationship between smokers who quit smoking for one or more days with the services provided by the Quitline staff, there are statistically significant associations between quitting for a short period of time and the services offered by Quitline staff. These include being given counseling ($p < .008$), being sent coupons for nicotine replacement products ($p < .003$). There are also significant relationships between the caller using medications to quit smoking ($p < .000$) and reducing his or her smoking. From this evidence it again appears that the Quitline is a positive means for helping Floridians reduce their tobacco consumption.

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

One of the ways that the Quitline intake survey approaches the risk of environmental tobacco smoke (second-hand smoke) is to ask callers what the rules of smoking are in their homes. This is a useful question because it identifies those homes in which smoking is not allowed versus those homes in which there is second-hand smoke. This is especially important when children under 18 are in the house because they are at risk from the second-hand smoke.

The Quitline intake survey identified 937 smokers (31.1%) who had children under 18 in their household. Using the average number of 1.8 children per smoking household, there were an estimated 1,687 children living with the smokers who called the Quitline who were at risk of second-hand smoke. Of this group, over half (52.3%) live in homes where smoking is allowed in the house. These children are most at risk of second-hand smoke. The fact that their parent is calling the Quitline suggests that there is some hope that risk will be reduced.

In the 3-month follow-up evaluation there were 339 households with children under 18, which made up 34% of the sample contacted by the ACS staff. In this group there were an estimated 610 children at risk of second-hand smoke, though 191 families (57.2%) had rules against smoking in the house, which reduces risk of second-hand smoke for an estimated 344 children. However, of the 339 people with children under 18, 209 of them had stopped smoking for one or more days, thus reducing the risks of second-hand smoke even in the homes where smoking is allowed.

Of the 339 people with children under 18, 52 stopped smoking for the period between their call to the Quitline and the 3-month follow-up evaluation. Regardless of the smoking rules in the home, the children in these 52 homes have a reduced risk of second-hand smoke. Finally, 15 of the callers live with a smoker, leaving 37 households in which second-hand smoke is eliminated. This equates to an estimated 67 children under 18 who have their risk of second-hand smoke gone. Extrapolating to the larger Quitline sample, this means that approximately 184 children would be relieved of the risk of second-hand smoke if the same proportion of Quitline clients with children under 18 quit smoking.

From the data presented above, the Florida Quitline is contributing positively to decreased exposure to environmental tobacco smoke, especially among children under 18.

Goal 6: Decreased prevalence of tobacco use among target populations

From the available data generated by Florida residents calling the Quitline, the prevalence of tobacco use could be reduced through expanding services like the Quit-for-Life Line. Data to test the success of this goal will undoubtedly come from health surveys like the BRFSS and the Florida Youth Tobacco Survey.

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 could prove a hindrance to future Quitline evaluations.

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 provided community referrals to 48% of callers and mailed self-help materials to 80% of the people who called the Quitline.

ACS staff provided information on these activities in the form of monthly reports and datasets to the evaluator in a timely basis.

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

The ACS staff provided counseling to 48% of callers to the Quitline. The ACS counselors and counseling sessions received excellent satisfaction ratings from respondents to the three-month evaluation, so their services appear to be of high quality.

No data on the counseling sessions were submitted 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.*

The ACS staff sent coupons for nicotine replacement products to 60% of the people who called the Quitline, as reported in the three-month evaluations.

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 worked with the original Quitline evaluator, Brandt Information Services, to design the program and program evaluation. The ACS never consulted with the current evaluator.

- *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 to the department's contract manager by the 15th of each month. The 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 race/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
(Department of Health, ACS, and evaluator)

The ACS staff sent in monthly reports in a timely manner, with most of the data points listed above. However, there was no information provided to the evaluator on the follow-up calls made by counseling staff, the time of day of calls, or calls that were transferred and refused. A list of the data elements that were reported is presented below. Note that there are summaries of data reported that go beyond the minimum requested, and provide some good information about the Quitline.

Number of Calls by Sex of Caller
Average Age by Sex 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
Rules about Smoking in the Home
Number of Calls by How Called Heard About Quitline
Number of Calls by Type of Service Selected
Are you a Department of Health or County Health Department employee?
Average Number of Cigarettes Smoked per Day
Average Number of Previous Quit Attempts
How Long Have You Been Smoking
During the past 12 months, have you stopped smoking 1 day or longer
because you were trying to quit smoking?
Stage of Change
Florida - Daily Call Volume w/ Chart
Florida - Call Volume by County
Florida - How Heard - Other Responses

None of the quarterly evaluation reports called for as a service task were submitted to the evaluator. Neither was the evaluator contacted regarding design or requirements of the reports.

The ACS staff do send monthly datasets on the Quitline intake survey data, though they arrive on an irregular schedule. There are a number of flaws in the way the datasets are put together, which could be remedied fairly easily.

The monthly dataset comes in two key files and a set of files listing calls that were not completed. These first file demographics, must be joined to the second file, the intake survey. In each file, however, there are shifts in the file layout from month to month. For example, the column order of variables can shift from one month to the next; fields are included in some months and not in others; in some months the data for a field are reported under one field name, but under another in other months. Finally, many of the data records have missing data, which hinders the analysis of the Quitline activity. For example, 28% of the records for race/ethnicity are missing in the current dataset; this is too large an error set, and should be addressed at the intake level. It is difficult to evaluate information that is missing.

The three-month and six-month follow-up evaluations were sent at the request of the evaluator. There was no sampling design sent with them, though the data findings point to a careful process that sampled a proportional representation of the target population for the Quitline. However, a write-up of the sampling process would be helpful. Also, as in the intake survey, many records in the evaluations were missing, again undercutting their usefulness to 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. There is no need to wait until the file is “complete” but new records could be sent monthly, either in a monthly dataset, or, preferably, in an annual dataset that updates each month’s evaluation contacts. This way the evaluator could work with the data in a more consistent fashion.

- *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 never received any documentation on most of these topics. ACS sent two data coding sheets designed for internal use, and a coded intake form and follow-up evaluation forms (see Appendix F.) A data dictionary, along with the other information, would have been of great assistance in the evaluation process. The evaluator created his own data coding sheet, which is included in Appendix G.

Data Required for Evaluation

The data sent in the monthly intake survey datasets and in the follow-up evaluation datasets were sufficient to generate a rich picture of the Quitline callers, services and success in reducing tobacco use. Reducing the number of missing records would be an important first step in making these data even more helpful. Another help would be to have an annual updated data file sent along with the monthly datasets. That way, the evaluator’s dataset will match the data held at the ACS offices.

The ACS should send the recorded 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. The lack of descriptive coding sheets and a data dictionary created extra work that could easily have been avoided. 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 (see Appendix C) appear to be well thought out and sufficient for the information needed to determine the caller's demographic status, smoking behaviors and interest in services. Again, the 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. There is sufficient information from these evaluations to track smoking and cessation behaviors, as well as second-hand smoke, children under 18, satisfaction with the Quitline services, etc. There was a suggestion from ACS in December 2002 to use both long and short forms for the evaluations to avoid needless duplication of information when the same questions were asked. This proposal was not accepted by the DOH. As it turned out, some of the questions asked on the Quitline intake survey were answered differently by a number of respondents in the three-month evaluation survey. Providing the long form of the evaluation appears to be the correct approach.

Evaluation of the Media Campaign in Orlando, Florida

The DOH and the Quit-for-Life Line ran anti-tobacco media campaigns publicizing the Quitline in the Orlando, FL, metro area. The media campaigns used radio and television advertisements to present the Quit-for-Life Line message. The first campaign ran radio commercials during January and February, 2002. The ads aired 585 times over six radio stations. A second radio campaign consisted of PSAs that aired in June. The first television campaign ran 30-second commercials over twelve television stations in June, 2002. The ads aired 3,408 times over the course of the month. The second campaign used PSAs on television that aired 1,400 times between July to October, 2002.

The answers from clients recorded in the Quitline intake surveys indicate that the media campaigns served as a positive motivation for calling the Quitline. 31.9% of the Florida residents who called Quitline pointed to TV commercials as their source of information about the Quitline; another 7.4% noted they heard about the Quitline in radio ads. 42.3% of Floridians calling the Quitline lived in the Orlando metro area, and the majority of these clients cited TV or radio as their source of information about the Quitline.

Over the fifteen months studied in the evaluation, telephone calls to the Quitline from the Orlando area accounted for 81% of all calls in February, 2002, and the majority referred to radio ads as the source of information about the Quitline. Between June and September, 2002, 94% or more of all calls to the Quitline were from Orlando, and again the majority of callers in Orlando mentioned television as their source of information about the Quitline. These months correspond to the time periods in which the media campaigns were running in Orlando.

All of these points indicate the effectiveness of the Quit-for-Life Line media campaigns in Orlando. The evidence is clear: a large number of people calling the Florida Quitline from Orlando, most of them calling during the months of anti-tobacco media campaigns, and a majority mentioning the campaign medium as their source of information. Finally, the television and radio commercials motivated the person to call the Florida Quitline to quit smoking. These findings point to a successful media campaign that achieved its goals in getting Florida residents to call the Quitline.

VIII. 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, 2003-2004

1. The Florida Quit-for-Life Line should be maintained at least at its current level, if not expanded to provide smoking cessation services to more Floridians in the fiscal year 2003-2004.
2. The Florida Quit-for-Life Line should target one or more Florida urban areas with anti-smoking media campaigns as a means of publicizing the Quitline telephone number.
 - 2.1. The media campaign should target specific Florida cities based on smoking patterns and demographic diversity.
 - 2.2. The media campaign should target minority race/ethnic groups to increase their participation in Quitline services.
 - 2.3. The media campaign should target specific age groups, especially those with children under 18 in the household, at risk of environmental tobacco smoke.
3. The Florida Quit-for-Life Line should cooperate with Quitlines in other states and with the American Cancer Society 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.
 - 3.1. The Florida Quitline should work with the American Cancer Society to gain access to other state Quitline data.
 - 3.2. The Florida Quitline should work with health agencies in other states to gain access to state Quitline data.

Recommendations to Improve the Quitline Evaluation for Upcoming Year, 2003-2004

4. The evaluator should work more closely with the American Cancer Society to create more efficient Quitline data reporting.
 - 4.1. The ACS monthly data reporting of the intake survey data should be in a standardized format, delivered timely for inclusion in the evaluator's dataset.
 - 4.2. A quarterly update from the ACS should be added that provides total Quitline records from a specified time period forward.
 - 4.3. Follow-up evaluations at three, six and twelve months should be reported monthly rather than at the end of the year.

- 4.4. Quitline counseling and referral services should be summarized for each client and reported monthly.
- 5. The evaluator should provide monthly report updates to the Quitline contract manager at the DOH and interested staff.
 - 5.1. The evaluator and DOH staff should agree on the report structure, the key variables to be included, the time period and the formatting of the data reports.
 - 5.2. The evaluator's Quitline reports should be updated with the latest data from the ACS.
 - 5.3. The evaluator's Quitline reports should include information about the intake survey and the three-month, six-month and twelve-month follow-up evaluations.

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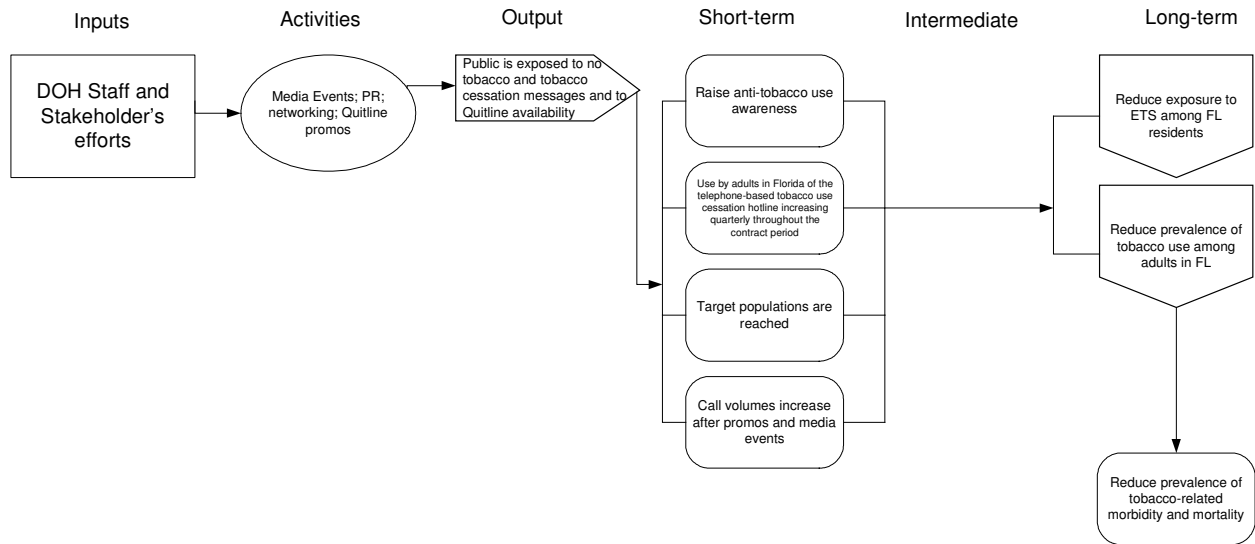
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Appendix A

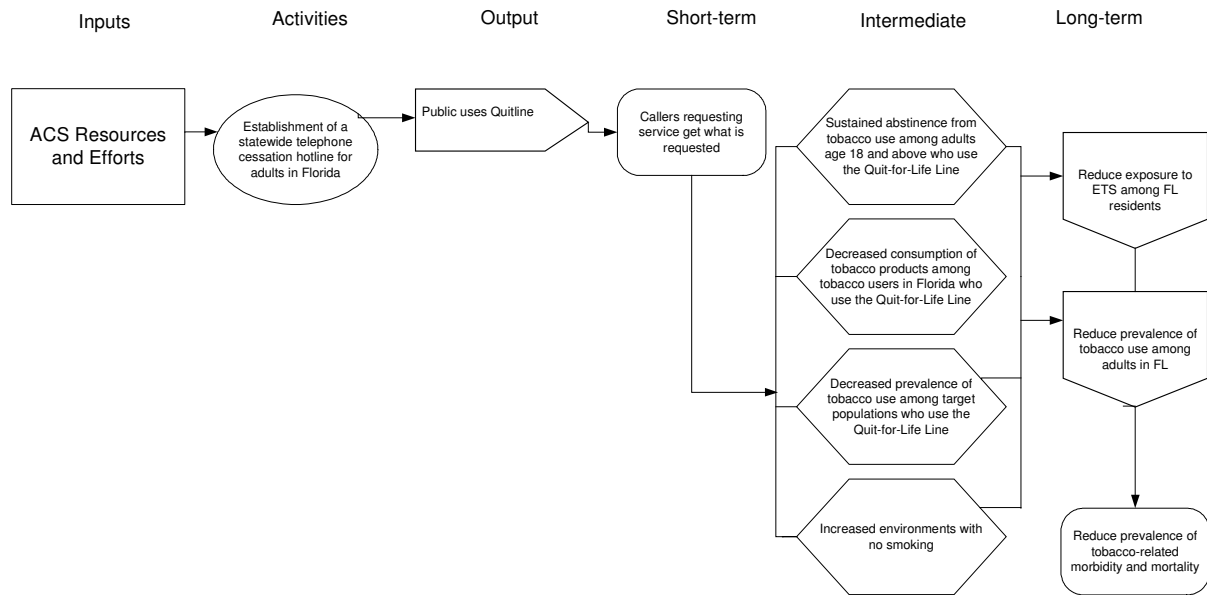
Evaluation Logic Models

Evaluation Logic Models

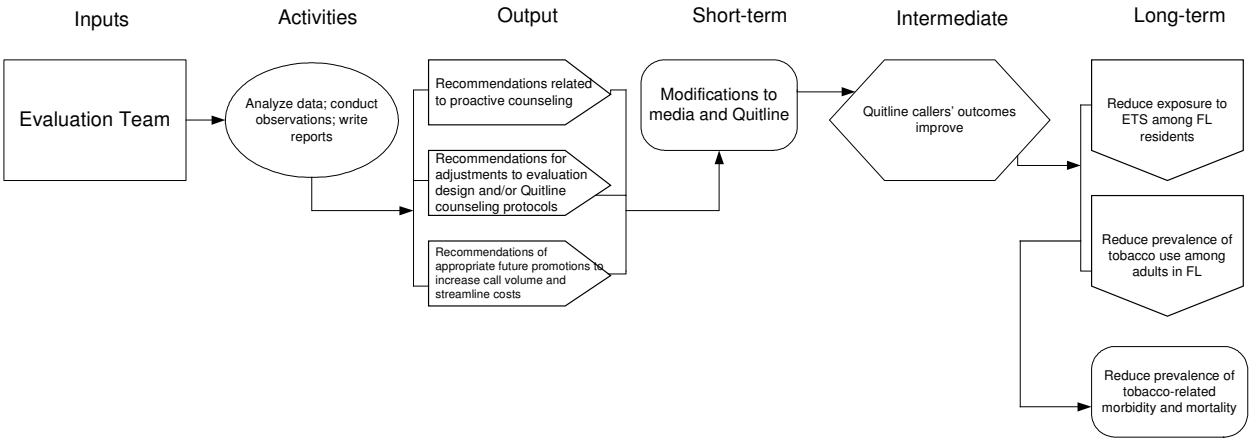
1. DOH Staff and Stakeholder Goals and Outcomes



2. ACS Resources, Goals and Outcomes



3. Evaluation Goals and Outcomes

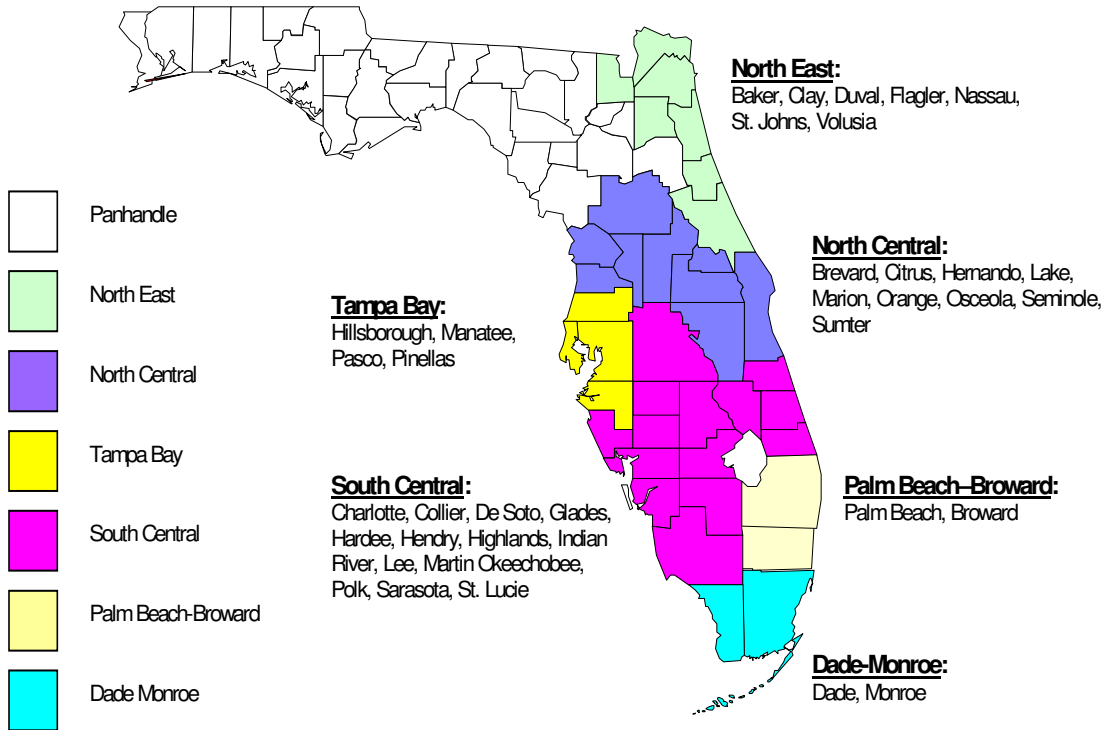


Appendix B
Florida Regions

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 C
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?

<input type="checkbox"/> Newspaper story	<input type="checkbox"/> Newspaper ad	<input type="checkbox"/> TV news story
<input type="checkbox"/> TV ad/Describe Ad _____		
<input type="checkbox"/> Radio news story	<input type="checkbox"/> Radio ad	<input type="checkbox"/> Doctor <input type="checkbox"/> Dentist
<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Nurse	<input type="checkbox"/> 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?

- | | |
|---|---|
| <input type="checkbox"/> Never attend school or only Kindergarten | |
| <input type="checkbox"/> Grades 1-7 (some Grade School) | <input type="checkbox"/> High School Graduate or GED |
| <input type="checkbox"/> Grades 6-8 (some Jr. High School) | <input type="checkbox"/> Some College or Technical School |
| <input type="checkbox"/> Grades 9-11 (some High School) | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> Graduate School | |
| <input type="checkbox"/> Refused to answer | |

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 is 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 D
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)

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 E
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.

SESSION 2

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. Did you get the self-help booklets we sent you? **(If no, check address and arrange re-mailing but tell client you can go on now anyway).**

3. Are you ready to quit on _____? ___ Yes (**go to # 5**) ___ No (**go to # 4**)

4. All right, we can set the date again but we only like to do this once, OK? We'll have to reschedule this and your 3rd appointment too. **(Set date and arrange new appointments for sessions 2-and 3. if this happens again on second appointment urge client to: "Call back again when you're really ready")**

New QD

Session 2 Date _____ Time _____

Session 3 Date _____ Time _____

5. That's great! Did you talk to your doctor or pharmacist about a medication to help you quit?

___ Yes(**go to # 6**) ___ No (**go to # 7**)

6. Have you decided to use one of them?

___ Yes(**go to # 8**) ___ No (**go to # 9**)

7. Are you planning on using any of them?

___ Yes(**go to # 8**) ___ No (**go to #9**)

8. Which one(s)?

___ Nicotine gum ___ Nicotine patch ___ Nicotine inhaler ___ Nicotine Nasal Spray

___ Zyban ___ Other medication (please list) _____(**go to # 10**)

9. Well, many people have quit without these medications. We can always revisit the issue if withdrawal symptoms or cravings become real problem, OK? (**go to # 10**)

10. Here's something else we recommend: Find somebody who will agree to give you some support and encouragement during your quit attempt. We can encourage you over the phone, but it would be best for you to find someone you know to support you. Do you have any ideas? **(Praise any positive answers)**

11. Now I want to ask if you've thought about or started learning things to do instead of smoking to relax when you're stressed out, angry or depressed?

___ 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 1 or 2*) 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 4

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. How are you doing?

The client having not smoked for at least 6 hours since waking defines not currently smoking.

___ **Relapsed** – It's normal to have trouble quitting. Would you like to set a new quit date, tomorrow or the next day and try again?

___ No - Please call us back whenever you're ready and we'll be glad to help you. (**Close and exit**)

Yes - Let's set a new quit date and see how you can better prepare yourself. (**Set new quit date and recycle to session 2.1**)

___ **Some slips but currently NOT smoking** - That's great that you're not smoking right now. Don't let a slip give you an excuse to start smoking again. You need to treat every slip as a learning experience and find ways to handle the situation that led you to smoking more effectively next time. First, you need to get rid of any cigarettes you have ANYWHERE and try to stay away from people when they're smoking. Okay? Let's go over some other basic things. (**go to # 3**)

___ **No slips, currently NOT smoking** - That's great. You probably noticed situations when you were tempted to smoke or wanted to smoke a lot, right? OK, it is extremely important to keep an eye out for anything that might make you start smoking again. Let's go over some basic things.

___ **Has Made No Attempt** – Well, sometimes it takes a little while to really be ready for quitting. How about if you give us a call when you feel more ready to try and quit again. We can continue with the sessions then, OK? Do you have our direct Quitline phone number? (**1-877-937-7848**)(**end call**)

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

Ask Q # 7 if client indicated that they were using a medication in Session 3

3. Are you using medication(s) to help you quit?

___ Yes (**go to # 4**)

___ No (**go to # 5**)

4. Great. If you use it correctly it can double your odds of quitting permanently this time. (**go to # 8**)

5. Have withdrawal symptoms been a problem for you?

___ Yes (**go to # 6**)

___ No (**respond appropriately then go to # 8**)

6. Well, you might still consider trying one of the available medications to help if they get bad enough so that you're at risk of smoking again, OK? **(go to # 8)**

7. Is *(medication the client is using)* still working for you?**(go to # 8)**

8. OK, what about substitutes for smoking? Can you give me an example of something you have learned to do as a substitute for smoking? **(Praise any reasonable answers, go to # 9)**

(If no good answers) OK, it's going to help you a lot if you can spend a little time trying to come up with a list of different things you can use as a substitute for smoking? The self-help booklets have lots of ideas that you should look over. **(go to # 9)**

9. Now let's talk about stress. Have you been able to come up with something that can help you handle stress without smoking?
(Praise any appropriate responses, go to #10)

(If no good example) OK, you probably need to work on this. Remember, the self-help booklets recommend deep breathing technique. Getting more exercise can help too OK? **(go to # 10)**

10. Now let's talk about any risky situations that might come up in the next few days. When will you want to smoke the most and what do you think you can do to handle it? Give me an example.

(List example)

(if no good example) Remember this is really going to be important. Try to think of when you will want to smoke the most and to get ready for those situations. Books 2 and 3 have advice on this.

11. All right, we've gone over the main things. You're doing great! But stay on guard. Please read self help book 3 very carefully and go over it several times.

12. Let's have our last call in about a week. **(Make appointment)**

13. 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? ____

14. I have a really good feeling about your chances of quitting permanently this time. Don't forget to read self help booklet 3 and follow as much of the advice as you can. Do you have any questions before we end today?

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

SESSION 5

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. How are you doing?

___ **Relapsed** - Well, sometimes it takes 5 or 7 serious attempts before someone quits for good. The important thing is to not let this get in your way from quitting which I know is something you really want to do. Why don't we go ahead and set a new quit date in the next day or two.

___ No - Ok, we'll call you back whenever you are ready and we will be glad to give you some more advice (**closing and exit**)

___ Yes – Great. (**Set new quit date and go to recycle session 2.1**)

The client having not smoked for at least 6 hours since waking defines not currently smoking.

___ **Some slips but currently NOT smoking** - That's OK. It's important that you don't get down on yourself because you slipped a little. You need to treat slips as learning experiences and find ways to handle the situation more effectively. Get rid of any cigarettes you have anywhere and if it's possible, try and not be around people when they smoke. Now let's go over some other basic things. (**go to #**)

___ **Not smoking and no slips** - **That's great. The main thing is to keep guarding yourself against things that might make you start smoking again, like some big and sudden problem at work or at home. Be ready to tell yourself "a cigarette won't make this problem go away." Do you think you will be able to tell yourself that or at least something similar? (go to # 3)**

3. Tell me how you're doing with learning new ways to relax or unwind when you are stressed out?

(**praise appropriate responses**)

(**if no appropriate response**) Remember we recommend the deep breathing technique and getting more exercise, even just taking a walk, can be a big help. Read the self-help booklets to go over that.

4. You also need to stay on guard against any kind of celebration or party. Many ex-smokers start telling themselves that they can have "just one cigarette" and then one leads to another and they are hooked again. Be ready to talk yourself out of that, OK?

5. Can you think of anything else that might tempt you to start smoking again?

___ Yes (**go to # 6**)

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

6. Let's talk about it. **(go to # 7)** _____

7. There's one last thing to talk about today. Is there anyone besides me who is giving you support and encouragement to help you stay away from smoking?

___ Yes **(go to # 8)** ___ No **(go to # 9)**

8. That's great. This person is very important, especially now that the counseling is over. Please be ready to call them up whenever you are having problems or feeling tempted to smoke. Give them a chance to talk you out of it. OK?

9. OK, you should still try to find a way to get some support and encouragement. Try to think of someone you could talk to if you are having problems or feeling tempted to smoke. Do you have any ideas? **(Allow comment and praise any ideas—if one is identified continue with this statement otherwise go to # 10)** That's great. This person could be very important, especially now that the counseling is over. Please try calling them up whenever you're having problems or feeling tempted to smoke. Give them a chance to talk you out of it. OK?

10. This is our last call and I feel really good about what you have done. You should be proud of yourself. Quitting smoking can be a difficult process and you did it. You need to stay on guard but you've made it through the worst part. Just remember everything you've learned and take it one day at a time. Read self help booklet 3 every few days and keep using the ideas in it.

11. Do you have any questions before we end today? I have 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? ____

12. I just have a few more questions for you about our program.

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

14. What were some of the most useful things?

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

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

17. 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?

18. Do you have any final questions or concerns?

19. I just want to remind you that one of our evaluation staff will be calling you in about 6 months just to see how you're doing, OK?

20. Well, it was really great talking with you and congratulations. Thank you, good-bye. **Counselor:**
Please note elapsed time of call _____

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 F

ACS Data Mapping of Variables for the Quitline Intake Survey

ACS Data Mapping of Variables for the Quitline Intake Survey

(Collect Infonet Demographic Information)

* indicates variable is not currently in data file

For questions which have ONLY a yes/no response, yes = 1, no = 0

CONSTITUENT ID ____ CID this is the unique identifier – use to link files

Date: ____ CD

Caller Name: ____ FN* LN*

Address: ____ ADD1* ADD2*

City, State, Zip: ____ CITY* ST ZIP*

Telephone: ____ AC* TEL* EXT*

Email Address: ____ EMAIL*

D.O.B.: ____ DOB

GENDER ____ SEX

FLORIDA INTAKE IS SESSION 960

21. Can you tell me what county you live in? COUNTY (_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
- 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

22. Are you a Department of Health or County Health Department employee? 5006

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

Indicate reason for call WHYCALL (_5000)

23. 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)

24. How did you hear about this phone number? HH (_101) & _801

- 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 _102 & _802
SPECIFY OTHER HHO & _803

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

25. 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?

5

1. Yes – Materials only
2. Yes – Community Resources only (**Look in CRD**)
3. Yes – Materials and Community Resources(**Look in CRD**)
4. 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**)

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

27. 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?

5001*

1. Yes (**go to # 14**)
2. No (**go to # 10**)
3. 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**)

28. 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**)

29. 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**)

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

☐ Yes (**go to # 12**)

☐ No (**go to # 31**)

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

☐ Yes (**go to # 13**)

☐ No (**go to smokeless tobacco protocol # 6**)

32. 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**)

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

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

- ☐ Current Smoker
☐ Already Quit

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

- ☐ Yes
☐ No

36. Do you have email?

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

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

37. 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**)

38. 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.

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

EDLEV (**_10**)

- 1: Never attended school or only Kindergarten
- 2: Grades 1-7 (some Grade School)
- 3: Grades 6-8 (some Jr. High School)
- 4: Grades 9-11 (some High School)
- 5: High School Graduate or GED
- 6: Some College or Technical School
- 7: College Graduate
- 8: Graduate School
- 9: Refused to Answer

40. What is your marital status?

MARSTAT (**_11**)

- 1: single
- 2: married
- 3: widowed
- 4: divorced
- 5: separated
- 6: refused to answer

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

—110*

1. Yes (go to # 21B) 0. No (go to # 22)

—111*

21B. How many? _____

58. What is your ethnic background?

ETHN (_12)

1: White

2: Black

3: Hispanic

4: Asian

5: American Indian or Native American

6: Other

7: Refused to answer

SPECIFY OTHER ETHNOTHER (_1200)

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

—1600

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

**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"**

60. May I ask if you are currently pregnant?

—1601*

☐ Yes (go to Great Start Legacy protocol)

☐ No (go to # 25)

61. Do you live with a smoker?

—13*

☐ Yes (go to # 26)

☐ No (go to # 28; If AQ, go to # 27)

62. Are they willing to quit with you?

—1300*

☐ Yes (go to # 28; If AQ, go to # 27)

☐ No (go to # 28; If AQ, go to # 27)

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

_121*

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

(go to # AQ session # 1)

64. How long have you been smoking?

DURSM (_14)

- 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

65. On the average, about how many cigarettes do you smoke a day? **NUMCIG (_15)**

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

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

WILLQUIT (_16)

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

67. 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)**

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

- | | | |
|--|--|---|
| <input type="checkbox"/> health benefits | <input type="checkbox"/> cost | <input type="checkbox"/> family pressure |
| <input type="checkbox"/> peer pressure | <input type="checkbox"/> right thing to do | <input type="checkbox"/> work is/going smoke-free |
| <input type="checkbox"/> smell/dirty habit | <input type="checkbox"/> role model | <input type="checkbox"/> doctor <input type="checkbox"/> pregnant |
| <input type="checkbox"/> health/well being of others | <input type="checkbox"/> other | _____ |

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

69. 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)**

70. 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)**

71. 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)**

72. 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**

73. 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)**

74. 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)**

75. 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"

76. 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?

SRVC (_19)

1: Counseling

2: Counseling and Referrals

3: Self-help materials

4: Self-help materials and referrals

5: Referrals only

6: Don't want anything

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

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

_22*

☐ Yes

☐ No

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

QUIT12 (_1500)

☐ Yes

☐ No

80. Since you began smoking regularly, how many times have you tried to quit? NUMQUIT (_23)

81. 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? _____

_24* (currently smoking) & _1510* (already quit)

☐ 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."

82. 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)

83. 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)

84. 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)

85. 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**)

86. 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**)

87. 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."

88. 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

89. 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)**

90. 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)**

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

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

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

(Order Quitline Only – Counseling Materials (item # 0020.90) and FI discount coupons # 0001.00

93. 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

31. 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)**

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

33. 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?

34. 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.
35. 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

36. 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?
37. 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
38. 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
39. 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**)
40. Is there anything else I can do for you today?
- ☐ Yes – (**Handle per standard NCIC procedures and go to # 11**)
☐ No – (**go to # 11**)
41. Thank you for calling your American Cancer Society, good bye. (**go to # 14**)
(Order CID doc "Quitting Smoking" and FI discount coupons # 0001.00
42. Yes a counselor is available, I will transfer you now. (**go to # 13**)

43. 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)**

44. 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)

45. 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)**

46. How are they working for you?

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

47. 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)

48. 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)

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

☐ Yes (**go to # 21**)

☐ No (**go to # 20**)

50. In case this changes let's go over a few things that could be useful for you. (**go to # 23**)

51. What do you think is the hardest situation for you to handle without smoking?

52. And how are you handling that situation now? _____ -

53. 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?

54. 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?

55. 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?

56. 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.

57. 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? _____

58. 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)**

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

Smokeless Tobacco Protocol

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

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

34. Are they willing to quit with you?

☐ Yes ☐ No

35. 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

36. 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

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

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

38. 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)**

39. 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)**

40. 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)

41. 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)

42. 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)

43. 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)

44. 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)

45. 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)

46. 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)**

47. 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)

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

49. 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)**

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

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

- ☐ Yes ☐ No

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

53. 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)**

54. 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**)

55. 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**)

56. 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)

57. 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**)

58. 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.

59. 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 FL coupons # 0001.00))

60. 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**)

61. 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**)

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

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

64. 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 FL coupons # 0001.00**)

Appendix G
Quitline Data Coding Sheet

**FLORIDA QUIT-FOR-LIFE LINE DATAFILES FROM THE ACS INTAKE SURVEY
CODING SHEET FOR QUITLINE VARIABLES, DESCRIPTIONS AND VALUES**

Evaluation Variable Name	ACS Variable Name	Description	Type	Values
Month		Month and Year	Char	January 2002, etc.
Month2		Month	Num	1 Through 12
Year		Year	Num	2001 and 2002
FCCID	CID	Constituent ID	Text	8 Digit Code in FC File
ST	ST	State	Char	FL
CD	CD	Date	Date	MM/DD/YYYY
DOB	DOB	Date of Birth	Date	MM/DD/YYYY
SEX	SEX	Gender	Char	M = Male, F = Female, U = Unknown
AGE	AGE	Age of Caller	Num	Age
AGEGROUP	AGEGROUP	Age Grouped	Num	1 = Under 18, 2 = 18-29, 3 = 30-44, 4 = 45-64, 5 = 65 and Up
FRCID	CID	Constituent ID	Text	8 Digit Code in FR File
Q_1008	_1008	Unknown	Num	1 and 2
Q_1010	_1010	Unknown	Num	1
Q_102	_102	Specify TV Ad	Num	1 and 13
Q_110	_110	Children Under 18 in Household	Num	1 = Yes, 0 = No
Q_111	_111	Number of Children Under 18 in Household	Num	Number of Children
Q_121	_121	How Many Days Have Been Quit	Num	0 = None, 1 = 24 Hours or Less, 2 = 1-3 Days, 3 = 4-7 days, 4 = 8-14 Days, 5 = More Than 14 days
Q_123	_123	Unknown	Num	0, 1 and 2
Q_13	_13	Do You Live with a Smoker?	Num	1 = Yes, 0 = No
Q_1300	_1300	Are you Willing to Quit Smoking?	Num	1 = Yes, 0 = No
Q_152	_152	Unknown	Num	0 and 1
Q_1600	_1600	Which Statement Best Described Rules About Smoking in Your House	Num	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
Q_1601	_1601	Currently Pregnant?	Num	1 = Yes, 0 = No

2003 Quit-for-Life Line Evaluation Report

Evaluation Variable Name	ACS Variable Name	Description	Type	Values
Q_22	_22	Cigarette Within First 15 Minutes of Waking?	Num	1 = Yes, 0 = No
Q_24	_24	Chances of Quitting for Good, 0% to 100%	Num	0 Through 100
Q_5	_5	Under 18, Offer of Self-Help Materials	Num	1 = Materials Only, 2 = Community Resources, 3 = Materials and Community Resources, 4 = 0
Q_5005	_5005	Florida County of Residence	Num	1 Through 68
Q_5006	_5006	DOH Employee	Num	1 = Yes, Dept. of Health, 2 = Yes, County Healthy, 3 = No
Q_801	_801	How Heard About Phone Number?	Num	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
Q_802	_802	Specify TV Ad	Num	3
Q_803	_803	Specify Other Source	Char	Descriptions of how caller heard about the Quitline
AQSRVC	AQSRVC	Already Received Quitline Services	Num	1, 2, 3
AQT	AQT	Already Personally Quit Smoking	Num	1 = current smoker, 2 = already quit
CHILD	CHILD	Under 18	Num	0 = No, 1 = Yes
COUNTY	COUNTY	County of Residence	Char	Florida Counties
DURDIP	DURDIP	How Long Using Smokeless Tobacco	Num	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
DURSM	DURSM	How Long Smoking?	Num	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

2003 Quit-for-Life Line Evaluation Report

Evaluation Variable Name	ACS Variable Name	Description	Type	Values
EDLEV	EDLEV	Highest Grade	Num	1 = Never attended school or only Kindergarten, 2 = Grades 1-7 (some Grade School), 3 = Grades 6-8 (some Jr. High School), 4 = Grades 9-11 (some High School), 5 = High School Graduate or GED, 6 = Some College or Technical School, 7 = College Graduate, 8 = Graduate School, 9 = Refused to Answer
ETHN	ETHN	Ethnic Background	Num	1 = White, 2 = Black, 3 = Hispanic, 4 = Asian, 5 = American Indian or Native American, 6 = Other, 7 = Refused to answer
HH	HH	How Heard About Phone Number?	Num	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
HHO	HHO	Specify Other Source	Char	Descriptions of how caller heard about the Quitline
MARSTAT	MARSTAT	Marital Status	Num	1 = single, 2 = married, 3 = widowed, 4 = divorced, 5 = separated, 6 = refused to answer
NUMCHILD	NUMCHILD	Number of Children Under 18 in Household	Num	Number of Children
NUMQUIT	NUMQUIT	How Many Times Tried to Quit?	Num	Number of times
NUMCIG	NUMCIG	Number of Cigarettes Smoked per Day	Num	Number of cigarettes
NUMDIP	DURDIP	Amount of Smokeless Tobacco Used per Day	Num	Amount of smokeless tobacco used per day
PREGNANT	PREGNANT	Currently Pregnant?	Num	1 = Yes, 0 = No

2003 Quit-for-Life Line Evaluation Report

Evaluation Variable Name	ACS Variable Name	Description	Type	Values
QUIT12	QUIT12	Stopped Smoking in Last 12 Months Voluntarily	Num	1 = Yes, 0 = No
RULES	RULES	Smoking Rules in the House	Num	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
SRVC	SRVC	Interested in Services	Num	1 = Counseling, 2 = Counseling and Referrals, 3 = Self-help materials, 4 = Self-help materials and referrals, 5 = Referrals only, 6 = Don't want anything
WHYCALL	WHYCALL	Reason for Call	Num	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
WHYCAL10	WHYCALL10	Reason for Call, compare to WHYCALL	Num	1 = personally quit, 2 = already quit, 3 = friends and family, 4 = other
WQUIT	WQUIT	Willing to quit in next 30 days?	Num	1 = Yes, 0 = No
WILLQUIT	WILLQUIT	Willing to quit in next 30 days?	Num	1 = Yes, 0 = No
SLWQUIT	SLWQUIT	Will Quit Smokeless Tobacco Within 30 Days	Num	1 = Yes, 0 = No
SLNQUIT	SLNQUIT	How Many Times Tried to Quit Smokeless Tobacco?	Num	1 = Yes, 0 = No
SLWC	SLWC	No Counseling - Smokeless Tobacco	Num	1 = Yes, 0 = No
SLSRVC	SLSRVC	Do You Want Counseling for Smokeless Tobacco?	Num	1 = Yes, 0 = No

Appendix G

Data Tables to Accompany Quitline Evaluation Figures

Table for Figure 2. Calls to the Florida Quitline by Month, 2001-2003

Completed Versus Not Completed Calls to the Florida Quitline

December 2001- February 2003

Month of Calls	Yes, Completed Intake Survey	Percent	No, 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
Total	3,821	95.6%	175	4.4%	3,996

Table for Figure 3. All Calls to the Florida Quitline by Region of Florida

All Calls to the Florida Quitline by Region of Florida
December 2001 to February 2003

Region	Yes, Completed Call	No, Did Not Complete Call	Total
Central	126		126
Miami Metro	363		363
North	245		245
Orlando Metro	1,615		1,615
Panhandle	203		203
South	554		554
Tampa Bay	578		578
Missing	137	175	312
Total	3,821	175	3,996

Table for Figure 4. Reasons for Calling the Florida Quitline

Reasons for Calling the Florida Quitline, December 2001 to February 2003		
Reason for Calling the Quitline	Number of Calls	Percent
Personally Quitting Smoking	3,017	79.0%
Personally Quitting Smokeless Tobacco	21	0.5%
Already Quit	178	4.7%
Family/Friend of Current Smoker	250	6.5%
Other	316	8.3%
Missing	39	1.0%
Total	3,821	100.0%

Table for Figure 5. Calls to the Florida Quitline from Smokers and Non-Smokers by Month, 2001-2003

Comparison of Reasons for Calling the Florida Quitline - Quitting Smoking Versus All Other Reasons, by Month December 2001 to February 2003

Month	Personally Quitting Smoking (Smokers)	All Other Reasons (Non-Smokers)	Percent Personally Quitting Smoking	Percent Calling for All Other Reasons	Total
December 2001	80	27	74.8%	25.2%	107
January 2002	154	64	70.6%	29.4%	218
February 2002	262	74	78.0%	22.0%	336
March 2002	114	46	71.3%	28.8%	160
April 2002	89	45	66.4%	33.6%	134
May 2002	135	39	77.6%	22.4%	174
June 2002	280	37	88.3%	11.7%	317
July 2002	346	56	86.1%	13.9%	402
August 2002	299	53	84.9%	15.1%	352
September 2002	225	56	80.1%	19.9%	281
October 2002	485	99	83.0%	17.0%	584
November 2002	214	86	71.3%	28.7%	300
December 2002	109	27	80.1%	19.9%	136
January 2003	128	46	73.6%	26.4%	174
February 2003	97	49	66.4%	33.6%	146
Total	3,017	804	79.0%	21.0%	3,821

Table for Figure 6. Comparison of Calls from Smokers Versus Non-Smokers by Region of Florida

Comparison of Reasons for Calling the Florida Quitline - Quitting Smoking Versus All Other Reasons, by Region, December 2001 to February 2003

Region	Personally Quit (Smokers)	Percent Wanting to Personally Quit Smoking	All Other Reasons (Non-Smokers)	Percent of All Other Reasons for Call	Total
Central	95	75.4%	31	24.6%	126
Miami Metro	257	70.8%	106	29.2%	363
North	158	64.5%	87	35.5%	245
Orlando Metro	1,456	90.2%	159	9.8%	1,615
Panhandle	133	65.5%	70	34.5%	203
South	414	74.7%	140	25.3%	554
Tampa Bay	453	78.4%	125	21.6%	578
Missing	51	37.2%	86	62.8%	137
Total	3,017	79.0%	804	21.0%	3,821

Table for Figure 7. Percent of Smokers Willing to Quit Within 30 Days by Month, 2001-2003

Callers to the Florida Quitline Willing to Quit in 30 Days by Month and Percentage Comparison, December 2001 to February 2003					
Month	Yes, Willing to Quit	No, Not Willing to Quit or No Answer	Percent Yes	Percent No	Total
December 2001	66	14	82.5%	17.5%	80
January 2002	126	28	81.8%	18.2%	154
February 2002	245	17	93.5%	6.5%	262
March 2002	98	16	86.0%	14.0%	114
April 2002	0	89			89
May 2002	126	9	93.3%	6.7%	135
June 2002	240	40	85.7%	14.3%	280
July 2002	327	19	94.5%	5.5%	346
August 2002	274	25	91.6%	8.4%	299
September 2002	211	14	93.8%	6.2%	225
October 2002	452	33	93.2%	6.8%	485
November 2002	188	26	87.9%	12.1%	214
December 2002	100	9	91.7%	8.3%	109
January 2003	116	12	90.6%	9.4%	128
February 2003	86	11	88.7%	11.3%	97
Total	2,655	362	88.0%	12.0%	3,017

Table for Figure 8. 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 the Quitline, December 2001 - February 2003						
Requests for Services	Quitting Smoking	Quitting Smoke-less Tobacco	Already Quit	Family/Friend	Other and Missing	Total
Counseling	923					923
Counseling and Referrals	704		2		1	707
Self-help materials	480		2			482
Self-help materials and Referrals	293					293
Referrals only	63					63
Don't want anything	20					20
Missing	534	21	174	250	354	1,333
Total	3,017	21	178	250	355	3,821

Table for Figure 9. Interest in Services from the Florida Quitline by Month

Requests for Services from Smokers from the Florida Quitline December 2001 - February 2003							
Month of Call	Counsel	Counsel and Referral	Self-help Materials	Self-help Materials and Referral	Referral Only	Don't Want Anything or Missing	Total
December 2001	22	18	15	7	5	40	107
January 2002	51	37	14	15	2	99	218
February 2002	100	43	55	36	9	93	336
March 2002	36	27	15	18	1	63	160
April 2002	29	17	13	16	2	57	134
May 2002	46	38	19	16	1	54	174
June 2002	1		1			315	317
July 2002	111	99	76	30	6	80	402
August 2002	80	88	58	41	7	78	352
September 2002	83	47	45	28	7	71	281
October 2002	191	120	94	42	7	130	584
November 2002	66	69	29	15	7	114	300
December 2002	36	36	16	9	2	37	136
January 2003	42	38	19	9	4	62	174
February 2003	29	30	13	11	3	60	146
Total	923	707	482	293	63	1,353	3,821
Percent of Total	24.2%	18.5%	12.6%	7.7%	1.6%	35.4%	100.0%

Table for Figure 10. Gender of Caller by Month of Call, 2001 to 2003

**Comparison of Calls to the Florida Quitline by Gender, by Month December 2001 -
February 2003**

Month of Call	Women	% Women	Men	% Men	Unknown or Missing	Total
December 2001	67	62.6%	27	25.2%	13	107
January 2002	151	69.3%	48	22.0%	19	218
February 2002	188	56.0%	131	39.0%	17	336
March 2002	97	60.6%	45	28.1%	18	160
April 2002	87	64.9%	33	24.6%	14	134
May 2002	120	69.0%	39	22.4%	15	174
June 2002	165	52.1%	136	42.9%	16	317
July 2002	197	49.0%	186	46.3%	19	402
August 2002	196	55.7%	139	39.5%	17	352
September 2002	147	52.3%	103	36.7%	31	281
October 2002	342	58.6%	210	36.0%	32	584
November 2002	180	60.0%	89	29.7%	31	300
December 2002	84	61.8%	40	29.4%	12	136
January 2003	106	60.9%	45	25.9%	23	174
February 2003	97	66.4%	27	18.5%	22	146
Total	2,224		1,298		299	3,821

Table for Figure 11. Gender of Caller by Reason for Call

Reason for Calling the Florida Quitline, by Gender, December 2001 to February 2003						
Reason for Calling the Florida Quitline	Women	Percent Women	Men	Percent Men	Unknown or Missing	Total
Personally Quitting Smoking	1,817	60.2%	1,121	37.2%	79	3,017
Personally Quitting Smokeless Tobacco	1	4.8%	20	95.2%		21
Already Quit	120	67.4%	55	30.9%	3	178
Family/Friend of Current Smoker	179	71.6%	55	22.0%	16	250
Other	81	25.6%	37	11.7%	198	316
Missing	26	66.7%	10	25.6%	3	39
Total	2,224	58.2%	1,298	34.0%	299	3,821

Table for Figure 12. Age Grouping of Callers to the Florida Quitline by Gender

Age Group of Callers to the Florida Quitline, by Gender, December 2001 to February 2003

	Women	Percent Women	Men	Percent Men	Unknown and Missing	Total
Under 18	25	55.6%	18	40.0%	2	45
18-29	368	53.3%	310	44.9%	12	690
30-44	754	61.0%	446	36.1%	37	1,237
45-64	860	64.7%	436	32.8%	34	1,330
65 and Up	192	69.1%	80	28.8%	6	278
No Birthdate Given	25	10.4%	8	3.3%	208	241
Total	2,224	58.2%	1,298	34.0%	299	3,821

Table for Figure 13. Age Grouping by Region

Age Groups of Callers to the Florida Quitline by Region in Florida, December 2001 - February 2003							
Region in Florida	Under 18	18-29	30-44	45-64	65 and Up	No Birthdate Given	Total
Central	3	13	36	54	14	6	126
Miami Metro	2	40	126	128	40	27	363
North	3	39	77	81	12	33	245
Orlando Metro	26	405	619	480	49	36	1,615
Panhandle	3	45	58	56	11	30	203
South	3	49	146	240	72	44	554
Tampa Bay	3	66	136	247	74	52	578
Missing	2	33	39	44	6	13	137
Total	45	690	1,237	1,330	278	241	3,821

Table for Figure 14. Reason for Calling the Quitline by Percentage of Age Group

Reason for Calling the Florida Quitline, by Percentage of Age Group December 2001 to February 2003							
Reported Age	Quitting Smoking	Quitting Smoke-less Tobacco	Already Quit	Family/Friend of Current Smoker	Other or No Answer	Total	Percent of Total
Under 18	34	1		4	6	45	1.2%
18-29	599	5	26	34	26	690	18.1%
30-44	1,054	8	60	68	47	1,237	32.4%
45-64	1,106	5	80	95	44	1,330	34.8%
65 and Up	209	2	11	35	21	278	7.3%
No Birthdate Given	15		1	14	211	241	6.3%
Total	3,017	21	178	250	355	3,821	100.0%
Percent	79.0%	0.5%	4.7%	6.5%	9.3%	100.0%	

Table for Figure 15. 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, December 2001 to February 2003

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	2	1	3	5.5	20.0	12.8
18-29	257	242	499	16.9	20.5	18.7
30-44	565	360	925	19.9	24.6	22.3
45-64	665	336	1,001	23.2	27.1	25.1
65 and Up	137	51	188	18.0	21.5	19.7
Total	1,626	990	2,616	16.7	22.7	19.7

Table for Figure 16. Average Number of Times Caller Has Tried to Quit and Chances of Quitting for Good

Comparison of the Average Number of Times Caller Has Tried to Quit by Caller's Estimate of Quitting for Good, by Gender and Age, December 2001 to February 2003				
Age Group Based on Reported Age	Average Times Women Tried to Quit	Average Times Men Tried to Quit	Average Chance of Women Quitting for Good	Average Chance of Men Quitting for Good
Under 18	5.0	4.0	80.0%	83.0%
18-29	5.5	7.9	75.2%	71.2%
30-44	8.9	12.3	76.3%	72.2%
45-64	8.4	11.6	76.2%	73.9%
65 and Up	14.0	11.2	75.7%	68.1%
Total	8.4	9.4	76.7%	73.7%

Table for Figure 17. Request for Services by Gender and Percentage of Age Group

Requests for Services by Clients of the Florida Quitline, by Age and Gender, December 2001 to February 2003							
Gender by Age Group	Counsel	Counsel and Referral	Self-help material	Self-help material and referral	Referral only	Don't Want Anything or Missing	Total
Women, Under 18	1	1				23	25
Men, Under 18					1	17	18
Total Under 18	1	1	0	0	1	40	43
Women, 18-29	84	52	61	29	2	140	368
Men, 18-29	81	41	74	24	1	89	310
Total 18-29	165	93	135	53	3	229	678
Women, 30-44	193	173	69	74	14	231	754
Men, 30-44	113	101	68	46	7	111	446
Total 30-44	306	274	137	120	21	342	1,200
Women, 45-64	243	184	99	62	23	249	860
Men, 45-64	102	102	64	31	12	125	436
Total 45-64	345	286	163	93	35	374	1,296
Women, 65 and Up	62	26	23	11	2	68	192
Men, 65 and Up	16	9	10	12	1	32	80
Total 65 and Up	78	35	33	23	3	100	272
Women, Missing	2	0	1	0	0	22	25
Men, Missing	0	0	0	0	0	8	8
Total Missing	2	0	1	0	0	30	33
Total Woman	585	436	253	176	41	733	2,224
Total Men	312	253	216	113	22	382	1,298
Total All	897	689	469	289	63	2,230	3,522

Table for Figure 18. Race/Ethnicity of Callers to the Florida Quitline

**Race/Ethnic Background of Callers to the Florida Quitline
December 2001 to February 2003**

Race/Ethnic Background	Number of Callers	Percent
White	2,103	55.0%
Black	248	6.5%
Hispanic	224	5.9%
Asian	12	0.3%
Native American	34	0.9%
Other	101	2.6%
No Answer	1,099	28.8%
Total	3,821	100.0%

Table for Figure 19. Race/Ethnicity by Age Group

Comparison of the Ethnicity of Callers to the Florida Quitline by Percent in Age Group, December 2001 to February 2003							
Race/Ethnic Background	Under 18	18-29	30-44	45-64	65 and Up	No Answer	Total
White	2	398	702	830	165	6	2,103
Percent in Age Group	0.1%	18.9%	33.4%	39.5%	7.8%	0.3%	100.0%
Black	1	47	116	82	2	0	248
Percent in Age Group	0.4%	19.0%	46.8%	33.1%	0.8%	0.0%	100.0%
Hispanic	0	49	102	62	10	1	224
Percent in Age Group	0.0%	21.9%	45.5%	27.7%	4.5%	0.4%	100.0%
Asian	0	3	6	2	1	0	12
Percent in Age Group	0.0%	25.0%	50.0%	16.7%	8.3%	0.0%	100.0%
Native American	0	8	11	15	0	0	34
Percent in Age Group	0.0%	23.5%	32.4%	44.1%	0.0%	0.0%	100.0%
Other	0	22	34	37	8	0	101
Percent in Age Group	0.0%	21.8%	33.7%	36.6%	7.9%	0.0%	100.0%
No Answer or Missing	42	163	266	302	92	234	1,099
Percent in Age Group	3.8%	14.8%	24.2%	27.5%	8.4%	21.3%	100.0%
Total	45	690	1,237	1,330	278	241	3,821

Table for Figure 20. Reason for Calling the Florida Quitline by Race/Ethnicity

Reason for Calling the Florida Quitline, by Race/Ethnicity December 2001 to February 2003						
Race/Ethnic Background	Quitting Smoking	Quitting Smoke-less Tobacco	Already Quit	Family/Friend of Current Smoker	Other and No Answer	Total
White	1,962	16	125	0	0	2,103
Black	237	2	9	0	0	248
Hispanic	210	0	14	0	0	224
Asian, Native American and Other	139	1	7	0	0	147
No Answer	469	2	23	250	355	1,099
Total	3,017	21	178	250	355	3,821

Table for Figure 21. Requests for Service by Race/Ethnicity

Percentage Breakout of Requests for Services by Callers to the Florida Quitline, by Age and Gender, December 2001 to February 2003							
Race/Ethnic Background	Counsel	Counsel and Referral	Self-help material	Self-help material and referral	Referral only	Don't want Anything and Missing	Total
White	609	485	319	203	46	441	2,103
Black	81	59	30	19	6	53	248
Hispanic	75	52	30	26	7	34	224
Asian	2	4	2	1		3	12
Native American	11	10	3	4	2	4	34
Other	29	17	16	15	1	23	101
No Answer	8	3	5	1	1	4	22
Missing	108	77	77	24		791	1,077
Total	923	707	482	293	63	1,353	3,821

Table for Figure 22. Education Level of Callers to the Florida Quitline by Gender

Comparison of Education Level with Gender of Callers to the Florida Quitline, December 2001 to February 2003

Education Level	Female	Percent of Female Callers	Male	Percent of Male Callers	Unknown or Missing	Total
Never Attended School or Only Kindergarten	2	100.0%	0	0.0%	0	2
Grades 1-7 (some Grade School)	15	65.2%	5	21.7%	3	23
Grades 6-8 (some Jr. High School)	59	60.8%	38	39.2%	0	97
Grades 9-11 (some High School)	283	62.1%	164	36.0%	9	456
High School Graduate or GED	612	60.1%	376	36.9%	31	1,019
Some College or Technical School	612	63.0%	342	35.2%	17	971
College Graduate	196	53.0%	162	43.8%	12	370
Graduate School	62	59.0%	40	38.1%	3	105
Refused to Answer	5	55.6%	3	33.3%	1	9
Missing	378	49.2%	168	21.8%	223	769
Total	2,224	58.2%	1,298	34.0%	299	3,821

Table for Figure 23. Department of Health Employees Calling the Florida Quitline by Region in Florida

Calls to the Florida Quitline by Department of Health and County Health Employees, by Region, December 2001 to February 2003

Region	Department of Health Employee	County Health Employee	Total
Central	0	1	1
Miami Metro	3	2	5
North	2	8	10
Orlando Metro	3	3	6
Panhandle	8	7	15
South	5	9	14
Tampa Bay	5	2	7
Missing	0	0	0
Total	26	32	58

Table for Figure 24. Pregnant Callers to the Florida Quitline by Month of Call and With Children Under 18 in the Household

**Pregnant Callers to the Florida Quitline with Children Under 18 in the Household,
December 2001 to February 2003**

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
December 2001	0	0		0
January 2002	5	6	1	12
February 2002	2	2		4
March 2002	3	1		4
April 2002	1	0		1
May 2002	2	1		3
June 2002	2	2		4
July 2002	2	1		3
August 2002	3	3		6
September 2002	0	1		1
October 2002	3	3	1	7
November 2002	2	4		6
December 2002	0	2		2
January 2003	0	1		1
February 2003	0	0		
Total	25	27	2	54
Percentage of Total	46.3%	50.0%	3.7%	100.0%

Table for Figure 25. Reason for Calling the Quitline by Households with Children Under 18

Reason for Calling the Florida Quitline, by Households with Children Under 18, December 2001 to February 2003							
Whether Client has Children Under 18 in Household	Quitting Smoking	Quitting Smoke-less Tobacco	Already Quit	Family/ Friend of Current Smoker	Other or No Answer	Total	% of Total
Children Under 18 in Household	937	4	53	0	0	994	26.0%
No Children Under 18 in Household	1,876	15	101	0	1	1,993	52.2%
No Answer	204	2	24	250	354	834	21.8%
Total	3,017	21	178	250	355	3,821	100.0%

Table for Figure 26. Smoking Rules in Households with Children Under 18 and Without Children

Smoking Rules in Households of Smokers Who Called the Florida Quitline With Children Under 18 and Without Children, December 2001 to February 2003						
Smoking Rules Inside House	No Children Under 18 in Home	% of Homes with No Children Under 18	Yes, Children Under 18 in Home	Percent of Homes with Children Under 18	Missing	Total
Smoking is not allowed anywhere inside your home	445	23.7%	444	47.4%	17	906
Smoking is allowed in some areas or at some times	258	13.8%	246	26.3%	8	512
Smoking is allowed anywhere inside the home	252	13.4%	92	9.8%	14	358
There are no rules about smoking inside the home	355	18.9%	152	16.2%	11	518
I dont know	11	0.6%	0	0.0%	0	11
Refused to answer	13	0.7%	0	0.0%	1	14
Missing	542	28.9%	3	0.3%	153	698
Total	1,876	100.0%	937	100.0%	204	3,017

Table for Figure 27. Comparison of Households with Children Under 18, Parents Who Smoke and Smoking Rules in the House

Comparison of Smoking Rules in Households with Two Smokers and Children Under 18, December 2001 to February 2003

Smoking Rules in the Home with Children Under 18	No, Do Not Live With a Smoker	% Not Living with Smoker	Yes, Live With a Smoker	% Living with Smoker	Missing	Total
Smoking is not allowed anywhere inside your home	270	52.6%	160	39.7%	14	444
Smoking is allowed in some areas or at some times	130	25.3%	114	28.3%	2	246
Smoking is allowed anywhere inside the home	41	8.0%	49	12.2%	2	92
There are no rules about smoking inside the home	72	14.0%	77	19.1%	3	152
Missing	0	0.0%	3	0.7%	0	3
Total	513	100.0%	403	100.0%	21	937

Table for Figure 28. Comparison of Callers to the Quitline Who Live with a Smoker, by Age and Gender

Callers to the Florida Quitline Who Live with a Smoker by Age and Gender, December 2001 to February 2003						
Age Group Based on Reported Age	Women	Percent of Women	Men	Percent of Men	Unknown and Missing	Total
Under 18	1	0.2%	0	0.0%		1
18-29	149	22.5%	122	30.0%	5	276
30-44	255	38.5%	148	36.4%	10	413
45-64	229	34.6%	123	30.2%	6	358
65 and Up	27	4.1%	14	3.4%		41
Missing	1	0.2%		0.0%	2	3
Total	662	100.0%	407	100.0%	23	1092

Table for Figure 29. Comparison of Smoking Rules of Callers Who Live with a Smoker, by Age and Gender

Smoking Rules For All Callers to the Florida Quitline Who Live with a Smoker, December 2001 to February 2003						
Smoking Rules	No, Do Not Live With a Smoker	% Not Living with Smoker	Yes, Live With a Smoker	% Living with Smoker	Missing	Total
Smoking is not allowed anywhere inside your home	664	36.0%	296	27.1%	36	996
Smoking is allowed in some areas or at some times	319	17.3%	198	18.1%	19	536
Smoking is allowed anywhere inside the home	203	11.0%	152	13.9%	21	376
There are no rules about smoking inside the home	314	17.0%	203	18.6%	27	544
Don't know, No Answer or Missing	343	55.8%	243	66.8%	783	1,369
I don't know	8	0.4%	5	0.5%	2	15
Refused to answer	7	0.4%	6	0.5%	1	14
Missing	328	17.8%	232	21.2%	780	1,340
Total	1,843	100.0%	1,092	100.0%	886	3,821

Table for Figure 30. How Callers Heard About the Quitline by Month, December 2001 to February 2003

How Callers to the Florida Quitline Heard About the Quitline, by Percentage Breakout, by Month, December 2001 to February 2003

Month of Call	Electronic Media	Other	Medical Pro	Print Media	Interpers Comms	Missing	Total
December 2001	58	34	5	3	6	1	107
January 2002	78	75	31	11	19	4	218
February 2002	204	64	30	7	28	3	336
March 2002	53	54	26	13	8	6	160
April 2002	23	58	28	11	11	3	134
May 2002	10	66	33	46	15	4	174
June 2002	189	47	18	34	15	14	317
July 2002	258	49	35	14	29	17	402
August 2002	225	59	34	6	15	13	352
September 2002	170	51	26	4	19	11	281
October 2002	274	89	36	130	38	17	584
November 2002	94	79	31	61	25	10	300
December 2002	20	48	30	19	16	3	136
January 2003	20	67	48	17	17	5	174
February 2003	12	72	34	10	14	4	146
Total	1,688	912	445	386	275	115	3,821

Table for Figure 31. How Callers Heard About the Quitline Telephone Number by Region

How Callers to the Florida Quitline Heard About the Quitline Telephone Number by Region in Florida, December 2001 to February 2003							
Region in Florida	Electronic Media	Other	Medical Professo'n'l	Print Media	Interpers'l Comms	Missing	Total
Central	35	32	27	12	16	4	126
Miami Metro	99	148	39	35	35	7	363
North	39	89	64	29	16	8	245
Orlando Metro	1,237	168	83	41	80	6	1,615
Panhandle	34	75	53	15	21	5	203
South	113	194	75	97	61	14	554
Tampa Bay	92	180	98	153	44	11	578
Missing	39	26	6	4	2	60	137
Total	1,688	912	445	386	275	115	3,821

Table for Figure 32. Callers Who Heard About the Quitline Telephone Number by Electronic Media, by Region and Month

Comparison of Calls to the Florida Quitline from Orlando Versus the Rest of Florida by Callers Who Heard About the Quitline via Radio and TV, December 2001 to February 2003					
Month of Call	Orlando Metro Area	% of Calls from Orlando Metro Area	Rest of Florida	% of Calls from Rest of Florida	Total
December 2001	6	10.3%	52	89.7%	58
January 2002	16	20.5%	62	79.5%	78
February 2002	166	81.4%	38	18.6%	204
March 2002	37	69.8%	16	30.2%	53
April 2002	13	56.5%	10	43.5%	23
May 2002	0	0.0%	10	100.0%	10
June 2002	177	93.7%	12	6.3%	189
July 2002	244	94.6%	14	5.4%	258
August 2002	211	93.8%	14	6.2%	225
September 2002	166	97.6%	4	2.4%	170
October 2002	160	58.4%	114	41.6%	274
November 2002	30	31.9%	64	68.1%	94
December 2002	4	20.0%	16	80.0%	20
January 2003	7	35.0%	13	65.0%	20
February 2003	0	0.0%	12	100.0%	12
Total	1,237		451		1,688

Table for Figure 33. Comparison of Callers Who Heard About the Quitline Telephone Number by Radio and TV versus All Other Media, by Region and Month

Comparison of Calls to the Florida Quitline From Orlando and the Rest of Florida and How Callers Heard About the Quitline, December 2001 to February 2003								
Month of Call	TV Ad Orlando	TV Ad Rest of Florida	Radio Ad Orlando	Radio Ad Rest of Florida	All Other Media Orlando	All Other Media Rest of Florida	Total Orlando	Total Rest of Florida
December 2001	5	27		2	4	69	9	98
January 2002	14	48	1	3	30	122	45	173
February 2002	8	14	151	21	41	101	200	136
March 2002	4	10	32	3	22	89	58	102
April 2002		6	12	1	24	91	36	98
May 2002		2		2	16	154	16	158
June 2002	173	10			31	103	204	113
July 2002	207	6	29	5	49	106	285	117
August 2002	206	8	1	1	31	105	238	114
September 2002	161	1	3	1	26	89	190	91
October 2002	156	67	1	1	43	316	200	384
November 2002	24	43		3	41	189	65	235
December 2002	4	8		1	16	107	20	116
January 2003	2	6	1	1	28	136	31	143
February 2003				6	18	122	18	128
Total	964	256	231	51	420	1,899	1,615	2,206

Table for Figure 35. Number of Three-Month Evaluation Calls Compared to the Average Number of Days Between the Original Call and the Follow-up Call, by Month

Number of Three Month Follow-up Evaluation Calls from the Florida Quitline and the Average Number of Days for ACS to Make Call, March 2002 to February 2003

Month of Follow-up Call	3 Month Follow-up Evaluation	% of All Follow-up Calls	% of the Original Calls to the Quitline Three Months Earlier	Average Number of Days Between Intake and Call
March 2002	11	1.1%	10.3%	139.2
April 2002	28	2.8%	12.8%	113.6
May 2002	32	3.2%	9.5%	123.9
June 2002	121	12.1%	75.6%	129.9
July 2002	72	7.2%	53.7%	131.1
August 2002	78	7.8%	44.8%	140.5
September 2002	59	5.9%	18.7%	126.8
October 2002	154	15.5%	38.1%	126.9
November 2002	165	16.6%	46.9%	127.5
December 2002	106	10.6%	37.7%	129.5
January 2003	108	10.8%	20.1%	137.4
February 2003	62	6.2%	17.9%	142.9
Total	996	100.0%	26.1%	130.8

Table for Figure 36. Evaluation Calls Compared to Original Calls, by Florida Region

Comparison of All Calls to the Florida Quitline with 3 Month Follow-up Evaluation Calls				
by Region of Florida, December 2001 to February 2003	Original Calls to Quitline	3 Month Follow-up Evaluations	Percent of Regional Sample	Percent of All Follow-up Calls
Central	126	30	23.8%	3.0%
Miami Metro	363	64	17.6%	6.4%
North	245	56	22.9%	5.6%
Orlando Metro	1,615	534	33.1%	53.6%
Panhandle	203	52	25.6%	5.2%
South	554	130	23.5%	13.1%
Tampa Bay	578	109	18.9%	10.9%
Missing	137	21	15.3%	2.1%
Total	3,821	996	26.1%	100.0%

Table for Figure 37. Services Requested by Caller to the Florida Quitline and Whether Caller Had Quit for One or More Days.

Original Services Requested from the Quitline by Caller Compared with Whether Respondent Had Quit Smoking for One or More Days				
During the past 3 months, have you stopped smoking for one day or longer?				
Interested in Services	No, Have Not Stopped	Yes, Have Stopped	Total	Percent of Total
Counseling	99	187	286	28.7%
Counseling and Referrals	90	109	199	20.0%
Self-help materials	63	78	141	14.2%
Self-help materials and referrals	38	51	89	8.9%
Referrals only	9	14	23	2.3%
Don't want anything	4	5	9	0.9%
Missing	83	164	249	25.0%
Total	386	608	996	100.0%

Table for Figure 38. Services Requested by Caller to the Florida Quitline and Whether Caller Had Smoked at All

Original Services Requested from the Quitline by Caller Compared with Whether Respondent Had Quit Smoking Entirely					
Have you used tobacco at all in the past three months?					
Interested in Services	No Tobacco Use	Yes, Used Tobacco	Missing	Total	Percent of Total
Counseling	48	18	220	286	28.7%
Counseling and Referrals	24	6	169	199	20.0%
Self-help materials	18	10	114	142	14.3%
Self-help materials and referrals	11	11	67	89	8.9%
Referrals only	4	6	13	23	2.3%
Dont want anything	2		7	9	0.9%
Missing	52	19	177	248	24.9%
Total	159	70	767	996	100.0%

Table for Figure 39. Success at Quitting and Smoking Behaviors by Gender

Gender of Respondents at Three-Month Evaluation by Success in Quitting Smoking					
Question on Evaluation	Response to Evaluation Question	Women	Men	Unknown	Total
During the past 3 months, have you stopped smoking [or using tobacco] for one day or longer?	Yes, Stopped Smoking One or More Days	374	223	11	608
	No, Have Not Stopped Smoking	214	161	11	386
Have you used tobacco within the last 48 hours?	No, Have Not Smoked in Past 48 Hours	142	89	3	234
	Yes, Have Smoked in Past 48 Hours	232	134	8	374
Have you used tobacco at all?	No, Have Not Used Tobacco in Past Three Months	96	60	3	159
	Yes, Used Tobacco in Past Three Months	45	25		70

Table for Figure 40. Comparison of Smoking Behaviors and Quit Attempts at the 3-Month Evaluation, by Gender

Comparison of Smoking and Cessation Behaviors at Three-Month Evaluation, by Gender					
Gender	About how many days did you go without using tobacco?	On about how many days did you use tobacco?	Average number of cigarettes per day, at evaluation	Average number of cigarettes per day, at intake survey	About how many times have you tried to quit?
Women	37.0	32.6	17.1	21	5.4
Men	30.8	24.0	12.2	25	4.2
N of Women	358	39	9	508	348
N of Men	218	21	5	315	207
Total	576	60	14	823	555

Table for Figure 41. Success at Quitting and Smoking Behaviors by Age Group

Comparison of Smoking and Quitting Behaviors at Three-Month Evaluation by Age Group						
Age Group	During the past 3 months, have you stopped smoking for one day or longer?		Have you used tobacco within the last 48 hours?		Have you used tobacco at all?	
	No, Have Not Stopped Smoking	Yes, Stopped Smoking One or More Days	No, Have Not Smoked in Past 48 Hours	Yes, Have Smoked in Past 48 Hours	No, Have Not Used Tobacco in Past Three Months	Yes, Used Tobacco in Past Three Months
Under 18	2	9	3	6	2	1
18-29	48	120	49	71	32	17
30-44	150	190	67	123	54	12
45-64	159	242	93	149	59	31
65 and Up	24	45	20	25	11	8
Missing	3	2	2		1	1
Total	386	608	234	374	159	70

Table for Figure 42. Comparison of Smoking Behaviors and Quit Attempts at the Three-Month Evaluation, by Age Group

Comparison of Smoking and Quitting Behaviors by Age Group at Three-Month Evaluation					
Gender	About how many days did you go without using tobacco?	On about how many days did you use tobacco?	Average number of cigarettes per day, at evaluation	Average number of cigarettes per day, at intake survey	During the past 3 months, about how many times have you tried to quit?
Under 18	16.8	60.0		18.8	2.6
18-29	33.2	35.5	7.7	21.9	4.2
30-44	33.8	20.1	20.8	25.0	2.6
45-64	33.8	29.9	12.3	18.4	6.2
65 and Up	50.4	28.1	15.0	19.3	11.4
Missing	107.0			22.5	2.5
Total	34.8	29.6	15.4		5.0
N of Under 18	8	1		130	8
N of 18-29	118	13	3	299	110
N of 30-44	188	11	6	353	177
N of 45-64	230	28	3	58	225
N of 65 and Up	42	7	2	4	44
N of Missing	1				2
Total	587	60	14	844	566

Table for Figure 43. At-Risk Population of Children Under 18 and Success in Quitting by Adults in Their Household

Comparison of Smoking and Quitting Behaviors at Three-Month Evaluation in Households with Children Under 18			
Question on Evaluation	Response to Question	Households with Children Under 18	Percent Answering Question
During the past 3 months, have you stopped smoking [or using tobacco] for one day or longer?	Yes, Stopped Smoking One or More Days	209	61.7%
	No, Have Not Stopped Smoking	130	38.3%
	Total	339	100.0%
Have you used tobacco within the last 48 hours?	No, Have Not Smoked in Past 48 Hours	77	37.0%
	Yes, Have Smoked in Past 48 Hours	131	63.0%
	Total	208	100.0%
Have you used tobacco at all?	No, Have Not Used Tobacco in Past Three Months	53	68.8%
	Yes, Used Tobacco in Past Three Months	24	31.2%
	Total	77	100.0%

Table for Figure 44. Comparison of Smoking Rules in Households with Children Under 18 and Adults Have Tried to Quit

Smoking Rules in Households with Children Under 18 by the Cessation Success of Adults Responding to the Three-Month Evaluation							
Smoking is allowed somewhere inside your home							
Sample of Quitline Clients with Children Under 18		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	Total
During the past 3 months, have you stopped smoking [or using tobacco] for one day or longer?	Yes, Stopped Smoking One or More Days	134	35	13	23	2	209
	No, Have Not Stopped Smoking	57	38	9	25	1	130
	Total	191	73	22	48	3	339
Have you used tobacco at all?	No, Have Not Used Tobacco in Past Three Months	40	6	1	5	3	53
	Yes, Used Tobacco in Past Three Months	18	0	1	5	1	24
	Total	58	6	2	10	4	77

Table for Figure 45. Clients Who Stopped Smoking for One or More Days by the Type of Service Received from the Quitline

Comparison of Clients Who Stopped Smoking for One or More Days by the Type of Service Received from the Quitline						
During the past 3 months, have you stopped smoking [or using tobacco] for one day or longer?	Did you get any discount coupons for nicotine replacement products from the Quitline?		Did you use those coupons?		Did you take any medications to help you quit smoking?	
	Did not get discount coupons	Received discount coupons	Did not use coupons	Used coupons	Did not take meds	Took meds
No, did not stop smoking	258	122	112	14	257	125
Yes, did stop smoking	349	247	196	51	322	281
Total	607	369	308	65	579	406

Table for Figure 45. (Continued) Clients Who Stopped Smoking for One or More Days by the Type of Service Received from the Quitline

Comparison of Clients Who Stopped Smoking for One or More Days by the Type of Service Received from the Quitline				
During the past 3 months, have you stopped smoking [or using tobacco] for one day or longer?	Did the Florida Quit-for-Life Line refer you to any community resources (support groups, etc.)?		After you called the Florida Quit-for-Life Line were you set up to receive counseling?	
	No referral to community resources	Yes, referral to community resources	Client was not set up to receive counseling	Client was set up to receive counseling
No, did not stop smoking	239	110	174	160
Yes, did stop smoking	356	222	228	322
Total	595	332	402	482

Table for Figure 46. Clients Who Stopped Smoking by the Type of Service Received from the Quitline

Comparison of Clients Who Stopped Smoking Entirely by the Type of Service Received from the Quitline						
	Did you get any discount coupons for nicotine replacement products from the Quitline?		Did you use those coupons?		Did you take any medications to help you quit smoking?	
Have you used tobacco at all?	Did not get discount coupons	Received discount coupons	Did not use coupons	Used coupons	Did not take medications	Took medications
No, have not used tobacco at all	92	64	45	18	84	73
Yes, have used tobacco	42	25	21	5	34	35
Total	134	89	66	23	118	108

Table for Figure 46.(Continued) Clients Who Stopped Smoking by the Type of Service Received from the Quitline

Comparison of Clients Who Stopped Smoking Entirely by the Type of Service Received from the Quitline				
Have you used tobacco at all?	Did the Florida Quit-for-Life Line refer you to any community resources (support groups, etc.)?		After you called the Florida Quit-for-Life Line were you set up to receive counseling?	
	No referral to community resources	Yes, referral to community resources	Client was not set up to receive counseling	Client was set up to receive counseling
No, have not used tobacco at all	83	68	51	96
Yes, have used tobacco	41	25	30	28
Total	124	93	81	124

Table for Figure 47. Responses to Quitline Satisfaction Questions

Average Satisfaction Ratings Given to Quitline Services by Clients Responding to the Three-Month Evaluation		
Satisfaction Questions	Average Satisfaction Rating (1 = "Poor" and 10 = "Extremely Helpful")	Number of Respondents
Rate the overall quality of the service provided by the person you spoke with?	8.5	464
Counselor had compassion for your situation	9.2	330
Counselor had a positive and helpful attitude	9.5	331
Sincerity of Counselor	9.3	331
Satisfaction with the advice you received from your counselor.	8.9	325
How helpful was your counselor in your quit attempt?	8.5	315
Overall quality of the service provided by the counselor you spoke with?	8.7	350
How helpful do you feel the community resources were in your quit attempt?	6.8	73
How helpful do you feel the self-help materials were in your quit attempt?	7.6	718
Rate your overall experience with the Florida Quit-for-Life Line?	7.7	856

Table for Figure 48. Whether Respondent's to the Three-Month Evaluation Use the Quitline Again or Recommend It to Their Friends

Responses to Satisfaction Questions: "Would You Use the Quitline Again" and "Would You Recommend the Quitline To Others?"		
If you were to have a relapse, would you use the Quitline again?	Responses of Quitline Clients	Percent
No	138	13.9%
Yes	770	77.3%
Missing	88	8.8%
Total	996	100.0%
Would You Recommend the Quitline to others who are trying to quit tobacco use?	Responses of Quitline Clients	Percent
No	88	8.8%
Yes	835	83.8%
Missing	73	7.3%
Total	996	100.0%