



# S&E Webinar Series

## Evaluation of Your State's Telephone Quitline: Approaches from Two States

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September 18, 2018

**Ohio Tobacco Quit Line  
Secret Shopper  
Evaluation  
2017-2018**

# Today's Agenda

## 1. Evaluation Elements

- ❖ Evaluation Questions
- ❖ Methodology
- ❖ Program Fidelity

## 2. Key Findings

- ❖ Practical
- ❖ Supportive
- ❖ Procedural

## 3. Targeted Populations

- ❖ Mental Health
- ❖ Pregnant Women

## 4. Recommendations

- ❖ Suggestions
- ❖ Future Research Agenda
  - ❖ State Findings

# But First....

*This work was funded by the  
Ohio Department of Health Tobacco Use, Prevention, and  
Cessation Program (TUPC)*

*The views expressed in these presentation are solely those of  
the authors and do not necessarily represent the views of the  
Ohio Department of Health.*

# Evaluation Questions

## ❖ Ohio Tobacco Quit Line Evaluation

- To what degree does the OTQL meet fidelity to program standards for evidence-based procedures?
- How well does the OTQL promote engagement with Pregnant Women and People with Mental Health issues?

# Methodology

- ❖ **Observations: Developed Fidelity Rubric based on Quit Line vendor proposed services**
  - ❖ Based on Evidence-Base Practices
  - ❖ Developed by TUPC and SRG
  - ❖ Tested on random audio quit line recordings
  - ❖ No comparative data yet
- ❖ **Secret Shopper Perceptions**
  - ❖ Call Journals

# Fidelity Ratings

## 1) Independent observations

- ❖ Two evaluators listen to call audios, score calls using fidelity instruments developed using the stated practices (evidence-based strategies)

Rating Scale	Definition
Excellent	Coach thoroughly fulfills all element requirements, asking many questions/giving a lot of advice/suggestions. Engaging with client and giving appropriate feedback.
Good	Coach fulfills most element requirements, asking questions/giving advice/suggestions. Engaging with client and giving appropriate feedback.
Acceptable	Coach fulfills basic element requirements, asks at least one question/gives one piece of advice/suggestion.
Poor	Coach does not fulfill requirements but attempts to engage client.
Inadequate	Coach does not fulfill requirements and does not attempt to engage client.
Not Applicable	Element is not applicable to the client's situation.

# Fidelity Ratings

- Key areas for scoring
  - **Practical**—coping skills and other suggestions that are aimed at helping the tobacco user during their quit attempts
  - **Supportive**—motivational techniques to show support and understanding of the difficulties of quitting tobacco use
  - **Procedural**—items that should be discussed during the first call and items that should be discussed during each call



# Journals

## 2) Secret Shopper Feedback

- ❖ **Open-ended questions: Qualitative** items regarding their experience: how the caller felt during the call, the helpfulness of quit strategies that were discussed, most and least helpful aspects of the call
- ❖ **Coaching Call Questionnaire: Quantitative** questions regarding their perceptions of coaching session: supportiveness of the coach, helpfulness of quit strategies developed, and quality of call content
- ❖ Responses used to triangulate and validate results from fidelity evaluation

# Secret Shoppers

## ❖ Two Waves

- Actual Tobacco Users who worked with SRG as interviewers who wanted to quit tobacco use
- Non-Tobacco Users who were research staff and given a Profile to follow

	Total Number of Secret Shoppers	Number Completed Counseling Calls					Total Number of Counseling Calls
		1	2	3	4	5	
Wave 1	7	2	0	4	0	1	19
Wave 2	3	0	0	0	0	3	15

# Key Findings

Practical Elements	Score (1-5)	Supportive Elements
Exploring thoughts about tobacco use	3.96	4.24 Providing encouragement of quit attempt
Recognizing danger situations	3.64	3.82 Communicating caring and concern
Helping the participant to develop coping skills	3.39	3.91 Encouraging participant to talk about the quitting process
Assessing current coping strategies	3.28	
Calls satisfying required elements		
Percent of intake/first calls that met all requirements	88.9%	61.8% Percent of coaching calls that met all requirements

# Practical Key Findings

## ❖ All above “acceptable” rating

- Highest rating given to “Exploring thoughts about tobacco usage” (4.24)
  - Consistently asked open-ended questions regarding reasons for quitting and about history and current usage of tobacco
- Lowest ratings were for assessment of coping strategies (3.28) and development of coping skills (3.39)

“Maybe if he had gone a little bit more into additional strategies I could use it would have been nice, but he seemed to think the strategies I was already using were helping, and I would also be adding the gum, so maybe he didn’t feel the need to recommend more strategies?”

# Practical Key Findings

- ❖ In about 2/3 of calls (67.6%), the coach provided strategies to help or stay quit
  - Average rating of 4.11 given when asked to rate helpfulness
  - 92.3% “somewhat” or “very likely” to try strategies

# Practical Key Findings

❖ **Journal responses provided a variety of coping strategies**

Participate in enjoyable activity to keep mind/hands occupied

NRT

No new strategies discussed

Straws

Cinnamon sticks

Candy/mints/gum/sunflower seeds

Local cessation resources/Text support

Exercise

Changing routine

Support network

Healthy eating/Drinking water

Avoid triggers

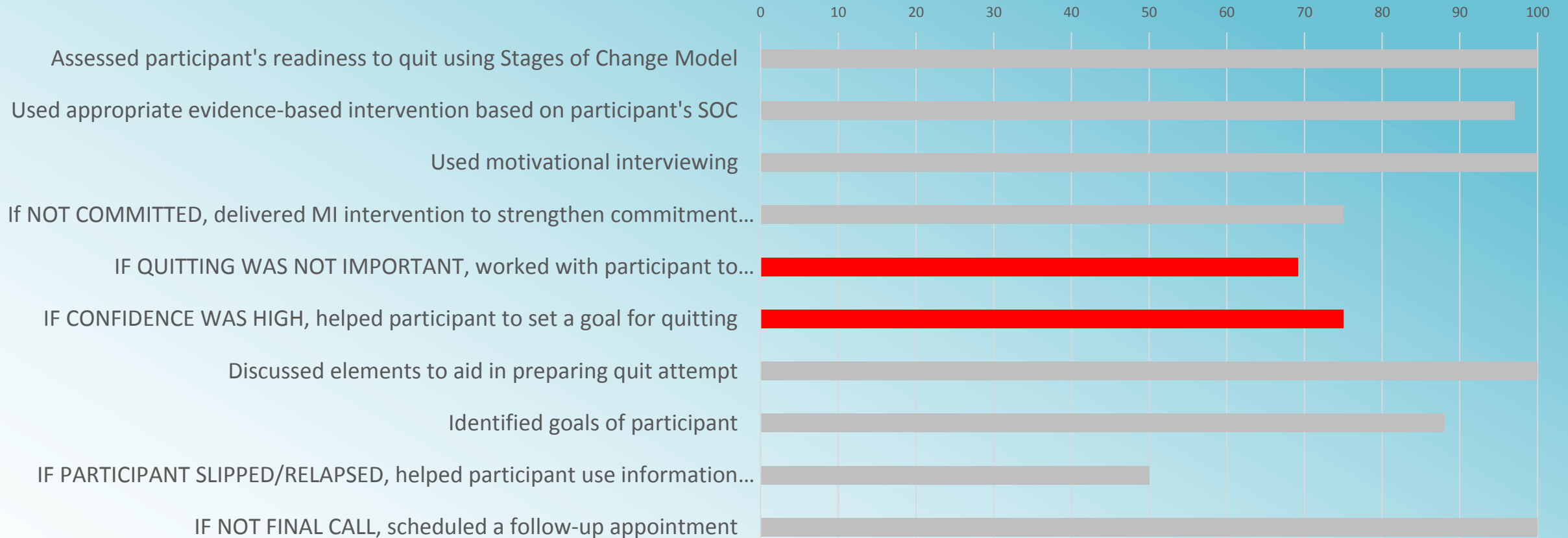
# Supportive Key Findings

- ❖ Overall ratings well above “acceptable”
  - “Providing Support of Quit Attempt” rated above “good”
- ❖ Positive feelings about calls reported in journals
  - Average rating of 4.68 on coach supportiveness

*“He said things like ‘you’re doing a fabulous job,’ ‘you’re really thinking,’ and ‘look at the progress you’ve made!’ and reinforced the reasons I want to quit. I just felt really good about his supportive tone, it seemed natural and genuine.”*

# Procedural Key Findings

Percent Meeting All Call Procedures





# Targeted Populations

## ❖ Mental Health (Depression)

- Caller brought up issue of depression and stress during each call
- Coaches generally sympathetic and supportive
- 1 of 5 coaches helped develop specific coping skills

## ❖ Pregnant Women

- Pregnancy coach assigned
- Pre and post partum program explained
- No info shared specific to pregnancy (packet sent but not discussed)
- Issues reaching coach if missed scheduled call

# Areas for Improvement

- ❖ Helping develop coping skills
  - Coaches did not always help participants develop successful coping strategies to deal with danger situations or work with participants to alter coping strategies to help them work more successfully
- ❖ Assessing coping strategies
  - Received lower ratings on fidelity and participant journals
- ❖ Help understanding why smoking is important
- ❖ Setting goals
- ❖ Relapse management (2 out of 4 addressed)

# Recommendations

- ❖ Most coaching sessions met *acceptability* fidelity ratings
- ❖ Identified gaps
  1. When applicable, work to understand nicotine's importance
  2. Setting concrete goals when confidence is high
  3. Help develop detailed plans on how coping strategies will be implemented

# Recommendations

- ❖ Strategies for improving coaching on coping strategies
  - Once a coping strategy is identified by a participant, coach uses idea as a starting point and help caller come up with a more detailed plan of how to implement the strategy during a danger situation

# Recommendations

- Helping the caller to come up with a plan of how they might go about avoiding places that might be triggers
- Helping the caller come up with the details of a schedule they could follow to use their NRT

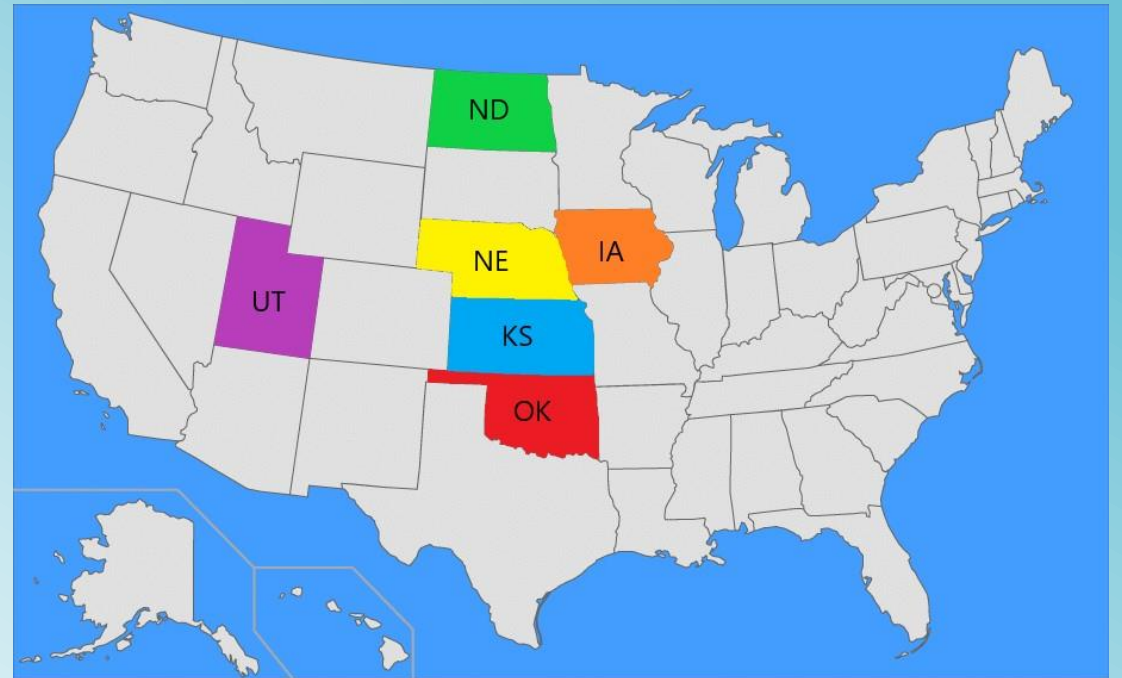
*“He said I need to get on a schedule with the gum so I will reach for it instead of a cigarette. He said to avoid places I liked to smoke, since they would be triggers. He didn’t offer a lot in the way of additional strategies, he seemed to be saying I need to figure it out for myself what strategies work for me because everyone is different.”*

# Future Evaluation Efforts

- ❖ Continue monitoring
- ❖ Re-evaluate interventions
- ❖ Decrease costs
- ❖ Need observations of “naturally” occurring counseling calls
- ❖ Add quit rate as a final outcome

# Conversations with Other States

- ❖ Question: what are other state tobacco programs doing in terms of secret shopper evaluations of their tobacco quit lines?
- ❖ Used internet and Evaluators Network to identify potential states



# State Summary

- ❖ Current secret shoppers: 1
- ❖ Previous secret shoppers: 3
- ❖ Not secret shoppers: 2
- ❖ Variety of approaches
  - Usually 6-12 callers/personas, usually with specific protocols that address areas of interest (special populations, etc.)



# State Results

## ❖ Positives

- Qualitative data that improved the evaluation
- Control over content

## ❖ Negatives

- Time and expense
- Staff challenges



# Alternate approach

- ❖ Several states ultimately decided to use an approach in which they listen to recordings of actual calls to evaluate fidelity
  - Get benefit of “real world” call experience, but lose a measure of control over the content
  - One state mentioned that their vendor charged them for pulling the audios (which SRG has heard in other contexts)

# Questions?

- ❖ For more information contact:
  - ❖ Darby Schaaf: [dschaaf@strategicresearchgroup.com](mailto:dschaaf@strategicresearchgroup.com)
  - ❖ Kathleen Carr: [kcarr@strategicresearchgroup.com](mailto:kcarr@strategicresearchgroup.com)
  
- ❖ Ohio Department of Health, Tobacco Use, Prevention, and Cessation Program
  - ❖ Mandy Burkett: [Mandy.Burkett@odh.ohio.gov](mailto:Mandy.Burkett@odh.ohio.gov)

# Science Transforming Life



**Wyoming Quit Tobacco**  
**September 18, 2018**



## CSR (Client Service Representative)

- Perform intakes only
- Process fax referrals
- 2 ½ weeks of training
- Makes up about 20% of our staff



## Coach

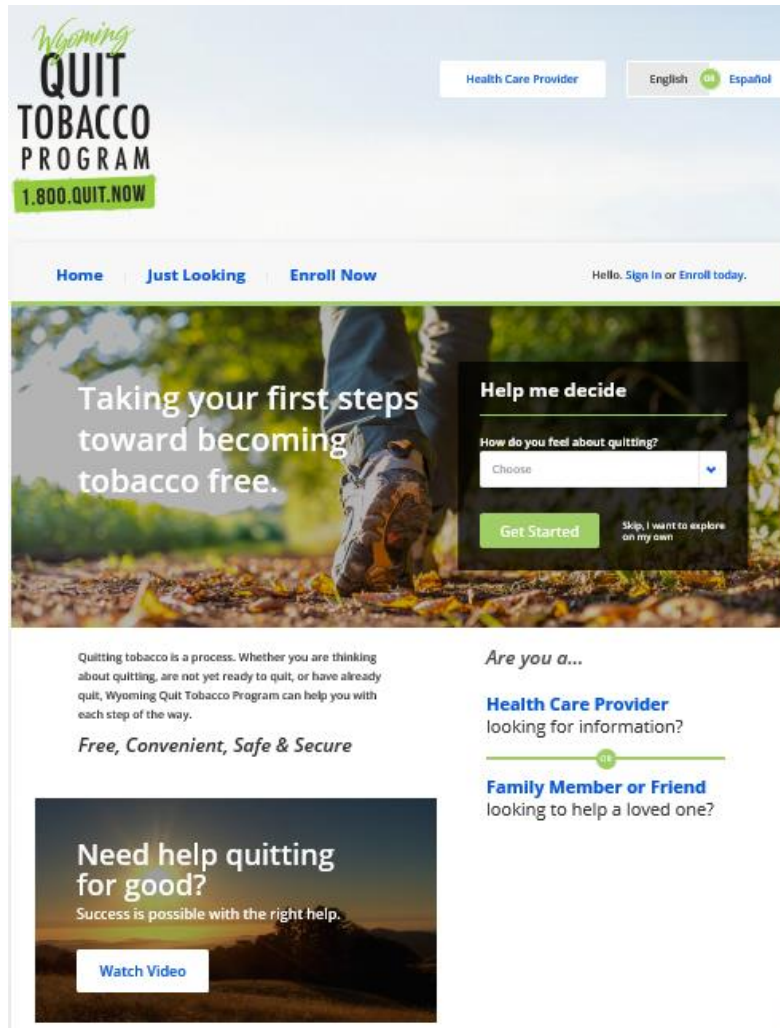
- Can do intakes and all coaching
- 4+ weeks of training, Bachelor's degree required
- Makes up 80% of staff




## ■ 5 Call Program

- 1 Intake Call (Inbound or provider referral)
- Up to 5 Coaching Calls (Outbound at time scheduled with the participant)
  - The completion of Coaching Call #1 signals and official enrollment
- Unlimited inbound calls for support
- Text & Email support available to all callers
- Nicotine Replacement Therapy (NRT) Available
  - Shipped directly to participants
  - 12 Weeks of Patch, Gum, Lozenge, or Combo
  - Chantix and Bupropion

- **Participants can enroll by**
  - Calling 1-800-QUIT-NOW
    - Direct WY Helpline: 855-313-0013
  - Referred by a provider or self
  - Enroll online at <https://wyo.quitlogix.org>



The screenshot shows the homepage of the Wyoming Quit Tobacco Program website. At the top left, the program logo features the word "Wyoming" in a script font above "QUIT TOBACCO PROGRAM" in bold, with the phone number "1.800.QUIT.NOW" below. To the right are buttons for "Health Care Provider" and language options "English" and "Español". A navigation bar includes "Home", "Just Looking", and "Enroll Now", along with a greeting "Hello. Sign In or Enroll today." The main content area has a background image of a person's feet on a path. A large text block reads "Taking your first steps toward becoming tobacco free." To the right is a "Help me decide" section with a dropdown menu "How do you feel about quitting?" set to "Choose", a "Get Started" button, and a link "Skip, I want to explore on my own". Below this is a paragraph about the quitting process and the program's benefits, followed by the text "Free, Convenient, Safe & Secure". To the right is a section titled "Are you a..." with two options: "Health Care Provider looking for information?" and "Family Member or Friend looking to help a loved one?". At the bottom left, a video thumbnail asks "Need help quitting for good?" and includes a "Watch Video" button.

 Wyoming Quit Tobacco Program has its own website:  
<https://wyo.quitlogix.org>

- Website features include:
  - ▶ Program Enrollment
  - ▶ Participant Profile
  - ▶ Local Resources
  - ▶ English/Spanish available



- Phone or Web-phone protocols offered
- Shorter intake to eliminate barriers
- 10 coaching calls with dedicated AI coaches
- 7 reset attempts for enrolled participants
- 3 reset attempts for referrals
- NRT: Wyoming offers a choice of patch, gum or lozenge, up to 12 weeks
- Chantix is also available



- **Dedicated Toll-Free Number: 1-855-372-0037**
  - This number connects directly to our AICTP coaches.
  - Callers can also reach the AICTP by calling 1-800-QUIT-NOW
  
- **Designated coaches**
  
- **Website: <https://americanindian.quitlogix.org>**
  - Online enrollment available
  - Additional cessation resources available

# Pregnancy and Post Partum

- ⌘ To be eligible for participation in the Post-Partum protocol, participants **MUST** have completed at least 1 coaching call while pregnant.
- ⌘ Dedicated Pregnancy / Post-Partum coaches receive additional and on-going training related to the protocol. All dedicated coaches are female.
- ⌘ Coach will ask whether the participant would be willing to receive text messages to their cell phone during program enrollment.
- ⌘ Pending Doctor's consent, pregnant participants may receive NRT
- ⌘ Rewards are offered as an incentive to complete program

# Behavioral Health Pilot

## ⌘ Pilot Recruitment:

- Recruitment for the BH pilot ended September 3, 2018. During the next few months we will focus on gathering quit outcomes, and analyzing and compiling results for the final report.
- Quit outcome evaluation through mid-December. Final report delivered by the end of January 2019.

## ⌘ Continual retention monitoring:

- We continue to see higher retention rates in both the Anxiety and Depression groups for calls 1-3 and similar retention rates for calls 4 and 5.

## ⌘ Continual quality assurance monitoring:

- The coaches are consistently delivering the behavioral health interventions with a high level of compliance to the content. In addition, the quality of the interventions remains above expectations for our staff.

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# Science Transforming Life



**Thank You!!**



**Wyoming Survey & Analysis Center**  
**Tiffany Comer Cook**  
**Senior Research Scientist**

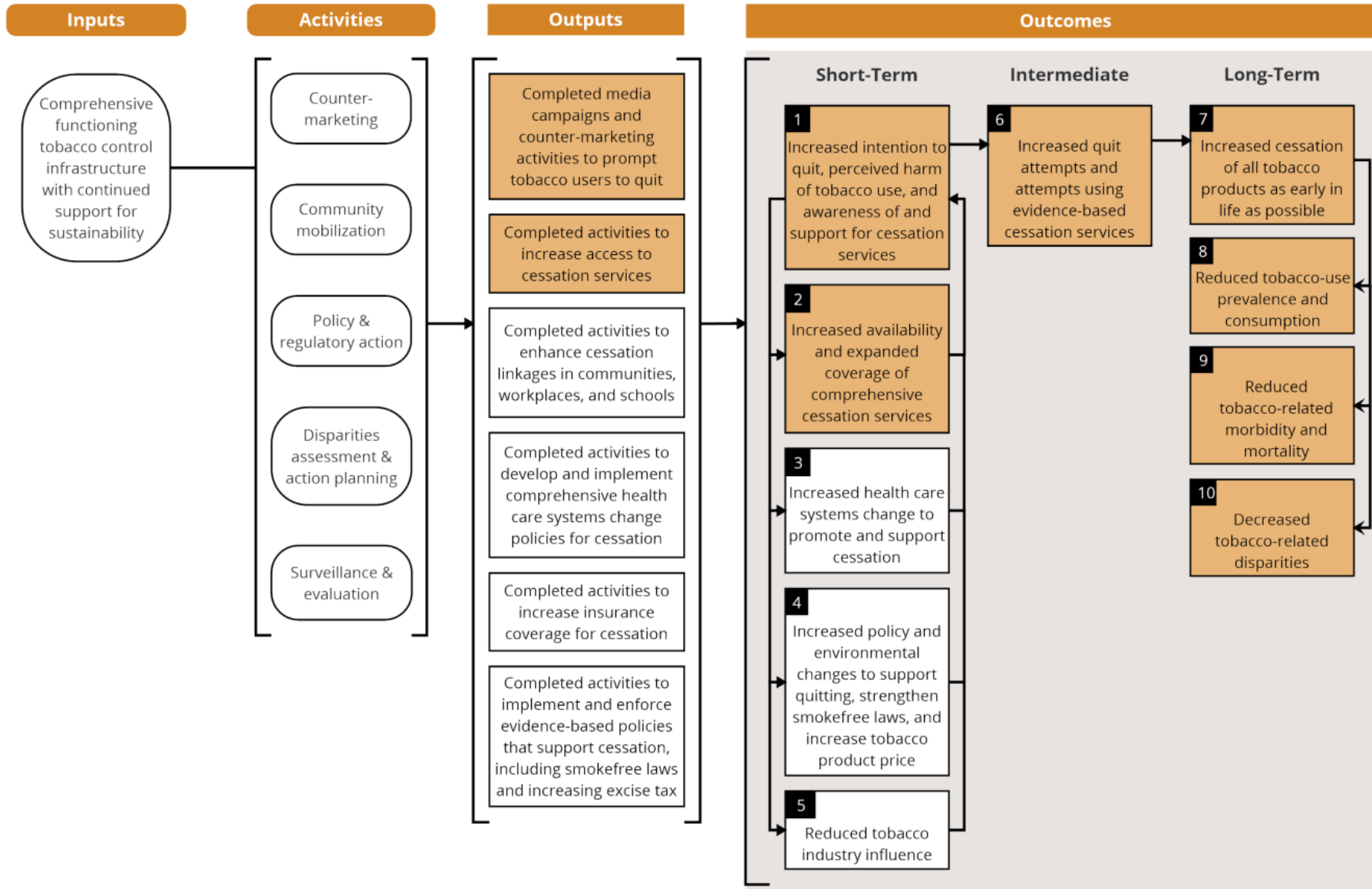
# Sampling and Survey Methods

- Monthly calls, 7 months post enrollment
- Follow-up survey follows the MDS, for the most part
- Attempted census (of those who agreed to the follow-up)
- SPSS to analyze the data



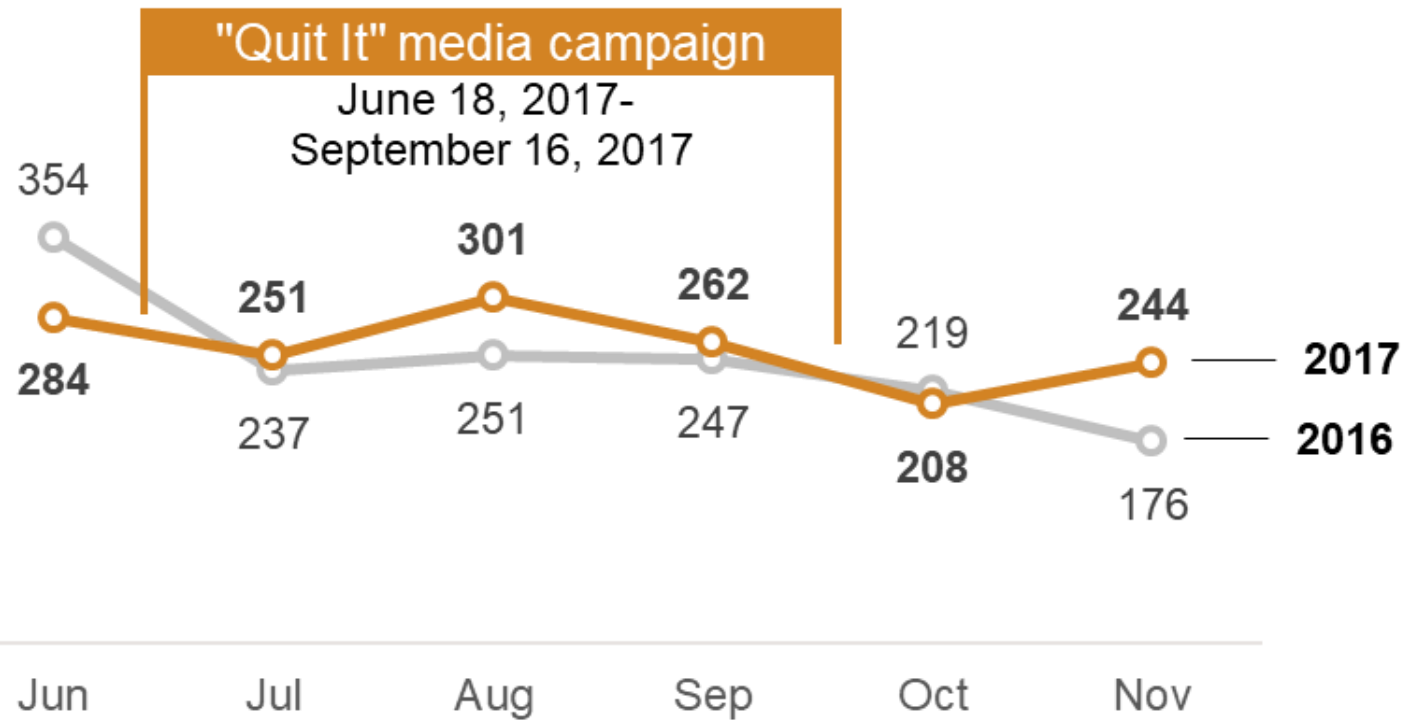
### Goal Area 3

#### Promoting Quitting Among Adults and Young People



Focus on reducing tobacco-related disparities

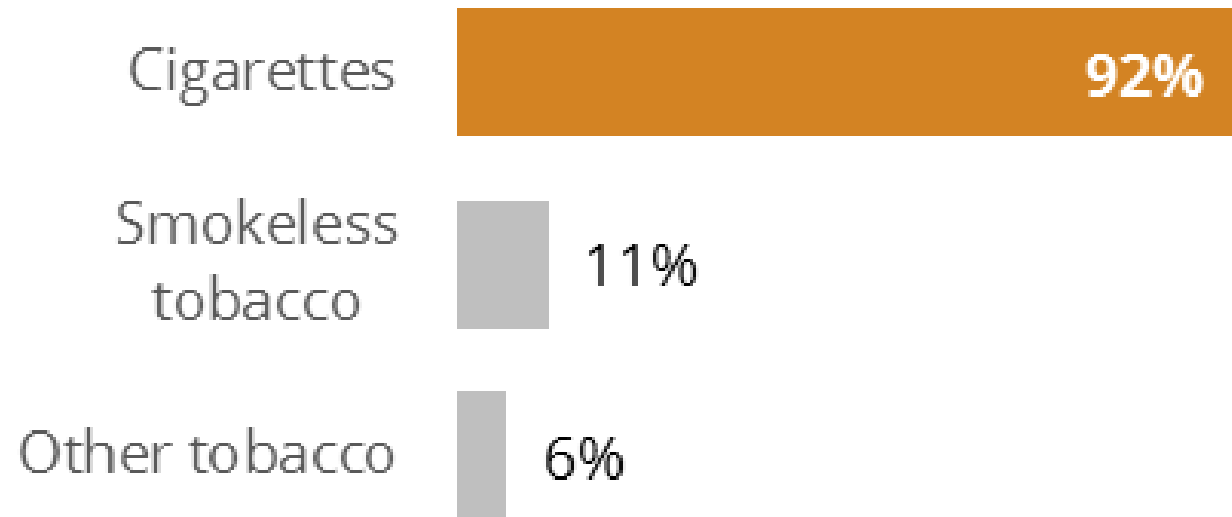
# Monthly Enrollment with Media Info



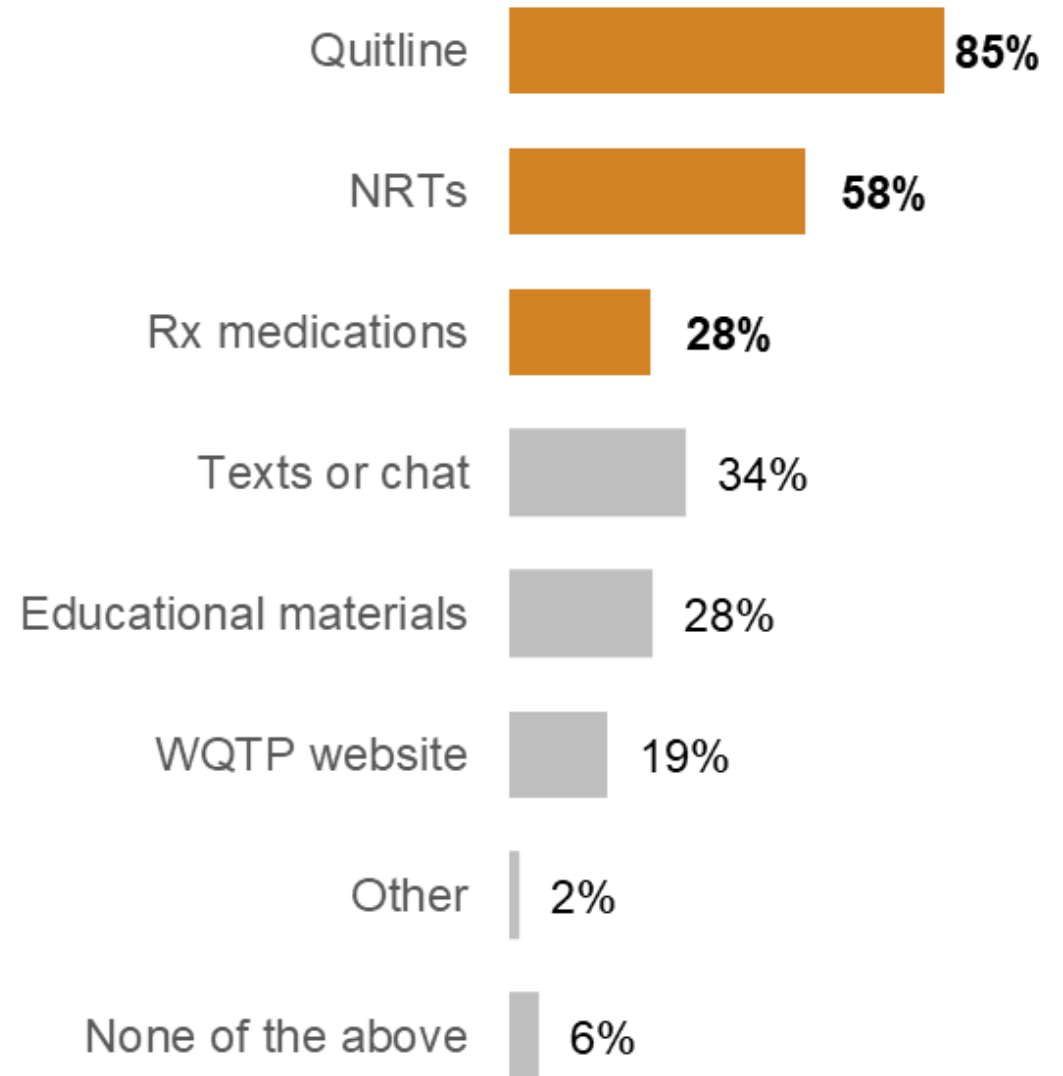
# 33% Response Rate

<b>Intake survey month</b>	<b>Jun 2017</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Total</b>
<b>Follow-Up Survey month</b>	<b>Jan 2018</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	
Total eligible respondents*	169	165	190	158	130	144	956
Total complete interviews	53	55	66	55	46	44	319
Response rate	31%	33%	35%	35%	35%	31%	33%

# Percentage of enrollees who wanted to quit using...



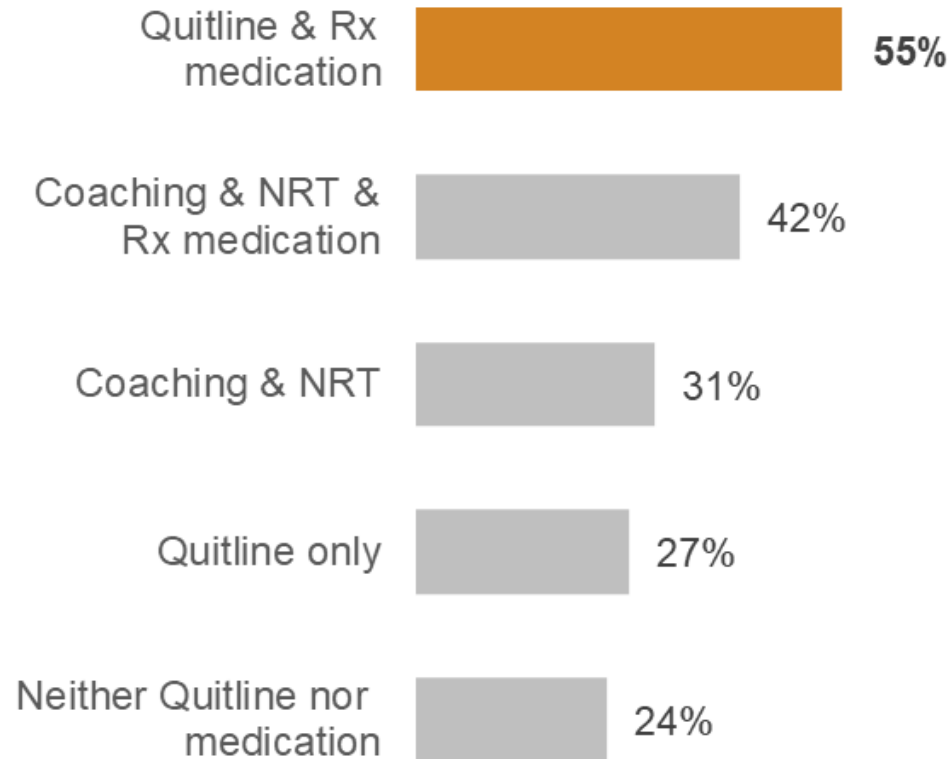
# Quitline Coaching and NRTs Are the Most Popular Services



# Quit Rates



# Combo of Quitline and Medication Results in Highest 30-Day Quit Rate



# Impact of Free Chantix



**Enrollment**



**Use of prescription medication**

- **44% quit rate for those who used Chantix and phone coaching**
- **Overall program quit rate did not change**



# Other Outcomes

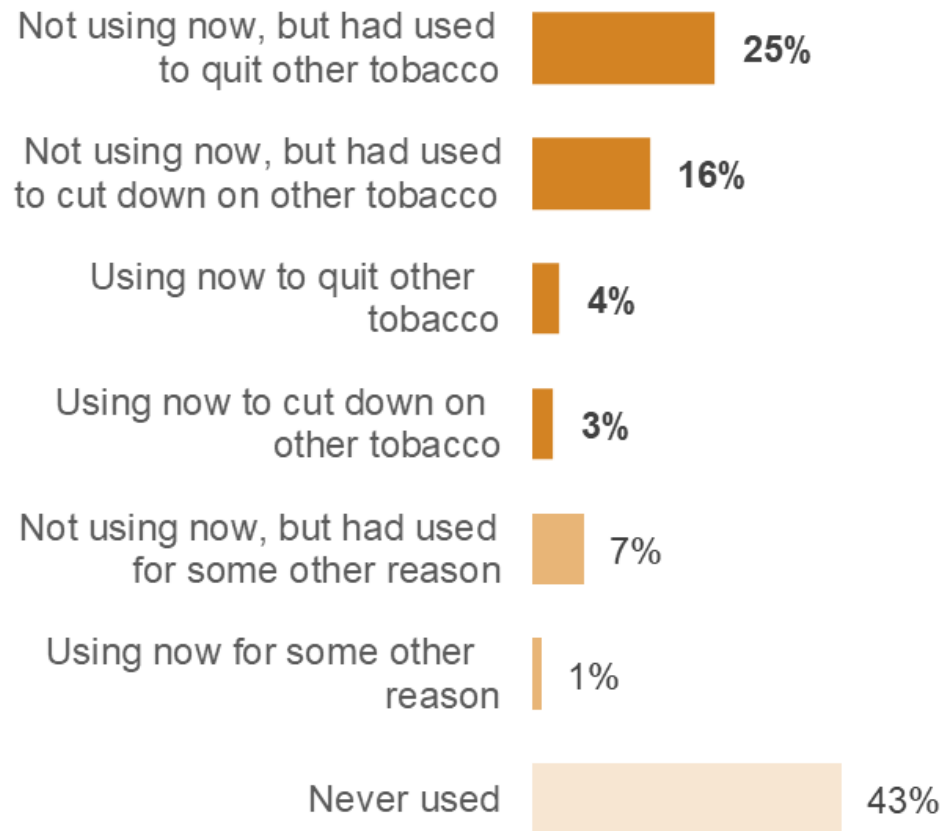
Used less tobacco  
than 3 months prior  **51%**

Made at least 1 quit  
attempt  **85%**

Were very or mostly  
satisfied  **76%**

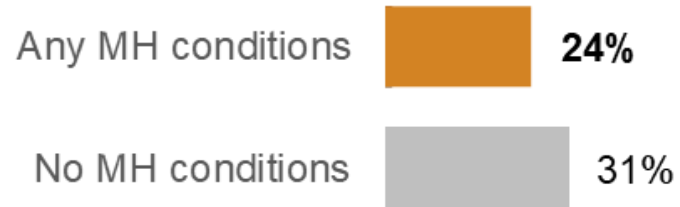
Had recommended  
WQTP  **66%**

# Using ENDS

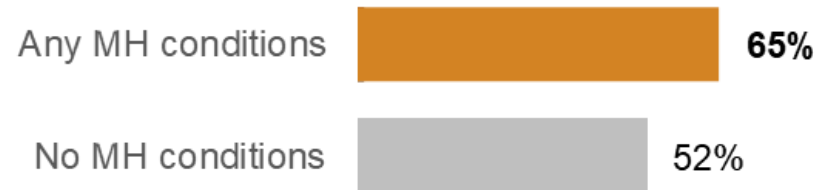


# Differences among Those Reporting Mental Health Conditions

## Rx medications



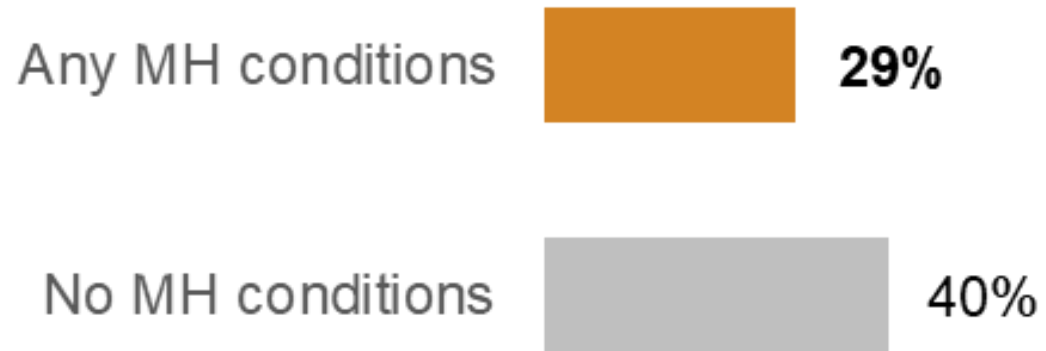
## NRTs



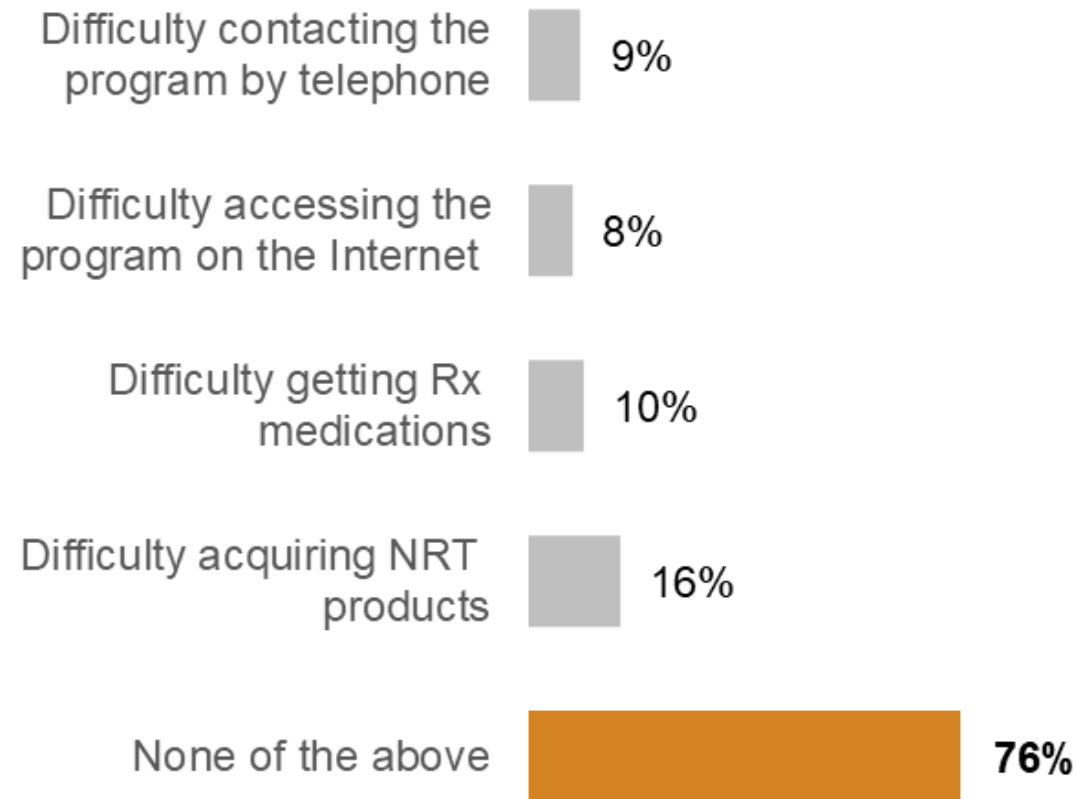
## Quitline



# Enrollees with Mental Health Conditions Had a Lower Quit Rate



# Most Enrollees Reported No Problems with Using the WQTP





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UNIVERSITY OF WYOMING

# Wyoming's Quitline Evaluation

*September 18, 2018*

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