State of Alaska Epidemiology Bulletin

Department of Health and Social Services
Karleen Jackson, Commissioner

3601 C Street, Suite 540, PO Box 240249
Anchorage, Alaska 99524-0249 http://www.epi.Alaska.gov

Division of Public Health
Deborah L. Erickson, Acting Director

Local (907) 269-8000
24 Hour Emergency 1-800-478-0084

Editors:
Jay C. Butler, MD
Joe McLaughlin, MD, MPH

Bulletin No. 22 December 28, 2006

Evaluation of the Alaska Quit Line: 3-Month Quit Rates and Caller Satisfaction

Background

Several studies have demonstrated that telephone quit lines are generally effective for promoting tobacco cessation, particularly when used in conjunction with nicotine replacement therapy (NRT).[1-7] Established in 2002, the Alaska Quit Line (QL) is managed by Providence Alaska Medical Center under a contract with the Alaska Department of Health and Social Services, and has offered free NRT as part of the service since July 2005. The effectiveness of the Alaska Quit Line has never been evaluated. In order to assess quit rates and user satisfaction rates associated with use of the Quit Line, an evaluation of the Alaska Quit Line was initiated in October 2005.

Methods

Persons who met the inclusion criteria for the evaluation were English-speaking adults who called the Alaska Quit Line between October 15, 2005 and February 28, 2006 and provided informed consent to participate in the evaluation. Approximately 3 months after their initial call to the Alaska Quit Line, a telephone-administered survey instrument was used to assess whether callers were satisfied with the Quit Line services and whether they had quit smoking. Quit smoking was defined as not having smoked at all in the 7 days prior to being interviewed. Demographic subgroups were compared using Pearson chi-square tests. Due to non-response to certain questions, denominators varied for each response.

Results

Of the 1,048 Quit Line callers whom interviewers attempted to contact via telephone, 431 (41%) completed the telephone survey. Of the 431 callers who completed the survey, 322 (75%) were White, non-Hispanic and 44 (10%) were Alaska Native; 361 (84%) were from urban regions of Alaska (defined as the Municipality of Anchorage, Fairbanks North Star Borough, Valdez, Adak, Juneau area, Ketchikan area, Wasilla-Palmer area, and areas in and around Seward, Kenai and Homer); 370 (86%) had at least a high school education; and 290 (67%) had an annual income <$50,000. The 3-month quit rates for the entire sample were 41% for cigarettes and 30% for smokeless tobacco. The cigarette quit rate was significantly higher for urban Alaskans (43%) compared with their rural counterparts (29%; χ^2_1=4.383, P=0.036). Income was also significantly associated with cigarette quit rates, with higher quit rates among callers with annual incomes ≥$75,000 (57%) compared with persons with incomes <$25,000 (30%; χ^2_3=15.062, P=0.002).

Of the 429 callers who responded to the question on overall satisfaction, 382 (89%) reported being somewhat or very satisfied (versus somewhat or very dissatisfied) with the service overall; 91% of the 361 urban resident callers and 82% of the 66 rural callers reported being somewhat or very satisfied (χ^2_1=4.647, P=.031). There were no statistically significant satisfaction differences by income or education. Levels of caller satisfaction with specific elements of the Quit Line service are indicated the Table.

Discussion

The Alaska Quit Line was well received by the persons who were surveyed, and was effective across various demographic groups. The 41% 3-month quit rate compares favorably with quit rates achieved by other states' quit lines: in Washington, 30% of the Quit Line users quit cigarettes at 3 months;[8] in Oregon, 34% quit cigarettes at 2 months;[9] and in New York, 21% to 35% quit cigarettes at 4 months at various sites.[5]

Nearly all participants indicated satisfaction with the Alaska Quit Line, both overall and with each of several service components. In addition, the majority of participants would recommend the Alaska Quit Line to others.

Table. Caller Satisfaction with Components of the Alaska Quit Line (QL), 2005-2006.

Component	No. (% of Responders)
Registration process was fine*	412 (97)
Satisfied with QL nurses†	379 (93)
Found Quit Kit useful‡	366 (94)
Would suggest QL to others§	414 (97)

*Fine versus somewhat or very uncomfortable
†Very or somewhat satisfied versus somewhat or very dissatisfied
‡Found packet of cessation materials provided very or somewhat useful versus not too or not at all useful
§Yes for sure, or probably would versus probably would not, or never would

Recommendations

1. Healthcare providers should recommend the Alaska Quit Line to their patients who use tobacco.
2. Contact the Alaska Tobacco Prevention and Control Program (by email: tobacco@health.state.ak.us or telephone: 907-269-8895) for more information about the Alaska Quit Line, or materials related to the Quit Line.

References

1. Fiore MC, Croyle RT, Curry SJ, et al. Preventing 3 million premature deaths and helping 5 million smokers quit: a national action plan for tobacco cessation. *Am J Public Health* 2004;94:205-210.
2. Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence*. Clinical Practice Guideline. Rockville, Maryland: US Department of Health and Human Services, Public Health Service, June 2000.
3. Lichtenstein E, Glasgow RE, Lando HA, et al. Telephone counseling for smoking cessation: rationales and meta-analytic review of evidence. *Health Education Research* 1996;11:243-257.
4. Zhu SH, Anderson CM, Tedeschi GJ, et al. Evidence of real-world effectiveness of a telephone quitline for smokers. *New England J Med* 2002;347:1087-1093.
5. Cummings KM, Hyland A, Fix B, et al. Free nicotine patch giveaway program 12-month follow-up of participants. *Am J Prev Med* 2006;31(2):181-184.
6. Macleod ZR, Charles MA, Arnaldi VC, et al. Telephone counseling as an adjunct to nicotine patches in smoking cessation: a randomized controlled trial. *Medical Journal of Australia* 2003;179(7):349-352.
7. An LC, Schillo BA, Kavanaugh AM, et al. Increased reach and effectiveness of a statewide tobacco quitline after the addition of access to free nicotine replacement therapy. *Tobacco Control* 2006;15:286-293.
8. Oregon Dept of Human Services, Health Services, Office of Disease Prevention and Epidemiology. *CD Summary*. November 28, 2006; Vol. 55, No. 24.
Available at: http://oregon.gov/DHS/ph/cdsummary/.
9. Oregon Dept of Human Services, Health Services, Office of Disease Prevention and Epidemiology. *CD Summary*. February 7, 2006; Vol. 55, No. 3.
Available at: http://oregon.gov/DHS/ph/cdsummary/

(Contributed by Lisa Aquino and Andrea Fenaughty.)