State of West Virginia
Department of Administration
Purchasing Division

N O T I C E

Due to the size of this bid, it was impractical to scan every page for online viewing. We have made an attempt to scan and publish all pertinent bid information. However, it is important to note that some pages were necessarily omitted.

If you would like to review the bid in its entirety, please contact the buyer. Thank you.

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January 27, 2010

Dear Ms. Wagner:

Thank you for the opportunity to provide the State of West Virginia with a proposal for a Tobacco Cessation QuitLine Services, RFQ No. EHP10067. Healthways' solution is designed to engage and effectively help West Virginians in the 18-34 year old population to quit using tobacco, allowing them to pursue healthy lifestyles.

We will support the State of West Virginia through innovative interventions designed to foster education, engagement and risk reduction, one individual at a time. By using the integrated offerings, West Virginia tobacco users can choose the modality that best meets their individual needs.

We look forward to working with the State of West Virginia to achieve their vision of a Tobacco Free State and invite you to partner with us in a collaborative and mutually beneficial solution. Our programs will help the State attain a higher level of performance through the health of their community.

Sincerely,

Janna Lacatell
Senior Account Executive and Business Development
Healthways, Inc.
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Executive Summary

The State of West Virginia has requested proposals for a Tobacco Cessation Quitline Services to assist tobacco users in West Virginia in quitting tobacco. Based on the RFQ EHP10067, West Virginia would like to reduce the incidence to tobacco users within the 18-34 year old population. The project will require a comprehensive approach in prevention and cessation to effectively reduce the harm caused by tobacco use.

Healthways is uniquely positioned to provide these services to the State of West Virginia. Healthways, Inc. (NASDAQ: HWAY) of Nashville, TN is the leading and largest provider of specialized, comprehensive health management programs and services, including preventive health, outcomes-driven wellness, disease management and high-risk care management to health plans, employers and government.

Our global mission is to create a healthier world, one person at a time. Our QuitNet tobacco cessation solution is core to helping us achieve our mission and we are driven by a simple, but far-reaching goal: to help people stop using tobacco. We are committed to ongoing research and innovation to help individuals quit smoking and stay tobacco-free. Our QuitNet solution combines expertise from Healthways' 23 years of telephonic behavior change and tobacco cessation experience and 14 years of QuitNet's online tobacco cessation services to U.S. and Canadian Public Health Departments, national health plans and many Fortune 100 companies. The science and philosophy behind our QuitNet Comprehensive program is designed from existing and emerging tobacco cessation research and the guidelines established by the Surgeon General, which demonstrate individuals experience higher quit rates when they use a variety of help and support to combine effective behavioral interventions with over the counter (OTC) or prescription smoking-cessation medication.

The science and philosophy behind QuitNet Comprehensive is designed from existing and emerging tobacco cessation research and the guidelines established by the Surgeon General.

Integrated Platform

Healthways' QuitNet Comprehensive's fully integrated approach has an established brand-name recognition by tobacco users, making QuitNet the most competitive choice to be the State of West Virginia's tobacco quitline vendor. In addition to providing traditional quitline phone services at the highest quality levels, our QuitNet solution offers participants access to an integrated online experience. Our evidence-based online program has proven outcomes as both a stand-alone intervention and as a complement to our telephonic services, and provides an appealing support modality for the specific age group targeted by West Virginia in this RFP. QuitNet enrollees move seamlessly between personalized web content, online coaching, social support, tailored messages and telephonic coaching modes to get the support they need, when they need it. Our research shows that those who take advantage of comprehensive offerings, utilizing a blend of phone and online interventions, achieve the best quit rates. QuitNet has a proven dose-response benefit.

QuitNet's unique combination of tobacco cessation delivery modes - along with a competitive price, strong product innovation, and active research and program evaluation teams - will allow the State of West Virginia to have more quitters per year at the lowest per-quitter price to date. All program registrants will be eligible to participate in one or more of the following comprehensive support services:

- **Web Support – For Life** via a co-branded version of QuitNet.com, used by millions of individuals in 160 countries. Our online presence has a high level of visibility among smokers and includes an online global community of over 600,000 participants with over 3,700 visitors per day. ***Since 2006, Healthways has registered over 1,150 QuitNet members from West Virginia in our public QuitNet website.*** Adult internet use by the target age group in this RFQ is widespread and based on current online utilization trends, this population is seeking health information online. It is our expectation that ***over half of the projected West Virginian population would access QuitNet web services in addition to quit line services.***

QuitNet's unique combination of tobacco cessation delivery modes will allow the State to have more quitters per year than at the lowest per-quitter price to date.

- **Telephonic Support** from a telephonic tobacco cessation health counselor with advanced training in tobacco cessation. Healthways' telephonic coaching has facilitated follow-through and provided motivation for successful risk-reduction and behavior-change to participants.
- **Printed Material** provided as our 40-page QuitNet QuitGuide. Our QuitGuide offers stage-based intervention and support for participants who prefer to read information in addition to phone and online interventions.
- **Personalized Email Support** for relapse prevention and retention in the program. Participants may choose to activate the email option within the QuitNet site. Once activated, this provides the participant with over 170 emails over a five year period. Our research shows that the more participants actively engage in online activity, the higher their likelihood of quitting and staying quit.
- **Optional Program Component: OTC NRT (Nicotine Replacement Therapy) from GlaxoSmithKline Consumer Health (GSKCH)** for those who are indicated for use and eligible per West Virginia's guidelines. The combination of pharmacotherapy and behavioral support as stated by the Public Health Services guidelines will improve medication compliance and increase the quit rate for program participants. QuitNet and GSKCH have partnered since 2005 to deliver a fully integrated behavioral support and low-cost NRT model in which GSKCH will provide all forms of over-the-counter nicotine replacement therapy products (Nicorette® Gum, Nicoderm® Patch and Commit® Lozenge) at significantly reduced government rates for use in the QuitNet Comprehensive Program. As the first to receive FDA approval for the distribution of NRT OTC products, GSKCH has the most consumer exposure and clinical effectiveness data for this category. By offering products that address

the barriers of clinical safety and consumer awareness, QuitNet Comprehensive is able to move the tobacco user through the counseling process with greater compliance and success. Furthermore, only GSKCH is able to provide the only clear nicotine transdermal patch (NicoDerm® CQ Clear), all flavors of nicotine polacrilex gum and all flavors of nicotine polacrilex lozenge within the U.S.

Cost Per Quitter

Healthways' Comprehensive program offers State's a high impact program and the lowest cost per quitter. One of our State web-only QuitNet clients conducted a multi-year intensive follow-up study between 2004 to 2008. The results were made into two posters and were recently presented at the 2009 SRNT meeting. The posters reflect QuitNet's outstanding industry leading quit rates, with many other findings also cited. Please refer to ***Attachment 1*** to see these posters in their entirety.

By offering our State partners a mixed modality support program with a blended pricing model based on a combination of telephonic and online engagements, Healthways directly passes cost savings on to our clients. Please see our budget narrative for details.

Experience and Scalability

Healthways has several state and government clients and understands their unique needs. Our philosophy is to work with each state to understand their needs, goals, challenges, populations, etc. Once we have an understanding of the client, we create a targeted plan to meet each state's specific needs. Using innovative programming and pricing strategies, Healthways will configure our programs to create high participation rates in a cost effective manner for the State of West Virginia.

Healthways is also unique in our ability to scale the call volumes quickly to meet the needs of a state client. QuitNet Comprehensive and QuitNet web-only programs have enrolled over 330,000 participants with 90,151 of those coming in the last 12 months alone. QuitNet has protocols in place to continue to ramp up services going forward as business needs demand.

Our integrated intervention model allows for enormous flexibility if call volumes increase dramatically from an unplanned event or situation (media attention from high profile death related to smoking, for example). With multiple call centers in different geographical locations and time zones, we can remain flexible. Using contingency plans created prior to implementation, Healthways can re-align phone resources to accommodate volume swells by moving overflow calls to a different call center.

Our experience dealing with unexpected high spikes in call volumes has helped us implement appropriate protocols. One example was the launch of a 100,000 employee company, which expected to have 1,000 enrollees in the first month. Due to promotion and interest in the program, over 1,300 individuals enrolled in the first 24 hours. The online registration capabilities resulted in zero complaints related to member access the program.

Healthways would also activate an incoming call script that would remind callers of the website URL and their ability to utilize the website for everything from complete

registration to accessing current news updates through our Resources area. Healthways also has the ability to post special messages on the site from the State that could also be used to alert callers to emergent/high profile situations. Healthways will ensure the correct staffing volumes to handle the State's population needs and minimize participant wait time.

Innovations

Healthways' platform is fully integrated provides traditional quitline phone services at the high quality levels combined with the integrated internet cessation program. This allows each individual to choose the modality that best suits their needs. West Virginians will move seamlessly between personalized web content, online coaching, social support, tailored messages and telephonic coaching modes to get the support they need when they need it. Our research shows that those who take advantage of comprehensive offerings, utilizing a blend of phone and online interventions, achieve the best quit rates.

In addition, Healthways has the ability to leverage our innovations resources to update programming and utilize current trends. With more tech savvy populations, more users are migrating to the internet for information and support. Healthways has enhanced our website to offer information to these users and create a positive experience.

Another example of our commitment to innovations and furthering population health include our exclusive 25-year partnership with Gallup. The Gallup-Healthways Well-Being Index is the first and largest ongoing survey of its kind and was launched in April 2008. The Well-Being Index is supported by the Center for Disease Control and the National Institute of Health, as well as Nobel Laureate Economist Daniel Kahnmen, who see this as a significant step in measuring health and wellness in our country. Well-being has three primary drivers: physical health, work environment and emotional health; and Healthways has combined our expertise in understanding what drives physical health with Gallup's employee engagement survey and new understandings about emotional health to create the Gallup-Healthways Well-Being Index. Please see ***Attachment 2*** for West Virginia's full Well-Being Index report.

Looking to the future

For three decades, Healthways has been dedicated to improving the human condition. Healthways delivers personalized solutions to over 30 million individuals through our industry leading programs including: telephonic disease management, online and telephonic lifestyle management and improvement, online and telephonic tobacco cessation, fitness center relationships, and other health and wellness related solutions.

Healthways looks forward to discussing tobacco cessation with the State of West Virginia in the near future and we would value the opportunity to share more information with you about our unique programs and services.

Program Description

Healthways' QuitNet Comprehensive, the only true multi-modal tobacco cessation program currently in the market, combines expertise from **Healthways' 23 years of telephonic tobacco cessation experience and 14 years of QuitNet's online tobacco cessation services to U.S. and Canadian Public Health Departments**. The science and philosophy behind QuitNet Comprehensive is designed from existing and emerging tobacco cessation research and the guidelines established by the Surgeon General, which demonstrate quitters are more successful when they use a variety of help and support to combine effective behavioral interventions with OTC or Rx stop-smoking medication.

QuitNet's fully integrated mixed modality support program - along with a competitive price, strong product innovation, and active research and program evaluation teams - will allow the State of West Virginia have more quitters per year at the lowest per-quitter price to date.

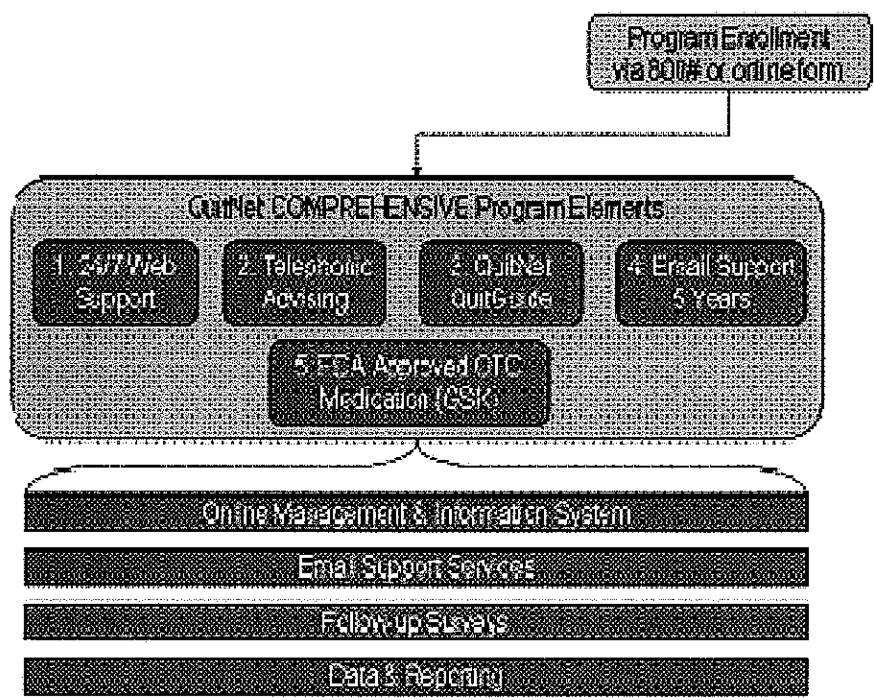
All program registrants will be eligible to participate in one or more of the following comprehensive support services:

- **Web Support – For Life** via a co-branded version of QuitNet's evidence-based service, QuitNet.com, used by millions of individuals in 160 countries.
  - ◇ Enrollees receive a lifetime membership in QuitNet's entire suite of online intervention and support features. The web experience is fully integrated with the telephonic program, allowing the web participant to view scheduled call appointments (should the participant choose to use both web and phone) and participate in online chat sessions with certified tobacco cessation counselors.
  - ◇ QuitNet.com also has accumulated the largest therapeutic online community focused on tobacco cessation, with over 9,000 posts per day providing participants with real-time responses to their posts (questions/seeking support) often within 30 -90 seconds of their post. Participation in the 24/7 peer to peer support tools correlates with improved outcomes at the 7-month outcome survey.
- **Telephonic Support** from a telephonic tobacco cessation counselor with advanced training in tobacco cessation. Healthways' telephonic coaching has facilitated follow-through and provided motivation for successful risk-reduction and behavior-change to participants.
  - ◇ Participants are assessed from the onset to determine their readiness to quit. Effective coaching strategies are then delivered to initiate long-term behavior changes. Our principles of behavior modification are based on the research of Dr. James O. Prochaska and the Transtheoretical Model.
  - ◇ Telephonic coaching is tailored to each participant depending on their readiness to quit and other health conditions. In addition, coaching is customizable to meet the needs of the State of West Virginia, including cultural, socioeconomic, and language sensitivities.

- ◇ Telephonic counselors are able to view the participant's web usage history and therefore better integrate the scheduled call content with online information and 24/7 online support.
- ◇ QuitNet's trained tobacco cessation coaches provide support from our state of the art call centers or from approved home office locations providing additional staffing flexibility to meet large fluctuations in service needs.

- **Printed Material** provided as our 40-page QuitNet QuitGuide. Our QuitNet QuitGuide offers stage-based intervention and support for participants who prefer to read information in addition to phone and online interventions.
- **Personalized Email Support** for relapse prevention and retention in the program. Participants may choose to activate the email option within the site. Once activated, this provides the participant with over 170 emails over a five year period. Our research shows that the more participants actively engage in online activity, the higher their likelihood of quitting.
  - ◇ Email Quit Tips and support are tailored to each participant's stage of readiness to change and the severity of their dependence on nicotine.
- **Optional program component: OTC NRT (Nicotine Replacement Therapy) from GlaxoSmithKline Health Consumer (GSK)** is the category leader in stop-smoking medication (QuitNet's partner since 2005; products developed in the late 90's) and provides brand-name, nationally recognized and trusted over-the-counter nicotine replacement therapy products at significantly reduced government rates, that are only available through the QuitNet Comprehensive platform. The combination of pharmacotherapy and behavioral support will improve medication compliance and increase the quit rate for program participants.
  - ◇ Our relationship to GSK is unique in the industry. We do not profit from NRT by adding any additional markup to these products, passing all the savings onto the State of West Virginia.

Each QuitNet Comprehensive participant may choose one or all of these proven interventions, a key differentiator of this intensive solution from a traditionally telephonic-focused approach to cessation. The following diagram best illustrates QuitNet Comprehensive:



As shown in the diagram, individuals are able to access the intake process by phone or online. Per the requirements of this RFP, all participants will engage with quit line services in addition to online support. Screening questions (including the recommended North American Quitline Consortium Minimal Data Set) are delivered to individuals and, based on their responses, appropriate information and/or services are offered. Regardless of registration modality (telephone or web form), registrants that are interested in cessation services may choose to access the combined program or a telephonic-based support program, and also may order a printed QuitGuide.

Our research has shown that by allowing each individual to choose which enrollment and support modality works best for their needs, our program increases participant engagement. Further, each support component has proven outcomes and is based in the science of behavior change. While Healthways recommends registrants select the combined program for optimal results, our stand alone interventions are also best in class.

At the end of the intake process, those participants choosing to access the online program are prompted to establish a user name and password that will be used to log into the state co-branded QuitNet website. The participant is then redirected to the QuitNet website where they may immediately begin their intervention, encouraging engagement and leveraging the individual's critical state of readiness. Those participants choosing the telephonic program are scheduled for their first proactive support call, which is made at their convenience. If the individual accessed the intake process online and selected telephonic support, the individual is immediately placed in our call queue and receives a call from one of our seasoned Engagement Specialists within one business day of intake. The Specialist will schedule the first proactive counseling call with the individual, as well as thoroughly explain the program and answer any initial questions.

Once a participant has completed the intake process and accessed a support modality, they gain access to the quit medications ordering system. Individuals may order quit medications either online or over the telephone with a counselor. Carefully designed ordering screens take the individual through the medication ordering process to: confirm there are no contraindications for use; determine dosing recommendations based on tobacco use history; offer additional product selection assistance; and place the order with the fulfillment center.

As shown in the diagram above, all of the participant interactions are recorded in a single online management and information system, from which all data and reporting are then accessed. The QuitNet Comprehensive tobacco cessation program is managed through a proprietary web-enabled Cessation Manager tool built by QuitNet. This tool allows us to deliver a streamlined program, across all modalities of service, as well as to provide a fully integrated view and reporting of the entire program population, including medication ordering.

Research Based Program Design

The QuitNet program employs the Prochaska Transtheoretical Stage of Change Behavior Modification Method to help users quit tobacco. In this model, we provide information and support to move users along the continuum of change from pre-contemplation all the way through maintenance and relapse prevention. Healthways has an existing relationship with the founders of the Stage of Change models, Drs. James O. and Jan Prochaska, offering unique access to new research findings and enhanced techniques related to this foundational theory.

Both our online and telephone based counselors leverage proven counseling techniques including the Prochaska Model, Motivational Interviewing, Cognitive Dissonance Theory, and other strategies shown to create effective, productive relationships between participant and counselor as well as to keep the individual motivated and committed to their quit attempt. Supporting the telephonic intervention, the online QuitNet component utilizes patent-pending technology to deliver science-based stage of change treatment by constantly presenting dynamic, tailored quitting information to users, both via the web and email, based on their current stage of change and other characteristics. QuitNet combines this approach with other cessation strategies including social support, expert advice and medication support, and engages the end user in a fun, supportive interactive online experience.

Both quit line and online interaction details are stored in a unified database to provide Healthways with a holistic view of the individuals' participation in all program elements. Online informational content is coded based on its appropriateness for users at different stages and according to key smoking history characteristics, as well as medication plan. This content is dynamically assembled into web pages and support emails for each individual based on the information we have collected from their interactions. Tailored content is electronically "served" to those participants who are using our online platform or choose to receive emails from the QuitNet program. In addition, the telephone based counselor will guide the participant through the stages of change and tailored intervention calls to the participant's immediate needs and medication plan.

This approach—presenting tailored information to the participant based on their stage of change—is comprehensive throughout the experience over the phone, on the site, proactively via email. For example, each support email the user receives is customized to include content relevant at that point in time, for that particular user, based on the user's profile at registration—e.g. gender, pregnancy status, number of cigarettes smoked per day, previous attempts at quitting, etc. All these factors contribute to the relevancy of all content the user receives. QuitNet's technology evaluates (based on each user's current status) what the most helpful combination of information will be and presents this information to support them in their effort to quit, decision to quit, or maintain their quit. Our program is designed to help users no matter where they are in their quit- from just starting to think about quitting to helping them keep their quit.

QuitNet Telephonic Coaching Model

The QuitNet Comprehensive program's telephonic coaching component is composed of a four call protocol that was developed by QuitNet and is based on principles outlined in the Public Health Service's clinical practice guideline **Treating Tobacco Use and Dependence, as well as the CDC's Telephone QuitLines: A Resource for Development, Implementation, and Evaluation.** QuitNet counselors integrate cognitive-behavioral and motivational interviewing principles to help ex-smokers develop strong self-efficacy and a non-smoking self image.

In its most basic form, QuitNet Comprehensive's telephone intervention protocol consists of a set number of scheduled calls, which will be delivered per the West Virginia specifications. The program's primary goal is to provide maximum support during the most statistically relapse-prone period of a participant's quit, it allows for some scheduling flexibility in case of abstinence breaks and/or complicating issues, and offers the option of some additional calls for immediate or aftercare assistance. A secondary goal of the phone intervention is to connect participants with QuitNet online, and/or other support structures, for long-term quit maintenance.

Per the call cadence, all calls are ideally completed within the first four to six weeks, with the first three occurring near the quit date. The program includes unlimited in-bound calls throughout the active program cycle, so individuals that need additional support can call in anytime, in addition to their ongoing, lifetime membership to QuitNet's industry leading online tobacco cessation site. Using the MDS question set and additional client specific questions, callers will be screened for readiness to make a quit attempt within 30 days and other characteristics. If the caller is deemed ready to quit, registration protocols will be initiated. If the caller is not ready to make a quit attempt, the counselor will employ techniques to attempt to move the individual along the continuum and closer to readiness. The caller will also be provided information on available resources such as local programs, information, and other relevant tools.

All participants who are determined eligible to participate in quit line services will be delivered our standard protocol, described below.

- **First Coaching Call** - The intake questionnaire containing all MDS questions and additional initial coaching questions may be performed at the time of registration, or may be conducted as a proactive follow up call at a mutually agreeable time set with

the participant. This call is ideally scheduled within two business days post registration into the program if not performed at time of registration, and within 30 days of the quit date This call is the longest call in the protocol, and serves a number of functions:

- ◇ Allows the Counselor to closely estimate the quitting stage and addiction level of the prospective participant, and provides the Counselor with information about tobacco usage and quitting history of the smoker.
- ◇ Uncovers medical conditions which may complicate or contraindicate certain quit-methods and/or tools.
- ◇ Prompts the Counselor, and even more importantly the smoker, to begin thinking about and planning the quit in light of past 'failures' and 'successes', aiding in the formulation of a quit-plan specially tailored to the smoker.
- ◇ Acts as a central data point for each client.
- ◇ Provides quit-preparation tools, assisting the participant to examine past history, learn about tobacco addiction, utilize motivational and support tools, and construct both a solid quit-foundation and a vision of a non-smoking future.
- ◇ Order the printed QuitNet QuitGuide or other relevant materials to provide stage-based intervention and support for participants who prefer to read information in addition to phone and online interventions.
- ◇ For callers who are not interested in receiving additional follow-up support, counselors offer encouragement to call the quitline again for assistance if needed.

- **Quit Day Call -** This call should take place on, or within one day after the scheduled quit, if at all possible. Typically, this call is 15-20 minutes but may vary depending on the participant's confidence level and quit status. Additional time can be added to the call for specific circumstances such as if the individual did not quit as planned, in which case the counselor will work with the individual to determine if they are willing to set another quit date.
  - ◇ This call is made to ensure that the participant has followed through with the commitment to quit; that all quit-tools chosen and previously discussed are in place and being utilized properly; to reassure the quitter and bolster their vision of a non-smoking future, and to remind the participant of key components of the quit-plan, such as interaction with a support network, awareness of triggers and use of coping skills, etc.
- **Follow Up Call #1-** This call should be scheduled, if possible, for the third day after the participant's scheduled quit date. Calls at this point will become shorter in duration, averaging 15 minutes.
  - ◇ The object of this call is twofold: to examine and support the members' compliance with their quit-plan, quit-tools, medications, etc, and to reassure the member that physical, mental and emotional effects they are experiencing are both temporary and a vital part of the process. Further discussion might cover the chemistry of detoxification, timelines of physical healing, daily routines that will or have changed as a result of the quit, etc.

- **Follow Up Call #2-** This call should be scheduled, if possible, for the seventh day after the participant's scheduled quit date. This call is on average 15 minutes depending on the individual's call tolerance.
  - ◇ The second follow up call continues the Counselor's examination and support of the participant's quit-plan, and begins to focus the ex-smoker's attention on the process of change that is already underway, emphasizing the positive and reframing the negative. Heavy emphasis is placed on diminishing detox symptoms, benefits already noted, the healing process, and the use of professional and peer support. It's also a good idea to begin working on non-smoker self-imagery.
- **Short Term Relapse/Slip Protocol**

  Participants that relapse will be able to receive up to two semi-structured support calls that help them to get back on track. To help with relapse prevention strategies, Healthways can place up to four outbound, proactive scheduled calls from their dedicated trained counselor following our relapse-prevention call cadence protocol, unlimited inbound calls to their counselor and life-time membership to online coaching and all other features included on the QuitNet website, the QuitGuide workbook and other educational materials.

Online Personalized Quitting Services

The State of West Virginia online QuitNet service will be tailored for West Virginia users containing branding and specific messaging from the State. The State of West Virginia program logo and sponsorship information will also be included in all welcome and quit tip email correspondence to West Virginia users. QuitNet also provides fully branded QuitNet implementations that are available to entire state populations however, based on available funding and the specific requirements as described in this RFQ, only those individuals that are eligible to participate in the program will have access to the branded website. Healthways can work with the State should an expansion of the online implementation become desirable. The QuitNet website features include:

- **My Quit page**

  This data and the underlying data structure of the "My Quit" page drives the dynamic tailoring of content from one site visit to the next and forms the basis for each user's individualized quit plan shown on their personal "My Quit" page. This page includes an individual's quit date and plan for medication use and also provides a prioritized list of particularly relevant site features.

  For example, for an individual with a quit date set for two weeks in the future, the "My Quit" page would encourage the user to take advantage of the opportunities for social support and would direct the individual to the "Getting Ready" section of the Quitting Guide that describes behavioral and pharmacological strategies for quitting. This rank ordering is dynamically updated as self-assessment information changes or as the individual uses various features of the site.

  Additional interactive tools linked to this tailored quit plan provide personalized feedback on the level of nicotine dependence (assessed via the Fagerstrom

Tolerance Questionnaire) and "Why do you smoke?" questionnaire that identifies motives for smoking and suggests alternative behaviors.

- **The Quit Date Wizard**

The Quit Date Wizard is an *interactive* feature that assists smokers in setting a quit date. It explains the importance of setting a quit date and prompts users to think about a realistic time frame, giving careful consideration to medication use, available support, and potential triggers (e.g., weekday vs. weekend quit). Every seven days we prompt the user to confirm or change their quit date. New quit dates using the Quit Date Wizard automatically update the user's My Quit Page.

Based on the user's quit date, number and price of cigarettes smoked, we compute and post each user's personal *Quit Stats*: number of cigarettes not smoked, amount of time smoke free, lifetime and money saved by not smoking. The Quit Stats serve as an important motivator and relapse-prevention aid. Our users have told us again and again that seeing the progress they have made reminds them of how important quitting smoking is for their health and wellbeing. The Quit Stats are constantly updated and always appear prominently on the user's My Quit Page.

- **Celebration of Key Milestones/Anniversaries**

As users reach key milestones, i.e. 100 days quit, they can print Certificates of Achievement that indicate the user's name, his/her personal quit stats and the milestone reached (at 100 days the user becomes, in the language of the QuitNet, an "Elder"). Milestones that are celebrated begin with Quit Dates and continue far into the future (three days, seven days, one month, one year all the way to the "QuitNet Hall of Fame" - five years or more quit).

Feedback from users has repeatedly confirmed the importance of celebrating these anniversaries – and are an important reason to return to the site. The more times a user visits the site, the higher the likelihood of them successfully quitting – and staying quit.

- **Customized Quitting Calendar**

The Customized Quitting Calendar is referenced to the individual's quit date (from Quit Date Wizard) and designed to provide users with a metric of their individual progress. In the days before and after the quit date, it provides cognitive and behavioral coping strategies related to preparing to quit and coping with symptoms of withdrawal or slips to maintain abstinence. Subscribers can record journal entries in their calendar as a method of self-monitoring. For individuals who indicate that they are planning to use pharmacological therapy, this calendar will show recommended dose and duration of therapy.

- **Q-Gadget**

The Q-Gadget is an *interactive* feature that displays the amount of money a subscriber has saved since they quit smoking, or will save once they reach their quit date. The underlying algorithm considers the number of cigarettes smoked, the

number of cigarettes per pack, and the cost per pack in generating this dollar figure. This information is an important source of tailored feedback for smokers, and therefore is prominently displayed at the top of their "My Quit Page." Other individually tailored data points located in this area include the number of days, minutes, and seconds the subscriber has been smoke-free since their quit date, and the number of cigarettes they have not smoked.

- **Community: 24/7 Social Support**

Over 7,000 support messages are exchanged each day by people using QuitNet's integrated suite of community tools: Forums, Q-Mail, live Chat, Buddies (individuals who help each other) and Clubs (self-formed special interests groups). There are special forums dedicated to quitting and weight gain, quitting and depression, quitting smokeless or chew tobacco, and even a forum restricted to 18-24 year olds. Finally, members can find buddies by searching the Directory by quit date or medication type. Q-cards can be sent to congratulate members who have a quitting anniversary.

COMMUNITY
- Forums
- Clubs
- Chat
- Q-Mail
- My Buddies
- User Directory
- Testimonials
- Q-Cards
- Linking to QuitNet
- Anniversaries
- Quitticisms

- **Resources: Tailored & Dynamic Information**

The QuitNet QuitGuide was originally developed with funds from the National Cancer Institute, and recently updated. The QuitGuide offers science based information and support suitable for every quitter, no matter what stage of quitting s/he is in – from making the decision to quit to staying quit. The guide offers helpful text, interactive questionnaires and other features, including: A detailed description of the quitting process and what to expect, compelling health reasons for quitting, practical action steps, testimonials from successful quitters, and cartoons to keep the reader motivated. *The QuitGuide is also available as a 40-page, printed handbook that is available in all of our sponsored programs.*

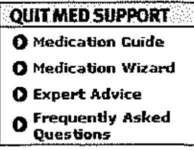
RESOURCES
- Quitting Guide
- Tobacco News
- Find Local Program
- Links
- Games

The Resources area of the site also includes a *National Directory* with 1,200 listings that enables smokers to find local and statewide cessation programs near them. Additional programs can be added to reflect local programs.

Finally, dozens of tobacco facts complete with detailed source documentation, and a daily tobacco news service is provided via collaboration with Join Together/Boston University School of Public Health. Key resources, such as the quitting and medication guides and FAQs are in Spanish.

- **Quit Med Support: Planning, Counseling, Facts and access to Pharmaceutical Aids**

QuitNet implements the U.S. Public Health Service guideline that recommends the use of pharmaceutical support, unless contraindicated. The *Medication Guide* helps users determine the Pros and Cons of various aids, including contraindications. The *Medication Wizard*[SM] is a self-administered protocol that recommends appropriate pharmacotherapy based on established research, including questions about



contraindications, medical history and personal preferences. Users can print a physician referral letter that they can use in discussions with their health care provider or to request prescription medications.

PART 2 CONTRACTUAL SERVICES

2.1 REQUIRED SERVICES

The vendor must be able to provide the DTP and the CDC with specific data as it pertains to this population of WV adults who call the quitline, enroll in quitline services, quit using tobacco products and who stay quit after six and twelve months. The CDC also requires special financial report and strongly suggest that all ARRA funds be place in a special, separate account in state tobacco budgets to ensure accurate and timely financial and program/project reporting. The CDC also requires vendors to maintain separate accounting for these funds.

Healthways will provide the DTP and the CDC with specific data as it pertains to the population of West Virginia adults who call the quitline, enroll in quitline services, quit using tobacco products and stay quit after seven and twelve months.

QuitNet understands that as a part of the ARRA funding award, the CDC requires specific financial reporting elements and accounting treatment. Healthways will comply with these requirements and work with the State of West Virginia to ensure requirements are met.

Please see the program description portion of this proposal for a detailed description of our program and call protocol.

A. Enrollment/Eligibility Verification:

Vendors must, during the two year period, enroll 600 18-34 year old West Virginian's for Quitline Services which include 4 telephone counseling calls and educational materials. Vendors shall provide for member and registration eligibility authentication addressing DTP verification and benefit limits.

Healthways will, in a two year period, enroll 600 18-34 year old West Virginian's for quitline services. Quitline services will include a registration call with an additional four proactive scheduled counseling calls. Healthways will also provide online and printed educational materials to participants.

Our program is designed to provide a simple point of access to assist tobacco users in quitting. Upon calling the toll-free number, callers will receive initial screening based on guidelines determined by the State for eligibility, typically based on access to other tobacco cessation benefits. During business hours, warm transfer referrals are provided for callers who have access to an alternative tobacco cessation benefit.

B. Screening for Readiness to Quit

Vendors shall provide screening of applicant's readiness to quit. The Quitline shall assist the caller to develop a personalized quit plan, provide comprehensive, proactive, phone-based behavioral counseling to interested enrollees, linkage with available health plan coverage for tobacco dependence treatment, and/or referral to community-based services, if desired and

available. For those not ready to quit, vendor shall assure provision of appropriate motivational materials.

Our program is designed to provide a simple point of access to assist tobacco users in quitting. Upon calling the toll-free number, callers will receive initial screening based on guidelines determined by the State for eligibility, typically based on access to other tobacco cessation benefits. During business hours, warm transfer referrals may be provided for callers who have access to an alternative tobacco cessation benefit. Healthways will work with the State to develop a model referral procedure which assures a seamless call transfer from the QuitLine to the caller's insurance cessation service provider to facilitate follow-up counseling.

Callers will be assisted in the development of a personalized quit plan as well as receive proactive, phone-based counseling, if interested. Our phone counseling protocol is further detailed on subsequent pages of this proposal. Information about additional community-based resources may also be provided. For those individuals who are not ready to quit, Healthways shall provide appropriate motivational materials.

C. Data and Reporting Requirements

1. A computerized tracking system to document Quitline activity shall be able to accurately tabulate discrete individuals, services provided, caller demographics and other characteristics including all referrals into and out of the system.

Healthways utilizes a computerized tracking system to document all Quitline activity and is fully able to accurately tabulate discrete individuals, services provided, caller demographics, referrals and other characteristics of the program.

Healthways has invested heavily in our ability to track and report on virtually every activity on our website, with our QuitNet specialists, and via the medication platform. Our standard reports are highly regarded by our current partners and were developed through years of experience.

The reports can also be sent electronically or on paper at the State's request. Most clients find that the web service access meets or exceeds their need to access their reports for this program. All data is reported in the aggregate to ensure that no personally identifiable health information is disclosed. Healthways will provide defined reports as outlined in the RFQ. Our reports include the following:

Weekly Reports

- Call Volume Data: How the caller heard about the program, by county; Caller type by day, including the number and types of calls; and the subsequent services provided.

Monthly Reports

- Quit Line Usage Trends: amount and types of service per caller; service by county; tobacco use; insurance provider; race, ethnicity, gender, and age of caller; pregnancy status; education level; and the percentage of calls completed by those enrolled in follow-up counseling.

Quarterly Reports

- Data: Staff performance and caller statistics; tobacco user demographics, call volume statistics.

Annual Reports

- Data: progress reports: deliverables on scope of work, QuitLine demographics and services; research report of data trends; satisfaction and quit rate survey results for adult and youth participants.

QuitNet Comprehensive Monthly Summary Report

- This report provides data outlining usage of the modality each participant utilized during their quit attempt (web only, phone only or both) as well as what features were most utilized by those that enrolled.
- Data: enrollment details, program selection data, medication program participation, website utilization, demographics and smoking history of the participants, in the aggregate, that selected each of the programs

Follow Up Surveys

- Duration: Monthly, starting 3 months post-launch
- Data: surveys delivered at 3, 7, 12 months post-launch. Assess quit rates and other success factors. Phone follow-up at 7 month interval.
- Indicator of recidivism
- The 7-month outcome surveys are conducted in accordance with the NAQC guidelines and target not less than a 60% reach rate of the defined survey population.

Please see ***Attachment 3*** for sample reports.

2. **The system shall be able to produce reports on the types and amounts of services provided per caller, call patterns by time of day, day of week and month.**

   Please see above. Healthways can produce reports on the types and amounts of services provided per caller, call patterns by time of day, by day of week and month.

3. **The vendor shall collect data that measures the performance of the vendor in terms of waiting time for callers, volume of calls received during times when a live answer is not available, and abandonment rates.**

Please see above. We collect data such as caller wait time, volume of afterhours calls and call abandonment rates and detail the results in our quarterly reports.

4. **The vendor shall send a monthly report attached to the monthly invoice to the DTP staff and submit and electronic copy of the monthly report as well. Quarterly reports and an Annual Summary of standardized reports that provide aggregate data by county shall also be submitted in the same manner.**

   Healthways will send a monthly report attached to the monthly invoice to the DTP staff and submit an electronic copy of the report. Quarterly and Annual reports will be provided in the same manner. The DTP will also have web service access to reports. Most clients find that this access meets or exceeds their reporting needs for this program.

D. Call Data and Database

Vendor shall be required to provide transparent access to all quitline data to DTP, meaning the vendor will provide an easily accessible portal to vendor database for inquiry purposes.

It is the philosophy of Healthways to work with each of our clients as partners, which includes offering straight-forward pricing and transparent reporting. Healthways will provide transparent access to all quitline data to DTP. We will provide DTP with an easily accessible portal to our reporting database.

Vendor shall be required to capture (at minimum) the following data and have a readily accessible reporting database for reporting required data elements for monthly reports to include current month and contract year-to-date for the following:

1. **Total incoming calls**

   Healthways tracks and reports on total incoming calls in our monthly reports.

2. **Live response rate**

   Healthways tracks and reports on our live response rate in our monthly reports.

3. **Average speed of answer**

   Healthways tracks and reports on speed to answer in our monthly reports.

4. **Messages left**

   Healthways tracks and reports on the number of messages left in our monthly reports.

5. **Number of callers registered for services by type of caller (tobacco user, proxy and provider)**

Healthways tracks and reports on the number of callers and the services provided by type of caller in our weekly reports.

6. **First time callers vs. repeat callers**

   Healthways tracks and reports on first time callers, enrollment, repeat callers, number of interventions, services provided and more in our weekly reports.

7. **Other calls (calls not resulting in enrollee, general public/info, prank, wrong number, etc.)**

   Healthways tracks and reports on calls not resulting in enrollment in our weekly reports.

8. **Tobacco users by stage of readiness to quit**

   Healthways reports on tobacco users by stage of readiness to change in our quarterly reports.

9. **Tobacco users by type of tobacco**

   Healthways reports caller by type of tobacco in our monthly reports.

10. **Pregnancy status (pregnant, breastfeeding, planning pregnancy)**

    Healthways reports on caller pregnancy status in our monthly reports.

11. **Tobacco users enrolled by city and county**

    Healthways reports on the number of tobacco users who call the Quitline by city and county in our weekly reports.

12. **Tobacco users by race**

    Healthways reports on callers self-identified race in our monthly reports.

13. **Tobacco users by ethnicity**

    Healthways reports on callers self-identified ethnicity in our monthly reports.

14. **Tobacco users by gender**

    Healthways reports on callers gender in our monthly reports. Healthways has also implemented the NAQC Optional MDS question pertaining to sexual orientation and can include that in reports.

15. **Tobacco users by age**

    Healthways will report caller by age in our monthly reports.

16. **Tobacco user by education**

    Healthways will report caller by education in our monthly reports.

17. Tobacco users by language

Healthways will report caller by language in our monthly reports.

18. Enrollment by city and county

Healthways will report on enrollment by city and county in our weekly reports.

19. Caller type by city and county

Healthways will report on the caller type by city and county in our weekly reports.

20. "How heard about responses" to Quitline by city and county

Healthways will report on how the caller heard about the program in our weekly reports.

21. Was there a 'special' media program cited as why the Quitline was called

Healthways will report on how the caller heard about the program in our weekly reports, including special media programs cited.

22. Callers by health plan/insurance

Healthways will report caller health plan/insurance in our monthly reports.

23. Provider advice to quit

Healthways tracks and reports on calls and interventions in our weekly reports.

24. Smoking policy in home

During advising sessions, Healthways determines tobacco user history and tobacco use habits. However, we do not report on smoking policy in the home.

25. Total services provided in current month

Healthways tracks and reports on all of the services delivered in our monthly reports.

26. Services provided to providers in current month

Healthways tracks and reports on the services provided to health care providers in our monthly reports.

27. Services provided to proxy callers in current month

Healthways tracks and reports on the services provided to proxy callers in our monthly reports.

28. Services provided to members/enrollees during month, regardless of registration date

Healthways tracks and reports on the services provided to callers and enrollees in our monthly reports, independent of enrollment date.

29. Collect email addresses and cell phone numbers

Healthways tracks enrollee email addresses and cell phone numbers.

30. Develop and maintain an "emergency" call-in system where a tobacco user in trouble (after hours) can call a dedicated call phone line to talk to a quitline counselor.

To maintain cost efficiency, Healthways will only accept calls during live call center hours. Our other State clients have found that this reduces costs and offers an online option. Participants who call the Quitline after hours will receive a record motivational message and be directed to the website. Healthways offers 24 hour support and advice via our website, which participants can utilize in between calls and for emergencies. QuitNet.com also has accumulated the largest therapeutic online community focused on tobacco cessation, with over 9,000 posts per day providing participants with real-time responses to their posts (questions/seeking support) often within 30 -90 seconds of their post. Participation in the 24/7 peer to peer support tools correlates with improved outcomes at the 7-month outcome survey.

Healthways also employs personalized email support for relapse prevention and retention in the program. This provides the participant with over 170 emails over a five year period. Our research shows that the more participants actively engage in online activity, the higher their likelihood of quitting and staying quit.

E. <u>Support and Education Materials</u>

Vendor shall provide and distribute cessation support and educational materials that address self-help cessation techniques for tobacco users.

Healthways offers a handy printed QuitGuide as a great resource for understanding how to prepare for a successful quit attempt, the various medications available to help individuals quit and, of course, the harmful effects of smoking. See ***Attachment 4*** for a sample copy of our QuitGuide.

The QuitGuide was developed with support from the National Cancer Institute and is designed to provide users with the latest scientific information regarding nicotine addiction and smoking cessation in a user-friendly format. The guide starts with a tailored introductory paragraph that provides instructions to an individual user on how to use the guide based on information obtained during study registration/enrollment. Tailoring is based upon readiness to quit, gender, current pregnancy status, number of cigarettes per day and number 24-hour quit attempts during past year. For example, current smokers with a quit date set in two to four weeks would be referred to Chapter Two "Getting Ready" described below.

The guide is divided into four chapters that correspond to different steps in the quitting process. Chapter One is called "Making the Decision" and is geared toward

smokers who do not have a definite plan or intention to quit. The main objective of this section is to prompt users to think critically about the things they like and dislike about smoking (decisional balance). Chapter Two is called "Getting Ready" and is geared toward tobacco users who indicate they intend to quit in the next 30 days. Accurate information on evidence-based (i.e. NRT, the importance of social support, behavioral strategies for smoking triggers) and non-evidence based strategies (i.e. acupuncture, hypnosis, herbal remedies, etc.) are provided. Chapter Three is called "Hell Week and Beyond" and is for smokers who are quitting or recently quit and focuses on relapse prevention strategies. Chapter Four is called "Staying Quit" and is geared toward smokers maintaining abstinence.

The QuitGuide is also available online. In addition, the website features a Resources area that includes a National Directory with 1,200 listings that enables smokers to find local and statewide cessation programs near them. Additional programs can be added to reflect local programs.

Finally, dozens of tobacco facts complete with detailed source documentation, and a daily tobacco news service is provided via collaboration with Join Together/Boston University School of Public Health. Key resources, such as the quitting and medication guides and FAQs are in Spanish.

F. Quitline Media Campaigns

DTP and/or the DHHR media vendor shall provide as much advance notice as possible to the vendor about Quitline campaigns and media events. A minimum of one to two weeks notice shall be provided on all paid media campaign activities.

Healthways appreciates the effectiveness of coordinated media campaigns for driving interest and participation in the Quitline, and, based on information provided by the DTP and the DHHR regarding media campaigns and events, Healthways will scale staffing volumes to handle the State's population needs and minimize participant wait time. QuitNet's integrated intervention model allows for enormous flexibility if call volumes increase dramatically from an unplanned event or situation (media attention from high profile death related to smoking, for example). In this example, QuitNet will activate protocols to immediately realign phone resources from the dedicated call center. QuitNet will also activate an incoming call script to remind callers of the website URL and their ability to utilize the site for everything from complete registration to accessing current news updates.

For unplanned volume surges, we can also utilize our various call centers to handle overflow capacity. The ability to enroll via web also allows enrollment to continue after phone centers have closed as well as being immediately available to participants when they are ready to take that first 'action step' toward quitting.

G. Surveillance and Evaluation

The vendor shall provide six month and 12 month post surveys on a randomized sample of each month's enrollment population. To facilitate

effective evaluation of the Quitline, the Vendor shall work collaboratively with the Division of Tobacco Prevention.

Healthways' data collection and storage practices are compliant with the North American Quitline Consortium Minimal Data Set. QuitNet's data collection and storage practices follow the NAQC MDS recommendations, collecting the MDS at both intake and evaluation. This has been our practice since the first release of the MDS. Using a sample population, we collect survey data at the three, seven and, twelve month marks to calculate quit rates.

Healthways recommends that the State of West Virginia consider implementing a fully integrated and multi-modal approach that empowers participants to choose multiple interventions, according to their unique user preference. Our research shows that those who take advantage of comprehensive offerings like our QuitNet Comprehensive program, utilizing a blend of phone and online interventions, achieve the best quit rates of 47% using a 30-day responder quit rate at the seven month survey time point.

Healthways has a working relationship, including an integrated evaluation database, with the Fred Hutchinson Cancer Research Center (FHCRC) to provide outcomes calls for evaluation purposes. We have achieved industry leading quit rates of 44% responder rate and 28% ITT at 7-month, 30 day point prevalence using a solid methodology that produces 95% CI's +/- 1.5%.

QuitNet Comprehensive prides itself in our ability to work with each client to identify engagement plans that maximize both initial and ongoing participation in our services. Usual tobacco cessation programs experience 8-10% utilization of the adult smoking population. QuitNet Comprehensive, through a robust communication plan, relationship with GSKCH for seamless and significantly discounted OTC-NRT and online advertisements, is able to achieve 20-25% participation rates. If we have the ability to construct and offer an incentive plan, we have achieved 40% participation rates with some large national employers.

Our Outcome data shows that those that use only web or only phone interventions achieve about a 34% responder rate quit rate (30-day point prevalence/seven month timeframe). Those that use both phone and web interventions services achieve a 46% responder rate quit rate (30-day point prevalence/seven month timeframe). Because of this learning, we encourage (through phone coach interventions and online messaging) that participants try to utilize both intervention modalities, following their personal preferences at that time in their quit process. Our industry leading Quit Rate data tell us that at the seven month timeframe (seven months after enrollment date) 44% of those enroll into our QuitNet Comprehensive will successfully be quit using the 30-day point prevalence outcomes (28% Intent to Treat).

Healthways agrees to work collaboratively with the Division of Tobacco Prevention to effectively evaluate the Quitline. Please refer to ***Attachment 1*** for a sample case study detailing our quit rates.

H. System Capability

Vendor should meet the following standard for the operation of the West Virginia Tobacco Quitline:

1. **The vendor should assure core functionality to provide qualified personnel, facilities and equipment necessary to provide a toll-free telephone service.**

   Healthways assures West Virginia that we have the core functionality to provide qualified personnel, facilities and equipment necessary to provide a toll free telephone service. For 25 years, Healthways has inspired over 50 million people to achieve their best health.

   Our QuitNet solution combines expertise from Healthways' 23 years of telephonic behavior change and tobacco cessation experience and 14 years of QuitNet's online tobacco cessation services to U.S. and Canadian Public Health Departments, national health plans and many Fortune 100 companies. The science and philosophy behind our QuitNet Comprehensive program is designed from existing and emerging tobacco cessation research and the guidelines established by the Surgeon General.

   Healthways is unique in our ability to scale the call volumes quickly to meet the needs of a state client. With multiple call centers in different geographical locations and time zones, we can remain flexible. Using contingency plans created prior to implementation, Healthways can manage volume swells by moving overflow calls to a different call center.

2. **The system should be able to handle multiple, simultaneous incoming and out-going calls. Automated answering systems may only be used when Quitline personnel are unavailable (after hours, all personnel busy with other calls.) Systems should offer a strong, scalable communications server, automatic call distribution functionality, real-time monitoring of overall activity as well as individual calls, collection, analysis and reporting of data, and telephonic integration allowing information exchange between voice and data systems.**

   Healthways call centers all have the capacity to handle multiple, simultaneous incoming and out-going calls. Healthways utilizes inContact's ACD platform to distribute inbound calls to agents based on skills assigned to them by their managers. Our Tempe call center currently has 138 voice channels as well as 46 additional channels in our Toledo office (used for back-up capacity) all tied directly to inContact which are used for simultaneous inbound and outbound conversations. Because the toll free numbers terminate with inContact, inbound calls are queued up at our carrier's premises. An automatic system alerts the technology staff at Healthways when the voice ports are nearing capacity. Additional voice ports can be purchased within minutes with just a phone call to inContact's 24/7 support line. This ensures that automated answering systems are only used when Quitline personnel are unavailable. Faxes are also captured on inContact's servers and uploaded to a Healthways Sharepoint site for easy

access. This system allows for any number of simultaneous faxes as well as inbound phone calls without the possibility of a busy signal.

Real-time monitoring is achieved through the use of inContact's inTouch program. It uses a customizable dashboard of real-time windows displaying agents, inbound/outbound contacts, queue counters and service levels. This program allows for instant access to call monitoring as well as ad-hoc reporting of contact statistics including queue length and abandonment rates. Healthways' average speed to answer rate is under 30 seconds. The average speeds to answer, along with other call center performance statistics, are available for report.

A sampling of calls are recorded for each agent each day to allow management the opportunity to call up and review conversations instantly from their desk. The recording can be terminated and deleted at the request of the other party.

Call center phone interactions are recorded using a custom software application used by the telephone counselors. Phone registrations and interactions with counselors are recoded into the same common database where the web information is stored. Clients (states are designated as a "client" in our database) and all client-specific data are separated by unique client IDs.

3. **Office space should accommodate administrative, counseling and support staff and confidential records as well as sufficient telephone lines, telephones and computer hardware. A TDD line should be available to provide services to the hearing impaired.**

Healthways office space and call centers accommodate administrative, counseling and support staff. It also accommodates confidential records as well as sufficient telephone lines, telephones and hardware. QuitNet has protocols in place to continue to ramp up services going forward as business needs demand. For example, QuitNet Comprehensive and QuitNet web-only programs have enrolled over 330,000 participants with 90,151 of those coming in the last 12 months.

Healthways utilizes inContact's ACD platform to distribute inbound calls to agents based on skills assigned to them by their managers. Our Tempe call center currently has 138 voice channels as well as 46 additional channels in our Toledo office (used for back-up capacity) all tied directly to inContact which are used for simultaneous inbound and outbound conversations. Because the toll free numbers terminate with inContact, inbound calls are queued up at our carrier's premises. An automatic system alerts the technology staff at Healthways when the voice ports are nearing capacity. Additional voice ports can be purchased within minutes with just a phone call to inContact's 24/7 support line. Faxes are also captured on inContact's servers and uploaded to a Healthways Sharepoint site for easy access.

Healthways offers a TDD/TTY and Video Relay Services for the hearing impaired participants. Additionally, QuitNet's online intervention offers those with

disabilities a safe and welcoming environment where they can create a social support network, receiving peer-to-peer support 24/7. Our online community managers have discovered online participants with disabilities are very active in their respective online communities. For example, they have created a substitute peer network on the site, an accepting and welcoming community void of the societal implications of their disability.

I. Hours of Operation

1. The vendor should assure a system infrastructure to provide live response for a minimum of 98 hours per week. Recorded information and callback capacity is required for the remaining 72 hours of the week.

Healthways has the capability to assure system infrastructure to provide live response for 98 hours a week. Healthways utilizes inContact's ACD platform to distribute inbound calls to agents based on skills assigned to them by their managers. Our Tempe call center currently has 138 voice channels as well as 46 additional channels in our Toledo office (used for back-up capacity) all tied directly to inContact which are used for simultaneous inbound and outbound conversations.

Outside of live phone coverage hours, callers are encouraged to leave a message and/or to listen to motivational pre-recorded smoking cessation information. All messages arriving after hours are returned the following morning, activating the five attempt protocol for all outreach efforts. Healthways can also include recorded messages directing participants to the online tobacco cessation tool, allowing them to take action 24 hours a day, seven days a week.

2. At a minimum, during the two year project period the vendor should offer live hours of operation from Monday through Sunday from 8:00 a.m. to 10:00 p.m. All times listed as Eastern Time.

Healthways can meet the live hours of operation set forth in this RFQ. Our call centers can be reached 24 hours per day, seven days per week via a client-dedicated, toll-free number. With our integrated program model of the QuitNet Comprehensive model, Healthways can also accommodate online registration 24 hours per day, which permits participants to select which support modality is right for them.

3. Peak times for calls should be continuously monitored, and hours of live staffing should be modified accordingly to meet peak volume times. Volume should be assessed during live hours of coverage, hours outside of live coverage, and as needed in collaboration with media events.

Healthways QuitNet has the capability to meet current and expanding volumes for the West Virginia QuitLine. Healthways will work with West Virginia to understand historical peak call times so that we may establish appropriate initial staffing models. In addition to initial staffing models, Healthways continuously assesses call volume data to optimize staffing and adjust hours of live staffing if

required. Call center management has responsibility to monitor phone system reporting for call volumes and initiate contingency plans which may include determination of which priority populations are to receive first priority for counseling services; accessing other counselors; utilization of our various call centers to handle overflow capacity. The ability to enroll via web also allows enrollment to continue after phone centers have closed as well as being immediately available to participants.

For planned marketing campaigns or other causes of increased volumes, Healthways' call centers can alter staffing schedules to meet demands. For unplanned volume surges, we employ our access to other counselors as needed to ramp up quickly to meet the demand time periods and can also utilize our various call centers to handle overflow capacity. The ability to enroll via web also allows enrollment to continue after phone centers have closed as well as being immediately available to participants when they are ready to take that first 'action step' toward quitting.

4. **Operation is not required for Independence Day, Thanksgiving Day, and Christmas Day, however coverage is expected for other holidays, especially New Year's Day. Early closure at 2:00 p.m. on Christmas Eve and 5:00 p.m. on New Year's Eve, is acceptable.**

Healthways has eight holidays, occurring on the following days:

- New Year's Day*
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Day After Thanksgiving*
- Christmas Eve
- Christmas Day

*We have included within our pricing proposal adequate staffing fees to accommodate these days and will staff our call center for these specific days. If additional holiday hours are required, we are open to discussing the use of at-home counselors for any of the holidays listed above, in order to ensure appropriate telephonic coverage for your participants.

J. Call Standards and Phone Center System Capacity, Expandability

Vendors should strive to achieve the following performance measures to assess the incoming call center capability:

1. **90% of calls received during operating hours to the West Virginia Tobacco Quitline should receive a live response. Less than 5% abandonment for**

calls waiting greater than 30 seconds, following the initial client queue message.

90% of calls received during operating hours to the West Virginia Tobacco Quitline receive a live response. Healthways' average abandonment rate for all calls is less than 5%. Healthways' average speed to answer rate is under 30 seconds for our inbound call centers.

2. **100% of self-help materials should be sent within one day of registration.**

   100% of self-help materials will be sent within one day of registration.

3. **95% of voicemail messages should be initiated for return within one day.**

   95% of voicemail messages shall be initiated for return within one day.

4. **70 to 80% of callers interested in speaking with a Quitline Specialist should be transferred directly after completing registration. The remaining 20to 30% should be contacted within the time frame that the participants requests.**

   Upon completion of data collection and registration, Healthways will perform a warm transfer to a Quitline counselor for a counseling call in 70 to 80% of callers enrolling in the program. If a counselor is not available or the individual does not have time, an appointment with the participant will be scheduled for their first counseling call.

K. <u>Staffing</u>

1. **A staffing plan should be in place that provides a live call response for at least 98 hours per week, and provide for trained behavioral health specialists. Highly desirable: Counselors with degrees in social or behavioral health fields with a minimum of two years of counseling experience would be preferred. Highly Desirable: Vendor should assure a ratio of at least one supervisor to every 10 to 15 counselors, and provide adequate orientation and ongoing training for all staff.**

   Healthways' staffing plan will ensure that we have a live call response to West Virginia tobacco users at least 98 hours a week, provided by trained behavioral health specialists.

   Telephonic Counselors

   All of our quit line counselors have a minimum of a bachelor's degree in counseling or a health related field, with many having their Master's degree. We also have a comprehensive recruitment and selection process that includes reference checking, license verification, and tracking of license renewals. QuitNet's comprehensive behavior-change coaching orientation and tobacco cessation specialty training, including Continuing Education Units (CEUs) to our staff, fully prepare our counselors to deliver service that results in our industry leading quit rates of 44% responder rate seven month, 30 day point of

prevalence quit rates. Our counselors complete an intensive behavior change training program plus an additional 40 hours of training focused on tobacco cessation. This training is based on the Tobacco Cessation Certification programs of Mayo Clinic and University of Massachusetts training programs.

All counselors participate in ongoing educational sessions offered monthly that focus on current topics, priority population management, questions from staff and findings from the learnings of the program.

Web based Counselors

Healthways currently employs online tobacco cessation counselors. Each member of the Online Counseling and Community Management team is a certified Tobacco Treatment Specialist and required to maintain certification. Counselors must complete QuitNet orientation/training, and demonstrate the following skills that have proven to be critical when working with participants in an online setting:

- Knowledge of QuitNet history, and proficient use of all its expert and community features
- Aptitude for working with computer hardware, software, and QuitNet applications/programs, as well as for personal and professional interaction in online environments
- Understanding of our Acceptable Use Policy, and its relevance to the membership's QuitNet experience
- Ability to communicate effectively in writing, with proper use of vocabulary, punctuation, etc
- Awareness of word choice, inflection and syntax differences between online/email and real world communications
- Empathic understanding of the addiction issues confronting our membership, and the variety of ways such issues manifest within the community
- Emotional detachment when dealing with taxing situations or members
- Insightful and policy-consistent responses to a wide range of clinical and community situations

QuitNet's initial Online Counselor and Community Management orientation/training spans 40 hours, and is usually completed in eight weekly installments of five hours each. Continuing training occurs for the duration of each counselor's QuitNet employment.

Counselors discuss the community as a group, by phone and/or IM, at the end of each shift. Twice monthly (once per month from June to September) the entire team assembles and discusses counseling and community management issues with the director/supervisor. Counselors are also asked to evaluate their supervision/ management experience on a quarterly basis. Occasional guest supervisions by experts in various fields, quarterly medical supervisions by a

physician, frequent required-reading assignments, and numerous bulletins from research/treatment organizations and services ensure that our Counselors remain on the cutting edge of tobacco-related science and evidence based developments.

Supervisors for the QuitNet Comprehensive program are assigned at a 10:1 ratio. In addition, senior leaders of Healthways fully support QuitNet and QuitNet Comprehensive as a critical tobacco cessation component in their overall health and wellness suite of programs.

2. **The Department of Health and Human Resources reserves the right to reject any staff proposed or later assigned to the project and require the successful vendor to remove them from the project. Whenever possible, the successful vendor shall notify the Department two (2) weeks prior to replacing any key staff. Vendor shall have a clinical and/or medical director who is available, as needed, to provide technical assistance and oversight.**

   Healthways understands that the Department of Health and Human Resources reserves the right to reject to any staff proposed or later assigned to the project be removed from the project. Healthways will notify the Department within two weeks prior to replacing any key staff whenever possible.

   Dr. Andy Perez is the medical director that oversees the QuitNet Comprehensive program's clinical content and annual content review process. However, issues dealing with counseling staff and health care professionals are typically resolved with senior management and account management, depending on the issue types.

3. **Staff Training – All Quitline staff and phone coaches are to receive on-going training in order to maintain maximum understanding and comprehension of accepted industry standards. Training activities should include both internal and external training and educational resources. All phone center staff is to be extensively trained on contract specifications and changes, customer service, tobacco cessation, and core coaching competencies.**

   The QuitNet Comprehensive program is based on principles outlined in the Public Health Service's clinical practice guideline **Treating Tobacco Use and Dependence**, as well as the CDC's **Telephone Quit Lines: A Resource for Development, Implementation, and Evaluation**, and **Treating Tobacco Use and Dependence: Clinician's Packet: A How-To Guide For Implementing the Public Health Service Clinical Practice Guideline.** All online and phone counselors are trained using the established guidelines and are required to complete annual refresher courses.

   Our counselors complete an intensive behavior change training program plus an additional 40 hours of training focused on tobacco cessation. This training is

based on the Tobacco Cessation Certification programs of Mayo Clinic and University of Massachusetts training programs.

Counselors are required to renew TTS state certification biennially, completing a minimum of 20 continuing education credits per term. Counselors also attend special seminars and workshops, tobacco-related conferences, and may receive specialized training, or have access to additional resources, due to membership in organizations such as NADAAC and ATTUDE.

In addition, all counselors (online and phone) participate in ongoing educational sessions offered monthly that focus on current topics, priority population management, questions from staff and findings from the learnings of the program.

All call center staff will be extensively trained on customer service as well as the contract specifications and any updates to the West Virginia program.

2.2 ADMINISTRATIVE AND OPERATIONAL REQUIREMENTS

1. ***The vendor shall designate a project administrator.* The vendor's project administrator shall report to the DTP Cessation Program Manager regarding all matter related to Quitline services.**

   Healthways will identify a final Project Administrator/Account Manager for the State of West Virginia upon selection as a finalist. As the State of West Virginia's Account Manager, this person will ultimately be responsible for the West Virginia program, resource management for this contract will be a shared responsibility across key contacts and the leadership team. QuitNet understands and values flexibility across the life of this partner relationship. We will apply our standard change management processes to this relationship. All initial requests being funneled through a single, internal Account Manager. In turn, they will triage requests and activate the appropriate team members to analyze the request, estimate the impact/effort to achieve the requested change, develop time estimates and a project plan to provide a successful design, build (as needed), QA and implementation of the changes.

   Within Healthways, a matrix organization, there are many others that will play a role in support of this contract and service agreement, but are not accurately represented in an organizational chart. Other supporting roles include our national Business Technology team, multiple call centers and a robust marketing and communications team. Our teams work together via regular meetings, emails and phone calls.

2. ***In written response to this RFQ*, the vendor must meet all requirements within the specification. By signing the bid, the vendor is agreeing to meet these requirements.**

   Healthways understands that by signing this bid, we agree to meet all specifications within this RFQ.

3. **The vendor shall comply with all applicable provisions of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, 100 Stat. 1936**

(HIPAA) and regulations promulgated thereunder (HIPAA Regulations), if applicable.

Healthways and our QuitNet program are compliant with all applicable HIPAA provisions and regulations.

COST SHEET FOR EHP10067

Item #	Approx. Annual Usage	Description	*Unit Price	Total Cost
1	600 Per Enrolled Person	• Enrollment Eligibility Verification • Screening or Readiness to Quit • Data and reporting • Call Data and Database • Support and Educational Materials • Media Campaigns • Surveillance and Evaluation • System Capability • Hours of Operation • Call Standards and Phone center Capacity, Expandability Staffing	$60.00	$36,000
2	600 Per Call	**Telephone Coaching** 1st Call up to 30 minutes	$60 00	$36,000
3	600 Per Call	2nd Call up to 30 minutes	$60.00	$36,000
4	600 Per Call	3rd Call up to 30 minutes	$60.00	$36,000
5	600 Per Call	4th Call up to 30 minutes	$60.00	$36,000
			Total Cost	$180,000

*The pricing structure Healthways is proposing to the State of West Virginia is not based on a per participant unit price. Rather, a flat $90,000 fee applies to the first 300 registrants in a given year. Thereafter, additional registrants will be charged on a per participant basis at a rate of $46.20 for registration and $147.13 for counseling services.

Award will be made to the vendor with the lowest overall cost who meets specifications.

1. **Designated Project Administrator**: Janna Lacatell
2. **In written response to this RFQ,** the vendor must meet all requirements within the specification. By signing this bid, the vendor is agreeing to meet these requirements.

Janna Lacatell 1/27/10

Signature of Authorized Representative **Date**

OVERVIEW

The following information details the fees and investment assumptions for the pricing proposed for the State of West Virginia QuitNet program. Should any of the assumptions prove inaccurate, Healthways will provide new pricing based on revised assumptions.

All pricing is in effect for 180 days from receipt of this document.

GENERAL ASSUMPTIONS

- Fees stated herein are based on a two year program agreement.
- Prices are provided for standard services; significant customization of the program or systems may impact pricing.
- Fees are based on providing a co-branded or private labeled implementation of the QuitNet website.

QUITNET COMPREHENSIVE INTEGRATED PROGRAM

As described in this proposal, Healthways has included pricing for our QuitNet Comprehensive services. Given the size of the total number of individuals who will be serviced by this program, Healthways has provided pricing as a flat annual fee, which would be invoiced in 12 equal payments.

> ***"Evidence shows that intensive interventions are more effective than brief interventions and should be used whenever possible." Source: Treating Tobacco Use and Dependence. Quick Reference Guide for Clinicians, October 2000. U.S. Public Health Service.***

Tobacco cessation industry research and guidelines have shown that the more support an individual uses in his/her quit, the greater the chance of success. Additionally, these guidelines state that the more intensive the intervention, the more likely the individual will be to quit successfully. Based on that research, we created QuitNet Comprehensive, in which the intensity is manifested in the multiple, integrated support options that participants have available to them. The program encourages participants to take advantage of as much support as possible – for as long as they need it, permitting each participant to choose which intervention(s) are best for them and the media in which they are delivered.

We also believe that the concepts of choice and personal preference are important and becoming increasingly dominant in this electronic era. Some individuals are more inclined to speak with a counselor over the telephone, while others prefer to access self-help tools and access support online. This is particularly true for those individuals in the 18-34 year old population who has a high level of internet access and currently engaged in a variety of social networking services. It is our assertion that by offering only a telephonic intervention for this specific age group will result in a less than optimal results as this demographic is seeking information and support from multiple communications modalities. In the QuitNet Comprehensive model, individuals can choose to register

and access services online, or by calling our help line. Regardless of registration modality, participants may choose the support that suits them. By offering choice, our program reach is greater and we can ensure that more people who use tobacco will participate in the program.

Our telephonic support is delivered by highly trained tobacco treatment counselors who are able to service varied populations such as those present in West Virginia. By providing a fully integrated support model, counselors are skilled at leveraging the online support components to encourage intersession support and sustained relapse prevention. QuitNet understands that quitting is a process, not an event, which is why all registrants who participate in online support receive lifetime Premium access to our QuitNet.com program. While participants may not continue to log in daily, member feedback and reporting has shown that they do still return to the site when they need, and many look forward the QuitTips and QuitStatistics emails where they can track their success over the long-term. Likewise, we know that based on the individual, participants may participate in any number of proactive and reactive calls.

PRICING NARRATIVE

The West Virginia Department of Health and Human Resources' Division of Tobacco Prevention RFP EHP10067 has specified that, during the two year project period, the vendor must enroll 600 18-34 year old West Virginian's for Quitline services. These services much include four telephone counseling calls and educational materials, as well as eligibility verification.

Based on this established program registrant volume, Healthways has proposed a flat fee of $90,000 per program year. Assumptions are based on all 600 participants receiving each of the four protocol phone calls. Healthways acknowledges however, based on industry convention as well as our vast experience in delivering quit line services, that participants may not complete all four support calls. In the QuitNet model, we anticipate for this and encourage individuals early on in the program to engage in our online service. By offering participants access to online support, we are still able to have a productive relationship with that individual and positively impact their quit success.

It is Healthways' goal to provide our partners with straight forward, transparent pricing. This approach makes our pricing and invoices easy to understand and communicate with key stakeholders, as well as facilitates administration of the program. We have therefore priced all calls in our model equally, for a total of 3,000 calls at $60 each. This pricing includes all start up fees, project management resources, lifetime QuitNet online Premium membership, a branded QuitNet implementation, printed materials, standard reporting and evaluation services.

It is our recommendation that the State consider an ongoing analysis of program participation to determine what percentages of each follow up call are actually completed. Healthways has offered the State a total of 3,000 support calls for a flat fee rate. These support calls will be allocated across the given number of 600 total participants however, we would encourage the state to also consider a redistribution of

calls should individual participants not utilize all calls. For example, given a "bank" of 3,000 support calls:

- Each of the 600 participants may participate in the enrollment call and four proactive support calls or,
- Should a certain percentage of the 600 participants choose not to complete all four phone calls, additional individuals may be permitted to enroll in the program. For example, applying some basic assumptions that include 100% of all participants complete the enrollment and first proactive support call, 80% complete the second proactive support call, 30% complete the third proactive support call, and 17% complete the fourth proactive support call, a total of 1,962 support calls are delivered. The remaining 1,038 support calls may be redistributed across additional participants permitted into the program.

By implementing the above proposed program design, the State is provided with a known annual program year cost of $90,000 with potential to offer service to an expanded program population.

COMPARISON OF INTERNET-BASED CESSATION PROGRAM OUTCOMES BEFORE AND AFTER A STATEWIDE COMPREHENSIVE SMOKE-FREE LAW

Barbara Schillo, Ph.D., Jessie Saul, Ph.D., Anne Betzner, Ph.D., Jennifer Cash, M.P.H., Ann Wendling, M.D., M.P.H., Michael Luxenberg, Ph.D., Annette Kavanaugh, M.S., Traci Capesius, M.P.H., Lawrence An, M.D.

BACKGROUND

From 2003 to 2008, ClearWay MinnesotaSM and HealthWays QuitNet provided an Internet-based tobacco cessation program (quitplan.com) with features including social support, proactive email, online counselors and cessation medication information.

On October 1, 2007, a statewide smoke-free law (Freedom to Breathe Act) went into effect in Minnesota prohibiting smoking in all indoor workplaces, including bars and restaurants. Independent evaluations were conducted before and after implementation of the law to assess its impact on cessation outcomes for quitplan.com registrants.

Prior to the passage of a statewide smoke free law in October of 2007, there were 15 Minnesota cities and counties in Minnesota that had enacted some form of a local ordinance - protecting 38.1% of adult Minnesotans. The strength of these local ordinances varied as did their date of implementation.

Evaluation Questions

- Were there differences in the demographic and clinical characteristics of quitplan.com registrants before and after the smoke-free law?
- Were there differences in tobacco use behaviors of quitplan.com registrants before and after the smoke-free law?
- Did quitplan.com registrants perceive that the smoke-free law impacted their quit attempts?

Figure 1. Follow-up Survey Cohorts

METHODS

Eligible enrollees who enrolled during the two, independent evaluation registration time periods were invited to participate in a follow-up evaluation. Evaluations were conducted 5-6 months after program registration using mixed methods (email and phone surveys).

Table 1. Evaluation Methods

	Registration time period	Evaluation follow-up time period	N	Response rate	Mode of response	
					Email	Phone
Cohort 1	March – May 2007	August 23 – October 15, 2007	657	68.0%	68.9%	31.1%
Cohort 2	October-December 2007	March 26 – June 13, 2008	697	67.9%	66.8%	33.1%

RESULTS

quitplan.com utilization
Registration volumes remained consistent before and after implementation of the statewide law.

Figure 2. Registrations by month during each evaluation enrollment/follow-up period

Registrant characteristics

There were no significant differences for demographic characteristics. The only tobacco-related difference was a slight increase in the number of registrants in action/maintenance states (13.1% to 14.9%) (p<.05).

Medication use

Use of varenicline increased from 22.6% to 29.4% (p<.05), but an aggregate measure of use of any medications (over-the-counter or prescription) did not change (61.7% versus 63.0%).

Table 2. Medication Use

Medication Used	Cohort 1 N	Cohort 1 %	Cohort 2 N	Cohort 2 %
Patch	117	26.2	103	21.9
Gum	67	15.0	74	15.7
Lozenge	42	9.4	30	6.4
Inhaler	9	2.0	9	1.9
Nasal Spray	0	.0	0	.0
Bupropion	34	7.6	33	7.0
Varenicline	101	22.6	138	29.4
No meds used	171	38.3	174	37.0
Total	447	100.0	470	100.0

Cessation outcomes

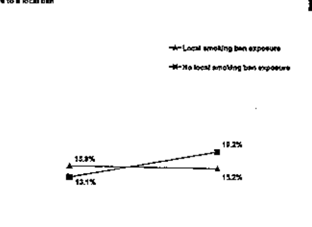
At follow-up, no significant differences were found for 7- or 30-day point prevalence or prolonged quit (30+ days) since registration.

Table 3. Cessation Outcomes

	Cohort 1	Cohort 2
7 day responder rate	27.1% (+4.1%)	31.5% (+4.2%)
30 day responder rate	21.3% (+3.8%)	26.0% (+4.0%)
7 day ITT rate	18.4% (+3.0%)	21.2% (+3.0%)
30 day ITT rate	14.5% (+2.7%)	17.5% (+2.7%)

A logistic regression was conducted to look at the impact of the statewide law on 30 day abstinence (ITT). Abstinence rates did not differ before and after the statewide law went into effect for those living in communities with a prior local ordinance (p=.830). There was a significant increase in abstinence rates following the implementation of a statewide ban for those living in communities without a prior local ordinance (p=.027).

Figure 3. 30-day ITT abstinence rates before and after a statewide smoke free law by prior exposure to a local ban



Relapse

A significant and dramatic reduction in relapse rates was observed following the implementation of the statewide smoke-free law.

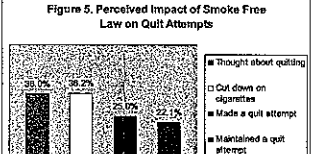
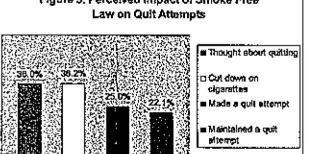
Figure 4. Percent who relapse after achieving a quit of 30+ days with 95% CI

χ^2=5.27, df=1, p=.0217

Perceived impact of the statewide law

Substantial proportions of those surveyed after the smoke-freelaw went into effect (Cohort 2) reported that the smoke-free law helped them with their quit attempts.

Figure 5. Perceived Impact of Smoke Free Law on Quit Attempts

Conclusions

- Interest in an Internet-based cessation program remained high before and after Minnesota's statewide smoke-free law went into effect.
- Overall quit rates were unchanged after the statewide law went into effect, but relapse rates decreased among those who had made a prolonged quit attempt.
- Many quitplan.com users attributed their quitting behavior or success in staying quit to the statewide smoke-free law.
- Statewide smoke-free bans may have an immediate impact of cessation outcomes for those interested in quitting/making quit attempts, but these impacts may be limited to those living in communities were local smoke-free ordinances are not currently in place.
- The study design limits our ability to attribute changes directly to the statewide law. Other factors, notably the increase in the use of varenicline during the time periods of these evaluations could have contributed to observed changes.
- Additional longitudinal research is needed on the potential cessation benefits of tobacco control policies.

MINNESOTA ADULT TOBACCO SURVEY
Tobacco Use in Minnesota: 1999 to 2007

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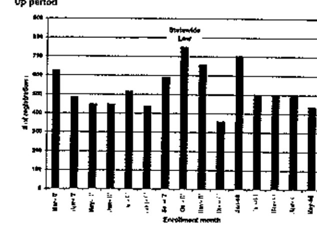

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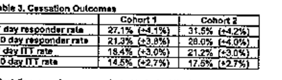

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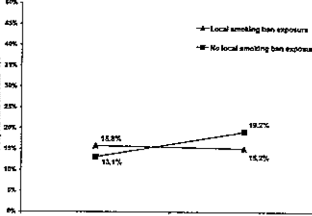

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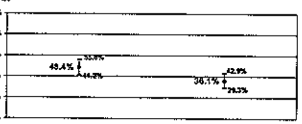

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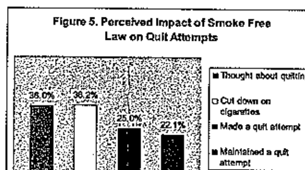
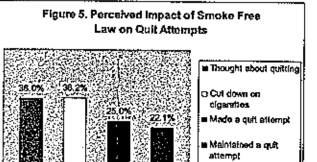
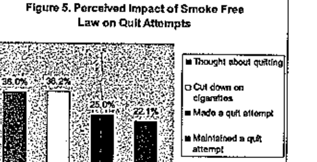

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ClearWay™ MINNESOTA

MINNESOTA ADULT TOBACCO SURVEY

Tobacco Use in Minnesota: 1999 to 2007

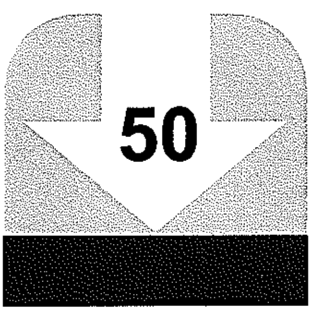
www.well-beingindex.com

www.ahiphiwire.org

2008 State & Congressional District Well-Being Reports

State of West Virginia

Rankings from data collected January 2, 2008 – December 30, 2008



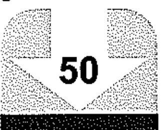
* Arrow indicates whether ranked position is within the top 25 of U.S. states or the bottom 25 of U.S. states.

50

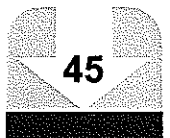
Life Evaluation

50

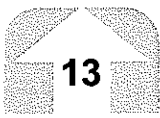
Emotional Health



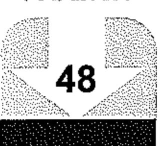
Physical Health



Healthy Behavior

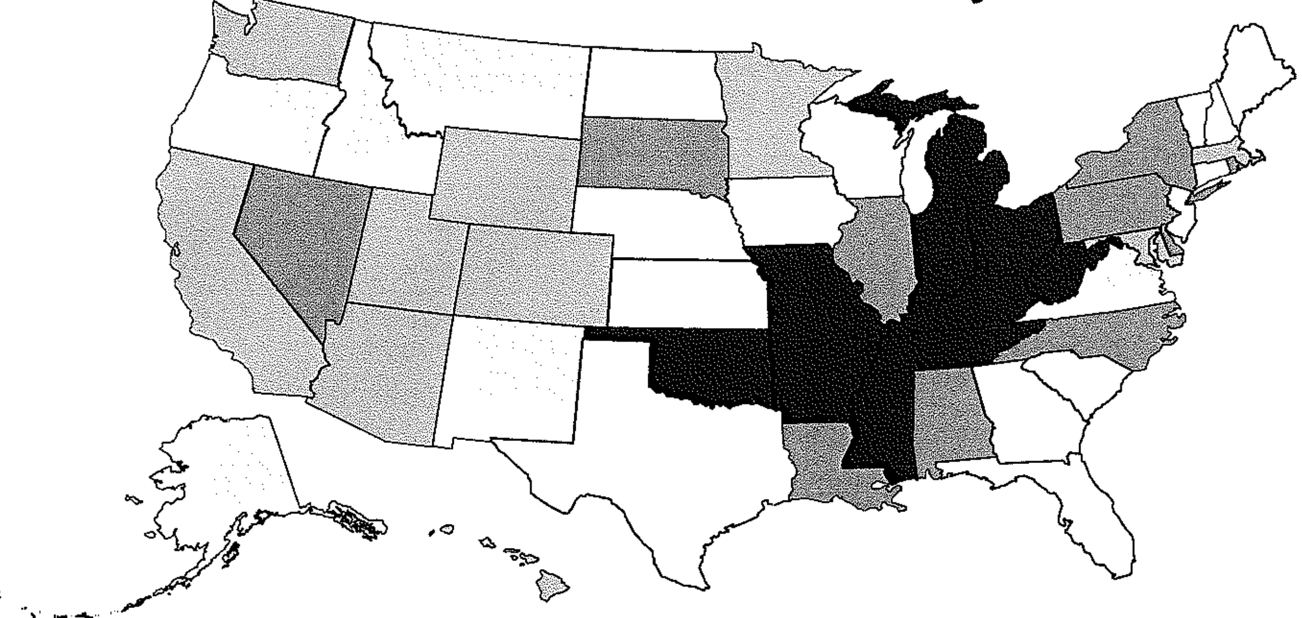


Work Environment



Basic Access

All U.S. States by Quintile



Top Quintile | 2nd Quintile | 3rd Quintile | 4th Quintile | Bottom Quintile

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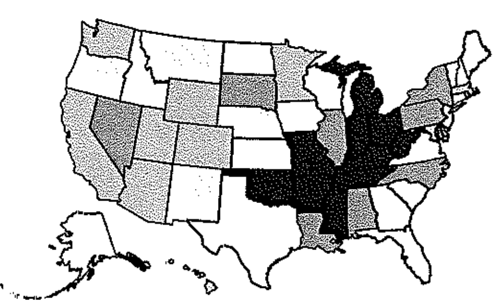
For more information, contact:
Kurt Schusterman, Healthways, (615) 614-4465 / kurt.schusterman@healthways.com or
Katie Bell, Gallup, (404) 267-7711 / katie_bell@gallup.com

2008 State & Congressional District Well-Being Reports

www.well-beingindex.com www.ahiphiwire.org

About the Gallup- Healthways Well-Being Index™



Gallup and Healthways entered into a 25-year partnership in January 2008 with the goal of creating a new official statistic of the daily state of American health and well-being.

The collaboration merges decades of social research, clinical research, development expertise, health leadership and behavioral economics. The Gallup-Healthways Well-Being Index is the first and largest survey of its kind, aggregating data from 1,000 calls a day, seven days per week. The Index is already the largest behavior economic database ever created and, over the next quarter century, will generate more than nine million individual responses.

The Well-Being Index and associated AHIP State and Congressional District Reports are the only assessment underway today of total well-being. Beyond medical condition and access to health care coverage and services, the Index also questions respondents about their economic, professional, emotional and social circumstances. With Index data, it's possible to quantify and establish a correlation between the places where people work and the communities in which they live and their well-being.

Employers can also use the Index to measure the well-being of their employees to make better decisions about health benefits, work environment, corporate culture, community investment or even site selection for a new plant or facility.

Methodology

The research and methodology underlying the Gallup-Healthways Well-Being Index and the AHIP State and Congressional District Well-Being Reports are based on the World Health Organization definition of health, which is, "....not only the absence of infirmity and disease but also a state of physical, mental and social well-being."

To compile the Index, Gallup obtains completed interviews from 1,000 U.S. adults nationally, seven days a week, excluding only major holidays. Based on their responses, individuals and communities receive an overall well-being composite score and a score in each of six sub-indices including: Life Evaluation, Emotional Health, Physical Health, Healthy Behavior, Work Environment and Basic Access.

Changes in condition can be tracked over time, and the introduction of both controlled and uncontrolled variables considered. Discrete populations can also be ranked one against another for a stratified view of their relative well-being.

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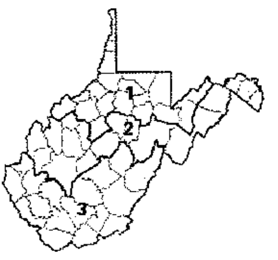
www.well-beingindex.com

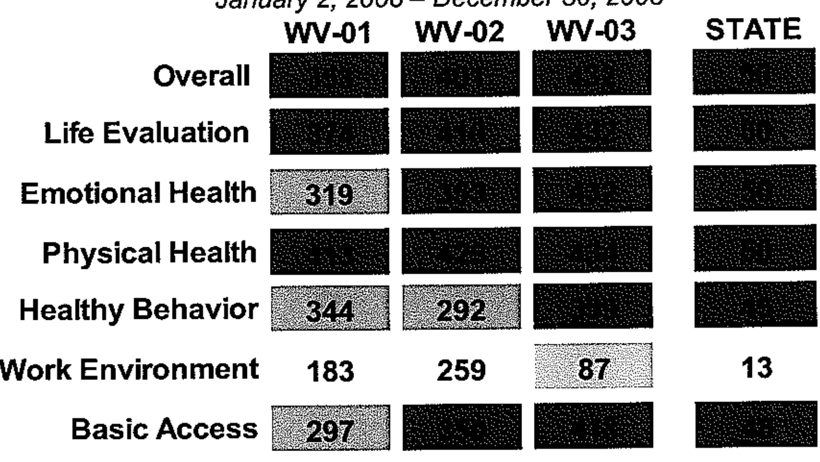
www.ahiphiwire.org

2008 State & Congressional District Well-Being Reports



Congressional District Rankings of West Virginia

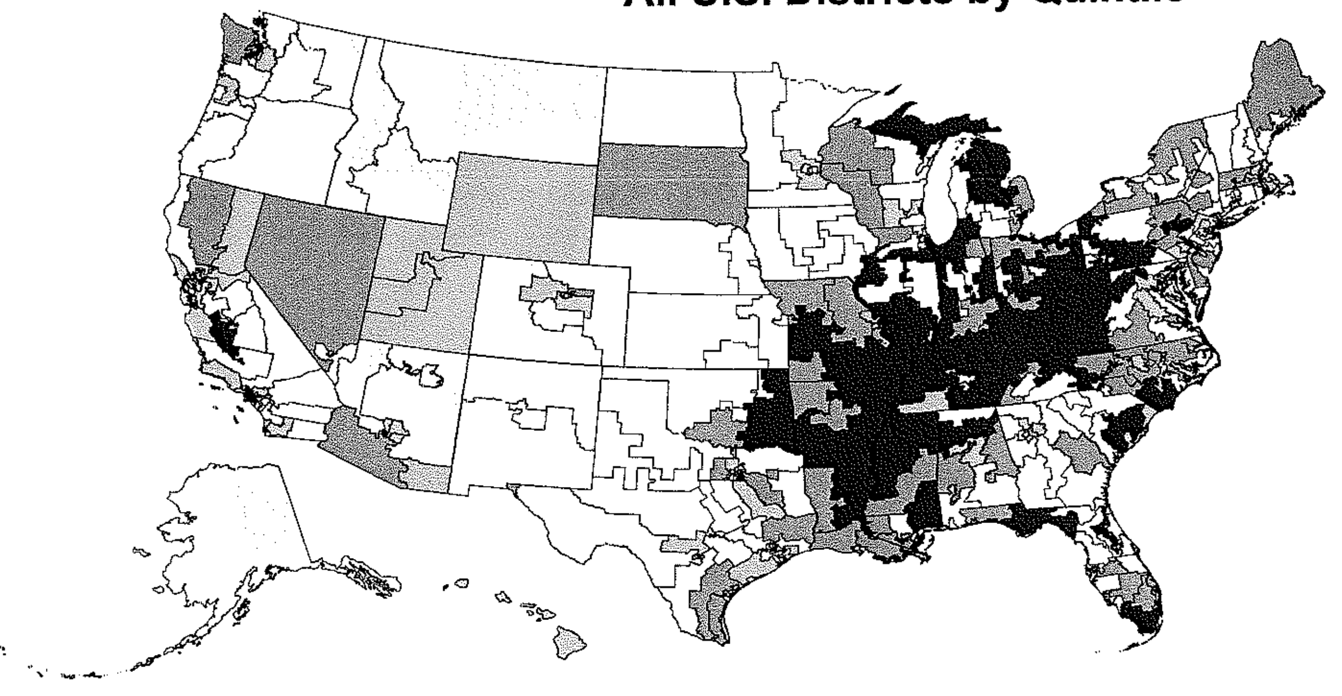
Rankings from data collected
January 2, 2008 – December 30, 2008



	WV-01	WV-02	WV-03	STATE
Overall	[illegible]	[illegible]	[illegible]	[illegible]
Life Evaluation	[illegible]	[illegible]	[illegible]	[illegible]
Emotional Health	319	[illegible]	[illegible]	[illegible]
Physical Health	[illegible]	[illegible]	[illegible]	[illegible]
Healthy Behavior	344	292	[illegible]	[illegible]
Work Environment	183	259	87	13
Basic Access	297	[illegible]	[illegible]	[illegible]

* Rankings of 435 Congressional Districts

All U.S. Districts by Quintile



Top Quintile 2nd Quintile 3rd Quintile 4th Quintile Bottom Quintile

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2008 State & Congressional District Well-Being Reports

About the AHIP State and Congressional District Reports

Survey Dates: January 2, 2008 through December 30, 2008

Sample Information:

Total surveys:	355,334 respondents aged 18 and older
Largest sample size:	States: 36,816 respondents Congressional District: 1,778 respondents
Minimum sample size:	States: 885 respondents Congressional District: 300 respondents

** Please see reverse for a complete list of state and congressional district samples*

Margin of Error: For results based on the overall 355,334 respondents, one can say with 95% confidence that the maximum margin of sampling error is ± 0.2 percentage points.

- For results based on 5,000, ± 1.4 percentage points.
- For results based on 1,000, ± 3.1 percentage points
- For results based on 500, ± 4.4 percentage points
- For results based on 300, ± 5.7 percentage points

In addition to sampling error, question wording and practical difficulties in conducting surveys can introduce error or bias into the findings of public opinion polls.

Composite Scores scale is 0-100: The Well Being Composite score is an average of six Domains: Life Evaluation, Emotional Health, Physical Health, Healthy Behaviors, Work Environment, Basic Access.

Position scale: Each State is positioned from 1-50, based on Composite Scores as compared with all States. Each Congressional District is positioned from 1-435, based on Composite Scores as compared with all Congressional Districts.

The survey methods for Gallup-Healthways Well-Being Index™ relies on live (not automated) interviewers, dual-frame random-digit-dial (RDD) sampling (which includes landlines as well as wireless phone sampling to reach those in wireless-only households), and a random selection method for choosing respondents within a household. Additionally, daily tracking includes Spanish-language interviews for respondents who speak only Spanish, includes interviews in Alaska and Hawaii. The data are weighted daily to compensate for disproportionalities in selection probabilities and nonresponse. The data are weighted to match targets from the U S Census Bureau by age, sex, region, gender, education, ethnicity, and race.

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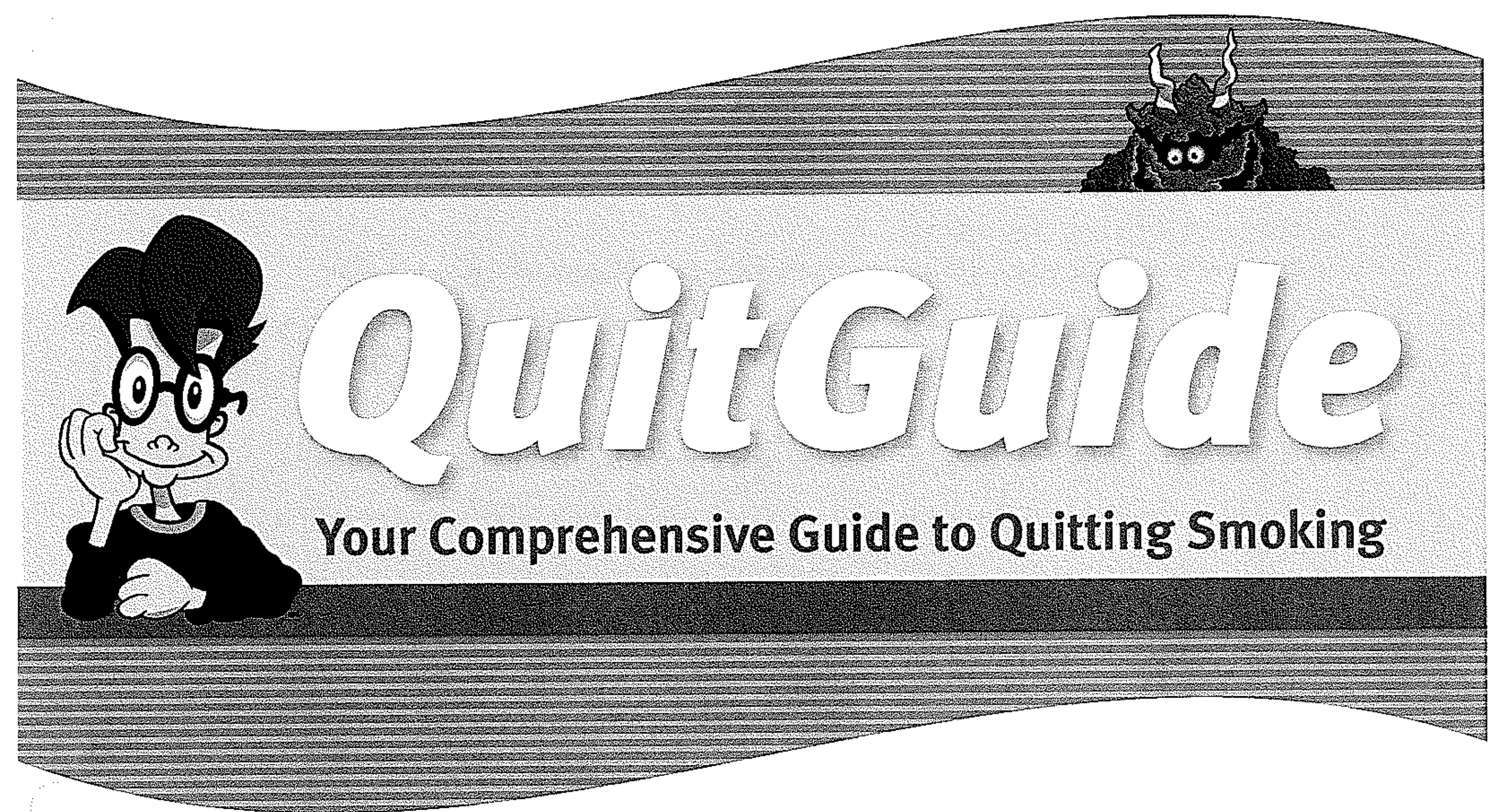
Front Page

- Enrollment
- ReEnrollment
- Demographics
- Smoking History and Status at Registration
- Web Site Utilization



DEVELOPED BY

QUITNET®

About this Guide

The QuitGuide is a comprehensive guide on how to quit smoking. It was originally developed by QuitNet as an online resource with funding from the National Cancer Institute. The QuitGuide can be used as a stand-alone resource or in conjunction with any quit smoking service and/or FDA-approved quit medications.

About Quitting Smoking

It's one of the best things you can to do to get healthier! Quitting isn't easy but it's always beneficial.

You don't have to quit alone. Many people who have successfully quit are eager to share their quitting experience and to provide their support and advice. Here are a few pieces of advice from successful "Quitsters":

"You can do this one day at a time. Or one second at a time."

"Treat yourself with the money you save by not smoking. Don't save it, use it to TREAT yourself!"

"Just for today, focus on a cigarette-free day!"

"Drink plenty of water, jazz it up with ice and a wedge of lemon."

"Quitting is the most worthwhile gift I have ever given to myself. My respiratory health is GREAT. I feel good about myself. Not smoking is fantastic."

Other Resources That Can Help You Quit Tobacco

In addition to providing you with this QuitGuide, your employer or health plan may offer other help such as web support and phone counseling. Take advantage of as much support as you need. It will only increase your chances of successfully quitting and staying quit. Check with your employer or health plan to find out what other free or low cost resources are available to you.

About Healthways QuitNet, Inc.

Launched in 1995, QuitNet is the Web's original quit smoking site. QuitNet is owned by Healthways and operates in association with Boston University School of Public Health. Created by Dr. Nathan Cobb, the sole mission of QuitNet is to help people quit using tobacco – and to stay quit.

For more information about Healthways please visit www.healthways.com

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Disclaimer: This QuitGuide is not meant to replace the advice of a physician. You should not rely on any information on these pages to replace consultations with qualified professionals regarding your specific situation.

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The QuitNet QuitGuide

Welcome and Congratulations

Congratulations on your decision to quit smoking.

By choosing to quit, you've made one of the best decisions of your life—to improve your health and the health of those around you. With determination, a positive attitude, and a little help, you can join a special and ever-growing community of people—ex-smokers.

At first glance, quitting seems simple. All you have to do is never smoke again, right? For most people, unfortunately, it just doesn't work that way. On average, smokers try about seven times before quitting for good. So don't worry—if you've attempted to quit already but wound up back on the butts, you haven't "failed." Surprisingly, having tried before, you may be further along in the quitting process than you think. The good news is that this QuitGuide can help you end your nicotine dependence once and for all!

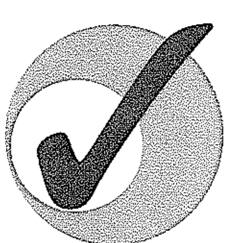
You can never get too much help. Make sure to check the inside front cover of this guide for more resources available to you.

About this Guide

This Guide offers a range of information and features to inform and inspire you — and make you chuckle, too. Here you'll find:

Expert Advice—The latest science-based information about quitting.

Quit Tips—Handy bits of wisdom tailored to each stage of your quit.



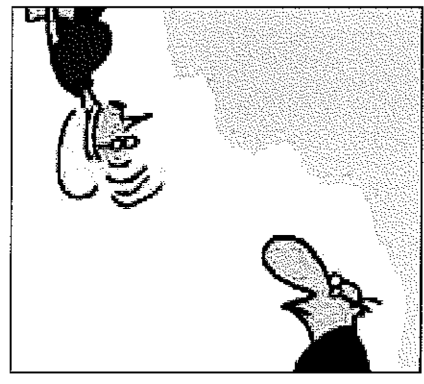
Action Steps—Interactive exercises to help you examine your smoking patterns, choose the right tools, and set a quit date.

Testimonials from other Quitsters—For inspiration and support; just like them, you can successfully quit.

'Quitticisms'—Humorous Quit-terms and phrases developed by Quitsters over the years.

Nicodemon—A nefarious character frequently blamed for struggles with nicotine addiction, and depicted as a cloudy looking monster throughout this Guide.

Quitster—Someone like you, engaged in a quit, with all the tools needed to foil the Nicodemon.



Cartoons—Highlighting the humor in quitting.

Following the Guide from beginning to end will carry you through all the steps necessary to understand, prepare, and maintain a successful quit. At the end of each section, you'll find specific interactive exercises related to the content of that section. The recommended assignments are designed to help you move toward your quit, and to provide valuable self-support after your quit.

Quitting smoking isn't necessarily a linear process, however, so you can utilize any part of the Guide or interactive exercises at any time. Once you're actually ready to become a Quitster, the Getting Ready to Quit section is a great place to start your plan of action.

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Chapter 1

Making the Decision to Quit

This section provides information about the dangers of smoking and helps you understand your own smoking habit. Even if you're not thinking about quitting right now, it can be helpful to examine the reasons you smoke and the effect that smoking has on you and those around you.

IN THIS SECTION

- ✓ **Health Risks of Smoking**
- ✓ **The Big Three Health Benefits of Quitting**
- ✓ **Reasons For Quitting**
- ✓ **Stress, Weight Gain, and Alcohol**
- ✓ **Women's Issues**

Health Risks of Smoking

Studies have shown that nicotine can have as much power over your brain as heroin and cocaine.

The *2004 Surgeon General's Report on the Health Consequences of Smoking* was prepared by nineteen of the nation's top scientists, doctors, and public health experts. The full report is nearly 1,000 pages long and took more than 3 years to complete. It concludes:

- Smoking harms nearly every organ of your body.
- Low-tar and low-nicotine cigarettes are not safer to smoke.
- The list of diseases caused by smoking has grown even longer, including cancers of the cervix, pancreas, kidneys, and stomach, aortic aneurysms, leukemia, cataracts, pneumonia, and gum disease.
- Quitting smoking improves your overall health and dramatically lowers your risk for tobacco-related diseases and death.

Cigarettes are one of the few consumer products that aren't regulated.[1] So, in order to determine the chemical makeup of cigarettes, we rely on the Federal Trade Commission's studies of tobacco smoke.[2] More than 40 of the chemicals the FTC found in cigarette smoke cause cancer in humans. The most dangerous components of tobacco are described below.

Nicotine

Nicotine is a drug produced naturally in tobacco leaves. It's nicotine that hooks you to cigarettes.[3] Studies have shown that nicotine can have as much power over your brain as heroin and cocaine. Nicotine gives your brain a quick sensation of pleasure, and when it begins to wear off (usually within minutes after finishing a smoke) your brain starts wanting or craving more.

Nicotine increases heart rate and blood pressure, and decreases circulation by constricting blood vessels—this makes nicotine a major risk factor for heart disease and stroke. Research indicates a causal relationship between smoking and the onset of diabetes. Smokers with diabetes are more likely to get nerve damage and kidney disease, and are three times as likely to die of cardiovascular disease as are diabetic non-smokers. Since smoking raises blood sugar levels by interfering with the production of insulin, it's

"I started smoking with my friends in high school. It took 15 years and the birth of my daughter to get rid of a pack-a-day addiction. This is the best thing I have ever done for myself and for my family! I can breathe!

This isn't going to be as hard as you think it is. The toughest part is making the decision. Put those butts down and start living!"

more difficult for smokers to control their diabetes. Nicotine also promotes peptic ulcers; releases hormones that affect the central nervous system; interferes with nerve-muscle communication; and is directly responsible for a host of other health risks related to sexual functioning, fertility, fetal development, miscarriages and neonatal deaths, and brain functioning. This is why some Quitsters call nicotine the Nicodemon.

Carbon Monoxide

Cigarettes produce dangerous carbon monoxide, the same odorless, colorless gas that comes out of your car's tailpipe, or from a faulty gas heater in the home. In high enough concentrations it is deadly; in lower doses it causes shortness of breath and increased heart rate. Fortunately, the body is able to eliminate most of the carbon monoxide fairly quickly once you quit smoking; many people who quit feel more energetic and less short of breath within just a few days of quitting.

Cyanide, Arsenic, and Other Nasty Stuff...

....like formaldehyde, benzene, radon, and the radioisotope polonium 210. The Environmental Protection Agency could arrest you for pouring these poisons onto the ground, yet tobacco advertising urges you to breathe them in! When you smoke, small amounts of these awful chemicals are spread around and stored in every tissue and cell in your body, where they can speed up the growth of cancer cells and degenerative diseases.

Tar

Tar comes from the burning of cigarettes and is one of the main components of tobacco smoke. Tar is the sticky brown substance that

causes yellow-brown stains on your fingers, teeth, clothes, and furniture. If you smoke in your car, you know how it coats the inside of your windshield. Imagine what all that tar must look like in your lungs!

Risks for Smokeless Tobacco Users

Chewing smokeless tobacco puts many of these same chemicals and poisons into your body. That's why people who chew tobacco for many years are 50 times more likely to get oral cancer and gum disease, and to lose their teeth, than people who do not chew. The risk of other cancers, heart disease, and ulcerative colitis is 50–70% higher among chewers.

About Secondhand Smoke

Cigarette smoke hurts many more people than just the smoker. Children under the age of one whose parents smoke are more than two times as likely than children of non-smokers to suffer from asthma, bronchitis, pneumonia, and other respiratory tract illnesses.[4] A child's lung tissue is especially vulnerable to damage, even when the concentration of secondhand smoke is relatively low.[5] This means that smoking in a car, even with the windows open, is still dangerous to a child. The younger the child, the more vulnerable the lung tissue.[6]

Cigarettes are one of the few consumer products that aren't regulated.[1]

More than 40 of the chemicals the FTC found in cigarette smoke cause cancer in humans.

Fertility and Sexual Potency

Cigarette ads try to make smoking look sexy, but tobacco's effects on reproduction are anything but positive. The fertility rates of smoking women are at least 30% lower than those of non-smokers, and these women are up to three times as likely to miscarry when they do become pregnant. The children of smoking mothers are at a significantly higher risk of premature birth, stillbirth, low birth weight, birth defects, and the development of childhood allergies and learning disabilities. The risk of impotence among smoking men is at least twice that of non-smokers.[7] Smoking also reduces sperm density and motility, which can increase the risk of infertility.

Wrinkles, Discolored Skin

The models in those sexy tobacco ads probably don't smoke because of tobacco's devastating effects on skin. In general, smokers have drier skin than non-smokers, and many smokers in their 40s have facial wrinkles similar to those of non-smokers in their 60s.[8, 9, 10] Smokers are almost 5 times more likely to develop more, and deeper, wrinkles than non-smokers.

The Big Three Health Benefits Of Quitting

✓ **Greatly reduced risk of premature death**

Quitting lowers your risk of dying early by 50% within 5 years of quitting. After 15 years the risk is the same as if you had never smoked.[3]

✓ **Reduced risk of lung cancer, emphysema, and bronchitis**

Your risk of lung cancer drops by 30%–50% after 10 years of being smoke-free. The longer you stay quit, the lower the risk. If you've begun to develop emphysema or chronic bronchitis, quitting will essentially stop the progression of the disease and allow your respiratory system to compensate for damaged tissue.[3]

✓ **Reduced risk of coronary heart disease**

The potential for smoking-related heart disease is cut in half one year after quitting. Within 15 years the risk is the same as that of someone who never smoked.[11]

Reasons For Quitting

Almost every smoker both likes and hates certain aspects of smoking. Once you begin to identify the things you dislike about smoking, and the reasons you want to quit, it gets easier to set a Quit Date and develop a plan you can stick to. On the next page are a few of the most common reasons why people decide to quit. Take some time to really think about why you want to quit, and then list five reasons of your own; refer back to this list often before and after your quit.

Stress, Weight Gain & Alcohol

Quitting is hard enough by itself. But add stress, depression, weight gain, and alcohol to the equation and quitting can seem even tougher. The good

Reasons for Quitting

- ✓ Freedom from nicotine urges and cravings
- ✓ Reduced risk of lung cancer, heart disease, emphysema, stroke, and lots of other diseases
- ✓ Being a good role model for children
- ✓ Improved sense of taste and smell
- ✓ Better quality sleep
- ✓ Fewer colds and missed days of work and school
- ✓ Saving lots of money
- ✓ No more smokers cough
- ✓ Having more energy
- ✓ Not having to worry about offending or bothering others with smoke
- ✓ No more stains on your fingers
- ✓ Being able to walk farther and breathe more easily
- ✓ Longer and healthier life
- ✓ Feeling good about yourself!

MY REASONS FOR QUITTING...

Make your own list of why you want to quit and come back to remind yourself frequently:

Cut this out and place on your refrigerator, bathroom mirror, or anywhere you will see it everyday.

I want to watch my grandkids grow up!

Exercise can help you quit smoking.

Smokers often do not have the desire to exercise and people who exercise regularly usually do not have the desire to smoke. Adding a moderate amount of exercise after quitting can help to burn calories and increase metabolism— helping to avoid or minimize weight gain. Also, exercise can reduce stress. If you are considering a new exercise program, talk to your doctor first. In most cases, it's wise to set modest goals at first and increase your activity gradually.

Abrams DB, et al. The Tobacco Dependence Treatment Handbook: A Guide to Best Practice. 2003

Ussher M. West R. McEwen A. Taylor A. Steptoe A. Efficacy of Exercise Counseling as an Aid for Smoking Cessation: A Randomized Controlled Trial. Addiction. 98 (4): 523-32 April 2003.

news is that there are things you can do to overcome each of these barriers and quit successfully!

Stress and Depression

When you're stressed out, what's the first thing you do? If your answer is "reach for a cigarette" you're not alone. Most smokers say that cigarettes help them cope with stress, and that too much stress makes it hard to quit. Using an NRT (Nicotine Replacement Therapy) like the patch or lozenge can really help diminish stress levels during quitting.

Learning other ways of coping with stress and tension can make quitting easier, too.... or at least make your life seem a little more manageable.

There is also a strong link between smoking and depression. People who suffer from depression are more than three times as likely to be dependent on nicotine as those who do not. Smokers who are more depressed have a harder time quitting.[12, 13] Researchers are not exactly sure why there is such a strong connection between the two.... except that some of the same brain chemicals are probably involved.

If you have ever been diagnosed with depression, even if you are not currently depressed, you should consult your physician about taking bupropion (Zyban™, Wellbutrin) when you decide to quit. Bupropion is a quit medicine that helps with symptoms of depression and decreases the urge to smoke for many people.

Weight Gain

Many smokers are worried about becoming overweight, and for this reason, don't want to even think about quitting. Weight gain, or the fear of it, is also a main reason why many people go back to smoking after they have quit.[14] The reality is that some increase in weight after quitting—usually about 5 to 8 pounds—is normal. The keys to controlling your weight as an ex-smoker are no different than anyone else's: exercise and healthy, low-fat meals that include fruits and vegetables.

Alcohol Use

As many smokers know, the connection between cigarettes and alcohol can be quite strong. In fact, research studies have shown that cigarettes and alcohol stimulate the same areas of the brain (maybe that's why taverns and nightclubs fight smoking bans so much). Did you know that....

- Per person, smokers drink about twice as much alcohol as non-smokers?
- People who drink heavily are more likely to smoke heavily, too?
- Reducing drinking helps people quit smoking?
- Quitting smoking helps alcoholics maintain sobriety?
- Alcohol relapse may trigger smoking relapse?[15]

Learning other ways of coping with stress and tension can make quitting easier.

You might find that being around other people who are drinking and smoking makes you want to drink and smoke more. When you decide to quit smoking, consider cutting back on drinking for a while afterwards, or at least avoid drinking in smoky environments.

Women's Issues

Gender differences in smoking

Not surprisingly, research shows that the smoking patterns and quitting experiences of men and women are often quite different. Women smoke fewer cigarettes per day, usually smoke lower nicotine cigarettes, and do not inhale as deeply as men.[16] Men are more likely to attempt a cold turkey quit. Nicotine replacement products like the patch or gum do not appear to reduce craving as effectively for women as for men, and withdrawal may be more intense for women.[17] Weight gain is also more of an issue for women. Some interesting studies have shown that husbands may provide less effective support to women who are trying to quit than wives give to husbands.[17]

Pregnancy and Smoking

Quitting smoking is the single most important thing a pregnant woman can do to ensure a healthy baby. Women who smoke have three times the difficulty getting pregnant,[18] and are more likely to lose their baby to spontaneous abortion and stillbirth.[19] Smoking has been estimated to trigger as many as 140,000 miscarriages each year.[20] Smoking during pregnancy also causes premature labor and delivery, cleft palate and cleft lip, low birth weight, and numerous childhood cancers. Smoke inhaled by young children of mothers who smoke is associated with an increased risk of sudden infant death syndrome (SIDS), asthma, pneumonia and other respiratory illnesses, and ear infections.[21]

Quitting early in pregnancy provides the greatest benefit to the fetus. This is the time when the most important developments are taking place—the heart and lungs are forming and the brain is beginning to form. However, a woman and her baby will still benefit enormously even if she quits late in pregnancy.

Chapter 2

Getting Ready to Quit: The First Step in Quitting

Once you decide that you are ready to quit smoking, the next step is to develop a specific plan that will work for you. This section walks you through the necessary elements of an effective quit-smoking plan, including the decision about whether nicotine replacement is right for you.

IN THIS SECTION

- ✓ **Why Quitting Is Hard**
- ✓ **Methods Of Quitting**
- ✓ **Preparing For Quit Day**

Why Quitting Is Hard

Quitting is difficult for two major reasons: 1) physical addiction and 2) psychological addiction, or habit. Being dependent on cigarettes involves both factors. Many people who have quit hard drugs like cocaine and heroin have said quitting smoking is just as tough, if not tougher. In order to quit smoking successfully, it is necessary to break both the nicotine addiction and the habit. We can't emphasize this point enough.

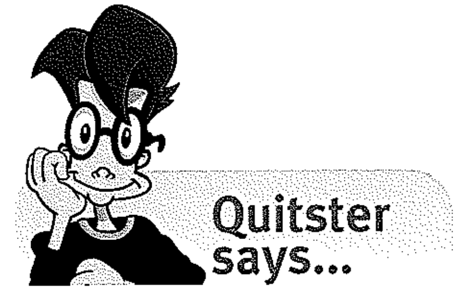
Physical Addiction

Within just 7–10 seconds of inhaling cigarette smoke, nicotine begins affecting your brain. Nicotine acts on cells in the reward center of the brain. This results in feelings of pleasure and alertness—the "hit" that your body comes to expect. When bloodstream nicotine levels are at their peak, the brain is highly stimulated. However, within just 30 minutes, your body has cleaned out most of the nicotine. You then feel tired, jittery, depressed, or fatigued. You begin to crave another cigarette, and the cycle continues. This up-and-down cycle, called the bolus effect, increases in intensity and frequency over time and is part of what makes cigarettes so addictive. Essentially, smoking becomes a never-ending battle of trying to stay within the "comfort zone."

Psychological Addiction or Habit

Ever wonder how cigarettes got to be such an important part of your life? Here's one explanation. Ivan Pavlov was a Russian physiologist who studied behavior change in the early 1900s. He observed that dogs normally salivate when they are given food. In his experiments, he rang a bell just before feeding his dogs. As a consequence, the dogs began to associate the bell with the presentation of food. Over time, they would salivate even if he rang the bell without putting out any food. They had become conditioned to respond "Hey.... when the bell rings, it means I'm going to be fed."

The same thing can happen to smokers. After smoking many, many cigarettes, various routines become paired with cigarettes and can bring on or trigger the urge to smoke. For example, if you smoke every time you



Set a Quit Date!

The single most important thing you can do to get started is to set a Quit Date—your first smoke-free day! Consider these things when choosing a date:

1. Recall your previous quits, if any. Will you need time off from the stress of work, or does work provide a good distraction? Remember, if you're using NRT you'll be more able to maintain your daily schedule.

2. NRT use starts on your Quit Day, but bupropion treatment begins 1–2 weeks before your Quit Date. Plan that in.

3. Don't set a date more than a month ahead. It's extremely difficult to maintain motivation for longer than that.

4. Calculate how many $$ you'll save per week, month, year by not buying cigarettes, and plan ways to reward yourself—starting on your Quit Date.

drive, simply getting into the car can trigger powerful cravings. It's as if your brain says, "Hey, I'm in the car now, looks like I'm getting nicotine soon!" Likewise, if you smoke each morning when you first wake up, this time of day can lead to powerful cravings for cigarettes, even long after you've quit smoking. For most people, breaking these addictive connections is one of the most important steps in quitting and staying quit.

Risks for Smokeless Tobacco Users

Chewing smokeless tobacco puts many of the same chemicals and poisons into your body. That's why people who chew tobacco for many years are **50 times more likely to get oral cancer, gum disease, and lose their teeth** than people who do not chew. The risk of **other cancers, heart disease, and ulcerative colitis is 50–70% higher** among chewers.

Want another explanation for your habit? B.F. Skinner did a series of animal experiments to study how habits are formed. Although this doesn't seem like rocket science nowadays, Skinner found that when behavior is reinforced or rewarded, it is more likely to be repeated; similarly, if a behavior is punished, it is less likely to be repeated. This makes it easy to see why smoking is tough to stop: there are many powerful "reinforcers" involved in smoking. Nicotine's kick is probably the strongest reinforcer of all, but social acceptance from other smokers and the perception that smoking is relaxing are others to consider as well. Conversely, many people who try to quit are "punished" by withdrawal symptoms and give up their efforts to quit.

Understanding the Smoking Equation

People have varying difficulties with both the physical and psychological aspects of quitting smoking. For example, maybe you smoked to experience the "hit" of nicotine or to avoid strong withdrawal symptoms. If so, physical addiction will underlie many of your signals to relapse. Or, perhaps being in certain places or experiencing particular emotions made you want to smoke; psychological or behavioral elements will thus fuel those dangerous smoking urges. Most likely, though, you'll find both physical and psychological factors involved, to some degree, in your smoking patterns. For this reason it can be important to examine why you smoke—each time you have a cigarette. As you prepare for quitting, a smoking journal can be indispensable in helping you identify your reasons for smoking, or your "triggers." Having done so, you can go about breaking these triggers one by one and replacing them with healthy coping strategies.

Methods Of Quitting

No matter which quit-method you ultimately choose, the two keys to quit-success are:

Commitment—You make up your mind to quit and are willing to go to any lengths to do so; and

How Addicted Am I?

The Fagerstrom test is a rough estimate of your physiological addiction to nicotine. It can give you an idea of how physically dependent you are to nicotine, and whether or not you ought to consider using NRT (quit medications) when you quit.

1. How soon after you wake up do you smoke your first cigarette?

   Within 5 minutes 3

   6 – 30 minutes 2

   31 – 60 minutes 1

   After 60 minutes 0

2. Do you find it difficult to refrain from smoking in places where it is forbidden, e.g. in a church, at the library, at the movies?

   Yes 1

   No 0

3. Which cigarette would you hate most to give up?

   The first one in the morning 1

   All the others 0

4. How many cigarettes/day do you smoke?

   10 or less 0

   11 – 20 1

   21 – 30 2

   31 or more 3

5. Do you smoke more frequently during the first hours after waking than during the rest of the day?

   Yes 1

   No 0

6. Do you smoke when you are so ill that you are in bed most of the day?

   Yes 1

   No 0

Scoring

To determine your score, add the values of your responses to the six questions above.

If you scored 4 points or less, your nicotine dependence is low at this time. There is no "safe" level of tobacco use, but quitting smoking may be less challenging for you than for others.

If you scored at least 5 points, you should consider using medication such as nicotine replacement therapy or bupropion (Wellbutrin Sr & XL/Zyban™); you are less likely to quit successfully without it.

If your score is 7 points or greater, you are strongly addicted to nicotine and can expect severe withdrawal symptoms when you quit. Consult with you doctor about using a combination of treatments.

Reference

Heatherton, T. F., Kozlowski, L. T., Frecker, R. C., Fagerstrom, K. O. (1991). The Fagerstrom Test for Nicotine Dependence: A Revision of the Fagerstrom Tolerance Questionnaire. British Journal of Addictions, 86, 1119-1127.

Healthy eating

After quitting, snack on things that are good for you, like fruit. Eat fruit that you have to peel or slice first, like oranges, melons, mangoes, and bananas. Grapes and berries are great, too; you have to wash them. Your hands and mouth will stay busy, and you'll get to eat something delicious and good for you.

Preparation—You take the time to develop a quit-plan that works for you, and to prepare for a non-smoking life.

What we know from over 30 years of research is that different combinations of quit-tools work well for different people. The people who succeed are likely to use many tools together, not just one.

A panel of physicians and researchers appointed by the Surgeon General of the United States reviewed more than 6,000 studies of quitting and issued a set of guidelines in June 2000.[22] Their strongest recommendations:

"Use medicine" Research has shown that Bupropion (Zyban™, Wellbutrin), Varenicline (Chantix ™), and nicotine replacement therapy helped people succeed more than going cold turkey. Nicotine replacement therapy comes in a number of forms: lozenge, gum, skin patch, inhaler, or nasal spray.

"Get counseling and support" The experts agree: Don't Quit Alone.® Get expert counseling and social support. Counseling and behavioral approaches are especially effective and should be used by all people trying to quit smoking. In fact, research indicates a strong support "dose effect," meaning that the more professional and/or peer support ex-smokers had while quitting, and the more intense the support, the more likely they were to succeed. Ex-smokers who used support and counseling more frequently were more likely to report success in quitting than those who used it less. Research has also shown that people who participated in a support program in addition to using quit-medications were more likely to succeed than those who just took medicine. Successful behavioral approaches to quitting almost invariably include problem solving and skills training, and utilize social support from other Quitsters.

Medicine & Behavioral Interventions

In this section, we'll first review the most effective kinds of quit-medicine and behavioral interventions available. For people who are interested in other types of quit-smoking methods, we'll review these as well.

Medicine

Nicotine Replacement Therapy

Nicotine replacement therapy is an effective way to "wean" yourself off nicotine. Although not the "magic pill" that it was thought to be when

first introduced, nicotine replacement therapy (NRT) has been shown to be effective, and is now recommended for all smokers attempting to quit (when medically appropriate). *On average, all nicotine replacement products are equally effective, and roughly double your chances of quitting successfully.*

Ex-smokers who used support and counseling more frequently were more likely to report success in quitting than those who used it less.

The purpose of NRT is to give you time to break the cigarette habit before attempting to completely eliminate nicotine from your body. NRT minimizes withdrawal symptoms, dramatically lowers your intake of nicotine, and smoothes out the peaks and troughs of the bolus effect, thus helping to minimize cigarette cravings. This allows you to continue your life without major disruption while quitting, and to concentrate on developing behavioral techniques to stay smoke-free.

There are five different types of nicotine replacement therapies: the nicotine patch, lozenge, and gum are available over the counter in the U.S., without a prescription, while the nicotine spray and nicotine inhaler require a prescription from your physician.

What NRT does not do:

- It doesn't work equally well for everyone.
- It doesn't eliminate withdrawal symptoms entirely.
- It doesn't give you any more will power.

"I am a thirty-year-old female, living in Jersey with two wonderful cats. I've been smoking since age 15, working my way up to almost two packs a day.

Several months ago I went to the dental hygienist, who told me the cells in my mouth were beginning to change. She said although they weren't cancerous YET, they would become so if I keep smoking.

So... right there and then I set my mother's birthday as my quit date (she still thinks it's the nicest gift anyone could have given her!). So far I've been quit for 75 days and counting."

"I've quit five times before. This is my last. Having 'fallen off the wagon' in the past, and having all of those awful smoking symptoms return, I know in my heart and soul that I can never ever, ever have another puff. It ALWAYS leads me back to smoking. Because quitting takes full-time effort, having this support every single day has been a blessing.

Treat your quit like a full-time job. Use every tool you have at your disposal and you can be successful. It gets easier and easier."

Bupropion (Zyban™, Wellbutrin)

Bupropion, originally an anti-depressant, became commonly prescribed as a quit-tool after physicians noted many spontaneous quits among their patients who used it; numerous trials have since proven Bupropion at least as effective a quit-tool as NRT. Bupropion works by diminishing the smoker's desire for nicotine while alleviating some of the more intense withdrawal symptoms.

Varenicline (Chantix™)

Varenicline, a prescription medication released in 2006, was created solely for use in tobacco treatment. Research shows Varenicline at least as effective as Bupropion and NRT, while nearly free of complicating side effects. Varenicline blocks nicotine's connection to receptors in the brain, making smoking unsatisfying, and mimics the effects of nicotine in the body, thus reducing cravings and withdrawal symptoms.

NOTE: You will need to start both of these treatments up to two weeks before your quit date, so plan accordingly.

Behavioral Strategies

Counseling—Individual or Group, Telephone or Internet

Many smokers find it helpful to have the support of other smokers who are trying to quit. Properly run group, telephone, and internet programs help you understand your smoking habits, develop new coping strategies, and set a quit date; they're also a good way to learn tips and strategies that other smokers find helpful.

The "dose effect" we mentioned earlier is important to consider when choosing a behavioral program. There is a strong association between success rates, the duration of treatment, and length of each session. The more intensive the program, the more likely you are to succeed. When choosing a counseling program, look for one that offers at least four to seven sessions, each a minimum of 20–30 minutes in length, and spanning a period of two weeks or more. The group leader should be specifically trained in smoking cessation.

Good telephone interventions follow guidelines similar to those listed above, and also make follow-up calls to provide support during the months after a quit date. Many state health departments sponsor free quitlines to help smokers quit.

The Internet holds great promise for helping smokers quit. Interactive tools, access to expert advice, and social support are available 24/7. QuitNet, started at Boston University School of Public Health in 1995, is the pioneer of these efforts. For information on how to access QuitNet, consult the inside front cover of this guide.

Nicotine Fading

Rate fading (also called **tapering**) and **brand fading** are two quit-strategies that involve gradually reducing the amount of nicotine in your system as you prepare to quit. Fading techniques can result in less intense withdrawal symptoms after quitting, and they provide mini practice opportunities for coping with cravings, which can also help after the quit.

Rate fading consists of a planned, orderly reduction in the number of cigarettes smoked daily. Brand fading calls for switching to lower nicotine-level brands before quitting.

Many people use fading strategies even though they plan to use medicines like the nicotine patch or bupropion. The downside to these techniques is that people often fade too quickly, too slowly, or too far. Reducing nicotine intake by more than 30% at any one time can lead to intense withdrawal symptoms and a return to previous smoking levels, whereas reducing smoking consumption to less than five cigarettes per day increases the perceived value of each cigarette, and taking more than a month to taper down appreciably usually results in a loss of motivation to quit.

Triggers & Non-Smoking Strategies

My three most common smoking triggers are:

1. ____________________

2. ____________________

3. ____________________

Alternatives

Next time instead of smoking I will:

____

____

____

____

____

____

____

____

____

____

____

____

____

Toss it!

Be sure to get rid of all your cigarettes and cigarette butts, matches, and ashtrays. Doing so symbolizes your determination to quit, and helps prevent visual triggers. It will be easier for you to stay quit if there are no reminders of smoking, and no easy access to cigarettes in your home.

Other Approaches

Cold Turkey

Many people swear by this method, even declaring it the most effective of all. True, cold turkey is a no-nonsense, low-cost approach.... the 'Just Do It' strategy for quitting smoking, and about 85% of smokers who try to quit do so cold turkey. However, cold turkey has been shown to be far less effective than pro-active approaches like nicotine replacement therapy and behavioral counseling. The problem is that, for most people who choose this approach, nothing changes except the smoking. Daily routines are still the same, ingrained methods of coping with stress and frustration remain in place, and the body's dependence on nicotine is unaltered. With these factors as well as powerful trigger, to deal with throughout the day, it's no surprise that most people who quit cold turkey relapse within 72 hours.

Cutting Back

Many smokers believe that just cutting back on the number of cigarettes is enough to avoid the dangerous health problems associated with smoking. It just doesn't work that way. There is **NO** safe level of smoking. Smoking fewer cigarettes and smoking low nicotine cigarettes are still hazardous to your health. Over time, most people who try this approach go back to smoking their old levels, anyway.

Alternative Therapies

Even though alternative therapies like acupuncture, hypnosis, and herbal remedies are more readily available nowadays and have gained some recent popularity, their effectiveness is still unproven in clinical studies. *The Surgeon General's Guidelines of June 2000 did not recommend any of the following approaches for quitting smoking. Any effect that these therapies produce is most likely due to positive expectations.... in other words, belief in the value of the treatment. We review them here for informational purposes only.*

Acupuncture—Acupuncture is based on ancient Chinese medicine. Nerve endings located near the surface of the skin are thought to be connected to certain organs and body functions. For example, specific spots on the ears, nose, and wrists are thought to be related to the urge to smoke. The few studies that have been done on acupuncture have found few differences between 'active' acupuncture and 'sham' acupuncture.[23]

"This is my second quit. My first one was for the wrong reason—my boyfriend told me he would buy me a car if I quit smoking. Three months into the quit he bought the car, three weeks after the car I relapsed. This time is different. I quit because I wanted to stop being controlled. I wanted to be healthier. These are the right reasons to quit.

Remember that no matter what, smoking will not make the current situation any easier—and it will only make you feel bad later."

Hypnosis—Hypnosis is said to help smokers quit by attempting to change their thoughts and attitudes about smoking. While hypnotized, you might be given certain suggestions or "unconscious commands" such as: reminders to relax when you are having a craving, to feel good when you successfully resist the urge to smoke, or to be acutely aware of the stench of tobacco smoke, its harsh taste, etc. In general, research studies have shown that while hypnosis may be credited anecdotally with helping in the early stages of the quitting process, it's not an effective long-term strategy.

Herbal Remedies—Tobacco-free cigarettes contain a mixture of various herbs like jasmine, ginseng, and clover. Although they may seem like the 'best' of both worlds (smoking without the dangers), these products still contain damaging tar and carbon dioxide just like regular cigarettes, as well as many toxic chemical compounds released by the burning process.

In the past few years, ex-smokers have used herbal medications such as Kava Kava, a natural anti-anxiety medication, and St. John's Wort, an anti-depressant. Often touted as natural substitutes for other synthetic quit-tools like bupropion, clinical research hasn't demonstrated the same degree of effectiveness for these medicines. However, some ex-smokers swear by them. Remember.... all medications, natural or synthetic, have side effects and potential risks, so be informed and aware before you use them. If you're unsure about any medication, check with your physician.

Take pride in your decision to quit.

Make some rooms of your home smoke-free. If there are smokers in your life, find a respectful way to ask them not to smoke around you. A smoke-free home environment will be a big help to you in the early weeks of quitting.

Commercial Quit-methods—Rule #1: If it seems too good to be true, it probably is. As we stated earlier, almost every quit-smoking method works for someone, somewhere, if for no other reason than the user believes it will. Many ex-smokers find quitting relatively easy; it's staying quit that proves most difficult for them. Unfortunately, staying quit is the one issue that most commercial methods don't adequately address.

Any claims of a "brand-new" plan or a product that works for anybody, anytime, or a method that offers amazing odds of success-or-your-money-back are disingenuous at best and outright fraud at worst.

There's no "magic bullet" that will cure your cigarette dependence, or completely eliminate withdrawal or the need for a support network. The best results, in study after study, are experienced by those using NRTs and social/behavioral support.

Preparing For Quit Day

Getting prepared for your Quit Day is as important as the day itself. The more prepared you are to quit, the more likely it is that you will quit successfully and comfortably. All too often, people make the mistake of jumping into quitting, thinking that they have to sink or swim. It doesn't need to be like that, and shouldn't be if you really want to quit for good. With a little advance effort, you can make giving up cigarettes a lot less difficult. Each of these strategies is designed to help you unlearn your smoking habit and quit safely.

Talk to Your Doctor

Smoking may impact the way your body processes certain medications. Nicotine and other chemicals in cigarettes speed up the metabolism of many drugs. This means when you are smoking, these medications are eliminated from your body more quickly than if you were not smoking. Once you quit, your current dose of medicine may become too strong. If you are currently taking any medications, especially for psychological issues, consult your doctor before you quit smoking.[24] You should not change how you take your medications until you talk to your doctor first.

Get Support

Getting positive support from friends and family is one of the most important things you can do to improve your chances for success. Unfortunately, many smokers pride themselves on being independent and strong-willed, and try to quit smoking by toughing it out alone. People who actively arrange a support system for their quitting efforts are more likely to succeed, and they stay quit with greater comfort. Ask for the support of several family members and friends. Ideally, you should have a support person at home, at work, and in social situations Tell each of these people about your plan to quit and ask for their support. It's a good idea to tell them specifically how they can be helpful to you; some people may think that nagging and 'checking up on you' is helpful, for example, when in fact this may cause you more stress. Use the **list of supporters** (see right) to record the names, and contact info, of at least five people who are committed to supporting your efforts. In an emergency, or any time you feel your focus or motivation wavering, refer back to the list and start "working" it.

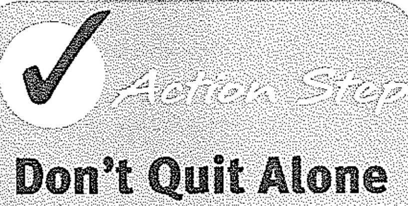
Coping with Triggers

This is a two-step process, sort of like preparing for battle. First you need to know who your enemy is, then you have to plan an effective attack strategy. By keeping a record of what drives you to smoke, you can start to identify effective non-smoking strategies. Triggers common to most smokers include: waking up, drinking coffee or alcohol, after-meals, after-sex, talking on the phone, etc. Once you know what your particular triggers are, you can figure out how to manage them without smoking.

On page 21, list your three most common triggers, as well as your non-smoking coping strategy for each. For example, if you determine that every time you finish a meal you get a strong urge to smoke, record that as a trigger, and list several non-smoking choices such as "Take a walk with my children" on the lines below Alternatives.

The Day Before You Quit

Quitting smoking marks a big change in your life. Don't downplay it—in fact, you should have a clear divide between your life as a smoker and your new life as a non-smoker. Anything you can do to more sharply draw this line will not only make quitting easier, but will also make it more likely that you stay smoke-free. Think of your quit as a clean start!



Don't Quit Alone

List of Supporters

These are the people who have committed to support me in my quit (at least three need to be ex-smokers):

1. ______________
2. ______________
3. ______________
4. ______________
5. ______________

Other (hotlines, etc.)

1. ______________
2. ______________
3. ______________
4. ______________
5. ______________

Before you Start

✓ *Throw away all your cigarettes.*

Poke through every possible cigarette hiding place: jacket pockets, the bottom of your purse, under the seats and in the glove compartment in your car, your nightstand drawer, etc.—in fact, look anywhere you would look if you were still a smoker and suddenly found yourself with an empty pack. Throw away your ashtrays, or give them away, or at least wash them and hide them somewhere.

✓ *Clean.*

Clean your house, the car, even the rugs and furniture, if you can. Wash all your clothes. Give your pets a bath. You may not be able to smell the smoke right now, but you will after you quit.

✓ *Drink lots of water—it will help flush the nicotine from your system and reduce the intensity of withdrawal symptoms.*

✓ *Reduce your caffeine intake by at least half.*

Cut back some or start mixing in decaf well before you quit. Nicotine makes caffeine metabolize much more quickly in the body. Consuming the same amount of caffeine after you stop smoking can lead to caffeine toxicity... nervousness, anxiety, and restlessness. All powerful triggers for smoking again.

✓ *Get some exercise.*

Not only will physical activity make controlling your weight easier, but it will also give you more energy and keep your mind off smoking. Walking, running, even bowling are all very helpful, and will release brain chemicals that can ease smoking urges.

Chapter 3

Quit Day & Beyond

Congratulations! You're about to take one of the most important steps of your lifetime! You have a lot to be proud of. You've learned about your nicotine dependence, asked for support from friends and family, considered which treatment is best for you, and prepared your environment for your quit. Now it's time to put it all into action.

IN THIS SECTION

- ✓ **Break the Habit**
- ✓ **The Difference Between Slips and Relapses**
- ✓ **Be Good To Yourself**
- ✓ **Stress Management**
- ✓ **Don't Quit Alone**
- ✓ **What to Expect: Withdrawal Symptoms**

Play hard, stay quit

When you're planning a vacation, remember that the Nicodemon will be traveling with you. Ask ex-smoking friends if you can call them in the event you think you might blow your quit. Commit to them, out loud, your intention to STAY QUIT, NO MATTER WHAT. Promise that you'll call before you light up, no matter where you are or what time it is. Program their numbers into your cell phone for quick access.

Quit Day may be the day you've been dreading.... but it doesn't have to be that way. You don't have to go through it alone. If you know what to expect, have planned ahead, and know exactly what to do when the really tough times hit, you'll be surprised how quickly this day will pass. The most important thing to remember is this: Beginning to smoke again, even just one puff, will increase urges and make quitting even more difficult. Use the acronym **N.O.P.E.—Not One Puff Ever!**

When you awaken on your Quit Day, turn to this Guide before getting into your daily routine. Review any of the interactive exercises you completed in preparation for this day, especially reminding yourself of your reasons for quitting and the people committed to support you. If you have NRT in your quit-plan, begin using it now. If you can make a quit-smoking phone call, or log in to your online support group, that's even better.

Break The Habit

Your urge to smoke may be quite strong, but the good news is that just as you learned how to smoke, you can unlearn how to smoke. It takes a lot of practice. Small changes in your daily routines that are associated with cigarettes can be key to breaking the habit. Try at least one of the following strategies each day:

Change habits that you associate with smoking. If you typically smoke while talking on the phone, talk in a different room, hold the phone in the other hand, or sit in a different chair. If you usually smoke while sitting in your favorite chair, avoid that chair for a while. These are items that should be listed on your Triggers and Alternatives (page 21).

Keep busy. Take up a hobby, go to the movies, go for a walk, work around the house, call or visit friends, write letters, read a book .... the possibilities are endless. One ex-smoker we know of built a beautiful deck on the back of his house while he was quitting smoking!

"Quitting is one of the hardest but most rewarding things I have ever done. I'm a 22-year-old college student, with a pretty good head on my shoulders, and a box of cigarettes was controlling my life! I was so upset when I discovered how much of my life I lost every time I smoked. I've been quit 20 days now, and I will never touch another cigarette again. I've never felt so good. Quitting was very scary at first, but now I feel great.

Remember that you have control over your decisions. It's up to you whether or not you smoke. You can do it, no matter how long you've been a smoker!"

Keep your hands and mouth occupied. Try sugarless mints or gum, toothpicks, cinnamon sticks, carrot and celery sticks, crushed ice, or water.

The Difference between Slips and Relapses

Now that your Quit Day has arrived, let's talk for a minute about slips and relapses. It's very important to be clear about the meaning of these terms. The goal in quitting is to never smoke again, one day at a time—Not One Puff Ever. But what to do if you do smoke?

A slip is defined as smoking one or two times after your quit date. Slipping is different than relapse, which is characterized by a return to your old smoking ways and levels. It's common for people who have just quit to have one or two slips and to feel really bad about them. The problem is that feeling bad often leads to more cigarettes, and can easily undo all your hard work.

If you slip, remember....

A slip is an opportunity to think about what went wrong and **how to prevent it next time.**

What you say to yourself can have a strong impact on your success. Remind yourself of the important reasons why you are quitting.

One cigarette didn't make you a smoker in the first place, and one cigarette does not make you a smoker again. One slip now doesn't mean you have to go back to smoking again. A slip will only turn into a relapse if you decide it will. Head straight for your support network and work it out. *Slips are learning opportunities, not excuses to resume smoking.*

Be Good to Yourself

Positive self-talk is an important element of taking good care of yourself today and in the weeks to come. What you say to yourself can have a strong impact on your success. Remind yourself of the reasons why you are quitting and tell yourself:

- This is going to be tough, but I will take it one day at a time.
- I am focused on being a non-smoker today.
- I am in control of my life, and choose to be smoke-free.

Stress Management

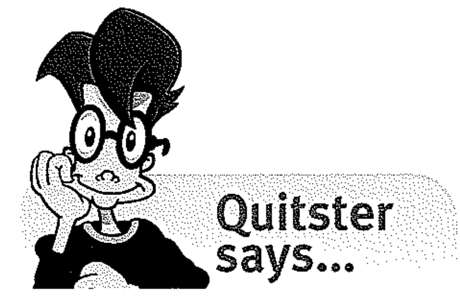
Developing new ways to relax and cope with stress is critical to quitting for good. Smokers often say that cigarettes help them deal with stress and that too much stress makes it hard to quit. Stress is one of the most common reasons many smokers go back to smoking. This section covers different strategies for relieving stress to stay smoke-free.

Add Physical Activity—Exercise is a great way to manage stress. Being active will help to take your mind off the stressful situation. Physical exercise will help burn off the chemicals that your body releases during stress, leaving you less tense and fatigued. You'll feel less like smoking while you are exercising, and afterwards.

Stretch—Sit in a chair with your upper body resting forward on your lap. Slowly roll up, starting at the base of your spine, until your back is straight. Stretch neck muscles by tilting your head to the right and slowly rolling your head down to the left. Repeat a few times in both directions.

Use Your Support Network—Getting support from others is a key element in stress management. Nearly thirty years of research demonstrates that smokers have a much better chance of staying quit if they have help from others.[24,25] Don't try to go it alone. Use the people in your existing support network. Talking with others, especially fellow Quitsters, who are wired just like you, helps to reduce stress and improve mood.

- I have stopped the one habit that contributes most to poor health.
- My heart, lungs, and overall health are improved.
- The air at home and in the car is cleaner for my family and friends because I quit smoking.
- The money I have saved by not smoking will be used for something fun and positive in my life.
- I am setting a good example for my children by quitting smoking for good.



This is your quit.

It can be tough living with other smokers while you are quitting, but remember: This is your quit. You, and you alone, are responsible for its success or failure. No one else can make you choose smoking. You can quit smoking, and stay quit, regardless of anything or anyone.

Don't Quit Alone

Use your List of Supporters on your Quit Day. Make plans to go for a walk, meet for dinner, or just to check in during the day. Another ex-smoker will be able to offer helpful insight in getting through today and the next few weeks!

What to Expect: Withdrawal Symptoms

Understanding the changes your body goes through when you quit smoking is the first step towards dealing with them. The physical changes that stem from nicotine detoxification, or withdrawal, can cause increased tension and irritability, sadness or depression, a loss of energy, or temporary difficulties with concentration. Nicotine replacement medications (NRT) are very effective in alleviating many of these symptoms. Even if you don't use NRT, remember that all these effects are short-lived, and that in just a few weeks you will adjust to being a non-smoker.[23]

A few more common withdrawal symptoms:

- headache, dizziness
- exhaustion, insomnia
- blurred vision, inability to concentrate
- bloating, gas, constipation
- muscle spasms, soreness in the joints, ribs, or back
- pimples or cold sores

You might find it helpful to explain to friends, family, and co-workers exactly what you'll be going through the next week or two.

Chapter 4

Strategies for Staying Quit

So you've made it through Quit Day and survived Quit Week. Congratulations! Now it's time to focus on the future. For the most part, the main challenge in this phase of quitting is using everything you've already learned, one day at a time. There are a few additional strategies that can be particularly helpful in staying smoke-free for good.

IN THIS SECTION

- ✓ **Rewards and Positive Reinforcement**
- ✓ **Identify Ongoing High-Risk Situations**
- ✓ **Keep Your Guard Up**
- ✓ **Keep the Quit!**

Rewards and Positive Reinforcement

Be sure to reward yourself for all your non-smoking achievements, no matter how small they might be. Celebrate every step along the way. Create your own celebrations and special recognitions for important milestones, such as the One Week mark, One Month, Three Months, and so on. Celebrate each cigarette you pass up, and each day and week you are smoke-free! Rewards don't have to be expensive, or cost anything at all for that matter. They just need to make you feel good about quitting.

Keep Your Quit #1

The more your smoking friends or members of your family see your commitment to quitting and staying quit, the more cooperation you'll probably receive. If they see you waffling, backing down, willing to switch priorities at a moment's notice, every smoker in the bunch will have your number and a direct path to your "hot buttons."

Identify Ongoing High-Risk Situations

This is a skill that requires some brainstorming and long-term self-examination. You should already have a pretty clear picture of your more obvious smoking triggers..... those times when you know for sure that you'll have a strong urge to smoke. The challenge for the future is to identify other times when the urge to smoke may take you completely by surprise. Special occasions, anniversaries, seasons of the year, smells, and

"I never really realized how much my smoking discolored my living room until I quit."

Cigar smokers are less likely than cigarette smokers to develop lung cancer, but are far more likely to suffer throat, esophageal and stomach disorders/cancers—and they do greater damage, via second-hand smoke, to the health of those around them.

emotions can all be powerful long-term triggers that need planning for. Practice what you might do in high-risk situations. Having a number of coping strategies in mind will make it more likely that you are able to handle tough situations successfully.

The three most common high-risk factors in smoking relapse:

- Negative moods (anger, stress, frustration, sadness, boredom, loneliness)
- Positive moods (excitement, happiness, wanting to celebrate)
- Social situations in which others are smoking and drinking

Keep Your Guard Up

The key to staying quit long term is to keep your guard up. It's common for newly quit smokers to feel overconfident after making it through a few days or weeks smoke-free. Some people even purposely put themselves in potential trigger situations to "test" their resolve. Don't get cocky yet; until you are without any withdrawal symptoms and notice that your urges to smoke have become less frequent, it's a good idea to be cautious. Don't let your still-addicted mind trick you into a situation

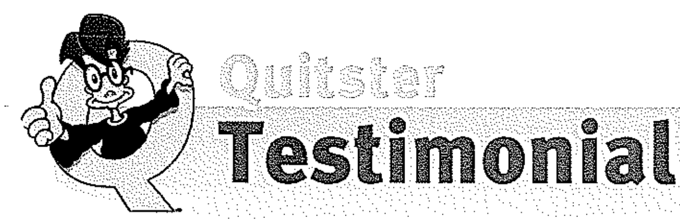
Other Resources

In addition to this Guide there are a number of other resources that can help you quit and stay quit.

QuitNet offers information, support from fellow Quitsters including ex-smokers, interactive tools, and online discussion areas where you can get help 24/7. With QuitNet, you are never alone. Check the inside front cover of this guide for information about how to access QuitNet.

Many hospitals, health plans, and other organizations offer workshops and classes to help people quit. Contact your health care provider, EAP program, or employer to find out what other resources are available to help you quit.

Remember to get as much help as you need, for as long as you need it to first quit and then keep your quit. It's the most important thing that you'll do to stay healthy and help your family stay healthy too.



"Quitting smoking has changed my life. It is one of the most significant things I have ever done, and I am forever grateful to other Quitsters for helping me do it. As long as I can remember, smoke was all around me. I started smoking when I was nine, and I smoked 2 packs per day for 30 years. I felt grown up when I smoked, and I always wanted to be more hip, cool. Smoking was so intertwined with my life that I could never imagine quitting—but now I can't imagine ever smoking again! And that is a miracle!

Never quit quitting till you quit! With every attempt, you learn more about what will work for you. Use all the tools available to you, and YOU CAN QUIT TOO!"

you can't handle. There is no permanent cure for tobacco addiction. The best we can do is abstain from smoking, one day at a time.

Keep the Quit!

No matter where you are in your quit, you have a lot of valuable information and experience that can help other people who are either thinking about quitting or are doing so now. Sharing your experience with them may make a big difference in their decision to quit, or in their eventual success. Becoming part of someone else's support network will also help you develop a strong, non-smoking self-image making it more likely you'll stay a non-smoker. As some Quitsters have said: "You can't keep it unless you give it away!"

Remember that all addictions operate on the physical, mental, emotional and behavioral levels, and require some treatment on each of these levels. Be ready to address any issues that arise as you go along. Quitting smoking by any method is only a beginning, one that will initiate a process of change that can keep you engaged for the rest of your life. A new, smoke-free lifestyle awaits you, filled with possibilities unimagined when you were still a smoker. Keep this QuitGuide handy, and refer to it often; it is your record of one of the most important decisions you ever made.

Quitticisms

A glossary of witty sayings developed and used by Quitsters worldwide.

Ashtray Toss—The ceremonial discarding of all the ashtrays in the house, in preparation of Quit Day.

Closet Quitting—Quitting smoking without telling anyone, for fear of ridicule due to past "failed" attempts.

Closet Smoking—Smoking in secret. Some ex-smokers did this for years before "fessing up."

Cow-Orker—Evil co-worker who is secretly manipulated by the Nicodemon into doing everything possible to frustrate our Quits!

CRS— "Can't Remember Stuff" Syndrome, common among Newbies. Caused by new influx of oxygen and the absence of nicotine in the brain. See also: Newbie, Oxymoron.

Dumpster Dance—Ritual performed while discarding all tobacco and smoking paraphernalia in the neighborhood dumpster before setting it all ablaze and running like crazy.

Evil Twin—A familiar of the Nicodemon, this nasty character pops up a lot during withdrawal and creates havoc while appearing to be us.

Heebie Jeebies—Sensation of constant restlessness and irritability common during early nicotine withdrawal.

Kicking Butt—The act of smoking cessation; feeling strong and confident about the Quit.

KTQ—Keep The Quit. An email greeting often used by QuitNet members.

Milestones—Milestones mark accumulations of smoke-free days, and are typically celebrated after one week, one month, three months, six months, one year, etc.

Newbie—A new ex-smoker, often exhibiting CRS syndrome.

Nick/Nic—Nickname for Nicodemon and/or Nicotine.

Nicodemon—A nefarious character frequently blamed for ex-smokers' struggles with nicotine addiction, and depicted as a cloudy looking monster throughout this Guide. Nicodemon is always trumped by Quitster.

Oxygen—Atmospheric gas that is delivered with great abundance to your brain after quitting, due to the sudden absence of carbon monoxide in the bloodstream.

Oxymoron—A new ex-smoker under the stuporous influence of excessive oxygen. See also: Newbie, CRS.

Quit—The process of ending the consumption of tobacco products.

Quit Date—The day you choose to begin smoking cessation, sometimes called the Longest Day.

Quitbud—or Quit-buddy. Someone who works with you behind the scenes and supports you when all others have abandoned you.

Quitliness—That indefinable quality possessed by people who have quit and stayed quit. It is next to godliness.

Quitology—The scholarly study of the Quit, ever furthered by continuing to not smoke.

Quitsville—Where successful Quits occur, on the right side of the tracks from Slip City.

Quitzits—Acne pimples, sores, etc., that pop up on the faces of those who have recently quit; science can't explain them but we know they exist.

Recovery—Euphemism for the path from tobacco addiction to non-smoking freedom.

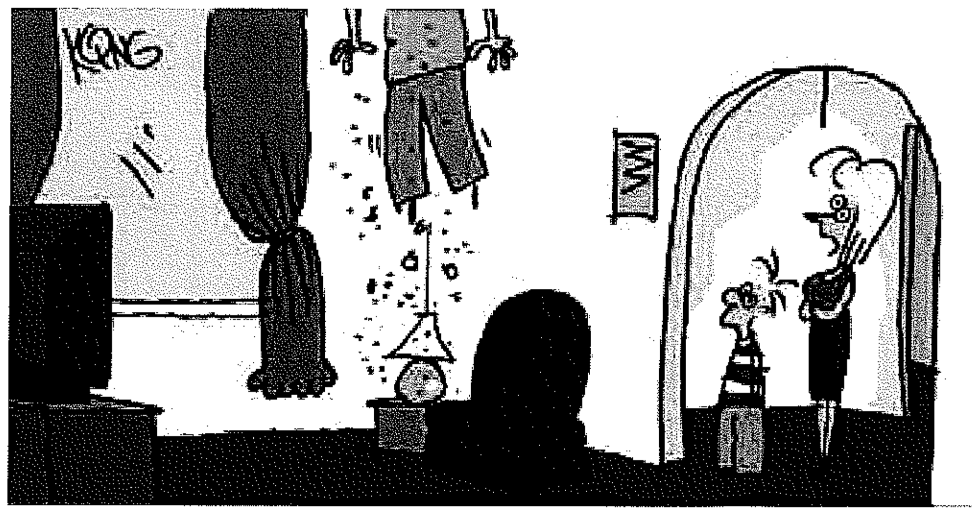
Relapse—Resumption of previous levels of tobacco consumption; requires Quitster to set a new Quit Date.

Slip—Moment of temporary weakness in which tobacco products are ignited and inhaled.

Slip City—Where you go to have a smoke during a quit, just across the tracks from Quitsville.

Smoking Dreams—Dreams in which Quitsters believe they have slipped or relapsed, usually followed by great feelings of guilt and relief upon awakening.

Unquit—Poor souls trapped in the neverland between smoking and quitting—seen wandering aimlessly, suffering guilt and withdrawal symptoms at the same time.



"Try not to sneak up on your father. He's been a little on edge since he quit smoking."

Endnotes

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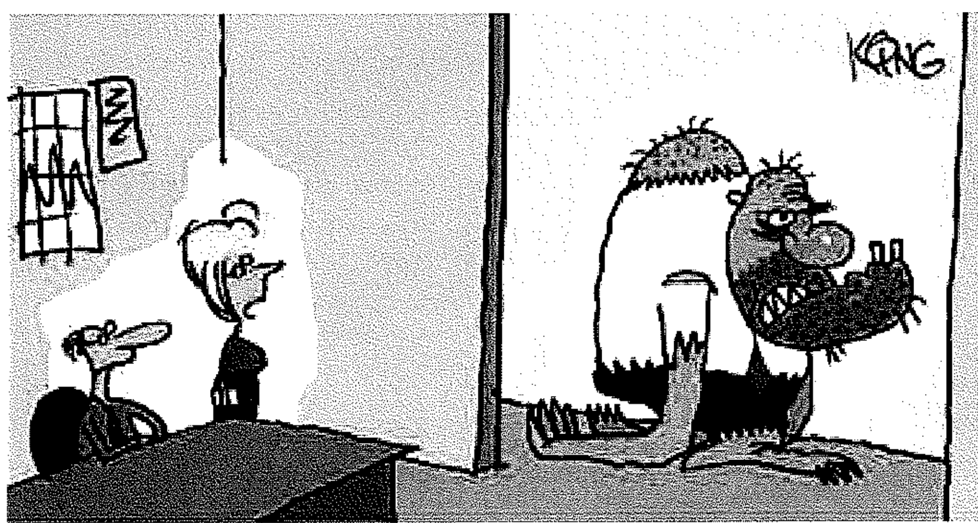
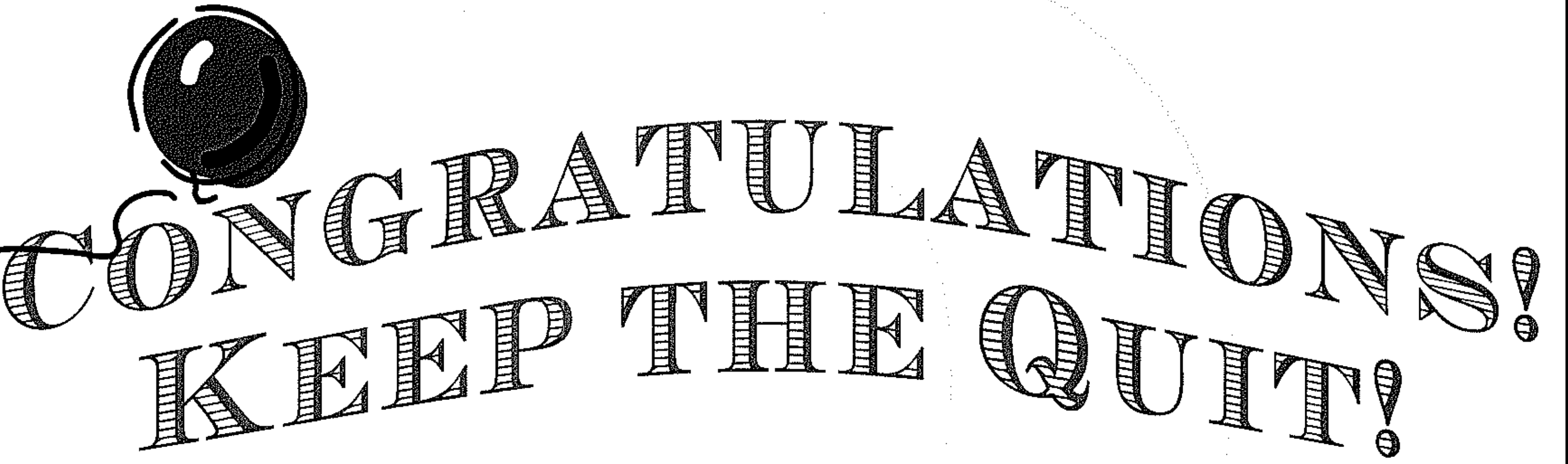


"That's just Byron from accounting. He's been a little grumpy since he quit smoking."



This certificate announces an important achievement!

______________________________ has

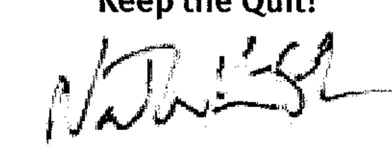
Quit Smoking

on this, the ____ day

of the month of ____________ , 200_.

QUITNET®
QUIT ALL TOGETHER

Keep the Quit!



Nathan K. Cobb, MD

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