Proposal to Offer

West Virginia Tobacco Cessation Quitline Services

Technical Proposal and Attachments

Opportunity No.: EHP2400000001

National Jewish Health®

Submitted: May 16, 2024
National Jewish Health
Ann Vaughn, Executive Director
1400 Jackson Street, S122
Denver, CO 80206
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Title Page

RFP Request	Vendor Response
RFP Subject and Number	Solicitation No: CRFP 0506 EHP2400000001 West Virginia Tobacco Cessation Quitline
Vendor's Name	National Jewish Health
Vendor Business Address	1400 Jackson Street, S122 Denver, CO 80206
Vendor Telephone Number Vendor Fax Number	Phone Number: 303.728.6574 Fax Number: N/A
Name of Contact Person	Ann Vaughn
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Christine Forkner

Executive Vice President Corporate Affairs / CFO

5/14/24

Signature Date

Table of Contents

Contents

Attachments

Vendor Information

Department of Administration Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130	State of West Virginia Centralized Request for Proposals Service - Prof	

Proc Folder: 1407305 **Doc Description:** REQUEST FOR PROPOSAL-TOBACCO CESSATION QUITLINE **Proc Type:** Central Master Agreement			**Reason for Modification:**
Date Issued	**Solicitation Closes**	**Solicitation No**	**Version**
2024-04-11	2024-05-09 13.30	CRFP 0506 EHP2400000001	1

BID RECEIVING LOCATION

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

VENDOR

Vendor Customer Code:	000000223130				
Vendor Name :	National Jewish Health				
Address :	1400				
Street :	Jackson St				
City :	Denver				
State :	Colorado	**Country :**	United States	**Zip :**	80206
Principal Contact :	Ann Vaughn				
Vendor Contact Phone:	303.619.0521	**Extension:**			

FOR INFORMATION CONTACT THE BUYER
Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

Vendor Signature X [signature] FEIN# 74-2044647 DATE 5/14/24

All offers subject to all terms and conditions contained in this solicitation

Date Printed Apr 11, 2024 Page: 1 FORM ID: WV-PRC-CRFP-002 2020/05

Designated Contact

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

(Printed Name and Title) Christine Forkner, EVP Corporate Affairs/CFO

(Address) 1400 Jackson St Denver, CO 80206

(Phone Number) / (Fax Number) 303-398-1004 / 303-398-1211

(email address) ForknerC@njhealth.org

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through *wv*OASIS, I certify that: I have reviewed this Solicitation/Contract in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; that I am authorized by the Vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on Vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

National Jewish Health
(Company)

(Signature of Authorized Representative)
Christine Forkner, EVP Corporate Affairs/CFO
(Printed Name and Title of Authorized Representative) (Date)
303-398-1004 / 303-398-1211
(Phone Number) (Fax Number)
ForknerC@njhealth.org
(Email Address)

Revised 8/24/2023

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFP EHP2400000001

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

- [X] Addendum No. 1
- [X] Addendum No. 2
- [ ] Addendum No. 3
- [ ] Addendum No. 4
- [ ] Addendum No. 5
- [ ] Addendum No. 6
- [ ] Addendum No. 7
- [ ] Addendum No. 8
- [ ] Addendum No. 9
- [ ] Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

NATIONAL JEWISH HEALTH
Company

Authorized Signature

5/14/24
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

Revised 8/24/2023

REQUEST FOR PROPOSAL
CRFP EHP2400000001
Tobacco Cessation Quitline

Step 2 – 1 X 300 = Total Cost Score of 300

Proposal 2: Step 1 – $1,000,000 / $1,100,000 = Cost Score Percentage of 0.909091 (90.9091%)
Step 2 – 0.909091 X 300 = Total Cost Score of 272.7273

6.8. Availability of Information: Proposal submissions become public and are available for review immediately after opening pursuant to West Virginia Code §5A-3-11(h). All other information associated with the RFP, including but not limited to, technical scores and reasons for disqualification, will not be available until after the contract has been awarded pursuant to West Virginia Code of State Rules §148-1-6.3.d.

By signing below, I certify that I have reviewed this Request for Proposal in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that, to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

National Jewish Health
(Company)

(Christine Forkner, EVP Corporate Affairs)
303–398–1004 / 303–398–1211
(Contact Phone/Fax Number)

5/14/24
(Date)

SECTION 4: PROJECT SPECIFICATIONS

4.1 Background and Current Operating Environment

National Jewish Health is pleased to submit this proposal in response to the State of West Virginia, Department of Health, Bureau for Public Health (BPH), Division of Tobacco Prevention (DTP), and the Office of Maternal Child and Family Health (OMCFH), and the Department of Human Services Bureau for Medical Services Solicitation No CRFP 0506 EHP2400000001 to provide services for the West Virginia Tobacco Quitline. If selected as your vendor, we look forward to partnering with the DTP as the lead agency for tobacco prevention and control in the State to engage as many West Virginians who use commercial[1] tobacco in the quitting process as possible, supporting the state agency's efforts of improving health outcomes by reducing tobacco use through the implementation of strategies having evidence of effectiveness and to partnering with Medicaid/WVCHIP and managed care organizations (MCOs).

4.2 Project Goals and Mandatory Requirements

National Jewish Health is a non-profit academic medical center committed to excellence in respiratory health through patient care and research. In line with our mission and building on a century of experience in respiratory health, in 2002, National Jewish Health developed a telephone-based commercial tobacco cessation program to provide evidence-based support for people on their quit journey. The Quitline program furthers our mission by developing and implementing well-documented special protocols to serve populations disproportionately impacted by commercial tobacco use, supporting health care system integration and provider referrals, and building partnerships for Quitline sustainability. We leverage emerging research and some of the industry's most prominent thinkers to continually adapt and improve our program to meet the needs of our clients and participants.

We have delivered evidence-based, personalized telephone, text, email and online coaching programs for more than 22 years, are the largest nonprofit provider of quitline services currently in 25 states and with more than 80 health plans, employer groups, and wellness companies. Since the development of our Quitline program, we have assisted more than 2.5 million people with their quit attempt.

If selected as your Quitline Vendor, we look forward to supporting the state agency's goals of:

- Engaging West Virginia tobacco users in cessation by increasing Quitline reach;
- Increasing quit attempts, especially among disparate and priority populations;
- Fostering successful tobacco cessation outcomes;
- Decreasing tobacco use prevalence; and
- Offering effective, data-driven Quitline services

We are confident our experience in administering 25 unique state-funded Quitlines demonstrates our ability to meet the objectives and deadlines specified in this RFP. In the past five years, we have established partnerships with eight states to transition Quitline services to National Jewish Health and are confident in our ability to provide a timely, seamless, and effective transition of phone coaching, online, and supplemental services.

Thank you for your consideration.

[1] We affirm the sacred purpose of tobacco in some American indigenous communities. In this proposal, all references to "tobacco" shall be qualified as "commercial tobacco" unless specified.

4.2.1 Goals and Objectives

4.2.1.1 Call Volume

National Jewish Health will strive to meet the following standards:

DTP RFP Performance Standards	**National Jewish Health Performance Standards**
4.2.1.1.1 Providing an 80% live call response for calls which occur during the airing of a state or national educational campaign	≥80% of all calls which occur during the airing of a state or national educational campaign answered live.
4.2.1.1.2 Providing an average initial answer speed within 30 seconds with a less than 5% abandonment for calls waiting greater than 30 seconds following an initial client queue message if a live response is not provided.	Average live answer speed is 30 seconds. Less than 5% abandonment of calls waiting greater than 30 seconds following the initial client queue message.
4.2.1.1.3 Returning 95% of voicemail messages within one day and send 100% of self-help materials within one day of registration	≥95% voicemail returned within one business day of entry into our case management system. ≥95 of self-help materials sent within one business day of registration.
4.2.1.1.4 Reaching or documenting an attempt to reach, 90% of multiple call participants during their established appointment time for all intervention calls.	≥90% of multiple call participants during their established appointment time reached or an attempt to reach them will be documented for all intervention calls.

National Jewish Health collects and reports on data that measures performance as outlined above. Call standards are monitored in real-time and reported monthly. Our Avaya telephony and Calabrio Workforce Management systems are used for accurate call analysis and forecasting staffing to ensure we achieve the performance standards. These systems provide real-time and historical information on call volume, rate of live answer, wait time for callers, abandonment rates, calls sent to voicemail, and calls received during times when a live answer is not available.

4.2.1.2 Data Collection and Reporting

4.2.1.2.1 Issuing at least two outcome reports to referring providers after the first and second or third calls to the participant. These reports should include the participants' quit dates, the type of services requested and received (e.g., materials only, one call, multiple call, specialized protocols, NRT), and the tobacco use status of the participants.

National Jewish Health has implemented a robust referral program for health care professionals and community organizations to easily refer their patients or clients who use tobacco to the Quitline. Referrals are received by fax, through our secure online portal, or eReferral directly from the electronic medical record (EMR). We provide progress reports to the referring provider that is part of a HIPAA-covered entity at up to five instances throughout the fax and web provider referral program, including:

- When a fax or web referral is received.
- If the fax or web referral is incomplete or invalid (missing participant information).

- At the time the patient enrolls in coaching (or if the patient is unreachable).
- When the patient is shipped NRT.
- When the patient completes the program.
- When the patient dis-enrolls for another reason.

With eReferral, we offer health care systems the option of selecting time-based progress notes built on North American Quitline Consortium's (NAQC's) Guide for implementing eReferral using certified EHRs at 20, 90, and 220 days, or using our event-based triggers that provide updates similar to those for fax and provider web referrals. By default, progress notes will be sent directly to the provider and, depending on the provider's electronic health record (EHR) configuration, they can appear directly in the patient record.

4.2.1.2.2 Providing, at minimum, status updates and reports via secure emails to referring providers and DTP, as well as other updates and any needed technical assistance. The portal should include the ability for providers to enroll their patients online by providing detailed information and instructions for enrollment.

Provider Referrals

National Jewish Health accepts and processes referrals made via fax through our dedicated fax referral line, through our secure online portal, live transfer, and eReferrals directly from the EMR over Direct Trust messaging using HL7v3. In partnership with several states, we added the ability to streamline data entry for providers by uploading partner contact information into the online referral process and creating a drop-down menu for all state-identified clinics. This process simplifies the online referral process and maintains data integrity by using clearly identified required and optional fields along with error handling and data validation. For groups that cannot use one of these methods, we have the capacity to receive secure file transfer protocol (SFTP) referrals, for example from pediatric clinics where the referred person is a parent or guardian rather than the patient. All provider referrals receive outcome reports via fax or secure email, or via electronic eReferral progress note back to the referring provider. Status reports are sent via fax or secure email for fax or online referrals, and eReferral status updates are sent via Direct Trust secure messaging for electronic medical records.

Technical Assistance

Our Quitline staff are trained and qualified to provide technical assistance and advice to health care professionals seeking information about the availability of Quitline services, including how to make a referral to the Quitline. Our Account Managers work with our state partners and providers in the community to educate and inform about the use of online referrals to the Quitline. Our Clinical Director, Dr. Ylioja, is available and regularly fields informational and clinical guidance requests to further the treatment of tobacco dependence, including implementation of in-office procedures, brief tobacco intervention techniques, and best processes to help healthcare providers work and refer patients quitting tobacco. We also provide short video tutorials on implementing a brief intervention, about the Quitline, and a role-play of a tobacco treatment conversation, along with provider FAQs on all our Quitline websites.

Referral Reports to DTP

As a standard in our robust report library, we provide detailed and summary reports of all provider referrals on a monthly basis to our state partners. These reports support health systems change activities, monitoring use of provider referral portals, and outcomes of all referrals.

4.2.1.2.3 Providing reporting to DTP on the quitline referrals that come from the OMCFH Home Visiting program, Right from the Start and other Programs to be determined at a frequency to be determined by OMCFH.

Local health and community organizations represent a great opportunity to generate referrals to the Quitline because they have the chance to discuss commercial tobacco cessation with their clients and provide a coaching resource if the individual wishes to stop commercial tobacco use. National Jewish Health works closely with our clients to integrate the Quitline into community-based organizations, schools, colleges, and other community settings. To facilitate community referrals, National Jewish Health recently partnered with JSI Research and Training Institute, Inc. (JSI), an independent public health consulting firm, to conduct formative information gathering with community-based organizations (CBOs). We used guidance from focus groups to develop and implement a new online referral form for CBOs. The new web referral form is located on a dedicated Community Organization page on our QuitLogix website (i.e., state.quitlogix.org). Because CBOs are generally not HIPAA-covered entities, we do not provide CBOs status updates on referrals. All referrals with an identified referral source, such as home visiting programs, appear in our standard report library provided to our state partners with data on volume and success in contact, for each referral as well as in summary format.

4.2.1.2.4 Providing reporting on all BMTF referrals to DTP.

Through our robust reporting package, we will provide information on BMTF referrals to the West Virginia Tobacco Quitline. We can also upload a list of identified BMTF locations into our referral portal to ensure accuracy of data entry using our CBO web referral form to increase efficiency in reporting aggregate data by location. Our referral reports provide a detailed view of the volume of referrals by source with the referral status separated by clinic/CBO name, provider information contact information, and type of referral whether fax, online or eReferral. The referral reports are included in the monthly report package for DTP.

4.2.1.2.5 Providing outcome reports from all health system referral options including fax, web referrals, and electronic health records.

In addition to referral outcome reports to providers, our standard referral reporting to state clients includes a description of the result of each provider referral including whether the person enrolled, whether the person was unreachable, whether the person declined the referral or whether the person was ineligible for the program based on state criteria. Reports include detailed information about each received referral as well as aggregate reporting by clinic, referral type (e.g., fax, web or eReferral), or referral outcomes to monitor trends in referral volume and status over time.

4.2.1.2.6 Implementing a computerized tracking system to document Quitline activity to accurately tabulate unique individuals, services provided, caller demographics, and referrals.

To enhance our Quitline program and better meet the needs of our participants and state partners, we developed a proprietary case management system, QuitPro. Over the past decade, we have refined QuitPro to power the robust and agile data capture and reporting capabilities that are essential for a Quitline program. This software, developed and maintained internally by the National Jewish Health IST Team, allows for increased flexibility and speed in responding to the changing needs of our state clients such as changing eligibility criteria, adding/removing intake questions, or changing program offerings when needed. QuitPro drives both our telephone coaching and online databases, allowing for collection, storage, security, and access to participant data for all parties who require access, whether for Quitline staff on a call or for DTP reporting purposes.

QuitPro is a browser-based information management system housed on a secure proprietary platform developed by National Jewish Health. The QuitPro platform uses load-balanced, virtualized web servers and a clustered SQL database. We use leading-edge technology including Microsoft .NET Framework 4, SQL Server,

and SQL Server Integration and Reporting Services. The system is flexible and customized, allowing for quick and easy updates to meet current and future state client specifications.

All individual-level data and program activity are collected, stored in, and reported from QuitPro. In QuitPro, a unique participant identification number identifies each individual, and a unique identifier is created for each enrollment. These identifiers facilitate linking participant records across multiple instances to track quit attempt activity over time. Data for each participant enrollment comes from multiple sources, including telephone intake and coaching calls, medical screening, online registration, provider referrals, and text or email support services. Individual-level data includes participant characteristics such as call patterns, caller demographics, socioeconomic status, health insurance status, Medicaid identification numbers when provided, special populations, commercial tobacco use history and characteristics, readiness for change, medical screening information, program services received such as NRT shipments and coaching calls, along with the exact date and times of each activity. All data stored in QuitPro can be extracted in ad hoc reports, or in standardized monthly, quarterly, and annual reports, as requested.

4.2.1.2.7 Collaborating with an independent evaluator chosen by BPH to facilitate research evaluation efforts. This collaboration may involve data use agreements for the purpose of HIPAA compliance, issuing a notice of privacy practices identifying the evaluator as a recipient of participant information and obtaining permission from the participant to be contacted by an independent evaluator.

National Jewish Health supports multiple processes of evaluation across our 25 state clients including conducting evaluation with our contracted third-party evaluator, Westat, or by collaborating with state-selected evaluators. We understand that collaboration with the evaluator may involve data use agreements and issuing a notice of privacy practices. Following NAQC guidelines, we obtain permission from each participant to be contacted by an independent evaluator.

4.2.1.2.8 Providing raw data from the database to the evaluator at least monthly in the form determined by the BPH and the external evaluator.

National Jewish Health has worked with external program evaluators for several state clients. We provide the state-selected third-party evaluator with the necessary data to complete outcome evaluation surveys. At agreed-upon time intervals, we deliver a participant list and other data as requested to the evaluator. Data includes a full and completely de-identified raw dataset that encompasses all intake and evaluation variables collected on an agreed-upon basis or as requested and delivered through encrypted methods. When we provide evaluation services, we partner with a third-party evaluator, Westat, to conduct outcomes surveys. Each month, we provide a list of participants who consented to the seven-month evaluation survey. We report 30-day point prevalence quit rates, satisfaction rates, and effectiveness of Quitline services, including cost-effectiveness when requested.

4.2.1.2.9 Developing a secure, confidential, and efficient means of transferring the database to BPH or the evaluator as needed.

As a healthcare organization, National Jewish Health always transfers participant data in a secure manner in order to comply with HIPAA regulations. We will transfer the West Virginia Tobacco Quitline database to BPH or the evaluator by uploading the data to our secure file transfer protocol (SFTP) server with a link sent to BPH or the evaluator. The recipient of the message can download the data after creating a password to log in and retrieve the message from the SFTP server. The SFTP system is a highly secure, confidential, and efficient means of transferring data.

4.2.1.2.10 Providing DTP with monthly reports due by the 15th of each month. Reports should include, but will not be limited to:

4.2.1.2.10.1 Number of callers,

4.2.1.2.10.2 Number of enrollees,
4.2.1.2.10.3 Race or ethnic background,
4.2.1.2.10.4 Mental health status,
4.2.1.2.10.5 Sexual orientation,
4.2.1.2.10.6 Tobacco products used,
4.2.1.2.10.7 Number and name of NRT shipments distributed during the previous month,
4.2.1.2.10.8 Provider referrals (broken down by type of referral [provider fax or electronic], provider name, and outcome status of each referral),
4.2.1.2.10.9 Participant county de-identified,
4.2.1.2.10.10 And other data points requested by DTP. Additional reporting metrics may be added during the contract period.
4.2.1.2.11 Providing extensive monthly reporting, due to DTP by the 15th of each month, on:
4.2.1.2.11.1 The number of enrollees who use vape/electronic nicotine delivery devices and the amount/type of NRT distributed, including the use of dual therapy.
4.2.1.2.11.2 the number of enrollees who are smokeless tobacco users and the amount/type of NRT therapy distributed including the use of dual therapy.
4.2.1.2.11.3 special populations (LGBTQ+, pregnant women, those with behavioral health conditions, African American community, among others) and the amount/type of NRT therapy distributed, including the use of dual therapy.

Response to 4.2.1.2.10 – 4.2.1.2.11.3

National Jewish Health can provide the necessary weekly, monthly, quarterly, and annual report and data files requested by the DTP. We collect and report on all data necessary for the state agency to evaluate the cessation services provided and prepare data for upload to the Center for Disease Control and Prevention's (CDC's) National Quitline Data Warehouse (NQDW), and for the NAQC annual survey.

All individual-level data and program activity is reported from our custom case management system, QuitPro. Data for each participant enrollment comes from multiple sources, including telephone intake demographics, coaching calls, online registration, provider referrals, and text or email support services. Individual-level data includes participant demographics, commercial tobacco use history and characteristics, medical screening information, and program services received such as NRT shipments by product including dual therapies, dose and duration, as well as coaching calls, along with the exact date and times of each activity.

Data are available to DTP electronically as raw data exports and as aggregated reports monthly (at a minimum). National Jewish Health engages in quality control processes to review all data before releasing it to our state partners, comparing multiple sources to ensure reporting accuracy. We have collaborated with our state partners to create a standard report library that contains the data needed to manage state commercial tobacco cessation programs, and to respond to new requests for data collection and reporting. A National Jewish Health Account Manager will work with DTP to ensure we continue to meet all reporting requirements.

We can efficiently add or change intake questions to collect and report on ad hoc data requests for special evaluation projects. Once a question is entered, changes are available in real-time to our Coaches, through their QuitPro console, and to participants during online registration. We are proud of how QuitPro facilitates agile reporting capability and rapid response to data requests. In addition to the reports we currently offer and which address the data elements outlined in sections **4.2.1.2.10 – 4.2.1.2.11.3**, we are open to discussing additional data needs, can create custom reports when needed, and can respond to ad hoc data requests working with the DTP to effectively balance data and budgetary needs.

All reports are available in Excel, CSV, and PDF format. Reports containing PHI or personally identifiable information (PII) are sent through encrypted methods in accordance with HIPAA regulations. All reports are

provided with the state logo and nomenclature, except files in CSV raw data format. We provide an updated codebook with terminology, definitions and data for each item contained in the report. Data extracts detailing information by specific participants are available for all these reports, as well as filtered by specific populations or types of activity. All reports can be sent by the deadlines as defined by DTP.

See **Attachment A: Sample Reports and Definitions** for more information.

4.2.1.2.12 Providing monthly budget reports to DTP by the 15th of each month. Budget reports for the previous month should include, at minimum, the cost of NRT by product type and strength as well as coaching services.

National Jewish Health will provide monthly budget reports to DTP by the 15th of each month. These reports reflect activity from the previous month, fiscal year to date, and include coaching services and cost of NRT by product type and strength.

4.2.1.2.13 Making recommendations for managing the funds available under this contract in the event that demand begins to exceed the budget and vice versa.

National Jewish Health's 25 state programs vary in size and complexity. We pride ourselves on our ability to work collaboratively with our state partners, informed by their budget capacity, and to be responsive to the changing field of commercial tobacco control. We work closely with our state Quitline clients to provide the best-fit evidence-based program within state budgets and have modified programs numerous times throughout contract time periods. If demand for the service begins to exceed the available budget, change can be made within a short time period. We can address any or all of the following:

- Modify the number of coaching calls offered
- Modify the eligibility requirements for phone coaching
- Modify the NRT/medication offerings

Our Account Managers work closely with state clients to monitor state budgets. We understand and actively support each clients' unique requirements to spend funds efficiently and effectively or adjust services to meet projected budget shortfalls. Our active budget monitoring enables us to project increased demand for services that may strain a state budget or fund innovative projects to enhance the Quitline program. We conduct rolling monthly budget forecasting with projected annual spend for state budgets, including NRT, services, and other program offerings based on year-to-date data. This is an essential step in ensuring we maintain high-quality service to participants, as well as identifying where innovative projects and service packages can improve and sustain the overall Quitline program.

4.2.1.2.14 Providing extensive quarterly reporting on call volume and include:
4.2.1.2.14.1 The total number of calls received by Vendor
4.2.1.2.14.2 The total number of completed enrollments
4.2.1.2.14.3 The total number of live call responses
4.2.1.2.14.4 The total number of calls that went to voicemail
4.2.1.2.14.5 The total number of hang-ups
4.2.1.2.14.6 Wait times
4.2.1.2.14.7 Incomplete enrollments
4.2.1.2.14.8 Successful return call back.

Response to 4.2.1.2.14 – 4.2.1.2.14.8

National Jewish Health collects and reports on data that measures call volume performance as outlined above. Call standards are monitored in real-time and reported monthly or quarterly. Our Avaya telephony and Calabrio Workforce Management systems are used for accurate call analysis and forecasting staffing to ensure we

achieve the performance standards. These systems provide real-time and historical information on call volume, rate of live answer, wait time for callers, abandonment rates, calls sent to voicemail, and calls received during times when a live answer is not available.

4.2.1.2.15 Providing extensive quarterly reporting on other means of communications and include number of failed/successful text messages, email attempts, and website utilization.

National Jewish Health provides extensive reporting on text messages sent to participants including for each message delivered and a summary of messages, as well as an email message summary report. Our web program utilization reporting includes web enrollments, responses to demographics and intake questions, log ins and use of the chat features. We provide Google Analytics data to highlight traffic to the website with source and referral data as well as most visited pages. Importantly, we provide our clients direct access to view the Google Analytics information at any time and can provide access to your selected media vendor, if requested.

4.2.1.3 Website: Vendor should describe their plan for developing and maintaining an interactive website to assist the program participant in their quit attempt that will be a companion aid to telephone and text messaging counseling sessions. Each registered tobacco user will be given access to the website. This website should be maintained in both English and Spanish languages, and the activity level should be tracked for inclusion in monthly reporting.

National Jewish Health actively reviews, researches, and monitors technology-based developments, and assesses and offers interactive cessation tools and other innovative technology-based platforms as needed to further expand Quitline services and reach. Our focus is always on offering participants the most effective resources to support them in their quit journey. Our Quitline program includes a comprehensive digital product suite that includes standard and optional services:

- **An interactive web-based cessation program** with a mobile-responsive design for access using any internet-enabled device.
- **Two-way online chat** connecting website visitors to Quitline staff for answers to their questions and real-time technical assistance to individuals needing help with the web enrollment.
- **Automated email and interactive text messaging support** providing tailored and motivational messaging support integrated with the web and phone programs.
- **Enhanced texting services (optional)** to increase participant outreach, short code enrollment for all adult participants, a virtual contact card, video-linked educational messages, and keyword interactive content, if selected by the state.
- **Online educational materials** (also available in print) customized to the participant based on answers provided during intake.
- **NRT online ordering (optional)** for eligible participants to use during a self-guided quit attempt, when offered by the state.
- **Short code text enrollment and live text coaching** for youth and young adults through special programs, if selected by the state.
- **Live eCoaching** chat functionality providing participants an online coaching option to support their quit journey.

Digital products are available in personalized combinations, and participants can choose a digital package that works for them: telephone coaching with selected digital services or standalone digital services for participants who may not want to use a telephone-based program. This section addresses our web-based cessation program. See **Section 4.2.1.8.20** for more information about chat, text and email services.

Web-based Cessation Program

National Jewish Health provides a client-branded website with customizable interface options, available to the public all day, every day of the year in English and Spanish. Participants can enroll in the phone-only, web-only, or combined web-phone program on the website, select text and email services, and order NRT if offered by the state. Our website provides an engaging user experience to assist tobacco users on their quit journey through a personalized web experience that complements our coaching process and follows the best available evidence for participants.

Offering both a web- and phone-based Quitline program, as recommended by the CDC *("Best Practices for Comprehensive Tobacco Control Programs: 2014")*, increases reach and engagement particularly among younger tobacco users. The web and phone programs are seamlessly integrated to enable a single point of entry via the web enrollment form. Interactive web programs are an evidence-based cessation intervention, and our program delivers best practices in web-based interventions such as tailoring the program to readiness for change. This is an increasingly important entry point to the Quitline, particularly as research shows more than 12 million individuals annually search for cessation resources online.

We follow best practices as outlined in the 2017 Cochrane review *("Internet-based interventions for smoking cessation")* that found interactive and tailored web-based cessation programs are effective at increasing smoking cessation with or without supplemental behavioral support. The website's aesthetic is casual, conversational, encouraging, and nonjudgmental, and features English or Spanish content. Visitors can view infographics, interactive calculators, fact sheets, and links to current state-approved resources. Content for specific communities along with video testimonials is available to participants. Chat functionality is available on the website to quickly connect interested individuals to live Quitline staff.

In partnership with 14 states, we developed a podcast series featuring former Quitline participants, Quitline Coaches, and subject matter experts (SMEs) talking about the cessation journey. Six 20-minute episodes are hosted on the website covering topics such as: demystifying the Quitline, how to create a quit plan, how to develop coping skills, what it means to relapse and how to start a quit attempt again, and the importance of rewarding yourself throughout the quit journey.

The website offers information about the Quitline for individuals who use tobacco, family, or friends, with specific links to tobacco-related content, activities, social media, and a testimonial board. Additional resources are available to health care providers, including information about the Quitline and what resources are available to patients. Providers can submit a referral through the secure web portal, download the DTP-approved fax referral form, and access information about the eReferral process.

For individuals ready to take steps toward quitting, the website promotes enrollment in the web program and provides access to additional interactive content and a dashboard to develop and track their personalized Quit P.L.A.N. The acronym for the web program guides online participants to pick a quit date, engage social support and let others know, anticipate and plan for barriers, triggers and withdrawal symptoms, and learn about nicotine replacement therapy products. The web program also provides information about their next scheduled coaching appointment and any medication orders. The program is tailored to stage of change to further personalize the web-based intervention. Throughout the quitting process, participants are encouraged to check in, assess their progress and document their rewards.

See **Attachment B: Web-based Cessation Program** for more information.

4.2.1.3.6 Tracking website utilization to inform data analytics.

We provide Google Analytics data to highlight traffic to the website with source and referral data as well as most visited pages. Importantly, we provide our clients direct access to view the Google Analytics information at any time and can provide access to your selected media vendor, if requested. Web program utilization data includes

web enrollment data and use of web-based activities.

4.2.1.4 Medicaid/MCO Collaboration: Vendor should describe their approach and methodology to working with Medicaid and MCOs including:

We strongly believe providing barrier-free care is best for individuals trying to stop their commercial tobacco use, which is why we promote a single point of entry to care through the toll-free 1.800.QUIT.NOW telephone number in each state. State budgets are stretched to provide best practice services to all residents who use commercial tobacco. To respond to these fiscal constraints, National Jewish Health has pioneered work to engage insurance providers, health plans, brokers, and employer groups to provide Quitline services on individual contracts. Our Account Manager and other members of our team work with the state to identify and work together to proactively engage these groups. Once a relationship is established with a state partner, we collect information from participants to identify which callers qualify for services to be paid by that partner. Our comprehensive reporting and billing systems accommodate this procedure.

National Jewish Health Quitline staff has extensive experience providing cessation coaching to Medicaid beneficiaries through direct contracts with MCOs in several states. When a partnership contract is in place, and a Medicaid beneficiary calls the Quitline, during the eligibility screening process, QuitPro, our proprietary case management system, automatically places the caller into the correct payer-client. All services for the individual are provided under the MCO contract. We also provide services to Medicaid beneficiaries and provide the necessary reporting to support state partners obtaining FFP Quitline funds.

4.2.1.4.6 Recording insurance specifics and verifying pregnancy status. If the Medicaid member is covered by an MCO, Vendor should forward the call to the appropriate MCO.

National Jewish health records insurance information and pregnancy status during the eligibility assessment as a standard registration and eligibility question. If a Medicaid member is covered by a MCO not served by the Quitline, we will forward the call to the appropriate MCO for services, as directed by DTP.

4.2.1.4.7 Training coaches to evaluate the Medicaid member using a tool such as the Fagerstrom Scale (https://www.aarc.org/wp-content/uploads/2014/08/Fagerstrom_test.pdf for motivation and willingness to quit.

National Jewish Health Coaches are trained to assess nicotine dependence as well as motivation and willingness to quit. We measure dependence using the Heaviness of Smoking Index, a brief validated measure based on the Fagerstrom Test for Nicotine Dependence. We use motivational interviewing-adherent scaling questions and stages of change to assess motivation and willingness to quit.

4.2.1.4.8 Recording the Medicaid member's tobacco history and current use.

All Quitline participants are asked their tobacco use history and current use following the NAQC Minimal Data Set (MDS) of intake questions.

4.2.1.4.9 Directing the Medicaid member to visit their primary care provider to obtain a prescription for a pharmacotherapy smoking cessation product.

National Jewish Health will direct Medicaid members to visit their primary care provider to obtain a prescription for pharmacotherapy for smoking cessation, as directed by DTP. Our Coaches are highly familiar and skilled with providing instructions to participants on how to access pharmacotherapy to support Quitline coaching when they are not eligible for medication directly from the program.

4.2.1.4.10 Contacting the Medicaid Third-Party Prior Authorization Vendor to determine eligibility and provide authorization for Medicaid or MCO member to receive approved drugs to treat tobacco cessation.

National Jewish Health will contact the Medicaid Third-Party Prior Authorization Vendor to determine eligibility and provide authorization for the Medicaid or MCO member to receive approved drugs for tobacco cessation.

4.2.1.4.11 Limiting medications to treat tobacco dependence to members who register with Medicaid's Quitline Program. Medication products require prior authorization. For more information on medications: https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter_518_Pharmacy_Services%20.pdf

National Jewish Health will provide the necessary information to Medicaid to limit medications to treat tobacco dependence to members who register with Medicaid's Quitline Program. We work closely with our state partners to ensure eligibility criteria are flexible and adaptable to the state need.

4.2.1.4.1.12 Contacting the Medicaid member every two weeks for a total of four proactive calls.

We will use a standard coaching protocol with up to four proactive calls for referrals or one reactive and three proactive calls for self-referred participants. In the multiple-call program, the Coach schedules a follow up coaching call for proactive outreach within a 2-3 hour appointment window, generally at 1-2 week intervals to monitor progress. Rather than a structured program with set call dates, we maximize participant engagement in their own quit journey by scheduling a time that is convenient to the participant and provides the necessary support and accountability in quitting.

4.2.1.4.13 Providing no more than four reactive coaching calls.

National Jewish Health will provide no more than four reactive coaching calls.

4.2.1.4.14 Limiting the Medicaid member to an initial approval for Medicaid of 12-weeks.

We will provide the necessary information to the Medicaid Third-Party vendor to support approving pharmacotherapy for the initial 12 weeks.

4.2.1.5.10 Providing additional therapy approved with a letter from the prescriber briefly addressing the efficacy of the current therapy, the reason a longer than typical course of therapy is required and the readiness of the patient to quit.

We will assist participants who may need additional therapy to obtain a letter from their provider for a longer course of therapy.

4.2.1.5.11 Becoming familiar with the BMS/Medicaid tobacco cessation policy located here: https://dhhr.wv.gov/bms/BMS%20Pharmacy/pages/PA-criteria.aspx under Tobacco Cessation policy. For additional information and details please see sections 518.1.6 and 519.18 https://dhhr.wv.gov/bms/pages/manuals.aspx.

We have read and become familiar with the BMS/Medicaid tobacco cessation policy.

4.2.1.5.12 Providing Medicaid/MCO reporting such as:
4.2.1.5.12.1 Medicaid eligibility information, including contacting the WV Medicaid vendor to determine eligibility for services and Rational Drug Therapy to determine eligibility for medications provided by BMS/Medicaid.

We can provide Medicaid eligibility information in our standard reports to DTP and Medicaid as requested. National Jewish Health will contact the WV Medicaid vendor to determine eligibility for services and provide enrollment information to determine eligibility for medications provided by BMS/Medicaid.

4.2.1.5.12.2 Number of enrollment intake calls; number of coaching calls one through four.

Our reports show the number of intake enrollment calls and number of coaching calls completed by participants with Medicaid insurance.

4.2.1.5.12.3 Additional reporting metrics added during the contract period.

National Jewish Health supports states participating in Federal Financial Participation ("Medicaid Match") for quitline administrative services. We provide reporting specific to participants with Medicaid to identify the number of services delivered to Medicaid-insured members and can provide additional reporting metrics, as requested during the contract period. Our reporting shows the number of intakes completed, number of coaching calls provided along with utilization of other administrative services such as text messaging program enrollments and web-based program enrollment. We can create an invoice showing cost of services delivered to Medicaid-insured members. Per the Centers for Medicare and Medicaid Services (CMS) guidelines, we support using an intake survey approach to estimate the cost of services attributable to participants with Medicaid. Using the intake survey significantly reduces the administrative requirement to verify each participant's participation in Medicaid before providing services.

4.2.1.6 Web-based Portal: Vendor should describe their plan for providing access to a web-based portal for referrals from healthcare providers (medical or dental, or community organizations), a fax referral system, and the ability to support bi-directional electronic health system referral options.

National Jewish Health has implemented a robust referral program for health care professionals and community organizations to easily refer their patients or clients who use commercial tobacco to the Quitline. Referrals can be made via fax, through our secure online portal, live transfer, and eReferrals directly from the electronic medical record.

Fax Referral

Health care professionals and community-based organizations (CBOs) can fax a referral to our dedicated, toll-free number that is monitored in real-time. We can accommodate fax referrals being sent directly to the fax phone line via standard fax or eFax technology. National Jewish Health will work with the DTP to use our standard fax referral form or create a customized fax referral form that meets the needs of the state agency. We have added a field to the provider fax referral that allows providers to obtain consent to text the participant being referred. This allows National Jewish Health to send a text reminder prior to calling the participant to increase the connection rate on the first contact attempt.

Local health organizations and CBOs represent a great opportunity to generate referrals to the Quitline because they have the chance to discuss commercial tobacco use and cessation with their patients or clients and provide a coaching resource if the individual wishes to stop commercial tobacco use. National Jewish Health works closely with our clients to integrate the Quitline into health care systems, CBOs, schools, colleges, behavioral health practices, primary care clinics, and other health care and community settings. We accept referrals from non-providers if they are signed by the referred party; because non-providers are not HIPAA covered, we do not send feedback reports.

When a Quitline fax referral is received, the participant's demographic information is entered into our case management system, QuitPro, and a proactive call is made within 24 hours of entering the information to enroll the patient into the coaching program. At a minimum, five additional attempts are made at different days and times to reach each participant until either the referred participant is reached and/or a voicemail message is left if the participant consented on the referral form. When the participant is reached, National Jewish Health begins the eligibility process and assesses the individual's eligibility for Quitline services. If the individual is not eligible under state guidelines, they will be referred to the correct service provider or resource.

Online Referrals

In addition to fax referrals, National Jewish Health receives web-based referrals through our online portal from HIPAA-covered healthcare providers and from CBOs. We have seen great success in having providers complete a participant referral form online, which is automatically uploaded to QuitPro. The process used to contact the participant is the same as the fax referral method described above.

We offer additional innovations to the provider web referral. We have the ability to streamline data entry for West Virginia providers by uploading healthcare clinic and CBO partner contact information into the web referral process and creating a drop-down menu for all West Virginia-identified referral sources. The web referral allows providers to obtain consent to text the participant being referred. Participants who consent to receive a text message on the referral have a 9% higher reach rate, fewer declined referrals, and a higher rate of engaging in coaching.

Secure Email System

Health care providers are looking to increase the available channels to receive patient updates following referrals, while minimizing paper usage. To innovate and stay current with provider needs, National Jewish Health includes the option for providers to receive patient updates through secure email or fax. A provider using the online web referral or fax referral form can select to receive feedback reports via fax or secure email.

Secure File Transfer Protocol (SFTP)

We offer SFTP referral processes when health systems are unable to implement fax, web portal, eReferral or live connection systems. We support both retrieving a file from the health system or permitting health systems to place a file on our SFTP server. SFTP can be a useful system for sending referrals when there are expected high volumes of patient referrals that do not fit well into existing workflows. For example, we have three pediatric health systems using our SFTP system to refer parents or guardians when children are the patient seen in clinic. Feedback reports are sent via fax or secure email for referrals received via SFTP.

Live Referrals

National Jewish Health receives live referrals from medical and other providers. When a provider calls the Quitline with a client or patient in the room, upon being connected to a Customer Care Representative (CCR) or Coach, the provider turns the interaction over to the client or patient. From there, a CCR or Coach completes the intake process and offers the first coaching call.

eReferral

National Jewish Health developed the first fully bidirectional eReferral using CMS' meaningful use standards and has taken a leadership role on behalf of our state partners to develop a national health care IT standard for Quitline eReferrals, working with NAQC and other Quitline service providers to leverage Consolidated Clinical Document Architecture. A national standard creates a win-win situation for all parties—Quitline clients, health care providers, and Quitline service providers—as it has the potential to save millions of dollars in development costs that would otherwise be incurred.

National Jewish Health has implemented the bidirectional eReferral system with over 80 health care systems and health information exchanges throughout the country. Our eReferral system enables providers to submit referral forms electronically for commercial tobacco cessation services and to receive progress notes using standard clinical care documents that can be integrated into the electronic medical record (EMR), all within a highly secure information transfer process.

On all attempts to reach a participant referred through eReferral, we leave an encouraging message requesting the commercial tobacco user to call the Quitline. We make the initial outbound call within 24 hours of receiving

an eReferral. Progress notes are sent using the same direct messaging technology over HL7v3 as the received referral. Our health information service provider (HISP), MaxMD, ensures all messages are sent securely between health care systems. MaxMD is a Direct Trust-accredited HISP that allows us to send authenticated, encrypted health information only to known and trusted recipients, improving coordination of care between the health care system and National Jewish Health Quitline programs.

Implementing an eReferral system requires establishing and testing bidirectional communication between a health system's EMR and the Quitline, EMR workflow updates to allow the referral, and provider education on the new workflow. National Jewish Health can use national standards to implement eReferrals with any CMS certified EMR using HL7v3.

See **Attachment C: Fax, Online and eReferrals** for more information.

4.2.1.7 Quality Assurance and Evaluation: Vendor should describe their approach and methodology for providing sufficient data collection to implement quality assurance and evaluation plans.

National Jewish Health has an organization-wide commitment to follow the principles of continuous quality improvement. As an academic medical center, we apply a systematic approach to developing new services and evaluating existing programs. Our Quality Assurance Program includes clinical supervision, medical consultation as needed and ongoing review of service delivery and satisfaction of our stakeholders.

At the department level, metrics relating to operation processes, outcomes, and satisfaction data are collected on an ongoing basis and reviewed by our Quitline Management Team. We use multiple data sources to monitor the program at units as small as by the minute through to the level of annual reporting. Based on our internal data reporting and analysis, client reporting and needs, and program evaluations, we engage in continuous quality improvement activities using the Plan-Do-Study-Act (PDSA) approach. PDSA includes developing a project plan, conducting a pilot test of the plan, observing, and analyzing the outcomes, and then implementing lessons learned. PDSA cycles are enacted from the level of user-testing through program and protocol development.

Our program development is initiated with a review of available peer-reviewed literature and best practices, with information applied to the project concept. We seek stakeholder input including state partners, health plan clients, healthcare providers, community organizations, subject matter experts, and participant feedback on the proposed development, as needed.

Next, we implement a pilot project that is monitored and evaluated using short-term process (e.g., stakeholder feedback, participant satisfaction, operational requirements, and financial impact) and outcome measures (e.g., cessation initiation). Evaluation data is used iteratively to inform the next phase of the project. We are committed to ongoing development and evaluation of our service delivery model and closely monitor the impact on disparity populations where data is available.

Call Center Operations

Our Workflow Team monitors the inbound and outbound call volume in real-time and adjusts call flows to maximize the coaching resources and meet our call handling standards. This team monitors the average speed to answer, live answer rate, voice message rates and tracks missed calls over time. Data collected during call flow handling are aggregated by week and month for call standards and then matched to our staffing forecasts for ongoing adjustments. This facilitates a nimble and rapid response to staffing, including offering overtime to Coaches when needed. Forecasting ensures that we have the most staff available at times when participants are most likely to answer the phone.

Each team member provides input for quality improvement. For example, Coaches and CCRs report system issues to the Assist Line monitored by Supervisors who can troubleshoot with the CCR or Coach in real-time. System bugs are forwarded to the IST Team for fixes that can be rapidly deployed to maintain service levels.

Supervisors conduct weekly file checks to review CCRs' and Coaches' documentation and ensure that a participant receives all requested services and reports any systemic issues to the Management Team for review in business needs meetings.

Weekly business needs meetings address quality issues that arise from CCRs, Coaches, Supervisors, and clients or are identified from data reporting and other points of observation. Teams are assigned to address specific issues and are tasked to report back to the group in a defined period, depending on the project scope. Teams create a work plan, submit technology development requirements, create a plan for user acceptance testing, and report back on further development prior to system updates. The assigned team defines quality measures and reporting standards, monitors data output, and prepares an evaluation plan with recommendations for implementation. Because each of these steps relies on internal departments, changes can be implemented rapidly depending on the scope of the project.

Clinical Service Delivery

Our quality assurance program supports and informs our continued development of training curricula to maintain best practices that align with evidence-based tobacco cessation. An open path of communication between frontline staff and leadership provides a conduit to facilitate discussion regarding general or specific call-handling expectations. Ideas and recommendations are encouraged and considered key elements to continuous improvement.

Our Coaches' quality assurance methods use research-validated tools for assessing fidelity to motivational interviewing technique as a service standard. Our Quality Analysts provide bi-monthly feedback reports to each Coach using the MITI instrument and provide narrative feedback on how to improve the quality of service. The Quality Assurance Team conducts quarterly calibration sessions on using the MITI instrument to ensure continuous improvement and consistency in delivering high quality services. Feedback covers multiple components of performance, including data entry, customer service, compliance with priority population protocols, compliance with HIPAA and regulatory requirements, implementation of motivational interviewing techniques, and individualized tobacco cessation support. CCRs and Coaches receive time off the phone to review the call recording along with the written feedback provided. Supervisors use quality feedback information with individuals in bi-monthly one-on-one meetings to drive quality improvement. In addition, Supervisors conduct "live listen" sessions and provide real-time feedback to CCRs and Coaches at the close of a call. Quality Analysts inform the continued development of our training curriculum to maintain best practices that align with evidence-based tobacco cessation.

The Quality Assurance and Training Teams work closely to monitor Coach and CCR knowledge and coaching skills. Quarterly planning meetings pull together themes in quality feedback that inform refining new-hire training and the development of continuing education content. Quality, Training, and Operations Teams meet semi-annually to discuss trends across the call center and generate ideas for new educational content. Coaches conduct self-assessments in TTS core competencies and customer service skills, and along with their Supervisor, they develop a learning plan to improve their knowledge and skills in tobacco treatment. Continuous monitoring and ongoing educational opportunities for Coaches and CCRs are essential to ensuring our cessation program is of the highest quality.

Data Integrity

National Jewish Health engages in quality control processes to review all data before releasing it to our state clients, comparing multiple sources to ensure reporting accuracy. We conduct quality assurance audits to assure data integrity and completion of data in a timely manner.

The National Jewish Health web platform uses load-balanced, virtualized web servers and a clustered SQL database. This configuration ensures any hardware failure to one server does not affect production websites.

Updates to live sites are done via a three-stage code promotion process controlled by a code versioning repository. The stages are development/test, staging, and production to ensure tested and reliable updates to production sites. All sites are tested by an internal software Quality Assurance Team through each stage. Data backups are completed daily incrementally and a weekly full backup. These backups include the development and production databases and web servers and are encrypted.

The production platform, including network devices, network traffic, and servers are monitored 24 hours per day, seven days per week by National Jewish Health. The monitoring system will notify the appropriate Operations Team in the event of any failures. All systems reside behind a continually updated firewall. All data collection is compliant with HIPAA regulations. The entire application is hosted within National Jewish Health assuring no third-party access to application files and the databases.

Quality Improvement Program Drives Innovation

Our Quitline Management Team engages in quarterly meetings to review strategic reporting, from staffing and call handling times to participant reach and engagement in services such as coaching calls, quit medications, and web and other electronic options. The Team compares data across different states and program models to understand the most effective and efficient strategies to provide evidence-based tobacco cessation programming. We monitor annual reporting of satisfaction and cessation outcomes across states and have generally found consistently positive results over several years. Our Account Managers closely monitor budgets monthly and identify areas for state spend-down or budget constraints. Account Managers also work closely with our state partners to understand plans for innovation within each state. As a result, ideas for innovation may come from many sources, and we work across multiple states to find sufficient participant volume and development resources to cultivate innovative strategies.

We have many examples of our innovation resulting from quality improvement activities. Strategic reporting review helped us identify that two-week NRT shipments can improve coaching call engagements by comparing states who offered NRT in different shipping increments. State support was a major contributing factor to the highly successful launch of the *My Life, My Quit*™ youth cessation program in 12 states. Interest in re-engaging callers who became unreachable before completing the coaching program resulted in a multi-state re-engagement project that was implemented in all states based on the success of the pilot.

Program and Protocol Evaluations

National Jewish Health employs a team approach to evaluating our programs, including partnering with our state clients to conduct a comprehensive annual evaluation of quit rates when we hold the evaluation contract. We have an established product life cycle evaluation process for special programs, including our *My Life, My Quit*™ program (five-year evaluation in process), our American Indian Commercial Tobacco Program (five-year evaluation completed 2020), and our Pregnancy and Postpartum Program (10-year evaluation completed 2020). These reports are shared with state stakeholders who support the programs.

We also partner with external evaluators to review how well our Quitline program addresses priority populations. In the past five years, we partnered with LGBT HealthLink to review our program engagement with LGBTQ+ communities, with the Behavioral Health and Wellness Program at the University of Colorado to evaluate our program engagement with rural populations, and the Center for Research on Tobacco and Health at the University of Pennsylvania to evaluate program engagement and outcomes on racial equity. In these evaluations, we take a "deep dive" into intake, program engagement, and cessation outcome data when available. In addition, we conduct electronic surveys and digital focus groups with previous participants, our coaching staff, and state and community stakeholders to obtain feedback on whether the program is meeting the service needs.

Each of these evaluations results in a stakeholder report that provides recommendations to serve as a blueprint for enhancing our program for priority populations. We partner with our state clients to deliver on recommendations that boost the profile of the Quitline for the target population and enhances how the Quitline addresses their unique needs. Recommendations in the reports range from team member training to creating promotional materials to finding operational efficiencies that improve the participant experience. We look forward to partnering with DTP on using our robust data collection processes to evaluate and improve services for priority populations in West Virginia.

See **Attachment D: Sample Quality Assurance and Improvement Reports** for more information.

4.2.1.8 Service Delivery

4.2.1.8.1 Determining eligibility for participants who may be eligible for Quitline services through a health plan, employer, or other resource, and if such eligibility is determined.

Our staff answer each call by asking how we can help, and screen for informational and support person calls. We use a standardized process for calls that allows for a conversational and unscripted dialogue with the participants to allow staff to tailor services based on the reason for the call, the call type, and a participant's eligibility for the program or special protocols. When callers are seeking service for themselves or have been referred by a provider, we congratulate them on reaching out for support to stop using tobacco. We believe rapid change is possible and encourage every caller, regardless of their stage of change, to enroll in the Quitline program. Our experience is that success in quitting is possible no matter where the caller initially falls on the quit spectrum, from highly ambivalent callers at one end, to callers in the maintenance and relapse stages at the other.

Each caller who uses tobacco and wants to enroll in the program completes a registration and eligibility assessment screening. National Jewish Health will partner with the DTP to set eligibility criteria for callers, customized to meet the specific needs of the West Virginia Tobacco Quitline. Coaches and CCRs collect information to register the caller and determine program eligibility. Eligibility assessment screening criteria may include priority populations such as pregnant, American Indian, behavioral health conditions, and/or youth callers, as well as type of health insurance. Responses to the eligibility criteria direct staff to identify program services available for each caller and describe all services for which each caller is eligible, including coaching, cessation medications, and digital health options such as online services, text, and email.

Once confirmed eligible for services and the participant agrees to enroll, our staff follow a scripted intake process using the NAQC-defined MDS questions to support reporting standards for the CDC and for the NQDW. We obtain consent from enrolled participants to complete a follow-up call for evaluation seven months after intake completion, assess readiness to quit within the next 30 days and screen for medical conditions. Our highly adaptable intake process covers all tobacco product types and allows states to add and/or remove questions very efficiently. We take pride in our ability to make modifications quickly to intake questions to meet our clients' changing needs. At the conclusion of the intake, participants receive a print or electronic *Welcome Package* with personalized educational materials and our self-help *My Quit Journey*© workbook.

4.2.1.8.1.1 Facilitating a transfer of those participants to the Quitline/cessation service for which they are eligible without any cost to DTP

In partnership with several states, we conduct triage and transfer services to other Quitlines or treatment services. During the initial call with callers interested in quitting, our staff welcome callers, collect information to register the caller, determine eligibility, and describe all services for which each caller is eligible. If the caller is not eligible for state-funded Quitline telephone counseling services, we triage and transfer the caller to the correct service provider and offer any services for which they are eligible such as the web-only program. This service is offered at no cost to DTP.

4.2.1.8.2 Providing referrals to the Asian Quitline or 855-QUIT-VET Quitline, as appropriate.

National Jewish Health transfers callers who speak Cantonese, Mandarin, Korean, and Vietnamese to the Asian Smokers Quitline operated by the University of California San Diego. We will offer to transfer veterans to Quit Vet, the Veteran Affair's free telephone quitline.

4.2.1.8.3 Minimizing potential issues, including but not limited to: the amount of time and information required to register for services and allowing participants to engage with Quitline services without requiring additional steps.

We work closely with our state partners to minimize barriers to accessing coaching including by streamlining registration, eligibility, and intake procedures. We review the state intake questions regularly and provide suggestions on questions that can be removed because they are not required for MDS, CDC or NQDW reporting, or for program purposes. Because our phone and web intakes are fully integrated, participants can complete the web intake first to minimize the time to speak to a Coach.

Our staffing model uses both Coaches and CCRs to answer inbound calls. If a CCR completes the intake, the participant is offered an immediate transfer to a Coach to complete the first coaching call. If a Coach completes the intake, the participant is offered the option to proceed directly to coaching. Our model ensures approximately 75% of participants complete their first coaching session on the day of intake. If the participant is not able to complete the coaching call at that time, an appointment is set within a specific date (within two weeks) and range of time (two- to three-hour time blocks) based on participant availability.

4.2.1.8.4 Providing a voicemail option for any period outside the Quitline's hours of operation.

Our Quitline is staffed 24 hours per day, seven days per week with a few holiday exceptions. During regular operating hours, participants are placed in que for the next available agent. If all agents are helping other callers, participants hear recorded information and the opportunity to leave a voice message for call-back. We strive to return all voice messages within one business day. West Virginia residents calling outside of hours of operation are given the opportunity to schedule a callback. Callers may also choose to listen to QuitFacts and/or register for services online. QuitFacts topics are available in both English and Spanish covering:

- Smokeless Tobacco
- Preparing to Quit
- How to Manage a Craving
- Nicotine Replacement Therapy
- What Increases Your Chances for Quitting
- Encouragement to Enroll Online

4.2.1.8.5 Obtaining enrollment demographics including name, address, date of birth, telephone numbers, email address, and other NAQC MDS data.

Once confirmed eligible for services and the participant agrees to enroll, our staff follow a scripted intake process using the NAQC-defined MDS questions to support reporting standards for the CDC and for the NQDW. Our highly adaptable intake process covers all tobacco product types and allows states to add and/or remove questions very efficiently.

4.2.1.8.6 Recording participant's tobacco history and current use, including the participants previous attempts to quit.

Using the standard MDS from NAQC, we record the participant's tobacco use history and current use including products used, frequency and volume of use, along with markers of dependency such as time to first use. Coaches discuss previous quit attempts when appropriate to guide participant learning about

what worked to achieve cessation and what challenges or barriers to cessation might exist for the current attempt.

4.2.1.8.7 Obtaining participant consent for post-enrollment follow-up.

We obtain consent from participants to complete a follow-up call for evaluation seven months after intake in both the phone and web intake forms.

4.2.1.8.8 Vendor should partner with the Baby and Me Tobacco Free Program (BMTF) to refer and accept pregnant participants, when applicable.

Referrals are a key component and best practice of health systems change efforts. National Jewish Health and state partners share a goal of increasing referrals and efforts have traditionally focused on health care providers, clinics, and systems. To facilitate community referrals, National Jewish Health recently partnered with JSI Research and Training Institute, Inc. (JSI), an independent public health consulting firm, to conduct formative information gathering with Community-Based Organizations (CBOs). We used guidance from focus groups to develop and implement a new online referral form (one-way referral) for CBOs. The new web referral form is located on a new dedicated Community Organization page on the QuitLogix website (state.quitlogix.org) and can be used by BMTF to refer pregnant participants to the Quitline. During our intake and coaching process, we offer participants information and referrals to other CBOs based on interest and expressed need. We work closely with our state partners to maintain a list of local resources and can provide a referral to BMTF when appropriate. We look forward to partnering with the BMTF program in West Virginia to promote referral to and accept pregnant participants to the Quitline.

4.2.1.8.9 Providing culturally appropriate and enhanced coaching services by coaches who are specially trained to address specific populations. Vendor should provide new and emerging ways to increase access to services covering nicotine dependence with high risk and hard to reach population groups such as:

All staff at National Jewish Health complete institutional diversity and inclusion training, and for Quitline staff we provide additional training on disparities during our CTTTP-accredited new-hire training that provides an overview of cultural differences in communication and commercial tobacco use behaviors. We collaborate with our state partners and offer cultural competency training to all staff from experts in various fields. This includes, for example, National LGBT Cancer Network with Dr. Scout; University of Colorado Behavioral Health and Wellness with Dr. Chad Morris; and Adolescent Cognitive and Psychosocial Development with Dr. Bonnie Halpern-Felsher. As part of this curriculum, our staff receives comprehensive training for priority populations such as American Indians and Alaska Natives (hereafter American Indians), pregnant and postpartum women, Hispanics/Latinos, youth, and LGBTQ+ communities.

4.2.1.8.9.1 Racial and ethnic groups, especially for the African American and LGBTQ+ populations, youth, people with behavioral health challenges, people with substance use disorders, and other communities where tobacco use can vary by racial, ethnic, community, tradition, or cultural norms.

One of the most noteworthy and well-received aspects of our Quitline program is our attention to priority populations as essential to improving health equity and address disparities. All of our Coaches are highly trained to tailor their services to address each caller's unique perspective and needs, paying special attention to factors that may affect the caller's tobacco use and obstacles to quit. They deliver services that recognize, affirm, and respond to cultural differences and use motivational interviewing practices that place the participant as the expert in each coaching interaction.

Pregnancy and Postpartum Program

In 2010, National Jewish Health created the first commercial tobacco cessation Quitline program in the nation dedicated to pregnant callers with integrated postpartum support, that is now an industry standard. We observed that while pregnant participants were served by the Quitline, improvements were needed to sustain cessation postpartum; a time when relapse rates are elevated. We developed our Pregnancy and Postpartum Program (PPP) to address the unique needs of pregnant and postpartum participants using a customized protocol that provides participants with:

- coaching support beginning during pregnancy and continues into the postpartum months;
- integrated contingency management using financial incentives to increase engagement in the program and coaching sessions; and
- the same female Coach to establish rapport and trust with the participant.

For nearly 15 years, our PPP has given expectant and new moms the support they need to stop using tobacco while they are pregnant and help to prevent relapse after giving birth. Our recent program evaluation highlighted the importance of sustained engagement, with 68% of participants who received three or more counseling calls during pregnancy and postpartum reporting long-term abstinence. Because the rates of smoking during pregnancy are higher among groups with health disparities, the PPP is key to reducing health disparities for this and the next generation of West Virginians. Since its inception, the PPP has served more than 10,000 pregnant and postpartum women nationally.

During intake, pregnant callers learn about our PPP, which provides longer-term support to achieve cessation and prevent relapse after giving birth or while breastfeeding. PPP-enrolled participants work with a dedicated female PPP Coach who has received additional training and continuing education in working with pregnant and postpartum participants. Training includes information about how commercial tobacco use can increase the risk of pregnancy complications, low birth weight, stillbirth, and sudden infant death syndrome (SIDS). Coaches provide psychoeducation, with permission, about the health impacts of commercial tobacco smoke while providing support for cessation.

Participants receive five coaching sessions during pregnancy and an additional four coaching sessions postpartum. The call schedule is based on research, conducted at National Jewish Health, identifying an optimized program for pregnant callers that supports quitting while pregnant and provides intensive support to remain quit postpartum, a time period when relapse is most common. Participants receive their personalized *Welcome Package* with information that addresses the benefits of quitting and the harms of continuing to use commercial tobacco.

Coaches maintain a warm, non-judgmental tone, with sensitivity around smoking during pregnancy to avoid shaming or blaming, while enhancing motivation for cessation. Coaches discuss creating smoke-free spaces and partner support to improve cessation success and infant

PPP Participants Receive:

- ✓ Nine telephone coaching sessions (five during pregnancy and four during the postpartum months) with a dedicated female Coach. Our Coaches are specially trained to provide coaching during the sensitive physical and emotional times of pregnancy and the postpartum period.
- ✓ NRT for adult participants with physician consent (if offered by the state).
- ✓ A personalized *Welcome Package* including special educational materials and the industry renowned My Quit Journey© workbook.
- ✓ A suite of digital services to supplement telephone coaching including customized email and text messages specific to pregnant and postpartum stages, two-way chat, and interactive online resources.
- ✓ Incentives for all pregnancy and postpartum completed calls (if selected by the state and depending on state budget and preference).

health. Two weeks prior to a participant's due date, a Coach will send a text message and call the participant to check-in and remind them to restart the program two weeks postpartum. The same Coach, with whom the participant originally established rapport, facilitates coaching sessions scheduled on average at one- to two-week intervals.

PPP Coaches conduct medical screening for available nicotine replacement therapy (NRT) products provided by the state and assist with obtaining medical authorization for participants who want to use cessation medications. In addition to specialized telephone coaching and NRT, a participant can choose to receive customized text and email messages and enroll in the online program for added support during the pregnant and postpartum stages.

At the request of the state, National Jewish Health will work with the DTP to review and define incentive amounts for this program. Our recent program evaluation identified that incentives significantly improve retention in the program (i.e., increase the number completed coaching calls). Participants who complete three or more calls during pregnancy and postpartum report quit rates of 68% at seven-months after enrollment, demonstrating the importance of incentives in helping participants remain engaged and increase the likelihood of achieving a success quit. When compared to the health care costs associated with smoking during pregnancy, we recommend states offer incentives as a highly cost-effective strategy.

My Life, My Quit Youth Cessation Program

National Jewish Health offers an enhanced tobacco and vaping cessation program for teens under the age of 18 who want to stop using tobacco products, especially electronic cigarettes. *My Life, My Quit* combines best practices for youth tobacco cessation, adapted to include vaping, and new ways to reach a coach. The *My Life, My Quit* program engages youth through a youth-oriented website, provides specially trained youth Coaches, and delivers coaching services by phone, chat, or live text messaging to best meet youth in their preferred communication environment. Since launching the program in 2019, we have served more than 8,700 youth participants through the phone, web, and text programs. We are confident our service has the right mix of coaching, available technology, and promotional packages to continue to expand our reach and engagement with youth seeking assistance with becoming nicotine-free. See **Section 4.2.1.8.31** for more information.

Young Adult Tobacco Cessation Program (Optional)

The Young Adult Program combines services from the adult program (e.g., phone and digital services with quit medications) with the youth program's live text coaching and streamlined enrollment via short code text (36072). This unique combination of services offers young adults (aged 18-24) a comprehensive tobacco cessation program. See **Section 4.2.1.8.31** for more information.

Behavioral Health Protocol (Optional)

National Jewish Health offers a tailored Quitline protocol for individuals who report behavioral health and substance use disorders. This group has higher rates of tobacco use and lower rates of cessation. In fact, more than one-third of all tobacco used in the United States is consumed by individuals with a behavioral health condition. Research suggests people with behavioral health conditions want to quit at rates similar to the general population and do quit with support that is more intensive and helps to cope with mood and stress. National Jewish Health has a long history of addressing cessation with participants who identify as having behavioral health conditions. Our continued collaborative research and publication demonstrates our leadership in the important area of commercial tobacco cessation for people with behavioral health conditions. We partnered with behavioral health experts at the University of Colorado to understand the needs of this population by conducting research using program data. Our staff held membership on the NAQC Behavioral Health Advisory Forum to develop Minimal Data Set intake questions for behavioral health. Our Coaches receive

extensive training in working with participants who report behavioral health conditions, both during their initial training and through our robust Continuing Education (CE) Program.

Half of all Quitline callers self-report a behavioral health concern and we have uncovered a clear relationship between the perception of inability to quit because of a behavioral health condition and cessation. Recognizing the unique needs of this population, and in partnership with eight states, we developed a Behavioral Health Protocol that delivers higher-intensity treatment focused on managing symptoms, with seven coaching calls to support longer-term cessation and prevent relapse, and a minimum of eight-weeks of pharmacotherapy to support a quit attempt.

Behavioral Health Participants Receive:

- ✓ Seven scheduled telephone coaching sessions over three months. The first call focuses on developing and practicing coping skills to manage stress while quitting, and the second call builds commitment to a personalized quit plan. Additional calls address slips and relapse prevention.
- ✓ Specially trained tobacco treatment Coaches who listen and understand behavioral health conditions.
- ✓ NRT for 6-8 weeks with combinations of patch, gum, or lozenge, when offered by the state Quitline program.
- ✓ A personalized *Welcome Package* including educational materials and the industry renowned My Quit Journey© workbook.
- ✓ A suite of digital services to supplement telephone coaching including customized email and text messages, online chat, and interactive online resources.

In the pre-quit call, participants are encouraged to uncover the connection between their behavioral health condition and their inability to quit commercial tobacco for good and to track their symptoms and commercial tobacco use to help develop coping skills that prevent relapse. During the preparation call, participants and Coaches work together to solidify commitment to a quit plan, practice new coping skills, and order NRT. The Coach schedules a quit date call to review triggers and discuss coping skills, appropriate use of medication, and establish relapse prevention techniques. The final calls are scheduled at 30- and 60-days after the fifth call. They are designed to provide sustained support to participants, reorient them to their quit plan, further emphasize relapse prevention, and help them plan for long-term abstinence. Additional print and online resources are available to participants enrolled in our Behavioral Health Protocol.

We pilot-tested our specialized Behavioral Health Protocol from 2017–2019. In that time, we worked with nearly 2,000 individuals from eight states representing a wide variety of cultures and geographic areas. The evaluation of this pilot demonstrated that the protocol better engaged participants with behavioral health conditions in evidence-based counseling (coaching calls) and guideline-based treatment (coaching calls and medications). We have implemented several important findings from the pilot to improve our current Behavioral Health Protocol and continue to test and refine strategies to best engage this important population of participants. We have served more than 46,000 individuals reporting a behavioral health condition through our tailored protocol.

American Indian Commercial Tobacco Program (Optional)

American Indians report the highest rates of commercial tobacco use in the United States by race and ethnicity. The reasons for the disparate rates are numerous and include tobacco industry targeted marketing and co-opting efforts within the American Indian communities to achieve self-governance and self-determination, along with a reduced ability for government public health programs to effectively reach this population because of historical mistrust resulting from colonialism. The history of colonialism included attempts to erase the cultural identity and symbols that for many American Indian tribes included sacred and ceremonial use of tobacco.

National Jewish Health, in collaboration with our state partners, members of American Indian communities, and commercial tobacco control experts in several states, launched the first dedicated Quitline program in the country for American Indians in 2015. The American Indian Commercial Tobacco Program (AICTP) is the first, the

largest, and the most established program of its kind having engaged American Indians across multiple tribal cultures and varied traditions of scared and ceremonial tobacco use.

The AICTP grew out of an internal review of how well Quitline programs addressed cultural traditions of tobacco to reach and engage American Indian communities in cessation. We hosted multiple Listening Circles to engage the expertise of tribal members and individuals who provide health care services for American Indians across several states. The AICTP is designed to meet the needs and cultural traditions of American Indians who use commercial tobacco products in a cross-cultural way.

By listening to American Indians who use commercial tobacco, we heard clear messages about how to provide a trusted service for addressing commercial tobacco use. AICTP Coaches have a sound understanding of the barriers to cessation for American Indians and deep knowledge about cultural healing practices that include the ceremonial uses of tobacco. In addition, we heard that harm reduction rather than total abstinence was important due to the high prevalence of commercial tobacco use and accessibility to commercial tobacco products, particularly on reservations. While we ask about cessation, we also ask about reduction in commercial tobacco use over time.

The goals of the AICTP are to improve the reach and engagement in cessation services for American Indians and to lessen the burden of commercial tobacco on this disproportionately impacted population. Many AICTP participants want to reduce or eliminate their use of commercial tobacco, and our coaching protocol meets those objectives. The intent of the program is to respect the use and tradition of sacred tobacco while working on commercial tobacco cessation or reduction goals. For the past five years, we have used this platform to promote balance between commercial tobacco cessation and respect for the traditional use of sacred tobacco.

AICTP Participants Receive:

- ✓ 10 coaching calls with an American Indian Tobacco Cessation Coach and a direct toll-free number (1.855.5AI.QUIT). Our American Indian Coaches are trained tobacco treatment specialists and understand the cultural significance of traditional tobacco use.
- ✓ A minimum of eight weeks of NRT, with combinations of medication recommended.
- ✓ A personalized *Welcome Package* including culturally tailored educational materials and the industry renowned My Quit Journey© workbook.
- ✓ Customized intake and coaching protocols that respond to cultural differences in communication styles, with Coaches who understand the unique challenges American Indians face when trying to quit and discuss the differences between commercial and traditional tobacco.
- ✓ Digital services to supplement telephone coaching including motivational messages and interactive online resources from the dedicated AICTP website (AIQuitline.com).

To mark the five-year anniversary of the program implementation in 2020, National Jewish Health conducted an evaluation of the program that covered multiple components, including a review of the program purpose, literature, operational data, and clinical strategy. Results highlighted the importance of the culturally responsive program, with more than half of AICTP participants completing at least three coaching calls -- a marker of engagement and a point at which meta-analyses suggest an effective cessation intervention has been delivered. Longer term engagement (up to 10 calls) also was identified as important because many AICTP participants did not want to order NRT on the first or second call. The hesitation among some American Indian populations to use medications to quit commercial tobacco has been previously reported, and by building trust with our American Indian Coaches, we observed that participants continued to request and receive NRT through their tenth call.

The AICTP is currently offered in 19 states, and as of April 2024, has been selected by more than 6,350 people to assist with their quit journey. American Indians who enroll in the AICTP receive 100% of coaching calls with an American Indian Coach who has lived experience in American Indian communities.

Asian Americans and Pacific Islanders

Growing awareness in the tobacco control community highlights the need to address the unique needs of Asian Americans and Pacific Islander groups. We transfer Asian American callers who speak Cantonese, Mandarin, Vietnamese or Korean languages to the Asian Smokers Quitline for coaching services. We provide tailored educational materials for registered callers who self-identify as Asian American, and provide a unique page on our websites for this population including a participant testimonial video. Content for our webpage was written by an expert in tobacco control with Asian populations. Our continuing education content for Quitline staff includes content about working with Asian Americans, as well as several Native Hawaiian cultural groups that Coaches integrate into their personalized work with each individual.

Rural and Remote Populations

Rural residents have higher rates of tobacco use than people who reside in urban areas, and therefore represent a tobacco-use disparity group. Ensuring reach of the Quitline program into rural areas is important for delivering evidence-based tobacco treatment, and engaging callers in the standard coaching program is essential for cessation success. Over the past four years, National Jewish Health has facilitated discussions with several state clients on best practices for rural Quitline callers. Quitlines are well-positioned to serve rural populations by reducing access-to-care barriers such as distance, travel, and availability of specialist providers.

To better understand the needs of rural residents who call the Quitline, National Jewish Health engaged an external evaluator to complete a mixed methods evaluation that explored the experiences of rural callers in the standard coaching program. The evaluation included surveys to Quitline participants who live in a rural area, as well as focus groups with individuals who had not used the Quitline. Results show our Quitline is a valuable resource for rural participants. An interesting finding suggests that because rural populations may harbor suspicious attitudes toward government programs, highlighting the state partnership with National Jewish Health as a leading respiratory hospital may increase trust among this population. In partnership with one state partner, we created a series of videos designed to increase knowledge about the Quitline program in order to improve reach and trust in the program for rural residents; we also conducted a specific training for staff with a subject matter expert on working with rural residents. We will continue to work with our state partners to implement other recommended strategies to provide additional support to participants and health care providers from rural communities.

Hispanic/Latino and Spanish-Speaking Callers

More than 20% of our staff is bilingual, allowing us to provide Spanish-language coaching services for callers whose preferred language is Spanish. In all coaching protocols, Coaches provide a culturally sensitive coaching interaction with each Hispanic or Latino participant. Our bilingual Coaches undergo pre-employment language screening with an independent third party who certifies their ability to provide culturally and linguistically appropriate services. Bilingual Spanish-English Coaches receive call quality audits and feedback on Spanish language calls each month, receive their feedback in Spanish, are assigned to a bilingual Supervisor who conducts their one-on-one in Spanish, and receive continuing education content in Spanish. All of our website content, print materials, and our standard text and email program communications are available in Spanish. We also provide tailored educational materials for Hispanic/Latino in both English and Spanish.

In 2021, in partnership with 11 states, we engaged Pennsylvania State University researchers to evaluate the Quitline program with a racial equity lens. The evaluators examined Quitline data and conducted qualitative interviews with participants and community members with special attention to individuals who identify as Hispanic/Latino. The results of this evaluation highlighted how our person-centeredness and motivational interviewing coaching model represents the best available Quitline service for delivering culturally responsive treatment for commercial tobacco use and dependence.

Low Socio-Economic Populations

National Jewish Health Quitline staff has extensive experience providing cessation coaching to Medicaid-eligible and low socioeconomic populations in all states we serve. Telephone coaching is an effective method to reach low socio-economic populations, as it provides a means for treatment without the barriers of group or face-to-face counseling, including travel, missed work, and any potential fees or co-pays. Our Coaches work diligently with this population to schedule telephone sessions at a convenient time to ensure we do not interfere with work schedules. Additionally, cell phones and smartphones have increasingly become an important mode to provide support for the 92% of adult Medicaid beneficiaries who own one, according to the Commonwealth Fund. Our web program, with integrated chat, is optimized for use on a smartphone, and our text messaging program allows participants to access services on demand. These features are vitally important for people who may have limited talk minutes on their cellular service plan. For participants with limited data but unlimited talk, our mailed materials and telephone coaching are beneficial. Our self-help and participant education materials are written at a 5th-grade reading level and use extensive graphics to convey information, effectively meeting the needs of commercial tobacco users with low socioeconomic status or low literacy. Our Quitline staff inform the caller of NRT benefits for Medicaid-eligible participants in each state and encourage the participant to use NRT.

Dual or Multi-users of Tobacco Products

Our coaching protocols are appropriate for all types of commercial tobacco users, including commercial tobacco users who use more than one product (i.e., dual product use). During intake, we assess all types of commercial tobacco use, including characteristics of each product use such as volume and frequency. We encourage cessation from all types of commercial tobacco and work with participants to find an appropriate plan to change all commercial tobacco use behaviors. Coaches account for dual product use when recommending cessation medications, for example, by instructing participants to titrate NRT to manage withdrawal and treat nicotine cravings.

E-cigarette/ENDS Users

National Jewish Health does not recommend ENDS products or other alternative commercial tobacco products, such as the newly released iQOS system, for cessation and provides coaching and NRT to help individuals who report ENDS use to become nicotine free. In our reported cessation outcomes (i.e., quit rates), we do not consider individuals who report ENDS use as being free from commercial tobacco (i.e., quit). Our position is based on the FDA designation of ENDS as commercial tobacco products and the body of research suggesting most people who use ENDs either continue to use or return to sole use of conventional commercial tobacco.

Participants who currently vape benefit from our coaching protocols for both exclusive and dual use ENDS users that includes motivational interviewing to understand the participant's goals for quitting. Coaches receive specific training on discussing ENDS with callers and are highly skilled at facilitating behavior change for any commercial tobacco product. We acknowledge FDA guidance on the harm continuum of nicotine-containing products with combustible commercial tobacco being the most harmful, and medicinal nicotine being the least harmful. If a participant identifies ENDS use as a method to quit, our Coaches acknowledge and congratulate them on trying to quit and for looking for ways to reduce the harms of smoking. Coaches recommend setting a quit date for all commercial tobacco products. Our Coaches assess the reasons and patterns of use, provide information with permission, and recommend NRT based on the participant's use history. Our youth and young adult programs are adapted to provide specific text-based assistance with quitting vaping ENDS.

We have established a dosing schedule for switching ENDS users to NRT using a harm reduction approach, as there is limited guidance available in published literature. In switching to NRT from ENDS, we consider the duration of ENDS use and whether the participant previously or currently uses combustible tobacco. Based on

these factors, we recommend either using combination long- and short- acting therapies (e.g., use of NRT patch and gum or lozenge) or only short-acting monotherapy (e.g., use of NRT gum or lozenge) that can be titrated to participant comfort and to avoid nicotine withdrawal.

LGBTQ+ Individuals

National Jewish Health is a leader in providing LGBTQ+ identity-affirming care to Quitline participants. Our Clinical Team developed and field-tested the questions, with 14 state partners, that are included in the NAQC MDS to document LGBTQ+ identities and to provide tailored support with quitting. The LGBTQ+ intake questions we field-tested with our state partners have proven successful as a sensitive measure for LGBTQ+ communities.

We collaborated with LGBT HealthLink, LGBT Cancer Control Network, and Equality Michigan to ensure our staff have the necessary training to create a welcoming and affirming experience for the LGBTQ+ community. Our Clinical Director, Dr. Thomas Ylioja, has specific expertise working with LGBTQ+ populations on commercial tobacco control and provides ongoing support and training in this area. Coaches deliver personalized coaching that attends to the unique aspects of commercial tobacco use in this community such as discussing social situations where tobacco use is common, stress resulting from discrimination, homophobia, gender transition, and coming-out concerns, if the participant wishes to discuss these topics. Specific coaching guidelines are available to support personalizing each interaction for LGBTQ+ people.

We recently completed a comprehensive assessment of our program for LGBTQ+ people in partnership with a state partner. Our evaluation highlighted how our Coaches effectively engage LGBTQ+ people in supportive and identity responsive coaching. Using information from the evaluation, we updated our participant education materials and website information available to LGBTQ+ people. We brought in a trainer with gender identity expertise to address more specifically the needs of gender diverse people. We also heard from the community how to better reach LGBTQ+ people with information about the Quitline. We shared this information with our state partners to inform next steps to address commercial tobacco use with this priority population and to increase understanding of how to reach LGBTQ+ communities.

African Americans

Our coaching model is highly personalized to address the unique circumstances and social circumstances of every caller, including race and ethnicity. Our training curriculum addresses commercial tobacco-related health disparities due to health and racial inequities, and cultural differences for African American Quitline callers. All Coaches are trained to tailor each interaction with every caller by incorporating a culturally sensitive approach. For example, with an African American participant, coaching may include the influence of menthol products on the African American community, or coping with stress related to the experience of racial discrimination without using commercial tobacco.

We also provide our staff cultural responsivity training with subject matter experts from the Colorado Black Health Collaborative and from Simmons College (Boston, MA). Through our Continuing Education Program, we provide additional opportunities for staff to learn how to address menthol use specifically with African Americans, including the influence of commercial tobacco marketing to this community. We trained all staff on the concepts of racial equity for commercial tobacco control. And, we worked with Dr. Monica Webb Hooper to host the evidence-based Pathways to Freedom© cessation video developed for African American audiences on our Quitline websites. Our participant education materials include customized content for African Americans, and we host web content with materials designed to assist African Americans seeking assistance with quitting. In 2021, we engaged The Center for Black Health & Equity, the CDC-funded network addressing commercial tobacco disparities for this population, to develop a community engagement toolkit for public health and local communities. These resources are publicly available to guide work with African Americans across the state.

We partnered with eleven state partners and researchers at the Pennsylvania State University to conduct an in-depth examination of Quitline services for African Americans. The evaluation affirmed our quitline program provides a high degree of person-centered care essential to addressing racial disparities. Further, the evaluation highlighted how financial incentive programs, such as incentivizing program engagement for callers who smoke menthols, and free NRT through the quitline can have a positive impact on reducing tobacco-related disparities for African Americans. We currently provide incentives to callers who use menthol tobacco in nine states. While outcome evaluation results are early, the incentives are increasing engagement and quit rates disproportionately in favor of African American quitline participants.

Deaf and Hearing-impaired Individuals

Approximately 5% of our participants self-report a hearing impairment. Some participants require slower and/or higher volume and our Coaches respond to individual needs by adapting their tone and pace of speech. Participants who are deaf and/or require use of American Sign Language (ASL) for communication benefit from our ability to leverage LanguageLine services for real-time translation through video relay. In addition, callers who are hearing- or speech-impaired also can receive services through TTY or via online chat.

Individuals with Disabilities

Our Quitline Customer Care Representatives (CCRs) and Coaches receive training on working with populations that have higher prevalence of commercial tobacco use and commercial tobacco-related health conditions, as well as populations that experience additional barriers to accessing cessation support. Our patient education and self-help materials are easy to read with many graphics rather than textual content to ensure usability by populations with lower levels of literacy, and as part of our new hire and continuing education curriculum, we deliver training on working with individuals who have differences in developmental or intellectual ability. The primary concepts addressed in training include using people-first and identity-first language, social inclusion, dignity, respect for autonomy, and awareness of differences. These concepts align well with our humanistic model of motivational interviewing to support behavior change.

Tobacco users with chronic medical conditions

Approximately 40% of callers report having at least one chronic disease caused or worsened by commercial tobacco use. As many of our clients face the challenge of reaching and effectively engaging the population of commercial tobacco users who are living with chronic illnesses, we developed an educational program utilizing text, email, and print messaging that focuses on the relationships between commercial tobacco use and specific chronic illnesses. Our Chronic Disease Educational Program supports participants who report having one or more of five chronic diseases related to smoking tobacco: heart disease, chronic obstructive pulmonary disease (COPD), asthma, diabetes, and/or high blood pressure. The Chronic Disease Educational Program is available in conjunction with other services to increase the success of our comprehensive commercial tobacco cessation program. Text messages and emails focus on the effects of smoking for each of the five chronic diseases. These messages also provide Quitline participants with information about the benefits of commercial tobacco cessation for preventing or reducing the symptoms of these conditions. Messages are sent weekly to any participant who identifies with one or more of these diseases and opts-in to the text message and/or email programs.

Promotional Materials and Tobacco Cessation Education

National Jewish Health works closely with our state partners and their marketing agencies to provide input and feedback to help inform promotional materials and campaigns. As an example, we revised the webpage for smokeless tobacco to insert keywords that matched the promotional campaign to reach smokeless tobacco users in one state. To assist our state partners with promoting Quitline services to priority populations, we offer a variety of promotional materials tailored to the following populations: youth, young adults, pregnancy and

postpartum, American Indian, African American, Hispanic/Latino, people living with a behavioral health condition, and LGBTQ+ people. State partners can access and use these materials upon request. We also provide ad hoc data to support evaluating campaigns when requested and all digital campaigns can be monitored using Google Analytics on our websites.

National Jewish Health, in partnership with Rescue Agency, also offers a new "ready-made" youth cessation media campaign for *My Life, My Quit*™. Rescue Agency is an established leader in delivering anti-commercial tobacco media to youth. The campaign uses Rescue Agency's multi-state teen vaping and cessation research to promote MLMQ with evidence-based messaging focused on helping youth to stop vaping. The campaign messages build and expand on messages to help teens realize the seriousness of addiction, understand the potential health consequences of continued use, and appreciate the benefits available by quitting with a program like MLMQ. States can access these materials through an annual marketing license with or without a paid media campaign.

In addition, National Jewish health, in partnership with Rescue Agency, offers state partners access to more than 30 creative marketing materials tailored to adult commercial tobacco users within multiple populations and communities. These materials are available through an annual license, with the option of a paid media campaign. Rescue Agency has significant experience delivering evidence-based commercial tobacco cessation media for adults across multiple states. These evidence-based materials promoting Quitline services have been informed by market research conducted by Rescue Agency across the nation including Connecticut, Hawaii, Illinois, Minnesota, and Vermont. The licensed marketing material is available in packages based on state need and promotion budget. Rescue Agency materials are offered to state partners separately.

See **Attachment E: Sample Promotional Materials** for more information.

4.2.1.8.10 Managing multiple simultaneous, incoming and outgoing calls with Telecommunication Device for the Deaf (TDD) options.

National Jewish Health uses a suite of state-of-the-art Avaya applications for our telephony system. Our Avaya solutions efficiently manages the volume of calls through the well-known 1.800.QUIT.NOW and 1.855.DEJELO.YA phone lines. Avaya Communication Manager is designed as an open, scalable, and highly reliable telephony solution; it effectively scales from under 100 users to as many as 36,000 on a single system and to more than one million users on a clustered network configuration. Our automatic call distribution (ACD) system allows us to handle thousands of simultaneous incoming and outgoing calls with multi-lingual capability, including both English and Spanish, every month. We support TTY and video relay service when needed.

4.2.1.8.11 Providing both a reactive support program and a multiple-call proactive support program.

We will use a standard coaching protocol with up to four proactive calls for referrals or one reactive and three proactive calls for self-referred participants. We offer 15-20 minute coaching calls to approximate the recommended 90 minutes of coaching in the 2008 PHS Clinical Practice Guidelines for treating tobacco use. Each coaching call includes an assessment of motivation and current tobacco use status to tailor the session to each participant's need, and to their current readiness for change. In the multiple-call program, the Coach schedules a follow up coaching call for proactive outreach within a 2-3 hour appointment window, generally at 1-2 week intervals to monitor progress. Rather than a structured program with set call dates, we maximize participant engagement in their own quit journey.

4.2.1.8.11.1 Services should also include information for proxy callers, support callers and those calling with questions.

We provide educational information for proxy and support person callers including "Want to Help Someone Quit" upon request. The materials are sent via email or mail as selected by the caller. Proxy callers are informed about tobacco cessation program options, including local cessation programs, and are directed to the

Friend/Family section of the Quitline website. We encourage the caller to have the tobacco user call the Quitline or register for the online program when they are ready. All of our Quitline staff are prepared to answer questions about the program, whether from a person seeking services, a support or proxy, a healthcare provider or a community member.

4.2.1.8.12 Applying phone-based behavioral counseling to participants using up- to-date motivational interviewing techniques.

National Jewish Health conducts comprehensive phone counseling for eligible participants. Our current standard program offers up to five (5) scheduled outbound (also known as "proactive") coaching sessions with ability for participants to make additional inbound calls for support throughout their quit journey as the participant deems necessary. We can adapt our services to accommodate a four-call program as described in the West Virginia RFP.

Our services meet or exceed requirements outlined in:

- The U.S. Public Health Service's "Clinical Practice Guideline on Treating Tobacco Use and Dependence"
- The Center for Disease Control and Prevention's (CDC) "Telephone Quitlines: A Resource for Development"
- NAQC's "Quitline Services: Current Practice and Evidence Base"

Our Quitline coaching uses three proven approaches as the foundation of our behavioral change interventions: motivational interviewing, stages of change, and cognitive-behavioral techniques. These approaches use empirically supported methods to help people quit tobacco use. Our standard coaching protocol includes up to five proactive calls, with special programs and protocols offering more calls. Each coaching call includes an assessment of motivation and current tobacco use status to tailor the session to each participant's need, and to their current readiness for change. In the multiple-call program, the Coach schedules a follow up coaching call for proactive outreach within a 2-3 hour appointment window, generally at 1-2 week intervals to monitor progress. When the participant completes all of the proactive coaching calls, they receive a congratulatory message and a completion certificate by mail or email.

Motivational Interviewing (MI)

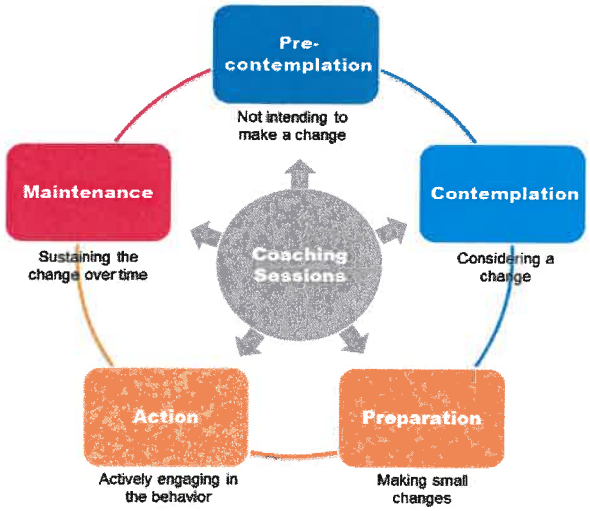
Our Coaches embody the spirit of MI in each encounter with people who call the Quitline for support. Coaches accept each caller for who and where they are in their change journey, believing that individuals have unique knowledge that can result in change, collaborate with individuals to develop a change plan, and recognize each caller is a person deserving compassion. Coaches use motivational interviewing techniques such as reflective listening, empathic responding, open questioning and providing feedback to help callers move past contemplation, preparation, and action into a successful quit. Coaches use MI to resolve ambivalence and increase motivation to quit, help participants build self-efficacy, set attainable goals, discuss practice quit attempts, or strategize on how to cut down. Coaches integrate action-oriented interventions, problem solving and developing coping skills once ambivalence is resolved towards change and facilitate movement towards the change goal. Our coaching calls are unscripted to allow maximum flexibility in deciding the coaching focus of the call, beginning with developing a personal quit plan on the first call. Our MI model also allows us to match participant needs during every single call, such as in a single-call intervention or as one part of the more intensive and successful multiple call intervention.

Stages of Change (SOC)

Clinical evidence supports the use of SOC readiness interventions for smoking cessation to determine readiness to engage in behavior change. Our Coaches assess the caller's readiness for change using the SOC model and tailor clinical interventions based on the caller's readiness to quit, as well as demographic and psychosocial

factors that impact cessation. In the first coaching call, and in every subsequent call, our Coaches help each individual explore their personal history with tobacco use, thoughts about quitting, previous quit attempts, their level of motivation and readiness to quit or stay quit, and their current stage of change. Participants are encouraged to set a quit date during the call, and for eligible participants, Coaches recommend and order medication. Coaches use relapse prevention interventions to identify high-risk situations, plan alternatives and identify additional supports. Coaches emphasize relapse prevention, including normalizing slips, medication adherence, and increasing external support. They frame slips as a learning opportunity, re-establish commitment and help the participant adjust their quit plan as needed. We know change is not linear, and we provide support to individuals who request it after they complete all scheduled coaching calls.

Stages of Change Model



Cognitive Behavioral (CB) Coaching

Each coaching session incorporates exploring the relationship between a participant's thoughts, feelings, and behaviors. This enables our Coach and the participant to identify patterns that may influence continued tobacco use and allows the development of new healthy patterns. Our staff work with each caller to develop a personalized quit plan based on his or her circumstances and readiness for change. Coaches use CB strategies to explore past quit attempts, identify triggers and coping strategies, explore thoughts about quitting, assist with setting quit goals, and discuss how medications can help.

Quitline Coaching Sessions

An outline of our typical coaching sessions is displayed in the table below:

Call Type	Coaching Process
Intake and First Coaching Session Intake calls assess readiness for change and collect participant demographic data.	Sample coaching question: *"Tell me about why you are calling the Quitline today?"* 1. Intake is completed by a Customer Care Representative or Coach and includes a comprehensive set of questions approved by each client. 2. The caller is encouraged to complete the first coaching session concurrently or as soon as possible after the intake call is complete. 3. Using the stages of change model, the Coach assesses the caller's readiness to make a quit attempt. 4. The Coach provides an appropriate evidence-based intervention depending on the participant's stage of change. 5. Participants are encouraged to schedule a second coaching call at the end of the initial one.
Ambivalent Session(s) Ambivalent calls are for participants who	Sample coaching question: *"On a scale of 1 to 10, how important is it for you to quit?"* 1. The Coach creates rapport based on acceptance, collaboration, evocation, and compassion. 2. The Coach assesses the participant's stage of change.

Call Type	Coaching Process
are feeling uncertain about quitting.	3. Motivational interviewing is used to resolve ambivalence and increase motivation to quit. 4. If quitting is not important, the Coach works with the participant to understand why. 5. If confidence level is low, the Coach helps the participant build self-efficacy, set attainable goals, optionally discuss practice quit attempts, and a cut-down-to-quit approach.
Prepare Session(s) Preparation calls are for participants who have committed to engage in the quitting process by taking small steps or are intending to quit.	Sample coaching question: *"Who could you ask to help support you during your quit attempt?"* 1. The Coach creates rapport based on acceptance, collaboration, evocation, and compassion. 2. The Coach provides needed information to the participant. 3. The Coach employs cognitive-behavioral therapy strategies to: a. Explore past quit attempts or observations of others who have quit. b. Consider environmental and personal tobacco triggers. c. Explore current coping strategies. 4. The Coach implements cognitive-behavioral interventions to: a. Explore thoughts about tobacco use. b. Identify behaviors related to tobacco use. c. Assess current coping skills. d. Discuss important elements to aid in preparing a quit attempt. 5. The Coach uses goal-setting interventions to: a. Identify goals of the participant. b. Discuss pharmacotherapy. 6. The Coach utilizes relapse prevention interventions to: a. Identify high-risk situations. b. Develop alternative plans to work through high-risk situations. 7. The Coach discusses and provides additional support to develop a personalized quit plan.
Support Maintenance Session(s) Support calls provide encouragement and any additional support that is needed and identified by the participant.	Sample coaching question: *"How will you handle being in a social situation with other tobacco users?"* 1. The Coach creates rapport based on acceptance, collaboration, evocation, and compassion. 2. The Coach implements cognitive-behavioral interventions to: a. Identify problematic patterns of behavior. b. Evaluate how current coping is working. c. Develop additional or alternative coping skills as necessary. 3. The Coach utilizes relapse prevention interventions to: a. Identify high-risk situations. b. Develop alternative plans to work through high-risk situations. c. Increase external support.
Relapse Prevention Relapse prevention is proactively covered from the beginning	Sample coaching question: *"Tell me about the situation that led you back to smoking. Describe the details."* 1. The Coach creates rapport based on acceptance, collaboration, evocation, and compassion.

Call Type	Coaching Process
of the counseling process. However, if a participant slips or relapses, the Coach will review the relapse in detail.	2. The Coach helps the participant use information from the relapse as a learning opportunity. 3. The Coach provides support. 4. The Coach reassess commitment to continue the quitting process. 5. If the participant is committed, then: a. Use cognitive-behavior interventions to identify problematic patterns of behavior. b. Discuss problem-solving strategies. c. Assess current coping skills. d. Use goal-setting interventions to identify participant goals. e. Discuss pharmacotherapy. f. Discuss the availability of support from a Coach and/or continued use of digital product offerings. 6. If the participant is not committed, then the Coach delivers a motivational intervention to strengthen commitment to change or resolve ambivalence.

4.2.1.8.13 Assisting participants in developing a personalized quit plan and include referrals to community-based services, as available.

Coaches integrate action-oriented interventions such as cognitive-behavioral therapy, problem solving, and developing coping skills once ambivalence toward change is resolved, and facilitate progress toward the change goal. Each coaching session incorporates exploring the relationship between a participant's thoughts, feelings, and behaviors. This enables the Coach and participant to identify patterns influencing their commercial tobacco use and allows the development of new healthy patterns.

Our Coaches work with each caller to develop a personalized quit plan based on their circumstances and readiness for change. We use the acronym P.L.A.N. to help set goals for quitting using behavioral strategies. P.L.A.N. includes picking a quit date, engaging social supports by letting others know, then anticipating the barriers to quitting and triggers to smoke coupled with identifying behavioral techniques to avoid the trigger, adjust routines, or find alternatives, and encouraging the participant to use nicotine replacement therapy. Quit P.L.A.N. is infused into each of our coaching programs, whether on the phone, in print, online, or by text.

Every caller who enrolls in Quitline services is offered a referral to community-based services to further assist them in their quit journey. National Jewish Health collaborates with our state partners to compile and maintain a database of resources. The resource list is provided by the state and can be updated monthly to include community- and web-based cessation services recommended by DTP. The community resource database includes resources by location, type of cessation service, the time services are available, any costs associated, and specialized services for target populations. The resource list can also be included on the state Quitline website for easy access by participants and the public at any time.

4.2.1.8.14 Assessing Quitline callers' nicotine dependence for tobacco products by using the Fagerstrom Test for Nicotine Dependence and for use of electronic devices by using the Penn State Nicotine Dependence Index

National Jewish Health uses standard measures to assess nicotine dependence for tobacco products including the Heaviness of Smoking Index, which research has found to have similar validity and reliability as the Fagerstrom Test for Nicotine Dependence. The Heaviness of Smoking Index has the added benefit of reducing the length of the intake while capturing MDS information and an accurate assessment of nicotine

dependence.

4.2.1.8.15 Contacting participants at least every two weeks for a total of at least four coaching sessions or proactive phone call(s).

Once enrolled in the Quitline program, we schedule pro-active outbound calls ("pro-active" calls) at a convenient time based on the participant's availability, usually about every 7-10 days, to maintain progress in their quit journey. For youth and young adults enrolled in our specialized web-platform, we respond to the texted keyword COACH with immediate reactive assistance. Once the participant initially engages in live text coaching, we send a weekly reminder to continue engagement with a Coach in support of their quit journey. Rather than a structured program with set call dates, we maximize participant engagement in their own quit journey.

4.2.1.8.16 Providing a response to unlimited reactive calls from the Quitline enrollee.

We provide participants the opportunity for unlimited inbound (reactive) calls for support to maintain abstinence and prevent relapse.

4.2.1.17 Scheduling the proactive follow-up coaching sessions as appointments with the caller at a specific date and time, or a specific date and range of time within which the session might be scheduled. For example, a coaching session might be scheduled for Tuesday, June 12 at 8:00 p.m. or Tuesday, June 12 sometime between 6:00 p.m. and 9:00 p.m.

Coaches work with participants to schedule coaching calls in the next available appointment at a date and three-hour time window chosen by the participant. Outbound calls are made during the scheduled time window and, when answered, are connected to the next available Coach.

4.2.1.8.18 Making no less than four and no more than seven attempts to reach each caller to be deemed "unreachable" by call or text.

If the participant does not answer their scheduled call, we will make at least three additional attempts to reach them on a later date. With permission from the participant, we also leave a voice message requesting a call back to complete intervention calls. Each call attempt is documented in QuitPro to enable full documentation and reporting. Participants who also sign up for text and/or emails receive a time-sensitive message encouraging them to take the next step in quitting for good with a direct toll-free number to reach a Coach. National Jewish Health understands and agrees that no less than four and no more than seven contact attempts will be made before a participant is deemed unreachable.

4.2.1.8.19 Ensuring that all calls from the Quitline to individuals are identified on Caller ID as the WV Quitline or 1-800-QUITNOW.

We request telephone service carriers deliver both alpha and numeric characters on all outbound calls. Because not all carriers will comply with our request, we have developed a virtual contact card (vCard) that participants can download into their smartphone. Having the vCard on the phone ensures participants see the program logo and reduces the likelihood that calls are blocked or marked as spam on the receiving end.

4.2.1.8.20 Providing live web-based chat, email, and live text support counseling as stand-alone counseling or in support of phone counseling.

Two-way Online Chat

At any time on the website, a participant can easily reach a Coach via our website chat functionality. This functionality is available to quickly connect interested individuals to live Quitline staff for answers to their general questions and real-time technical assistance to users needing help with the registration process during

operating hours. In addition, a "Contact Us" feature facilitates an inbound participant inquiry to National Jewish Health.

Live eCoaching

National Jewish Health offers live eCoaching chat as a digital product to participants enrolled in the web program. Participants who are enrolled and logged into their web program profile may request a coaching session using the web-based chat functionality. The coaching approach and content mirrors phone coaching interactions such as a discussion of motivation to quit, designing a quit plan, and using medication to support the quit attempt. Coaches document the eCoaching sessions in our CMS, QuitPro, in the same manner they record phone coaching. The eCoach chat functionality provides participants another avenue to support their quit journey.

NRT Online Ordering

Based on clinical evidence showing that cessation medications are effective when used alone, we work with our state partners to offer NRT online for eligible participants to use during a self-guided quit attempt. Participants complete the online enrollment form, select the web program, verify their age, and provide medical screening information. The web program requests a medical consent form from the participant's provider when necessary. Participants enrolled in the online program can track both phone and online NRT medication orders through the online portal. Online NRT ordering allows quitlines to increase reach of evidence-based services.

Automated Email and Text Message Support

Our text messaging cessation tool was developed based on the evidence demonstrating that automated and interactive text message-based interventions are effective alone or in combination with other cessation interventions, as outlined in the 2019 Cochrane review ("*Mobile phone text messaging and app-based interventions for smoking cessation*"). Our text message interventions are interactive, evidence-based, and follow best practices and regulations for text messaging, including the Telephone Consumer Protection Act (TCPA). The email intervention is one-way, based on psychoeducation and motivational principles, and is evidence informed. We follow best practices and regulations for email.

Participants may enroll in text messaging in several ways. If offered by the state, adults interested in getting started via text can initiate short code enrollment using 300500, while youth and young adults can initiate enrollment via 36072. Youth short code enrollment is a standard component of our My Life, My Quit program. Short code enrollment engages users in automated interactive messaging and encourages enrollment in phone or web programs by providing the toll-free phone number or link to the web enrollment form. Youth and young adults can engage in automated interactive messaging as well as live text coaching. Participants may also enroll in the text and email programs during the phone intake or via the web enrollment form. They also can add text and email at any time during their quit journey by speaking with a Coach or selecting the option in their web program profile.

Participants receive an average of one motivational email and two to three text messages per week. We send additional emails and texts as triggering events occur such as appointment reminders and shipment of NRT. Text messages and emails are sent both before and after the participant's quit date and are automatically modified if a quit date changes to support relapse prevention. Participants who have not yet set a quit date can still participate in the program, with messages generated based on enrollment/registration date and triggered on call completion or other benchmarks. Each participant may receive congratulatory anniversary messages and relapse prevention messages for up to one year from enrollment.

Two-way text messaging sends automated interactive responses when participants text any of the six key words CRAVE, MOOD, SLIP, ALCOHOL, STRESS, or BORED. The response message includes a link to a short (e.g., 60- to

90-second) video, in English and Spanish, that provides support and information related to the key word. Coaches generate a live response to COACH or NRT keywords.

Message Type	Purpose
Motivational Message	Weekly messages that contain dynamic motivational content tailored to each participant. We base our content on the participant's tobacco type, stage of change, demographics, type of participation (such as web-only, phone-only, pregnancy program), and other information.
Informational Messages	Messages sent after certain program and system events. They include notifications of NRT shipments (with the package tracking number), coaching call appointment reminders, disenrollment notifications, and more.
Re-engagement Messages	Messages targeted to participants who become unreachable during their enrollment and may or may not have quit. The messages encourage the participant to re-engage with the cessation program.
Quit Anniversary Messages	Messages based on the participant's quit date, sent at the 1, 2, 3, 6, and 12-month anniversaries. The messages congratulate the participant for reaching these important milestones and motivate the participant to stay tobacco-free.

National Jewish Health provides specific messaging programs for participants who identify with any of five chronic diseases: heart disease, uncontrolled high blood pressure, asthma, diabetes, and/or COPD. We also deliver specific text programs for pregnant and postpartum women, youth, and young adult participants. Our text library contains more than 300 messages. Our focus is on tailoring services to populations most affected by tobacco.

Live Texting

A key feature of the enhanced text messaging program for youth and young adults enrolled in our special programs is encouragement to engage in live text coaching with a Coach in real-time. When the participant texts "COACH," a live Coach responds in the same text message conversation as the automated messages. Automated messages encourage participants to engage in subsequent coaching sessions, following evidence demonstrating that proactive outbound contacts are essential to Quitline effectiveness. Participants can engage in a general conversation about the program to answer questions or, if interested, in live text coaching. For participants who want live text coaching but are not yet enrolled online or over the phone, the Coach will instruct the participant to create a profile using the state website. The online intake allows us to create a full profile and support participants throughout their quit attempt, to document coaching sessions, and to comply with legal requirements to identify participants when providing coaching services. The Young Adult program is offered as an optional service.

NRT Ordering via Text (Optional)

National Jewish Health data show an increased preference among Quitline participants for text message-based communication and program engagement. In partnership with several states, we expanded the current automated keyword-interactive text message program for adult participants who have enrolled in text messaging to allow them to also order a one-time 2-weeks support of NRT by texting the keyword "NRT". This triggers a live text message exchange between the Quitline participant and a Coach to complete the NRT ordering process, ensure medical screening requirements are met, provide tips on use of NRT, and offer

enrollment into the phone program, if applicable. Offering NRT ensures participants have low barrier access to evidence-based support, increasing overall reach, and creates a live connection between a participant and a Coach, thereby setting the foundation for live text Coaching as an emerging promising practice.

Customized Text Messages (Optional)

State partners have the opportunity to provide up to ten new informational text messages for their text message library in English and Spanish. To maintain continuity with existing messages in the library, new messages focus on commercial tobacco and cessation, or hyperlink to resources contained on the Quitline program website. The messages are delivered to text program participants approximately weekly based on program enrollment date, integrated within the existing text message library.

"Text-Me-First" Outreach Protocol (Optional)

National Jewish Health asks providers to obtain consent to send text messages to individuals on fax and web referral forms. Our data shows referred patients who agree to receive a text message have a 9% higher reach rate compared to referred patients who do not consent to receive a text message. We created the ability to text referred patients who consent to receive a text message by implementing a new "Text-Me-First" outreach protocol with two text messages. The first message, "About the Quitline", includes a link to a brief video designed to demystify the Quitline and explain what a participant can expect. The second message, "Get Started", includes a link to the Quitline program's web enrollment page and encourages the individual to get started online. On the enrollment page, referred individuals can indicate all of the services in which they would like to enroll, including web, phone, text, email, and NRT services when offered.

Virtual Contact Card (vCard) (Optional)

For individuals who enroll in the phone coaching program and consent to receive a text, National Jewish Health sends a text message with a link to download a virtual contact card (vCard feature). The vCard feature provides the state Quitline program name, logo and contact number that a participant can add to the contact list in their smartphone. Once downloaded, when the Quitline calls the participant, the program name is prominently displayed to enable participant recognition and increase the chances the participant will pick up or return a call. The goal of including the vCard feature is to ensure calls are always delivered with alpha and numeric call display, as well as bypass carrier spam filters.

Lung Cancer Screening Education (Optional)

National Jewish Health supports lung cancer screening education for eligible callers who are 50 years or older with a 20 or greater pack-year history of smoking cigarettes. We follow NAQC's implementation guide to provide educational information during the phone intake as well as on the state quitline website, via text and email in 11 states. Each implementation method, phone, text, email and web, is an optional service offering.

4.2.1.8.21 Providing new and emerging ways to increase access to services covering nicotine dependence with high risk and hard to reach population groups.

Our focus on continuous innovation is driven by the needs of our state partners and by our mission to integrate new research into practice. As new evidence and best practices emerge, we regularly enhance our Quitline services. Each year we work with state partners to identify, develop, and launch new innovative services to increase reach and engagement, with a particular focus on reaching communities most impacted by commercial tobacco. These innovations are driven by data and research and informed by collaborative conversations with our staff and state partners.

Some examples of innovation include:

- In 2015, we launched the first dedicated American Indian Commercial Tobacco Program, which was developed in partnership with Tribal communities and state partners. To date, this program has enrolled more than 6,350 individuals from 19 states. The program has a dedicated website (AIQuitline.com) and toll-free number (1.855.5AI.QUIT).
- In 2016, we revised our participant education materials to be personalized to each caller with extensive graphics to convey relevant health information in a simple and understandable manner.
- Beginning in 2017, National Jewish Health conducted the largest pilot evaluation of a Quitline protocol to address cessation with behavioral health populations. We implemented lessons learned to enhance our Behavioral Health Protocol and are evaluating the implementation of those lessons as part of our commitment to excellence. More than 46,000 participants have received our tailored protocol.
- In 2018, we launched live eCoach chat functionality providing participants an online coaching option to support their quit journey. We have handled more than 15,000 chat sessions.
- In 2019, in response to the nationwide vaping epidemic among youth, we launched *My Life, My Quit*, our free and confidential Quitline program designed just for youth. Our program combines best practices for youth tobacco cessation, adapted to include vaping, and new ways to reach a Coach using live text messaging and online chat. More than 8,700 youth from 25 states have enrolled in our youth program; increasing youth program reach by more than 500% for most states.
- In 2019, in partnership with our state clients, we evaluated our Quitline programs and found that LGBTQ+ callers feel comfortable discussing their identity and believe they receive the right support from our Coaches. Nearly all (94%) said they would recommend our program to another LGBTQ+ person.
- In 2020, we launched an outreach strategy integrating automated and live text coaching to reach and engage young adults ages 18 to 24 who are nicotine dependent. This program provides the ability to enroll in our standalone text message program directly by sending a message to a short code.
- In 2020, we developed an incentive protocol for people quitting menthol. Now available in nine states, evaluation data suggest the incentives increased cessation among priority populations.
- In 2020, in partnership with several states, we evaluated the Quitline programs for rural populations and identified that provider education, technology, and tailored messaging can increase Quitline program reach.
- In 2021, we introduced a robust online library of provider education to promote awareness of and referrals to the Quitline among health care providers, now offered in 18 states.
- In 2022, we enhanced our text message program to better reach and engage participants with evidence-based support, including "Text Me First" on referrals, a virtual contact card to ensure callers recognize the Quitline number, and "Text to Order NRT."
- In 2023, we launched a dedicated short-code enrollment option for the adult text messaging program with tailored automated text messages based on type of commercial tobacco they use and readiness to quit. The text messages support participants throughout a quit journey and encourage them to engage in services offered by the Quitline.

4.2.1.8.22 Providing a protocol of intake questions/coaching for smokeless tobacco users, including specific protocol on nicotine replacement products as directed by up-to-date, evidence-based studies provided by BPH, such as the Mayo Clinic Handout.

Our coaching protocols are adaptable to all tobacco types, including smokeless tobacco and other novel forms that may enter the market. Each product is assessed using the NAQC MDS for intake. Quitting strategies for those who use commercial smokeless tobacco, such as spit, snuff, and/or snus, are similar strategies for quitting smoking. Participants who use smokeless tobacco can work with our Coaches to set a quit date, change their routine and behaviors, and/or reduce the number of dips per day. Coaching may include, as appropriate, a discussion of the associated health risks and strategies to replace the oral sensation reported by many people

while quitting smokeless tobacco use. We encourage the participant to use oral substitutes such as sunflower seeds, hard candy, or gum. We also recommend oral exams by the participant's dentist and the use of NRT to reduce cravings and manage withdrawal. Individuals who use commercial smokeless tobacco also receive tailored education materials as part of their *Welcome Package*.

4.2.1.8.23 Offering to re-enroll participants as many times as needed if unsuccessful at quitting by the fourth call unless instructed to stop by the DTP due to call volume and budget concerns.

Participants who enroll in coaching but do not complete the program receive targeted outreach 45 days after their last contact to encourage re-engagement in coaching. This program is evidence-informed to recycle treatment opportunities and encourages more participants to receive numerous Quitline services that increase cessation success. Text, email, and interactive voice response strategies, along with continuing education for Coaches, are part of this program. Results demonstrate the success of this low-touch strategy in moving nearly 8% of unreachable participants' one step closer to successful quitting. Participants who do not re-engage and who call in to begin another quit attempt at a later date are re-enrolled in the program and are eligible for coaching calls and any remaining state-defined NRT benefits within each 12-month period. Re-enrolled participants confirm their contact information and complete a new intake to update their tobacco use characteristics. We will stop re-enrollment due to call volume or budget concerns, as directed by DTP.

4.2.1.8.24 Consulting with DTP when funding should be reviewed and DTP will determine and authorize changes to counseling service eligibility, as appropriate, through email.

Our Account Managers work closely with state clients to monitor state budgets. We understand and actively support each clients' unique requirements to spend funds quickly and effectively or adjust services to meet projected budget shortfalls. Our active budget monitoring enables us to project increased demand for services that may strain a state budget or fund innovative projects to improve the Quitline program. We conduct rolling monthly budget forecasting with projected annual spend for state budgets, including NRT, services, and other program offerings based on year-to-date data. This is an essential step in ensuring we maintain high-quality service to participants, as well as identifying where innovative projects and service packages can improve and sustain the overall Quitline program. We will consult with DTP when funding should be reviewed and understand DTP will determine and authorize changes to counseling service eligibility through email.

4.2.1.8.25 Purchasing and delivering non-prescription NRT in the form of patches, gum, and lozenges through mail or other delivery services.

National Jewish Health partners with Haleon (formerly GlaxoSmithKline) to provide branded over-the-counter NRT. We provide 21-, 14-, or 7-mg patches and 2- or 4-mg gum or lozenges in two-week increments, including multiple and combination orders as offered by the state. NRT products are managed, stored, and distributed by Arrowhead Promotion and Fulfillment. Once shipped, participants can track their shipment using the tracking number provided by text or email, through the web portal, or by calling the Quitline. Ordered NRT ships within 24-48 hours, and participants generally receive their NRT within seven (7) business days based on standard USPS shipping times. Medications are shipped directly to the participant's address at no cost to the individual. National Jewish Health bills the state Quitline for each order shipped to a participant.

4.2.1.8.26 Directly shipping four two-week supplies to those who agree to more than one coaching call or web/text interaction. Distribution amounts may be altered based on program funding.

Participants who enroll in the multi-call program, meet state eligibility criteria and are medical appropriate will receive up to four two-week supplies of NRT. Our CMS, QuitPro, is managed by our in-house IST Team, allowing us the ability to rapidly adjust distribution amounts of quit medications based on increases or decreases in program funding.

4.2.1.8.27 Offering dual or combination NRT to all participants who agree to more than one coaching call

or web/text interaction
4.2.1.8.28 Providing combination or dual therapy should include the following:
4.2.1.8.28.1 a nicotine patch to serve as a long-acting nicotine formulation that provides a constant level of nicotine replacement in combination with a short-acting NRT,
4.2.1.8.28.2 either a nicotine gum or nicotine lozenge to control breakthrough cravings and withdrawal symptoms.
4.2.1.8.29 Administering dual or combination therapy according to up-to-date, evidence-based study recommendations as directed by BPH, including but not limited to: Mayo Clinic's recommendations and the U.S. Preventative Services Task Force (USPS) treatment recommendations.
4.2.1.8.30 Dosing the patch as described according to cigarettes used per day with 2 mg gum or 2 mg lozenge for every 1-2 hours, as needed when withdrawal symptoms and urges to use tobacco occur as directed by up-to-date, evidence-based studies provided by BPH, such as the Mayo Clinic Handout found here: https://www.mayo.edu/research/documents/medication-handout- 2015-02-pdf/doc-20140182.

Response 4.2.1.8.27 – 4.2.1.8.30

Our Coaches encourage the use of cessation medications to increase the likelihood of a participant's success in quitting commercial tobacco. Medication is always recommended and offered to participants ages 18 or older, based on program and medical eligibility, and shipped via United States Postal Service (USPS) directly to the participant at no cost. NRT orders are mailed within two business days. We have worked closely with our state partners to ensure flexibility in medication offerings dependent on budget, priority populations, and eligibility criteria. Our NRT eligibility process is flexible, and we will work with DTP to ensure state requirements meet state budgetary needs, such as offering West Virginia participants who agree to more than one coaching call, web or text coaching session dual or combination therapy.

Our print and online materials provide comprehensive information about medications for cessation, contraindications, instructions for use, and other information to guide medication selection. In addition, we have partnered with several of our state clients to develop educational fliers about the different types of NRT and instructions participants can follow to ensure they get the most out of their NRT. This information can be included with each NRT shipment at an additional cost, if requested by West Virginia.

Quitline Coaches are trained in the appropriate use of NRT based on clinical guidelines and regulatory updates, systematic reviews, and meta-analyses of clinical research, including "Treating Tobacco Use and Dependence" (2000/2008 Update); "Pharmacological Interventions for Smoking Cessation" (2013 Cochrane review); and "Different doses, durations and modes of delivery of nicotine replacement therapy for smoking cessation" (2019 Cochrane review). We use the Mayo Clinic guidelines for dosing NRT for individuals using smokeless tobacco.

We recommend combination NRT therapy, defined as long-acting patch with short-acting gum or lozenge used *ad libitum*, for all participants based on evidence demonstrating superior effectiveness to monotherapy. When offered by the state, Coaches will order combination therapy in two-week supplies (i.e., two weeks of patch plus a two-week supply of gum or lozenge). Some light smokers (<10 cigarettes per day) may select only short-acting NRT and use fewer pieces than the manufacturers recommended dosing by titrating dose to self-comfort. Heavy smokers (10 or more cigarettes per day) who select only short-acting NRT receive dosing in line with the manufacturer's instructions. In addition, we have developed guidelines for switching from electronic nicotine delivery systems (ENDS) to NRT based on whether a caller is using both ENDS and combustible tobacco, recently initiated ENDS use, or reports long-term or only-ever use of ENDS. Each participant works with a Coach to determine the appropriate NRT type, dose, and combination when permitted.

National Jewish Health assumes full responsibility for screening participants for NRT patch, gum, or lozenge eligibility and our Medical and Clinical Directors provide program oversight. We require medical authorization for any participant who is pregnant or breastfeeding or has been instructed to avoid nicotine products because

of a medical condition. When required, a medical authorization form must be completed and returned directly from the participant's physician.

Our case management system, QuitPro, tracks all NRT shipped to West Virginia Tobacco Quitline participants and enforces eligibility requirements and annual limits. Orders outside of eligibility are placed in queue for review by a Supervisor. QuitPro also checks for duplicate medication orders with an alert notification set for multiple shipments to the same address and flags any orders for approval. Our online ordering process uses the IP address and the physical address of shipments to determine if multiple orders have been submitted. These online orders are denied automatically and are not sent for Supervisor review; however, participants may call or chat about the status of a denied order. Haleon NRT products come in white packaging and have unique bar code numbers for quitlines, as compared with the retail product, to prevent returns and resale of these products.

Prescription Medication

We also partner with Ridgeway Pharmacy to fulfill prescription medication requests (varenicline or bupropion). When bupropion or varenicline are offered by the state, Coaches tell participants about all of the medications for which they may be eligible. If a participant expresses interest in a prescription medication, the Coach describes the process to obtain the medication including the need to obtain a prescription from their healthcare provider.

We send the request for prescription medication, along with the participant's contact information to Ridgeway Pharmacy. Ridgeway staff contacts the participant to obtain their provider's name, then reaches out to the provider to request a prescription be sent electronically for processing. All medical screening for prescription medications is the responsibility of the prescribing provider. If indicated, Ridgeway collects any co-pays and can bill insurance for the medication cost if available. Only participant orders sent by National Jewish Health are processed in order to confirm enrollment in the coaching program (Ridgeway does not refill the prescription without authorization), which allows National Jewish Health to enforce quantity limits set by the state. Ridgeway ships a one-month supply of medication per order directly to the participant's home. Our data demonstrate that providing prescription medication results in higher call volume, increased participant engagement, and higher quit rates.

4.2.1.8.31 Providing clinically-appropriate services to youth and young adults addicted to nicotine and electronic/vaping devices. These services include age-related coaching and NRT suggestions based on physician prescription and parent/guardian permission.

My Life, My Quit Youth Cessation Program

The rise in popularity of ENDS among adolescents from 2011 to 2019 is well-documented in national and state survey data across the United States. In 2023, more than one in eight high school students reported having used an ENDS product ("vaping") in the past 30-days, with approximately 35% of these students vaping frequently or daily. National studies have documented that most ENDS products contain nicotine. Nicotine is a substance that primes the brain for addiction, particularly the adolescent brain which is still developing up to the age of 26.

National Jewish Health has always assisted individuals under age 18 on their journey to quit tobacco. In review of our state Quitline data for participants under age 18, we noted that the number of youth participants had not risen as expected given the epidemic of youth vaping. We set out to understand how the Quitline program could best serve younger participants. We initiated a comprehensive review of best practices in adolescent tobacco control and solicited input from youth and other stakeholders to understand the desired components of a tailored youth vaping and tobacco cessation program.

On July 1, 2019, in partnership with nine state clients, we launched *My Life, My Quit*, a free and confidential Quitline program designed just for teens, with specially trained Coaches to provide cessation assistance via

telephone, real-time text messaging, and live online chat. The program also included tailored motivational automated text messages, participant education materials, and a youth-oriented website with up-to-date information about the dangers of vaping.

The program has continued to evolve based on our ongoing evaluation efforts. For example, to enhance our ability to proactively engage youth, direct enrollment, and all text messages—both automated keyword-interactive text messages and live text coaching—are available using a dedicated text short code (36072). We also partnered with Rescue Agency, the leading marketing agency promoting health behavior change with youth, to develop a ready-made marketing package, now with more than 90 creative assets and social media channel management that direct to *My Life, My Quit* for cessation assistance. The marketing package can be licensed by states to support promotion of the program. *My Life, My Quit* is now available in 25 states across the country.

Youth participants work with a Coach who has received additional training on developmentally appropriate methods for engaging youth, the social influences of commercial tobacco use, self-efficacy for behavior change, and working with mandated callers. Each coaching session is conducted by phone, online chat, or live text message to match individual communication preferences, and is supplemented with vaping-tailored text messages and the online program. After five coaching sessions, we mail a printed completion certificate watermarked to prevent duplication.

Youth Participants Receive:

- ✓ Specialized tobacco treatment Coaches who understand teens, support quitting, and build relationships to develop healthy futures.
- ✓ Five coaching sessions by phone, live texting, or live online chat.
- ✓ Dedicated text short code (36072) and toll-free (1.855.891.9989) phone numbers.
- ✓ Keyword-interactive text messages tailored by tobacco type and readiness to change for anytime support or countdown to quit.
- ✓ Youth-friendly website (mylifemyquit.com) with vaping and tobacco information, and interactive activities for a customized quit plan.
- ✓ Educational materials designed for youth with messages from youth about quitting tobacco or vaping and how to ask for support.
- ✓ A watermarked certificate at completion of the program.

In addition, and as part the program, **all state clients receive**:

- Community of state partners to share best practices on reaching and engaging youth.

Coaching begins by establishing rapport and developing trust with callers who are under the age of 18. An abbreviated youth-oriented intake assessment helps inform coaching content. We use motivational interviewing, an evidence-based strategy for working with youth to change substance use behaviors such as commercial tobacco use, to engage participants, develop goals, and facilitate change. Coaches work with youth callers to explore healthier alternatives for expressing individuality, learning to ask for help, how to avoid and manage triggers using behavioral techniques, healthy ways of managing anxiety and stress, overcoming fear of gaining weight, overcoming fear of being rejected by their peers, practicing refusal skills, and gaining control of their lives. We ensure confidentiality for youth who seek help in accordance with state laws. Incentives can be offered based on state interest and funding availability.

The *My Life, My Quit* program evaluation demonstrated a dedicated program with promotion can increase reach among youth who use commercial tobacco products and that youth use multiple channels to engage with a Coach. After launch, our monthly average enrollment for youth increased by more than 500%. Cessation data are highly promising with more than 60% of survey respondents reporting no nicotine use in the past 30-days at seven-months after enrollment. Since the launch of the program, we served more than 8,700 youth participants through our phone, web, and text programs. We are confident that our service has the right mix of experience in

coaching, available technology, and promotional partnerships to continue to expand our reach and engagement with youth seeking assistance to become nicotine-free.

Young Adults Program (Optional)

Based on the changes in federal law that increased the age required to purchase tobacco products to 21 years and building on the successes of our youth cessation program, we developed a tailored protocol for working with young adults aged 18 - 24. Young adults use the Quitline at far greater rates than youth, in part because young adults have an increased understanding of the dangers of tobacco and changing values and beliefs about tobacco use and nicotine dependence. However, like youth who use tobacco, young adults have a high level of comfort with technology-mediated interventions. We offer young adults the ability to engage with a Coach electronically using live-text messaging or live online chat in addition to phone calls.

Our automated interactive text messages are tailored to match the nicotine products commonly used by young adults, as well as to their readiness for change and unique life circumstances. Individuals are offered five coaching sessions regardless of where in the stages of readiness for change they begin their quit journey. We engaged Dr. Robin Mermelstein, PhD, an expert in youth and young adult tobacco use behaviors, to guide development of our young adult protocol and train our Coaches on the unique factors of working with young adults.

Young Adult Participants Receive:

- ✓ Five coaching sessions by phone, live text, or live online chat.
- ✓ Extensive library of keyword-interactive text messages adapted to specific tobacco products, including vaping, and tailored to readiness for change to enable anytime support with just four short enrollment questions.
- ✓ Short-code texting (36072) phone number.
- ✓ Live text coaching integrated in the same conversation to move seamlessly between automated and live messaging.
- ✓ Coaching with tobacco treatment specialists trained by nationally recognized experts in working with young adults.
- ✓ NRT (if offered by the state).
- ✓ A *Welcome Package* with personalized educational materials and the industry renowned *My Quit Journey*© workbook.
- ✓ An evidence-based interactive online program with online chat to develop a quit plan customized to each individual.

4.2.1.8.32 Providing specialized coaching and NRT services to participants who use Vaping/Electronic devices. This includes using the Penn State/Maine Health Electronic Cigarette Dependence Index to assess dependence.

National Jewish Health does not recommend ENDS products or other alternative commercial tobacco products, such as the newly released iQOS system, for cessation and provides coaching and NRT to help individuals who report ENDS use to become nicotine free. In our reported cessation outcomes (i.e., quit rates), we do not consider individuals who report ENDS use as being free from commercial tobacco (i.e., quit). Our position is based on the FDA designation of ENDS as commercial tobacco products and the body of research suggesting most people who use ENDs either continue to use or return to sole use of conventional commercial tobacco.

Participants who currently vape benefit from our coaching protocols for both exclusive and dual use ENDS users that includes motivational interviewing to understand the participant's goals for quitting. Coaches receive specific training on discussing ENDS with callers and are highly skilled at facilitating behavior change for any commercial tobacco product. We acknowledge FDA guidance on the harm continuum of nicotine-containing products with combustible commercial tobacco being the most harmful, and medicinal nicotine being the least harmful. If a participant identifies ENDS use as a method to quit, our Coaches acknowledge and congratulate them on trying to quit and for looking for ways to reduce the harms of smoking. Coaches recommend setting a quit date for all commercial tobacco products. Our Coaches assess the reasons and patterns of use, provide

information with permission, and recommend NRT based on the participant's use history. Our youth and young adult programs are adapted to provide specific text-based assistance with quitting vaping ENDS.

We have established a dosing schedule for switching ENDS users to NRT using a harm reduction approach, as there is limited guidance available in published literature. In switching to NRT from ENDS, we consider the duration of ENDS use and whether the participant previously or currently uses combustible tobacco. Based on these factors, we recommend either using combination long- and short- acting therapies (e.g., use of NRT patch and gum or lozenge) or only short-acting monotherapy (e.g., use of NRT gum or lozenge) that can be titrated to participant comfort and to avoid nicotine withdrawal.

4.2.1.8.33 Using the modified Fagerstrom Test to include vaping/electronic delivery devices to assess the dependence level of the Quitline enrollee.

National Jewish Health uses a modified version of the Heaviness of Smoking Index to assess dependence level for vaping or ENDS use. Because each ENDS product can have vastly different nicotine delivery profiles, we use measures such as time to first use after waking and frequency of use to understand level of dependence. Research evidence suggests people who dual-use or switch from combustibles to ENDS tend to titrate nicotine intake to sustain comfort and avoid withdrawal. Our Coaches conduct a thorough tobacco use history to make a recommendation on NRT product and dose based on dual use, switching, or whether the person is naïve to combustible commercial tobacco.

4.2.1.9 Quality Assurance and Improvement

4.2.1.9.1 Vendor should notify DTP within three business days via email whenever call center performance drops below the aforementioned standards for operations.

Call center performance is monitored in real-time by our Workforce Management team and adjustments are made to provide the best possible experience. Performance standards are reported on the 15th of the following month. If call center performance does not meet the agreed upon standards, National Jewish Health will provide a dashboard with the monthly report package identifying the metric that was missed, the metric result, and actions being taken to correct the metric. Our Account Manager will notify DTP within three business days via email when performance drops below operational standards.

4.2.1.9.2 Vendor should communicate the corrective actions that will be taken to address deficiencies.

National Jewish Health will communicate the corrective actions that will be taken to address deficiencies.

See **Attachment F: Sample Call Center Performance Report** for more information.

4.2.1.9.3 Vendor should have the capability to record calls and share with BPH upon request for quality assurance purposes.

All inbound and outbound calls are recorded using Avaya Contact Recorder for training and quality assurance purposes and are retained for five years. We will provide BPH a selection of recorded calls and interactions for quality assurance purposes upon request.

4.2.1.10 NAQC Reporting Vendor

4.2.1.10.1 Using NAQC MDS follow-up survey evaluation methods. This evaluation will include, but not be limited to, a compilation of all collected data, participant satisfaction, seven-month quit rates, and a bivariate analysis to determine correlations between participant demographics, satisfaction, and quit rates. The seven-month quit rates should be calculated using both intent-to-treat and respondent rates.

Beginning seven months after service initiation, National Jewish Health can conduct an outcomes evaluation for the West Virginia Tobacco Quitline using the NAQC MDS follow-up survey questions that address cessation and

satisfaction, quit rates and reduction rates, as well as additional specific evaluation analyses requested by DTP. Outcome reports include 12 months of data following NAQC guidelines.

National Jewish Health partners with an independent survey organization, Westat, a top-quality partner and leader in research and evaluation services, to conduct phone-based follow-up surveys of participants when we provide outcome evaluation services. We use an independent agency in order to eliminate any possible bias in reporting outcomes. As recommended by NAQC, Westat conducts a telephone survey with participants who have agreed to follow-up during either their phone or web intake, seven months after their first contact. In order to achieve a 40% response rate, we have instituted an intensive follow up protocol with pre-notification letters and postcard reminders, additional telephone outreach attempts, and a survey completion incentive.

Depending on the budget allocated for evaluation, the evaluation survey population may be a census of Quitline callers, a random sample, and/or oversampled for priority populations to meet survey quotas. Our surveys closely follow NAQC guidelines and methodology for validity, and we calculate quit rates following NAQC guidelines as defined in their issue paper, "Calculating Quit Rates, 2015 Update." We recommend conducting surveys on a monthly basis for sustained data collection across different times of the year, and both during and outside of mass media campaigns such as *Tips from Former Smokers*.

We calculate and report two NAQC standard quit rates on an annual basis: one for cessation of conventional commercial tobacco only using the 30-day point prevalence measure defined in the MDS; and a quit rate from both conventional tobacco products and ENDS. Because ENDS are considered a tobacco product, we rely on the combined 30-day point prevalence quit rates to demonstrate success of the Quitline program. Using the collected follow-up data, our 30-day point prevalence quit rates at seven months are analyzed across multiple groups defined by demographics, priority population, health status, and tobacco use characteristics for participants.

Using the collected follow-up data, our 30-day point prevalence quit rates at six months can be divided into two categories across multiple groups by demographics, priority population, health status, and commercial tobacco use characteristics for participants:

- Who used Quitline services (both with and without NRT).
- Who did not use Quitline services and completed intake-only. Although the intake-only program is not evidence-based, we include this quit rate in our standard reports as a baseline cessation measure for individuals motivated to quit commercial tobacco.

See **Attachment G: Sample Outcomes Report** for more information.

User Satisfaction and Quit Rates

The most recent (2023 data) quit rates at seven-months after enrollment demonstrate the success of our program. The overall 30-day point prevalence multi-state quit rate was 35% for conventional commercial tobacco and 30% for conventional commercial tobacco plus ENDS, however among participants who received both evidence-based coaching and medications, the quit rate was 37%. In addition, while 93% of participants reported program satisfaction, 94% were satisfied with our Coaches and 97% were satisfied with our materials.

4.2.1.10.2 Submitting the annual evaluation to DTP no later than 3 months following the completion of all seven-month follow-up surveys.

National Jewish Health will submit the annual evaluation to DTP no later than three months following the completion of all seven-month follow-up surveys.

4.2.1.10.3 Providing reporting data necessary to complete the NAQC Annual report in a separate report using an agreed-upon format and submitted to DTP within 2 weeks before deadline as related to the survey due date, unless vendor sends for approval to extend timeline.

National Jewish Health collects and reports on all data necessary for the state agency to evaluate the cessation services provided and prepare data for upload to the CDC's NQDW, and for the NAQC annual survey. We can provide DTP a separate report using an agreed-upon format and submit it to DTP within two weeks before the deadline as related to the survey date. For most of our state clients, we complete the NAQC annual survey, send it to our clients for review and approval and submit it to NAQC on our client's behalf by the stated deadline. We would be happy to facilitate the same process with DTP.

4.2.1.10.4 Administering seven-month follow-up surveys to achieve a minimum response rate of 50% by utilizing multiple points of contact, including mail, email, texts, and/or phone surveys. NAQC recommends a 50% follow-up response rate to increase data validity.

National Jewish Health strives to balance the need for evaluation data and the cost with achieving the NAQC-recommended 50% response rate. We consistently achieve a cost-efficient 40% response rate using an intensive follow up protocol with pre-notification letters and postcard reminders, additional telephone outreach attempts, and a survey completion incentive. Many state clients with reduced budget for evaluation achieve a 20-25% response rate allowing examination of trends over time. We are happy to work with DTP to identify maximum gains in survey data collection balanced against budgetary requirements.

4.2.1.11 Technical Assistance

4.2.1.11.1 Providing online Quitline education and training to healthcare providers and interested parties

Our state program websites contain a section for health care providers that includes information about the Quitline, as well as how to treat tobacco use in health care settings. The website currently hosts several brief educational videos for providers including Quitline 101, brief intervention (2A+R), and how to talk to patients (role-play). These videos are about three minutes each and contain essential information for treating tobacco and supplementing the in-clinic intervention with the Quitline. There is also written information about referral types and FAQs.

As an academic medical center, National Jewish Health can also provide more in-depth training with medical-, nursing-, and pharmacy-accredited continuing education to health care providers across the country via a web-based learning management platform, QuitLogix® Education (QLE). If offered by the state, the QLE platform collects and reports all completed training, provides Continuing Education certificates, and provides links to communicate with our Professional Education Department staff.

Our core education program includes seven core modules and two hours of continuing education credits to increase awareness of the Quitline and increase referrals among health care providers. The modules are highly interactive, brief learning opportunities in 15- or 30-minute segments. These education modules are available online and are accredited for continuing medical (CME), nursing (CNE), and pharmacy (CPE) education. National Jewish Health will also provide up to one hour of new or re-accredited content annually.

See **Section 4.2.1.11.3** for more information.

4.2.1.11.2 Designating a staff person as a liaison to respond to the State within a four-hour timeframe, addressing any problems/issues that may occur during a regular business day, including but not limited to questions about enrollment, NRT shipments, and data requests.

What sets National Jewish Health apart in our delivery of Quitline services is our clinical expertise, innovation, dedication, and passion for our work in tobacco cessation. We believe in building strong partnerships with our state clients and providing exceptional customer service.

If awarded the contract, an Account Manager will be assigned to support the West Virginia contract. Your Account Manager will meet regularly with the DTP to share information, discuss issues and opportunities, address questions about enrollment, NRT shipments and data requests, monitor expenditures, and manage

contract deliverables. Our Account Managers work closely with other National Jewish Health team members to assist with cross functional activities such as billing, reporting, new product development, requirement changes, contracting, and more. Your assigned Account Manager will engage appropriate team members to effectively support the West Virginia Tobacco Quitline and the needs of DTP. While most problems can be resolved quickly, others may take time. We respond to our clients as quickly as possible and usually within a 4 – 8 hour period during the business day.

4.2.1.11.3 Creating, hosting and maintaining online trainings on best practices of brief tobacco interventions (5As or 2As and R), NRT guidelines, other clinical proactive guidelines, and WV Quitline services.

As an academic medical center, National Jewish Health provides medical-, nursing-, and pharmacy-accredited continuing education to health care providers across the country via a web-based learning management platform, QLE. The QLE platform collects and reports all completed trainings, provides Continuing Education certificates, and provides links to communicate with our Professional Education Department staff.

Our core education program, includes seven core modules and two hours of continuing education credits to increase awareness of the Quitline and increase referrals among health care providers. The modules are highly interactive, brief learning opportunities in 15- or 30-minute segments. These education modules are available online and are accredited for continuing medical (CME), nursing (CNE), and pharmacy (CPE) education. National Jewish Health provides up to one hour of new or re-accredited content annually. QLE is an optional program service offering in addition to the standard quitline program.

The library contains a customized state module and several standard modules.

[State] Medicaid and Quitline Benefits: Provides resources to providers to understand the scope of tobacco prevalence in their state, delivers tobacco treatment by accessing Medicaid benefits and the state Quitline. This module is customized to the state.

Best Practices for Tobacco Cessation Using Medication and Behavioral Support: Describes and demonstrates how to implement the Ask-Advise-Connect brief intervention model of tobacco treatment in clinical settings within a motivational framework. Use of FDA-approved pharmacotherapy for tobacco cessation is presented to aid selection of medications for patients who use tobacco.

Special Quitline Programs for Tobacco Cessation: Describes the evidence for online Quitline programs, and how the tobacco disparities for American Indians, pregnant and postpartum patients, and youth can be addressed through adapted Quitline programs.

Tobacco Cessation for Behavioral Health Populations: Discusses the tobacco use disparity for people with behavioral health conditions, the importance of tobacco cessation, myths about quitting, and how the Quitline can help behavioral health providers deliver tobacco treatment.

Connecting the Harms of Tobacco Use to Chronic Health conditions: Presents an overview of how tobacco use causes and worsens heart and vascular diseases, respiratory diseases, and cancers. Information is presented to help providers discuss how cessation can reduce the risk of developing disease and the benefits of cessation after diagnosis.

Vaping and E-Cigarette Devices: What are they and how do they harm? Serves as an overview of the technical features and chemical composition of electronic cigarettes or vaping devices. The known health impacts associated with vaping are described to help guide providers in discussing the risks of vaping with patients who use electronic cigarettes.

Conversations for Screening, Responding, and Preventing Vaping: Provides an introduction to conducting a history of electronic cigarette use, provides a framework for screening and preventing vaping, and expands an evidence-based tobacco treatment approach to address electronic cigarette use.

Promotion of QuitLogix® Education

Every state has unique needs and resources available to promote QLE. To assist states, we have developed a toolkit that provides customizable materials to promote the library of courses. Customizable materials included in this electronic toolkit include:

- Social media copy and graphics.
- Email copy and graphics.
- Direct mail postcards.
- Electronic display ads.

QLE is offered at no cost for health care professionals, with all costs associated with hosting and delivering content covered by the state as an additional program. Tracking and reporting on overall training usage is provided in the monthly reporting package, delivered to the state agency by the fifteen of each month. Reports include detailed information on each registered trainee, modules completed, type of credit claimed, and information from the evaluation form.

4.2.1.11.4 Updating the training as necessary to maintain quality.

Our training materials are accredited for three years a time and are fully reviewed and updated as necessary for the next three-year cycle. The accreditation process assures training is updated to maintain quality. We engage our state stakeholders to update state-specific information in the training, review current evidence and literature, and participant feedback on the existing modules when considering updates to the training modules.

4.2.1.11.5 Tracking the overall training usage and provide this information to DTP.

The QLE platform collects and reports all completed trainings. We will include the overall training usage in an agreed upon reporting package to DTP, if the QLE offering is selected by the state.

4.2.1.11.6 Managing all administration aspects of any Continuing Medical Education (CME) credits and well as additional credits such as Continuing Education Units (CEU), and any other educational credits needed. This may include verifying training completion, processing provider requests for CE credits, and administering certificates for CE credits to providers.

Our QLE web-based learning management platform collects and reports all completed trainings, provides Continuing Education certificates, and provides links to communicate with our training staff. National Jewish Health manages all administrative aspects of the QLE platform.

4.2.1.11.7 Providing technical assistance to healthcare providers on accessing Quitline services and other aspects of the Quitline program.

Our Quitline staff are trained and qualified to provide technical assistance and advice to health care professionals seeking information about the availability of Quitline services, including NRT and how to make a referral to the Quitline. Coaches also provide information about tailored Quitline protocols to assist special populations. In collaboration with our state partners, we provide information about the availability of other tobacco cessation interventions in the community. For providers interested in innovative referral systems, we manage setting up eReferral services and work closely with health systems to accomplish the implementation. Our Account Managers partner with our state clients and providers in the community to educate and inform about the use of fax and online referrals to the Quitline. In addition, Dr. Ylioja, Clinical Director, is available and regularly fields informational and clinical guidance requests to further the treatment of tobacco dependence, including, but not limited to, up-to date information based on the Public Health Service Clinical Practice Guidelines on Treating Tobacco Use and Dependence, use of pharmacotherapy, implementation of in-office procedures to address tobacco use, the methods available for making referrals to the Quitline, tobacco

dependent treatment with special populations and effective in-office or communicate based tobacco cessation interventions.

Our state program websites contain a section for health care providers that includes information about the Quitline, as well as how to treat tobacco use in health care settings. The website currently hosts several brief educational videos for providers including Quitline 101, brief intervention (2A+R), and how to talk to patients (role-play). These videos are about three minutes each and contain essential information for treating tobacco and supplementing the in-clinic intervention with the Quitline. There is also written information about referral types and FAQs.

Health Systems Change Program (Optional)

Health systems change (HSC) for commercial tobacco cessation is any activity that improves the delivery of treatment for commercial use and dependence in clinical settings. Health care and community service providers and staff play an important role in helping people who use commercial products to quit. Quitline referrals are an essential component of commercial treatment brief intervention and are received by all state quitlines across the country. HSC activities improve the rate of screening and treating commercial use through workflow adjustment, defining professional roles, documentation for clinical quality measures (CQMs), and coding for reimbursement. The HSC program offered by National Jewish Health aims to increase the number of providers, broadly defined to include multiple clinical settings and professional roles, who refer their patients and the number of referrals each provider sends to the quitline. This program is an optional add-on to Quitline services.

There are three overarching activities for the health systems change program:

1. Prospecting for new referral systems. The objective of this activity is to find clinics not currently making referrals to the quitline, and encourage them to set up a referral system. Clinics include medical, dental, and behavioral health treatment settings, and may also include community settings such as food banks or other social service agencies.
2. Technical assistance offered at no-cost to the clinic. Technical assistance includes assessing workflow, professional roles for commercial treatment, and delivering education to providers and clinic staff who are not familiar with commercial treatment or quitlines.
3. Maintenance monitoring for established referral systems. The objective for this activity is to sustain or increase referral volume from existing systems. Maintenance monitoring ensures referral systems are functioning, provides feedback to clinics and providers on the volume of referrals, and provides ongoing training and technical support.

4.2.1.12 Support Materials

4.2.1.12.1 Providing and sending appropriate educational materials on tobacco dependence and its treatment, the dangers of secondhand smoke, Quitline services and effectiveness, and other tobacco-related information (to be approved by DTP) as requested by the participant.

Every registered caller to our Quitline program, regardless of their readiness to quit or readiness to engage in ongoing counseling, is eligible to receive a *Welcome Package* of culturally competent educational materials related to tobacco dependence and treatment, the dangers of secondhand smoke, self-help techniques for both cigarettes and other forms of tobacco, and other tobacco-related information for the general population and for priority populations. These materials are educational, non-confrontational, and are appropriate for all tobacco users along the continuum of readiness for change. Materials are distributed electronically or by mail (within two business days of the request) and are available in English and Spanish.

National Jewish Health has embraced a personalized approach to health care. As more people take an active role in their care and choose how and what information they want to receive (print, mobile, or online) there is a

greater expectation of a personalized experience. Mass-produced pamphlets and brochures on health issues are quickly being replaced by personalized health itineraries and recommended resources. National Jewish Health recognizes the need to provide personalized content via multiple communication channels to meet the needs of Quitline participants. To that end, we have designed customizable print-on-demand materials to create a unique, highly personalized informational *Welcome Package* for each participant. Along with their personal welcome letter, participants receive educational materials and are directed to resources that are specific to their situation and quit attempt. Support materials are available almost immediately by email, when selected, or shipped within two business days for printed materials.

Our educational materials meet health literacy standards at a fifth grade or lower reading level and use pictures and graphics extensively. Our Medical and Clinical Directors author, review, and update the content regularly based on best practices and the latest clinical research and program outcomes.

In addition to our participant education materials, we have developed an email or mail educational information for proxy or support person callers, including "Want to Help Someone Quit," upon request. These materials were designed to address common questions asked by callers who are trying to encourage someone to quit using a social support model. Proxy callers are informed about tobacco cessation program options including local cessation programs and are directed to the Friend/Family section of the Quitline website. We encourage the caller to have the tobacco user call the Quitline or register for the online program when they are ready. Additional online resources and information about the Quitline for health professionals, including a link to our Provider Web Referral, is available online under links for health care providers.

See **Attachment H: Education Materials** for more information.

4.2.1.12.1.1 The educational materials should include information related to, but not be limited to, smoking cessation, smokeless tobacco cessation, effects of using electronic tobacco delivery systems (Vaping), smoking during pregnancy, African American tobacco users, and LGBTQ+ tobacco users.

We have developed specific content for populations that are disproportionally affected by tobacco use, and for different situations associated with tobacco use. Quitline participants receive evidence-based information and resources personalized for their needs based on populations, tobacco product used, and health topics (up to five different topics per packet), including:

- African Americans
- American Indians
- Hispanics/Latinos
- Asian Americans
- LGBTQ+ Communities
- Support Persons (Proxies)
- Youth
- Smokeless Tobacco
- Secondhand Smoke
- Stress
- Pregnancy
- Electronic Nicotine Delivery Systems (ENDS)
- Behavioral Health
- Chronic Diseases including COPD, diabetes, and heart disease

4.2.1.12.2 Developing, providing, and sending materials either through mail or electronically.

Materials are distributed in English and Spanish by mail (within two business days of the request) or

electronically based on participant preference.

4.2.1.12.2.1 Evidence-based cessation support materials that address self-help cessation techniques for tobacco and nicotine users should be provided when requested by the participant and should be mailed within five business days after the request.

In each Welcome Package, we include our *My Quit Journey*© interactive self-help workbook that mirrors our and online Quit PLAN program, Our participant education materials were developed using available literature about tobacco use and specific populations, tobacco types, medical conditions, and common concerns related to tobacco use such as stress. Informational content was paired with graphical representations of the information to ensure broad comprehension across education levels, cultures, and socioeconomic backgrounds. The materials were participant-tested prior to production. We leveraged our experience as an active medical center with practicing physicians, and literature exploring knowledge gaps in tobacco dependence treatment, to develop information for health care providers.

Our self-help content is tightly coupled to the clinical quit process that forms the foundation of our telephone Quitline program. We apply a cognitive-behavioral approach to treating tobacco use and inducing behavior change using evidence-based information on tobacco addiction and treatment. The My Quit Journey © follows the PLAN acronym to guide participants through picking a quit date, letting others know, anticipating and planning for cravings and withdrawal, and reviewing nicotine replacement therapy to support a quit attempt. Our Medical and Clinical Directors author and update the content regularly based on best practices and the latest clinical research and program outcomes.

Materials are distributed in English and Spanish by mail (within two business days of the request) or electronically based on participant preference.

4.2.1.12.2.2. Materials should be identified as being provided by the WV Quitline

National Jewish Health will include the WV Quitline branding on the Welcome Package and on any materials created under this contract.

4.2.1.12.2.3 Developing and maintaining a comprehensive tobacco cessation internet site. Internet links should be made available to offer social media platforms, short videos, GIFs, quizzes, memes, and imagery to enhance the engagement of youth and young adults. Activity level for the site and on-demand support should be tracked and be provided in reporting to DTP

National Jewish Health offers a client-branded website available 24/7/365 that allows participants to enroll in the phone-only, web-only, or combined web-phone program. Our website provides an engaging user experience to assist participants on their quit journey in English or Spanish. Visitors can view infographics, use interactive calculators, fact sheets, and links to community-based, state-approved resources, as well as links to commercial tobacco-related content, activities, social media, and a testimonial board. Content on the site includes videos for education throughout the site to engage young adults who are more familiar with video-based educational resources. Through a combination of evaluation and design consultation, we update our web program to keep pace with industry changes to ensure a successful quitting experience. We host a separate website for youth with branding for the *My Life, My Quit* program as our formative research found youth were less likely to engage with adult-oriented web sites.

For individuals ready to take steps toward quitting whether on the adult quitline site or the *My Life, My Quit* youth site, the website promotes enrollment in the web program and provides access to additional interactive content, community forums, and a dashboard to develop and track their personalized Quit PLAN. The dashboard provides information about their next scheduled coaching appointment and any medication orders.

Our web program activity reporting include activity on the site using Google Analytics tracking of pages viewed,

time spent on a page, common landing pages, and web traffic source, device and browser types. Participant use of on-demand support through live chat is documented as either general inquiry, in which a Coach provides answers to participant questions, or as eCoaching chat which includes full coaching support delivered to a participant. These data elements are provided in our standard reporting package.

4.2.1.13 Transition

4.2.1.13.1 Providing a detailed Exit Transition Work Plan that describes continuity of services for enrolled participants prior to transition, call numbers and online service transfer, re-enrollment call-back to prior participants, and reporting data.

National Jewish Health is committed to supporting participants in their Quit Journey if West Virginia exits and transitions to another vendor. National Jewish Health will support participants who are enrolled prior to the transition date. The length of post transition participant support will be negotiated with National Jewish Health and DTP. Phone participants will be provided a direct toll-free number to call for support, this number will also be provided to the new vendor to transfer participants to National Jewish Health. Scheduled calls will continue to be made during the transition time. NRT will continue to be provided to participants according to the program standards. National Jewish Health will remove the online provider and self-enrollment options from the West Virginia quitline website on the transition date. A fax back message directing the sender to the new fax number will be sent as a reply to any fax referrals received after the transition date. National Jewish Health will continue providing the standard report packages through the end of the transition period. National Jewish Health will also provide a list of participants that have not completed the program and completed a coaching call within thirty (30) days of the end of the transition period.

4.2.1.13.2 Ensuring that the transition to the successor Vendor for future Quitline RFQ is seamless and without interruption of services to Quitline participants, BPH, and DTP.

National Jewish Health understands the courage needed to start a tobacco quit attempt and the dedication to continue the process. National Jewish Health will work with the DTP during a transition period to ensure a seamless experience for participants. National Jewish Health will continue regular meetings with the DTP. Key personnel will join these calls as needed to support the transition process.

4.2.1.13.3 Providing a detailed Incoming Transition Work Plan including a timeline of activities to guide the implementation of the Quitline from date of award to "go live" date.

National Jewish Health has extensive experience onboarding new state Quitlines, having transitioned in eight state programs in the past five years. A transition work plan outlining transition activities and responsibilities is included in the Attachments. We look forward to partnering with the DTP to ensure all activities, processes, timelines, and transition requirements are identified, documented, and met.

See **Attachment I: Transition Work Plan** for more information.

4.2.2 Mandatory Project Requirements

4.2.2.1 Vendor must provide a call center which includes a toll-free system with multiple and simultaneous inbound and outbound call capabilities.

National Jewish Health uses a suite of state-of-the-art Avaya applications for our telephony system. Our Avaya solutions efficiently manages the volume of calls through the well-known 1.800.QUIT.NOW and 1.855.DEJELO.YA phone lines. Avaya Communication Manager is designed as an open, scalable, and highly reliable telephony solution; it effectively scales from under 100 users to as many as 36,000 on a single system and to more than one million users on a clustered network configuration. Our automatic call distribution (ACD) system allows us to handle thousands of simultaneous incoming and outgoing calls with multi-lingual capability, including both English and Spanish, every month. We support TTY and video relay service when needed.

National Jewish Health uses Avaya Outbound Dialer to initiate outbound calls to maximize the efficiency of staff and call center operations. The dialer initiates scheduled coaching calls, referral calls, and missed-appointment resets. When a participant answers a call, the Avaya telephony system immediately connects the call to a Coach or CCR. If an outbound call reaches the participant's voicemail, and the participant consented, a voice message is left letting the participant know we attempted to contact them, and that they can call back for assistance. If the outbound call receives a busy signal or no answer, the system initiates additional attempts before noting the caller is unreachable in our case management system, QuitPro.

Avaya Call Management System is an integrated analysis and reporting program acting as a communications server. Avaya manages all inbound and outbound calls and communicates with QuitPro to enable robust data tracking and reporting. All inbound and outbound calls are recorded using Avaya Contact Recorder for training and quality assurance purposes and are retained for five years. Our interactive voice response (IVR) and automatic call distribution (ACD) systems enable handling multiple, simultaneous incoming and outgoing calls with multi-lingual capability. The IVR/ACD system uses the participant input through menu selection to route calls to CCRs or Coaches within the call center based on their training and experience, also called skilling. When required, Avaya enables a supervisor to provide real-time monitoring ("live listen") of individual calls. With the Avaya Call Management System, our Workforce Management Team views real-time information for continuous call volume monitoring for overall phone activity. Our Team uses this data to adjust Coach skilling and call flow to reduce wait times as much as possible and monitor the impact of each adjustment.

Avaya Call Management System (voice system) is a QuitPro-integrated (National Jewish Health's proprietary data system) analysis and reporting program offering real-time monitoring, historical reporting, custom reporting, task scheduling, exception notification, threshold warning, configuration, and long-term data storage. Real-time reports can be updated as often as every three seconds and summarized as often as every 30 minutes. Historical reports are available in various intervals using daily, weekly, and monthly summaries. Integrated reports include data for a specified start time in the past 24 hours, up to and including the moment the report is generated. Reports can be run on demand or scheduled and can be displayed on a PC, saved to a file, or exported to HTML formats.

4.2.2.2 Vendor must provide qualified personnel, facilities, and equipment necessary to provide a toll-free telephone, live text and web service.

National Jewish Health will provide qualified personnel, facilities and equipment necessary to deliver a toll-free telephone, live text and web service.

4.2.2.2.1 Telephone-based services must be offered to all West Virginia residents and inclusive of special populations including, but not limited to, youth, pregnant women, individuals with identified behavioral health issues, the African American population and LGBTQ+ community.

Quitline services will be offered to all West Virginia residents inclusive of special populations including, but not limited to, youth, pregnant women, individuals with identified behavioral health issues, the African American population and LGBTQ+ community.

Our Coaches are trained to deliver services that recognize, affirm, and respond to cultural differences and to use motivational interviewing practices that place the participant as the expert in each coaching interaction. We provide extensive training to our Coaches on priority populations, including by bringing in subject matter experts with lived experiences in the communities being discussed. We leverage training material to provide clinical support guidelines in QuitPro, our case management system (CMS), to ensure Coaches have information at their fingertips to support every individual.

From the initial point of contact and throughout engagement with the Quitline, our intensively trained team members focus on each caller as an individual, recognize the participant as the expert on their quit journey, and

demonstrate respect for the caller's identity, community, cultural and social location. Our Coaches use evidence-based techniques to personalize clinical interventions to the unique demographic or psychosocial factors that influence individual success. At each step, our Coaches provide warm, empathic, non-judgmental support to people trying to quit using commercial tobacco. Participants are encouraged to personalize their Quitline services from a menu of service options that work best for them. These services, offered individually and in combination, include phone coaching, personalized educational materials, text messaging, email support, an interactive website, and pharmacotherapy.

Our team represents diverse perspectives in life experience, lived identities, and spoken languages that will benefit West Virginia callers. We view our team's diversity as a strength and believe each member contributes to the success of our Quitline program, including offering coaching in English and Spanish, and more than 200 additional languages using translation services. All staff at National Jewish Health complete diversity and inclusion training, and for Quitline staff we provide additional training on disparities during our Council for Tobacco Treatment Training Programs (CTTTP)-accredited new-hire training that provides an overview of cultural differences in communication and commercial tobacco use behaviors.

The rates of commercial tobacco use and related diseases are concentrated among populations with lower socioeconomic status, as well as specific race and ethnicity groups, identity groups, cultural and other vulnerabilities. Our Coaches receive regular training on disparities in commercial tobacco use and health outcomes, and providing culturally responsive services to each person, while recognizing and affirming individual circumstances. In just the past year, we engaged subject matter experts to deliver more than five hours of new continuing education topics for working with priority populations such as behavioral health, African Americans, Latinos, Asian Americans and Pacific Islanders, people with disabilities, and using a racial equity approach on the Quitline. Every participant's *Welcome Package* is personalized to their social identity or health conditions.

4.2.2.2.2 Telephone-based services must be responsive to all types of commercial tobacco users (e.g., smokers of any combustible tobacco product, smokeless tobacco users, Electronic Nicotine Delivery Systems (ENDS) users, those who are not ready to quit, those who have already quit, those who are planning to quit, and those who have relapsed). Telephone-based services for youth (13-17 years) will include youth coaching with additional services, such as NRT, requiring permission from a parent/guardian and a physician. Telephone-based services for pregnant women will include coaching with additional services, such as NRT, requiring permission from a physician.

National Jewish Health telephone services assist participants with quitting all forms of commercial tobacco products, including combustible tobacco, ENDS, smokeless tobacco, and additional forms of tobacco. As appropriate to each tobacco user's readiness to quit, we provide screening, assessment, proactive counseling, support materials, and referrals to community-based cessation programs. We receive many types of calls, and our staff are well-prepared to handle any type of inbound call. For *general inquiry* calls, CCRs and Coaches provide informational responses, offer email, or mailed resources, and provide tailored informational resources to friends or family members of someone trying to quit as well as health care providers. When callers are not eligible for telephone coaching services, staff triage the caller to the web program if appropriate, assist callers with finding telephone numbers for insurance providers, and refer to a local resource that may be applicable for the caller.

For callers who meet program eligibility, staff discuss all program options, encourage use of multiple strategies to quit and enroll the caller into the program(s). Participants are encouraged to complete their first coaching call on the same day as registration (i.e., a "reactive" call). Staff also encourage participants to explore resources available through their insurance plan, such as access to full medication benefits. For participants who are

eligible for specialized protocols, calls are transferred to a specially trained Coach to begin the program, if offered by the state.

Readiness to Quit

National Jewish Health conducts comprehensive phone counseling for eligible participants at any stage of readiness to quit including not ready, ready, already quit, or recent relapse, as described in the table below. Quitline coaching protocols and educational materials are based on research showing the effectiveness of motivational interviewing for inducing behavior change and a cognitive-behavioral approach to treating commercial tobacco use at any stage of change. We provide culturally responsive, personalized coaching using research-based protocols to increase motivation for change based on the caller's place along their quit journey using a cognitive-behavioral approach to treating substance abuse. We tailor services based on the reason for the call, the call type, and a participant's eligibility for the program or special protocols. Coaches discuss options for cessation medication that may increase the participant's likelihood of success and offer Nevada's designated amount of cessation medication.

For callers not ready to quit within the next 30 days (i.e., callers in the ambivalent stage), we encourage participants to enroll in the phone and/or online program. If the caller would like to enroll, Coaches focus on resolving ambivalence about quitting and support smaller steps toward quitting, such as cutting down or making a practice quit attempt, using motivational techniques. The online program also can help the caller work through ambivalence using interactive tools such as the Commitment Quiz or Pros and Cons modules. If the caller does not wish to enroll in any program, Coaches and CCRs explain and offer information about quitting and community cessation programs locally to the participant.

Youth Cessation Program: *My Life, My Quit*

National Jewish Health offers an enhanced tobacco and vaping cessation program for teens under the age of 18 who want to stop using tobacco products, especially electronic cigarettes. *My Life, My Quit* combines best practices for youth tobacco cessation, adapted to include vaping, and new ways to reach a coach. The *My Life, My Quit* program engages youth through a youth-oriented website, provides specially trained youth Coaches, and delivers coaching services by phone, chat, or live text messaging to best meet youth in their preferred communication environment. We do not offer NRT to youth participants because research evidence has not demonstrated effectiveness in this population and NRT is not FDA-approved for youth. For youth who are interested in using NRT during their quit journey, we refer them to their healthcare provider to discuss whether medication may be beneficial.

Pregnancy and Postpartum Program

Our Pregnancy and Postpartum Program (PPP) provides longer-term support and optional incentives to achieve cessation and prevent relapse after giving birth. Pregnant women work with a trained, dedicated Coach for five coaching sessions during pregnancy and four coaching sessions postpartum. Participants receive incentives for each completed telephone coaching session, when offered by the state. PPP Coaches conduct medical screening and obtain medical authorization to use available NRT products. PPP participants can opt-in to receive customized text and email messages and use the web program.

Call Types

The table below highlights our general approach to types of inbound calls answered by our Quitline.

Call Type	Description
General Public Caller Seeks Information Only	1. Provide a brief informational response. 2. Email or mail personalized educational information, if appropriate, or refer to website.

Call Type	Description
Proxy Caller Seeks Information for Friend or Family	1. Email or mail personalized educational information which includes, "Want to Help Someone Quit," if appropriate. 2. Provide information on all tobacco cessation program options including local cessation programs. 3. Direct the caller to the Friend/Family section of the Quitline website. 4. Encourage the caller to have the tobacco user call the Quitline or register for the online program.
Caller Not Eligible for State Program	1. After completing eligibility, if a caller is not eligible for state Quitline services, check if eligible for services offered by other National Jewish Health clients (i.e. Health Plan or Employer). 2. If ineligible for all services, provide instruction to call insurance provider. Offer transfer to provider if contact information is available. 3. Offer community-based resources local to the caller.
Caller Not Ready to Quit in Next 30 Days	1. Provide motivational messages and encourage him or her to enroll in the program at the ambivalent stage, with the goal of helping to resolve ambivalence and make a quit attempt. Explain and offer all tobacco cessation program options including local cessation programs. 2. Email or mail personalized educational information based on data obtained in the intake. 3. Encourage the caller to call back or explore online if they are not yet ready to enroll.
Caller Ready to Quit	1. Congratulate and encourage the caller. 2. Determine eligibility and explain and offer all tobacco cessation program options (i.e. phone coaching, special programs, text, email and web). 3. Email or mail personalized educational information and interactive workbook based on data obtained at intake. 4. Complete the first coaching call assisting the caller to develop a quit plan. 5. Discuss the use of NRT and other cessation mediations and provide any resources available. If enrolled in coaching, screen the participant for medical contraindications and order NRT/medications when eligible. 6. If the caller is a Medicaid member, educate them on the state Medicaid pharmacotherapy benefit and process for eligibility. 7. Refer the caller to local cessation services and online, email, and text messaging program options, as appropriate. 8. Request approval for an evaluator to call them at seven months' post-enrollment to confirm tobacco use status. 9. Send a Completion Certificate at the end of the fifth call.
Caller Recently Quit Tobacco or Recent Relapse	1. Congratulate and encourage the caller. 2. Determine eligibility, explain, and offer all tobacco cessation program options. 3. Email or mail personalized educational information and interactive workbook based on data obtained at intake. 4. Complete the first coaching call assisting the caller with a focus on relapse prevention. 5. Refer the caller to local cessation services and online, email, and text messaging program options, as appropriate.

Call Type	Description
	6. Request approval for an evaluator to call them at seven months' post-enrollment to confirm tobacco use status. 7. Send a Completion Certificate at the end of the fifth call.
Caller Recommended to Use NRT	1. Screen the caller for medical contraindications. 2. Discuss previous pharmacotherapy use. 3. Refer to provider for medical consent, if required. 4. Participant and Coach work together to define most appropriate type and dose of NRT. 5. Order patches, gum, or lozenges to be sent to the caller's home. 6. Discuss combination therapy, if approved by the state. 7. Ensure limits for NRT distribution according to state offering. 8. Always provide Quitline NRT benefits; even if the participant has other benefits, encourage use of all benefits.
Caller Recommended to Use varenicline or bupropion	1. Screen the caller for medical contraindications. 2. Discuss previous pharmacotherapy use. 3. Collect provider information for medical consent. 4. Participant and Coach work together to define the most appropriate type and dose of medication. 5. Notify Ridgeway Pharmacy of enrollment. 6. Ridgeway to arrange Rx from participant's provider. 7. Ridgeway to invoice insurance companies when appropriate. 8. Ensure limits for medication distribution according to state offering.
Youth Callers	1. Follow youth protocol (if offered) and obtain parental consent for coaching. 2. Participants will work with a Youth Coach Specialist. *Note: Incentives are available if client approved.*
Young Adult Callers	1. Follow young adult protocol (if offered). 2. Participants in eCoaching or Live Text Coaching working with specially trained Coaches.
Callers with a Behavioral Health Condition	1. Follow behavioral health coaching protocol (if offered). 2. Call 1 includes solidifying mental health coping in preparation for quit. 3. Call 2 develops quit plan and order NRT. 4. Call 3-5 provide support with quitting. 5. Call 6-7 focus on relapse prevention and long-term planning.
Pregnant Callers	1. Follow pregnancy/postpartum protocol (if offered). 2. Participants will work with a dedicated Pregnancy Postpartum Coach with specialty training. *Note: Incentives are offered if client approved.*
American Indian Callers	1. Follow the American Indian protocol (if offered). 2. Participant will work with a designated American Indian Coach Specialist with additional training and knowledge of American Indian tobacco use and communities.
Medicaid Callers	1. Provide information on the Medicaid benefits for NRT. 2. Encourage participant to use Medicaid NRT/medication benefits in addition to Quitline benefits.
Health Care Professionals	1. Provide technical assistance and consultation on a variety of effective tobacco dependence treatment issues.

Call Type	Description
	2. Encourage providers to refer their patients to the Quitline. 3. Describe the electronic referral program, when available, and the web provider form and fax form. 4. Provide printed materials for their patients who use tobacco.

4.2.2.3 Vendor must implement, at no cost to the caller, Tobacco Cessation Quitline to assist West Virginians with quitting smoking or using any product that contains tobacco/nicotine, including e-cigarettes and smokeless tobacco.

National Jewish Health will provide a statewide, toll-free, evidence-based cessation service available to West Virginia residents at 1.800.QUIT.NOW and 1.855.DEJELO.YA. We will implement a comprehensive reactive and proactive tobacco treatment Quitline program for West Virginia residents 13 years and older who use tobacco products, including combustible tobacco, electronic nicotine delivery systems and vaping products, smokeless tobacco, and additional forms of tobacco including products new to the market, at no charge to the participant. We will provide screening, counseling, advice, education, support materials, and referral support for tobacco cessation.

4.2.2.4 Vendor must become a member of the NAQC, at no cost to DTP, and attend its meetings and technical assistance updates.

National Jewish Health is a founding member of NAQC. Our Clinical Director is seated on the NAQC Board of Directors and our Senior Manager, Products and Services, is a member of the Advisory Council. Many other team members have served on NAQC workgroups. We will retain our NAQC membership at no cost to DTP and will attend meetings and technical assistance updates.

4.2.2.5 Vendor must pay the yearly NAQC membership dues and should provide individual memberships for each of the following: DTP Director, DTP Cessation Coordinator, Quitline evaluator, and a BMS/Medicaid representative.

National Jewish Health agrees to pay the yearly NAQC individual membership dues for the positions listed above.

4.2.2.6 Vendor must obtain enrollment demographics including name, address, date of birth, and other MDS data.

If selected as your quitline vendor, and as part of our onboarding process, National Jewish Health and the DTP will determine the full intake assessment as directed by DTP, including the Minimal Data Set (MDS) questions.

4.2.2.6.1 Screening and participant registration must include the Minimal Data Set (MDS) questions as recommended by NAQC, screening for special populations as determined by BPH-DTP, and other additional questions as determined by BPH-DTP.

National Jewish Health provides a customized eligibility and intake process based on questions provided by the DTP. Our standard eligibility process is as follows:

- When a person who uses commercial tobacco wants to enroll in telephone coaching, we complete a registration and eligibility assessment based on the state's Quitline requirements, including information about the caller's health insurance.
- Eligibility criteria determine protocols and the amount of services available within each protocol with multiple protocols available simultaneously, including for specialized programs.

- Once confirmed eligible for services, our staff follow a scripted intake process using the NAQC-defined MDS of questions to support reporting to the CDC and NQDW. We obtain consent from enrolled participants to complete an evaluation follow-up call seven-months after completing intake.
- At the conclusion of the intake, we complete a brief medical history screening and participants receive a print or electronic Welcome Package with personalized educational materials and our self-help *My Quit Journey*© workbook.

Both Coaches, who provide assessment, counseling, education, and behavioral intervention to tobacco users, and Customer Care Representatives (CCRs), who generally serve as the first point of contact for Quitline programs and obtain participant details to verify eligibility and provide program information to callers, answer inbound calls. If a CCR completes the intake, the participant is offered an immediate transfer to a Coach to complete the first coaching call. If a Coach completes the intake, the participant is offered the option to proceed directly to coaching. If the participant is not able to complete the coaching call at that time, an appointment is set within a specific date (within two weeks) and range of time (two- to three-hour time blocks) based on participant availability.

4.2.2.7 Vendor must call the WV Medicaid vendor's Automated Voice Response System and/or access the WV Medicaid Management Information System (MMIS) (https://www.wvmmis.com/default.aspx) to obtain member eligibility verification information. If the member is not eligible, they will not receive Quitline services from Medicaid.

National Jewish Health will obtain member eligibility verification for all callers who report having Medicaid insurance and are otherwise eligible for WV Quitline services (e.g., are not commercially insured or members of an MCO ineligible for WV Quitline). We have successfully implemented front end processes for eligibility using prepopulated lists as well as backend processes with other states through which the state covers any Medicaid denials for service after a participant's self-report of Medicaid coverage. We note conducting eligibility checks while a participant is on hold could result in significant wait and hold times for other callers and potentially lead to a negative participant experience. To minimize this impact, we will implement processes to limit the length of registration, eligibility and intake procedures to match our call center average completion time. This includes limiting intake questions to questions required in the NAQC minimal data set and for NQDW and NAQC reporting purposes. We will commit to accurate collection of self-report data by MCO in determining eligibility for services, as directed by DTP.

4.2.2.7.1 Vendors must have the option to allow clients to send eligibility files weekly through an SFTP and the vendor can verify eligibility from the file.

National Jewish Health can verify participants against eligibility files received via SFTP and this process is our preferred method for verification. When we receive an eligibility file, we can load the information into our case management system and verify the participant by name and date of birth. Participants without an exact match are termed ineligible.

4.3 Qualifications and Experience.

Vendor should provide information and documentation regarding its qualifications and experience in providing services or solving problems similar to those requested in this RFP. Information and documentation should include, but is not limited to, copies of any staff certifications or degrees applicable to this project, proposed staffing plans, descriptions of past projects completed (descriptions should include the location of the project, project manager name and contact information, type of project, and what the project goals and objectives where and how they were met.), references for prior projects, and any other information that Vendor deems relevant to the items identified as desirable or mandatory below. Vendor should also provide the organization's current and former state quitline clients, the dates

of the contractual relationship, reason that the contract was ended, and a contact person and telephone number. BPH may contact any of these former clients for reference information.

Previous Projects – State Quitlines

The core strength of National Jewish Health is our 125-year national reputation for innovation in the prevention, diagnosis, and treatment of chronic disease. We are a financially sound 501(c)(3) not-for-profit corporation currently generating more than $202 million annually through patient care, research, philanthropy, and business initiatives such as our Quitline program. We have the financial capacity to supply and support all services described in this proposal and to perform and meet all requirements.

National Jewish Health manages 25 state programs of varying sizes and complexity and provides effective and efficient service. Below are some examples of State Quitline clients and their respective service offerings.

Colorado QuitLine

Budget: $3,000,000 annually
Contract start date: December 2002
Smoking prevalence: 10.7%
Total direct calls (FY2022): 19,921 calls
Account Manager: Katie Carradine, Denver, CO
Colorado QuitLine Tobacco Cessation Supervisor: Tiffany Schommer, MPH, C-TTS, CHES

Since December 2002, National Jewish Health has partnered with the Colorado Department of Public Health and Environment (CDPHE) to provide comprehensive tobacco cessation services to residents of Colorado. The Colorado QuitLine program offers phone-based tobacco cessation coaching, our integrated web program, including eCoaching, motivational text messages, and an email program for participants. The Colorado QuitLine also has a special focus on the youth population, pregnant participants, and American Indian communities and offers our three specialized programs for these groups. In addition to our coaching services and multiple pathways for interaction with our participants, we also provide tailored educational materials, referrals to local tobacco cessation resources, and an NRT program. National Jewish Health has 16 eReferral systems in production in Colorado, along with providing a fax and online provider referral option.

Example of State Specific Project:

In 2018, CDPHE worked with National Jewish Health to review and audit all intake questions. Through this partnership, we were able to help Colorado achieve its goal of reducing the intake time and increasing conversion rates. The results included reducing the average intake time from 14.7 minutes to 10.5 minutes and increasing conversion from Intake to Coaching Call One by 2%.

Pennsylvania Free Quitline Program

Budget: $2,212,610 annually
Contract start date: July 2011
Smoking prevalence: 14.9%
Total direct calls (FY2022): 22,484 calls
Account Manager: Dave Woodruff, Denver, CO
Pennsylvania Program Manager, Statewide Programs: William Sunday

Since July 2011, National Jewish Health has partnered with the Pennsylvania Department of Health to provide comprehensive tobacco cessation services to residents of Pennsylvania. The Pennsylvania Free Quitline Program offers phone-based tobacco cessation coaching, our integrated web program, motivational text messages, and an email program for participants. The Pennsylvania Free Quitline also has a special focus on the youth population and pregnant participants. In addition to our coaching services and multiple pathways for interaction

with our participants, we also provide tailored educational materials, referrals to local tobacco cessation resources, and an NRT program, which is proven to increase a participant's chances of quitting when combined with coaching. National Jewish Health developed the first bidirectional eReferral using meaningful-use certified EHR technology with Pennsylvania, and has three eReferral systems in production, along with providing a fax and online provider referral option.

Examples of State Specific Projects:

In January 2019, the Pennsylvania Free Quitline became part of an Extension for Community Healthcare Outcomes (ECHO) project that shared best practices on supporting the National Housing and Urban Development (HUD) law of Tobacco Free Housing. National Jewish Health participated in monthly project calls with the ECHO Team and provided additional support from the Quitline. As part of the study support, National Jewish Health helped to adjust the intake questions in order to gather data around participants that are part of Public Housing and may be calling the Quitline to avoid eviction. The study concluded at the end of 2020.

In 2018, Pennsylvania partnered with National Jewish Health to further incentivize pregnant or postpartum women above and beyond the gift card incentives offered through our Pregnancy and Postpartum Program. This project refers pregnant and postpartum women to local county resources for additional incentives to help motivate and sustain a quit attempt. This innovative approach was implemented quickly by adding customized scripting into our database for Coaches to use and conducting special training for our dedicated pregnancy Coaches.

Quit Partner Program – Minnesota

Budget: $1,454,176.50 (2-year budget)
Contract start date: January 1, 2020
Smoking prevalence: 13.0%
Total direct calls (FY2019): 4,210
Account Manager: Brittany Pinski, Denver, CO
Minnesota Tobacco Control Manager: Christina Thill

National Jewish Health, in partnership with the Minnesota Department of Health, launched Quit Partner after the expiration of Quit Plan services from ClearWay Minnesota. We not only successfully transitioned the Quitline program from Quit Plan to Quit Partner, but also Quitline responsibility from ClearWay Minnesota to the Minnesota Department of Health, ensuring seamless continuity of services through 1.800.QUIT.NOW. Quit Partner provides an array of services through the Quitline including phone and web-based tobacco cessation coaching, transfer and triage, and special programs for priority populations. Our diverse web program offers individual services including text, email, NRT Starter Kits, and eCoaching as individual services. Special program offerings for priority populations include our Pregnancy and Postpartum Program, American Indian Commercial Tobacco Program, and youth cessation program, *My Life, My Quit*™. We have worked closely together to ensure seamless coverage of the transfer and triage process for callers eligible for services through their insurance.

Example of State Specific Project:

Quit Partner provides a two-week NRT Starter Kit to every adult Minnesotan with medical screening eligibility, even if they are not eligible for state-funded coaching services. Participants can order the two-week NRT Starter Kit by registering over the phone or online, and each participant who orders the Starter Kit receives a follow-up call. National Jewish Health worked with Quit Partner to develop algorithms in the QuitPro database to allow this process to flow smoothly during the phone and online intakes, while also checking for any medical contraindications. When an NRT Starter Kit is ordered, QuitPro automatically schedules a follow-up call with a Coach 7-10 days later to check that the person received their Starter Kit and to answer any questions or concerns they may have with using their selected NRT product.

Utah Tobacco Quitline

Budget: $1,000,000 annually
Contract start date: July 1, 2019
Smoking prevalence: 6.7%
Total direct calls (FY2019): 5,051
Account Manager: Katie Carradine, Denver, CO
Utah Cessation Services Coordinator: Sandra Schulthies

The Utah Tobacco Quitline offers a comprehensive program that includes telephone cessation services, as well as a robust web program. Through the Utah Tobacco Quitline website, quityourway.org, we offer a host of individual services that participants are able to choose individually or in conjunction with another service. When participants click enroll, they are directed to our website to complete their enrollment process, selecting each service separately. Utah Quitline offers special programs including our Pregnancy and Postpartum Program, American Indian Commercial Tobacco Program, and the *My Life, My Quit*™ youth tobacco cessation program. Privately insured callers are eligible for a single coaching call only. We also provide Quitline services independently to health plans and employer groups, and bill these plans directly when a participant enrolls through 1.800.QUIT.NOW.

Examples of State Specific Projects:

The youth population in Utah has unique barriers to services because anyone under the age of 18 requires a parental consent for treatment. We worked with the Utah Department of Health to develop a seamless process in our CMS, QuitPro, to capture and store parental consent. In addition, to increase reach and engagement in the program, we offer incentives to youth participants in *My Life, My Quit*™, including silly putty, sunglasses, and a backpack. To raise awareness about the program, we presented information about *My Life, My Quit*™ to all county health departments and school districts in Utah.

The Utah Department of Health has also partnered with the University of Utah to support a two-year eReferral demonstration research project. Through this project, we launched 11 eReferral systems to connect 33 clinics to the Utah Quitline. We worked with the University's technology team to create and facilitate custom reporting needed for their research. During the research study, the researchers will use patient navigators who will provide additional support to engage participants after the first referral to encourage engagement in cessation services.

Previous Projects – Joint State Projects

A major strength of our approach to quitlines is our focus on partnerships. We take great care to build strong partnerships with each state client, and we look for ways to mutually engage our clients to address issues of common concern. Our close-knit team discusses common priorities among states to look for opportunities to engage clients on similar issues. We encourage our clients to connect and learn from each other and we help facilitate conversations by hosting conference calls, or by planning joint projects to pool resources when appropriate, such as in our state partnership projects and priority population evaluations. When opportunities for research and innovation arise, we frequently discover that several state partners are interested in supporting development, enabling us to increase financial support for larger product development efforts. Examples of joint projects include:

- **Racial Equity.** We partnered with states to understand the impact of the Quitline program for addressing the needs of African American and Hispanic/Latino participants.
  States involved: Colorado, Idaho, Massachusetts, Michigan, Nevada, Pennsylvania, Rhode Island, Utah, Vermont, Wyoming
  Project Manager: Thomas Ylioja, PhD, Clinical Director, yliojat@njhealth.org

- **Rural Populations**. We hosted collaborative conversations with several states and engaged a third-party evaluator to identify gaps in services for rural populations.
  States involved: Colorado, Nevada, North Dakota, Pennsylvania, Vermont, Wyoming
  Project Manager: Thomas Ylioja, PhD, Clinical Director, yliojat@njhealth.org
- **Youth Cessation**. In partnership with eight states, we launched the *My Life, My Quit* program that is now available in our 22 current Quitline states, as well as Oklahoma, Illinois and Maine.
  Initial states: Colorado, Massachusetts, Michigan, Montana, Nevada, North Dakota, Ohio, Pennsylvania
  Project Manager: Thomas Ylioja, PhD, Clinical Director, yliojat@njhealth.org
- **Re-engaging Unreachable Participants.** Based on research demonstrating the importance of recycling treatment opportunities, we developed a pilot to re-engage participants who enrolled in tobacco cessation counseling but did not complete the five-call program. The pilot evaluated multiple outreach strategies to facilitate completion of the tobacco cessation program.
  States involved: Colorado, Idaho, Iowa, Pennsylvania, Rhode Island, Vermont, Wyoming
  Project Manager: Thomas Ylioja, PhD, Clinical Director, yliojat@njhealth.org
- **eCoaching Chat.** We partnered with state clients to pilot test eCoaching chat with online participants. eCoaching includes a full coaching interaction that mirrors the phone program.
  States involved: Colorado, Iowa, Massachusetts, Michigan, Pennsylvania, Utah, Wyoming
  Project Manager: Thomas Ylioja, PhD, Clinical Director, yliojat@njhealth.org

References

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State Quitline Clients

See **Attachment J: State Quitline Clients** for more information.

4.3.1 Qualifications and Experience Information: Vendor should describe in its proposal how it meets the desirable qualifications and experience requirements listed below:

4.3.1.1 The Vendor should propose a staffing plan that includes staff that can address the unique needs of members while assuring that services are provided in the most economical manner. In their proposal, the Vendor should describe how the staffing plan will provide the skills necessary to meet the requirements of the project throughout the life of the contract. The Vendor's proposed staffing plan should include:

See **Sections 4.3.1.1.1 - 4.3.1.1.6** and **4.3.2.1.6 - 4.3.2.1.7** for more information on National Jewish Health's staffing plan.

4.3.1.1.1 Coaches know private insurance benefits to inform the caller when the tobacco user's private health insurance plan offers more comprehensive cessation services than the Quitline.

We have significant experience linking callers to health plan- and employer-covered services, by information and referral, triage and transfer, or by partnering with health plans and employer groups to provide Quitline services. For information and referral linkages, we provide callers with information about additional services for which they may be eligible through their health plan, as well as community-based resources. For example, if a participant requires additional medication after using the available state-funded Quitline medication benefit, we encourage them to access more medication through their insurance provider. If a participant desires additional or in-person counseling services, we refer the participant to local resources when available.

In partnership with several states, we conduct triage and transfer services to other Quitline or treatment services. During the initial call with callers interested in quitting, our staff welcome callers, collect information to register the caller, determine eligibility, and describe all services for which each caller is eligible, including phone, online, texting, and email, as well as special program supports to each individual as offered by the state program. If the caller is not eligible for state-funded Quitline telephone counseling services, we triage and transfer the caller to the correct service provider and offer any services for which they are eligible such as the web-only program.

National Jewish Health, with assistance from our state clients that help to identify potential partnerships, can work directly with insurance plans or employer groups within a state to offer a single point of entry to cessation services that reduces barriers to tobacco treatment and capitalizes on the high brand awareness of the 1.800.QUIT.NOW toll-free number. We have implemented protocols with several of our state partners to determine the appropriate payer for each participant using eligibility screening determined by the state and powered by QuitPro algorithms. When National Jewish Health establishes an independent relationship with public and/or private insurance plans or employer groups, we collect information from callers that will allow us to link them with their insurance plan or employer and determine what counseling and cessation medication services the caller is eligible to receive and will be paid for by the insurance plan or employer. Our comprehensive reporting and billing systems accommodate this procedure.

4.3.1.1.2 Quitline program Manager should have a master's degree in a social, behavioral, or health-related field, with a minimum of five years' experience in tobacco cessation programming.

Our Clinical Director, Thomas Ylioja, PhD, is a Licensed Social Worker with 20 years of clinical and research expertise in medical social work, behavioral change in addictions, and commercial tobacco control. He is a current Officer on the NAQC Board of Directors, and an active member in the Society for Research on Nicotine and Tobacco, and the Association for the Treatment of Tobacco Use and Dependence. Dr. Ylioja is an Assistant Professor of Medicine at National Jewish Health. Dr. Ylioja directs and oversees our training and continuing education programs.

4.3.1.1.3 A Certified Tobacco Treatment Specialist (CTTS), trained by an outside entity to provide tobacco cessation counseling.

We hire exceptional talent for our Quitline programs. Our Customer Care Representatives (CCR) have at least a high school diploma and a minimum of two years of experience in customer service. CCRs complete registration and intake calls and provide general information about the program. Our Coaches have a minimum of a four-year degree in health professions or human-service related fields such as social work, psychology, health coaching, or education. Coaches complete all the tasks assigned to CCRs and deliver all of the coaching and pharmacological support to participants.

National Jewish Health invests significant time and energy into appropriately training each team member who holds a position at the Quitline. Since 2016, our training program has been accredited by the Council on Tobacco Treatment Training Programs (CTTTP) to deliver and provide a certificate of TTS training. As a CTTTP-accredited training program, Coaches are eligible for the National Certificate in Tobacco Treatment Practice (NCTTP). Content in our intensive training program follows the CTTTP standards and the Association for Treatment of Tobacco Use and Dependence (ATTUD) core competencies.

All staff at National Jewish Health complete institutional diversity and inclusion training and for Quitline staff, we provide additional training on disparities during our CTTTP-accredited new-hire training that provides an overview of cultural differences in communication and commercial tobacco use behaviors. We collaborate with our state partners and offer cultural competency training to all staff from experts in various fields. This includes, for example, National LGBT Cancer Network with Dr. Scout; University of Colorado Behavioral Health and Wellness with Dr. Chad Morris; and Adolescent Cognitive and Psychosocial Development with Dr. Bonnie Halpern-Felsher. As part of this curriculum, our staff receives comprehensive training for priority populations such as American Indians and Alaska Natives (hereafter American Indians), pregnant and postpartum women, Hispanics/Latinos, youth, and LGBTQ+ communities.

Our core curriculum provides staff with the opportunity to receive didactic training, live role-plays, side-by-side training, and observation of current staff on the phones. Training includes the principles of motivational interviewing for inducing behavioral change using a cognitive-behavioral approach. In addition, training includes in-depth knowledge on all pharmacotherapies for tobacco cessation, how to provide culturally sensitive coaching to many different populations, conflict resolution, crisis management and de-escalation, as well as customer relations. Coaches working with special populations and protocols are provided additional training that addresses specific protocol components, as well as content related to the population served by this protocol. The Quitline program at National Jewish Health uses principles of adult learning and cognitive psychology. Our training is also based on new research in social and e-learning methodologies and is effective with all learning styles.

Our quality assurance program supports and informs our continued development of training curriculum to maintain best practices that align with evidence-based tobacco cessation. In addition, our bilingual Coaches and CCRs undergo pre-employment language screening with an independent third party that certifies their ability to provide culturally and linguistically appropriate services in Spanish. Bilingual Spanish-English Coaches receive quality feedback on Spanish language calls each month, receive their feedback in Spanish, and are assigned to a bilingual Supervisor who conducts the one-on-one in Spanish. Bilingual training staff provide quarterly continuing education sessions in Spanish as well.

All newly hired staff complete 10 hours of National Jewish Health Institutional Orientation, which includes the following classes: Corporate Compliance; Cultural Competency Training; Patient Confidentiality (HIPAA); Corporate Customer Service Program; and Diversity and Inclusion.

Including Institutional Orientation, our Customer Care Representatives (CCRs) receive 90 hours of training, and our Coaches receive 150 hours of training that includes Tobacco Treatment Specialist (TTS) modules, using: virtual classroom presentations; computer-based learning modules; call shadowing with experienced CCRs; role-playing with experienced Coaches; related readings (program materials, website content); and mentoring with an experienced CCR or Coach. Each new hire training program delivers the necessary content for staff to be successful. Over the next 320 hours, following the formal training period, Coaches work under close supervision with weekly live observation by a supervisor and biweekly quality assurance reports. Below is a summary of our CCR and Coach training programs.

CCR Training (90 Hours)		
Module	**Objectives**	**Hours**
Orientation	Orientation to working at National Jewish Health/Health Initiatives Overview of Quitline program processes	21.5
Diversity and Inclusion	Understand value and challenge of working in a diverse workplace Topics address hidden bias and how to identify, understand, and respect cultural differences	2
Systems Navigation	Navigating the telephone systems (Avaya) Understand functionality of QuitPro case management system Understand how to navigate and use IEX scheduling	8
Client Guidelines and Eligibility	Understand process of determining eligibility for coaching program Understand how to access and review information in the important notes section of the client guidelines	18
Customer Service	Understand what contributes to good customer service Identify skills to address escalated calls	1
Commercial Tobacco Use	Understand the ways that commercial tobacco is used Understand the toxins in commercial tobacco products Describe the prevalence and patterns of commercial tobacco use Explain the health and economic burden of tobacco use and benefits of quitting Understand the addictive nature of nicotine Describe the effects of withdrawal from nicotine Introduce seven FDA-approved quit smoking meds	3
Web Program	Understand the participant view for a web-only participant Learn common questions/issues experienced by web-only participants	0.5
General Inquiries	Understand when general inquiries are used and how to respond to them	2
Intake	Understand how to navigate QuitPro to complete intake Review flow of intake call and how to use intake scripting to create effective customer service and call management	5
Referrals	Understand what types of referrals are received by National Jewish Health Understand how to enter a referral into QuitPro	3.5
Crisis Calls	Recognize the signs and symptoms of mental illness Identify community resources for referrals for medical, psychiatric, or psychosocial problems Develop the ability to respond to crisis call situations	1
Introduction to Motivational Interviewing	Understand the fundamental spirit and principles of Motivational Interviewing Strengthen empathetic coaching skills and participant interaction techniques Recognize participant change talk and sustain talk	3
Quality Assurance	Understand the quality assurance process	2

CCR Training (90 Hours)		
Module	**Objectives**	**Hours**
	Understand the call-handling requirements for a call	
Transition to the Floor	Observe learned content in real-time Work on the floor as a CCR with 1:1 supervision	19.5

Coaches receive all elements of the CCR training described above and an additional 60 hours of Coach training as part of our intensive TTS and Coach training. Content in our intensive training program for Coaches follows the Council on Tobacco Treatment Training Programs (CTTTP) standards for accreditation, and the Association for Treatment of Tobacco Use and Dependence (ATTUD) core competencies. The table below reflects training for a Coach, including integrated TTS Training.

Coach Training (Additional 60 Hours, includes TTS-accredited training)		
Module	**Objectives**	**Hours**
QuitPro / Client Guidelines	Understand the coaching and medication ordering screens in QuitPro	6.5
Commercial Tobacco Use II	Advanced understanding of commercial tobacco products, nicotine addiction, and commercial tobacco use as a chronic relapsing condition including typical relapse patterns and predisposing factors Explain the role of commercial tobacco use treatment within a comprehensive commercial tobacco prevention and control program Describe how nicotine dependence develops and explain the biological, psychological, and social causes	2.5
Pharmacotherapy	Provide clear and accurate information about medication options available and their therapeutic use Understand the dose usage and guidelines of cessation medications Elicit information and collaboratively discuss nicotine replacement therapy (NRT) Discuss withdrawal timelines and symptoms Discuss client medication offerings	7
Motivational Interviewing	Understand the fundamental spirit and principles of Motivational Interviewing Strengthen empathetic coaching skills and participant interaction techniques Recognize participant change talk and sustain talk Understand how to address discord Understand how to shift between Motivational Interviewing and problem- solving	13.5
Cognitive Behavioral Treatment	Understand cognitive behavioral treatment Identify ways to implement cognitive behavioral treatment plans	1
Assessment, Treatment Planning, and Documentation	Conduct an assessment interview to obtain data needed for treatment planning Demonstrate the ability to develop an individualized treatment plan using evidence-based strategies	9.5
Relapse Prevention	Identify that relapse is the rule Identify risk factors for relapse Identify how to reframe and prevent relapse	3
Diversity, Specific Health Issues	Demonstrate competence in working with population subgroups and those who have specific health issues	4
Professional Development	Assume responsibility for continued professional development and contributing to the development of others	1

Coach Training (Additional 60 Hours, includes TTS-accredited training)		
Module	**Objectives**	**Hours**
Resources	Use resources for client support and professional education or consultation	1
Law and Ethics	Consistently use a code of ethics and adhere to government regulations specific to the health care or work site setting, including HIPAA	1
Transition to the Floor	Observe learned content in real-time Work on the floor as a Coach with 1:1 supervision	10

Continuing Education Program

Our Continuing Education (CE) Program for Coaches and CCRs begins with a self-assessment of competency in the core TTS skills defined by CTTTP. Staff use their self-assessment and an annual review with their Supervisor to identify CE trainings and develop a Learning Plan for the year. CE is delivered through a mix of self-paced computer-based learning opportunities and expert trainings delivered through in-service sessions. Our Training Team, led by our Clinical Director, Dr. Ylioja, integrates the most recent evidence-based information from systematic reviews and meta-analyses related to tobacco treatment into our continuing education program. On a quarterly basis, current topics in tobacco control are summarized for CCRs and Coaches to enhance understanding of the field of cessation.

We take a proactive approach toward CE for working with priority populations. Guest speakers visit National Jewish Health and share their culture and experiences with Quitline staff and offer suggestions on working with a specific population (e.g., youth, LGBTQ+ communities, American Indians, African Americans, persons living with HIV, persons living with physical/cognitive disabilities). Coaches assigned to special protocols receive tailored CE opportunities to enhance their specific coaching skills.

In addition to training, our CCRs and Coaches participate in bi-monthly mentoring sessions and weekly team huddles with Supervisors. Supervisors reinforce training and quality assessment feedback to improve the skills of each staff member. Staff spend up to 40 hours per year improving their knowledge and skills. Sample topics for CE include:

Training Topic	Content and Rationale
Tobacco Use	Tobacco Cessation Pharmacology – Updates on NRT and other pharmacotherapy Electronic Nicotine Delivery Systems (ENDS) Products – What are they and why switch to NRT? Menthol Use in the African American Community
Health Conditions	Asthma and Tobacco Use What is COPD? Depression, COPD, and Tobacco Use Stress Management and Tobacco Use Exercise and Giving Up Tobacco
Treatment Planning	Motivational Interviewing and Behavioral Modification
Diversity	Diverse Ethnic, Racial, and Cultural Minorities Latino, American Indian, African American, and Asian American Tobacco Users Lesbian, Gay, and Bisexual Tobacco Users, Gender Diversity Teen Tobacco Users Pregnant and Postpartum Tobacco Users

Training Topic	Content and Rationale
	Smokeless Tobacco Users Callers with Differences in Intellectual Ability

4.3.1.1.4 Key Personnel for Vendor should be assigned to this contract for the full duration proposed. No Key Personnel may be reassigned or otherwise removed early from this contract without explicit written permission of BPH-DTP. In the event that a replacement or substitution is required, notice must be provided to DTP at least (15) calendar days before the proposed effective date of the change. Each request should provide a detailed explanation of the circumstances necessitating the proposed reassignment or replacement and accompanied by the name of the replacement.

National Jewish Health will strive to have personnel assigned to this contract for the full duration proposed. We will provide as much advance notice as possible to DTP for any unexpected change in key personnel and will provide an explanation of the circumstances necessitating the proposed change. Since our key personnel work as a team and we support 25 state quitlines, our staff is cross trained in state contracts and deliverables. If there is a change in personnel, we will do our best to anticipate the needs of DTP and ensure appropriate staff coverage as we assess staff replacements or substitutions.

4.3.1.1.5 Vendor should maintain at least one Spanish-speaking Quitline coach per shift during Quitline open hours as listed in 5.3.4.5; if at any time Quitline is unable to maintain at least one Spanish-speaking coach, the Quitline will utilize the Certified Languages International service.

More than 20% of our staff is bilingual, allowing us to provide services in English and Spanish. We also use LanguageLine to connect a Quitline Coach or CCR, interpreter, and non-English speaker within seconds for real-time, three-way telephone interpretation in more than 200 languages as well as ASL through video interpretation for hearing- or speech-impaired callers. When a caller reaches out to the Quitline, staff reach out to LanguageLine for immediate interpretation. Before each scheduled appointment with a non-English/Spanish speaking participant, a Coach reaches out to LanguageLine to request interpretive services in the caller's language and makes a joint call to speak with the participant. Callers who are hearing- or speech-impaired can also receive services through the National TTY phone number, 1.877.777.6534, an easy-to-use video relay service, or via eCoaching chat when this option is selected by the state. We transfer callers who speak Cantonese, Mandarin, Korean, and Vietnamese to the Asian Smokers Quitline operated by the University of California San Diego. All of our website content, print materials, and our standard text and email program communications are available in Spanish.

See **Attachment K: Languages** for more information.

4.3.1.1.6 Vendor should have a staffing plan in place that provides a 95% live call response for a minimum of 64 hours per week (minimum 10:00 am-8:00 pm Monday through Friday, 10 am-5:00 pm Saturday and Sunday ET). Certified Coaches should be available during these hours.

National Jewish Health uses Calabrio Workforce Management software and internal benchmarking metrics to support staffing levels, which helps us achieve a 90% live answer rate and an average speed to answer of 30 seconds. The Quitline program call volume varies greatly based on state special promotions and national media campaigns, and we regularly handle inbound monthly call volumes between 13,000 and 20,000 calls in addition to outbound call volumes between 27,000 and 34,000 calls.

National Jewish Health is pleased to offer Quitline services to West Virginia residents 24 hours per day, seven days per week with few exceptions:

- The Quitline is closed Thanksgiving Day and Christmas Day

- The Quitline operates 7 a.m. to 5:30 p.m. MST on Memorial Day, Independence Day, Labor Day, the day after Thanksgiving, and Christmas Eve

4.3.2 Mandatory Qualifications / Experience Requirements

4.3.2.1 Vendor must have at least five years of demonstrated experience and success in the following:

National Jewish Health is the nation's largest nonprofit provider of commercial tobacco cessation services, with 22 years of experience delivering evidence-based personalized telephone, text, and online Quitline programs, currently in 25 states and with more than 80 health plans, employer groups, and wellness companies. Since developing our Quitline program in 2002, we have assisted more than 2.5 million people with their quit attempts.

We offer a user-friendly suite of telephone, web, text, and pharmacotherapy services to assist participants with tobacco cessation. Based on readiness to quit, we provide screening, assessment, proactive counseling, support materials, and referrals to community-based cessation programs. Based on our state partner's budget, we craft a robust and evidence-based offering of single-form or combination FDA-approved pharmacotherapy. We are able to scale up or down the amount of medications a state offers and tailor NRT offerings to meet state requirements.

Our 25 state Quitlines vary in size and complexity. We have established the facilities, equipment, staff, and expertise to accommodate a wide range of client requirements, budgets, and service packages. We pride ourselves on our ability to work collaboratively with our state partners, informed by their budget capacity, and to be responsive to the changing field of commercial tobacco control. Some noteworthy achievements include:

- Our Quitline program follows the best practices and industry standards published by the Centers for Disease Control and Prevention (CDC), U.S. Public Health Service (USPHS) Clinical Practice Guidelines, Community Preventive Services Task Force, and the North American Quitline Consortium (NAQC). Our protocols are research-informed and evidence-based for cessation.
- Since 2016, the Council on Tobacco Treatment Training Programs (CTTTP) has accredited our training program for Tobacco Treatment Specialists (TTS), and we tailor coaching services to participant needs using our proven-successful person-centered coaching model.
- Our processes, established over the past 22 years, adeptly manage fluctuations in volume. We receive more than 100,000 self and provider referrals annually, and field more than 25,000 inbound calls monthly. We are well-equipped to increase these numbers.
- We operate under ambitious performance standards, including 90% live answer and 30-second average answer time during regular business hours. Our commitment to quality is evident in client and participant surveys, staff training, client feedback, and third-party evaluations.
- We offer health care system integration using fax, provider web, and electronic health record referrals (eReferral) with bidirectional feedback to the referring provider.
- National Jewish Health is a founding member of NAQC; our Clinical Director is a member of the NAQC Board of Directors; our Senior Manager, Products and Services, is a member of the Advisory Council; and many other team members have served on NAQC workgroups.

National Jewish Health protocols for counseling interventions are based on research showing effectiveness for inducing behavior change using motivational interviewing and a cognitive-behavioral approach to treating tobacco use. From the initial point of contact and throughout engagement with the Quitline, our highly trained team members focus on each caller as an individual, recognize the participant as the expert on their quit journey, and demonstrate respect for the caller's identity and culture. Our Coaches use evidence-based techniques to personalize clinical interventions to the unique demographic or psychosocial factors that influence individual success. We strive to meet each participant in their current readiness for change and seek to engage

them using their preferred mode of communication. Our website offers participants, supportive friends/family, and health professionals' information about our program and tools to help throughout the quitting journey, including the ability for participants to order NRT online. The website facilitates real-time chat with a Coach for support. Adult participants can elect to receive motivational text and email messages, while youth and young adults have the option to engage in live text coaching. By using a short code, youth and young adults can seamlessly enroll in text messaging and connect directly with a Coach for support.

We consistently achieve ***one of the highest quit rates in the nation*** and regularly exceed benchmarks reported in the clinical guidelines for people who engage with our program. The most recent (2022 data) quit rates at 7 months post-enrollment demonstrate the success of our program. The overall 30-day point prevalence multi-state quit rate among participants who received both evidence-based coaching and medications was 37%. We value customer service and strive to attain a participant satisfaction rate of 90% or higher.

Our program uses state-of-the-art telephony systems to route incoming calls and place outbound calls to thousands of individuals every month. Our systems efficiently manage call volume through the well-known 1.800.QUIT.NOW and 1.855.DEJELO.YA phone lines, as well as state dedicated phone numbers. More than 20% of our staff is bilingual, providing services in English and Spanish, and we subcontract with LanguageLine to provide real-time translation in more than 200 additional languages. We support TTY and video relay technology for hearing- and/or speech-impaired callers.

Our proprietary Case Management System (CMS), QuitPro, was internally developed and is internally maintained by the NJH Information System Technology (IST) Team. This allows for increased flexibility and speed in responding to the changing needs of state partners. The online cessation platform is fully integrated into QuitPro and hosted and managed by our IST Team. Internal management of the platform facilitates rapid evolution of online products and services for our clients.

Founded in 1899, National Jewish Health, a 501(c)(3) not-for-profit corporation, currently generates revenues more than $240 million per year through patient care, research, philanthropy, and business initiatives such as the Quitline. National Jewish Health has the financial ability to supply and support all services described in this proposal and to perform and meet contract requirements.

4.3.2.1.1 Delivering proactive services that include a multiple-call program of telephone-based tobacco-use cessation support by trained quit coaches,

Our current standard program offers up to five (5) scheduled outbound (also known as "proactive") coaching sessions with ability for participants to make additional inbound calls for support throughout their quit journey as the participant deems necessary. We can modify our program to meet West Virginia's 4-call program requirements.

Our services meet or exceed requirements outlined in:

- The U.S. Public Health Service's "Clinical Practice Guideline on Treating Tobacco Use and Dependence"
- The Center for Disease Control and Prevention's (CDC) "Telephone Quitlines: A Resource for Development"
- NAQC's "Quitline Services: Current Practice and Evidence Base"

We provide culturally responsive, personalized coaching using research-based protocols to increase motivation for change based on the caller's place along their quit journey using a cognitive-behavioral approach to treating substance abuse. We tailor services based on the reason for the call, the type of caller, and a participant's eligibility for the program or special protocols.

Our Quitline coaching approach uses motivational interviewing, stages of change, and cognitive-behavioral therapy as the foundation of our behavioral change interventions. Every coaching call begins with an assessment of:

- readiness to change;
- current commercial tobacco use; and
- individual goals.

This information is utilized by Coaches to help facilitate movement throughout the change process and journey to quit commercial tobacco. We provide coaching over the phone, via live text messaging and online chat eCoaching.

National Jewish Health invests significant time and energy into appropriately training each team member who holds a position at the Quitline. Since 2016, our training program has been accredited by the Council on Tobacco Treatment Training Programs (CTTTP) to deliver and provide a certificate of TTS training. As a CTTTP-accredited training program, Coaches are eligible for the National Certificate in Tobacco Treatment Practice (NCTTP). Content in our intensive training program follows the CTTTP standards and the Association for Treatment of Tobacco Use and Dependence (ATTUD) core competencies.

4.3.2.1.2 Providing live text messaging support services

Live texting

A key feature of the enhanced text messaging program for youth and young adults is encouragement to engage in live text coaching with a Coach in real-time. When the participant texts "COACH," a live Coach responds in the same text message conversation as the automated messages. Automated messages encourage participants to engage in subsequent coaching sessions, following evidence demonstrating that proactive outbound contacts are essential to Quitline effectiveness. Participants can engage in a general conversation about the program to answer questions or, if interested, in live text coaching. For participants who want live text coaching but are not yet enrolled online or over the phone, the Coach will instruct the participant to create a profile using the state website. The online intake allows us to create a full profile and support participants throughout their quit attempt, to document coaching sessions, and to comply with legal requirements to identify participants when providing coaching services. When required, the Coach instructs youth participants on obtaining parental consent for live coaching support. Live text coaching as part of our Young Adult Program is an optional service.

NRT Ordering via Text (Optional)

National Jewish Health data show an increased preference among Quitline participants for text message-based communication and program engagement. In partnership with several states, we expanded the current automated keyword-interactive text message program for adult participants who have enrolled in text messaging to allow them to also order a one-time 2-weeks support of NRT by texting the keyword "NRT". This triggers a live text message exchange between the Quitline participant and a Coach to complete the NRT ordering process, ensure medical screening requirements are met, provide tips on use of NRT, and offer enrollment into the phone program, if applicable. Offering NRT ensures participants have low barrier access to evidence-based support, increasing overall reach, and creates a live connection between a participant and a Coach, thereby setting the foundation for live text Coaching as an emerging promising practice.

4.3.2.1.3 Distributing of nicotine replacement therapy (NRT) to eligible callers with the registrant receiving the NRT within 3-5 business days.

National Jewish Health partners with Haleon (formerly GlaxoSmithKline) to provide branded over-the-counter NRT products managed, stored, and distributed by Arrowhead Promotion and Fulfillment. Once shipped, participants can track their shipment using the tracking number provided by text or email, through the web

portal, or by calling the Quitline. Ordered NRT ships within 24-48 hours, and participants generally receive their NRT within seven (7) business days based on standard USPS shipping times. Medications are shipped directly to the participant's address at no cost to the individual. National Jewish Health bills the state Quitline for each order shipped to a participant.

4.3.2.1.4 Establishing measurable outcomes; providing regular reports; complying with the North American Quitline Consortium minimal data standards; and conducting annual evaluations to assist in the documentation of the effectiveness of a tobacco-use cessation program,

National Jewish Health affirms the services described in this proposal will establish measurable outcomes, deliver regular reports, and comply with North American Quitline Consortium's minimal data standards. We can also conduct annual evaluation to document effectiveness of the program if selected to conduct follow up surveys, or to share information to facilitate outcome surveys with an independent evaluator chosen by DTP.

4.3.2.1.5 And, receiving referrals and providing feedback electronically with health care systems.

National Jewish Health has implemented a comprehensive and successful referral program for health care professionals and community organizations to easily refer their patients who use commercial tobacco to the Quitline. We accept and process referrals made via fax through our dedicated fax referral line, through our secure online portal, live transfer, and eReferrals directly from the EMR over Direct Trust messaging using HL7v3. For groups that cannot use one of these methods, we have the capacity to receive SFTP referrals, for example from pediatric clinics where the referred person is a parent or guardian rather than the patient. There is no cost for these services to referring providers. All provider referrals receive outcome reports via fax or secure email, or via electronic eReferral progress note back to the referring provider.

4.3.2.1.6 Vendor must provide its staffing infrastructure including key personnel, among others identified by the Vendor, who will perform the tasks and have appropriate experience. Vendor may propose other staff members as "key" if desired but must include at least the following key personnel:

4.3.2.1.6.1 Accounts/Fiscal Manager (Account Manager)

National Jewish Health Account Managers are the primary conduit for sharing information with the DTP. An Account Manager will serve as the primary point of contact for the state agency and share information with state staff during regularly scheduled calls or through proactive outreach via phone or email, as needed. The Account Manager communicates changes to protocols, process, and timelines for new and/or developing projects. In addition, they will review project progress reports, discuss National Jewish Health's performance, address outstanding issues, review problem resolution, provide direction, evaluate continuous improvement and cost saving ideas, and discuss any other pertinent topics requested by the DTP. Other team members may join these calls to address any questions or concerns the state staff may have about the program to ensure the most knowledgeable person is always available. In addition to regularly scheduled meetings with the DTP staff, we encourage our state partners to reach out for updates at any time and are happy to schedule additional conference calls when needed.

4.3.2.1.6.2 Quitline Manager (Clinical Director)

Our Clinical Director, Thomas Ylioja, PhD, is a Licensed Social Worker with 20 years of clinical and research expertise in medical social work, behavioral change in addictions, and commercial tobacco control. He is a current member of the NAQC Board of Directors, Society for Research on Nicotine and Tobacco, and the Association for the Treatment of Tobacco Use and Dependence. Dr. Ylioja is an Assistant Professor of Medicine at National Jewish Health. Dr. Ylioja directs and oversees our training and continuing education programs. He regularly presents at state-wide conferences to provider coalitions, local public health, and community grantees in multiple states on topics ranging from cancer control to youth and vaping.

4.3.2.1.6.3 Lead Quitline Coach (Tobacco Cessation Supervisors)

Our Supervisors work as a team to cover all call center shifts 24/7/363. They meet the qualifications of a Coach and require a minimum of two years of call center operations experience and two years of leading and/or supervisory experience. They Supervise CCRs and Coaches, providing feedback, guidance, and direction. We have five supervisors with more than 20 years combined experience.

Below please find additional information about National Jewish staff, roles and responsibilities.

Key Personnel

What sets National Jewish Health apart in our delivery of Quitline services is our clinical expertise, innovation, dedication, and passion for our work in tobacco cessation. We believe in building strong partnerships with our state clients and providing exceptional customer service. Our Management Team members will provide overarching leadership, support, and guidance to the Department of Health contract:

- **Michael Salem, MD, FACS, President and CEO**: Lead executive responsible for National Jewish Health.
- **Christine Forkner, Executive Vice President Corporate Affairs / CFO**: Executive responsible for Health Initiatives' Department.
- **Ann Vaughn, MSW, Executive Director**: Responsible for strategic direction and oversight of Health Initiatives' Department and the Quitline program.
- **David Tinkelman, MD, Medical Director**: Provides medical direction and quality assurance for disease management, Quitline, and wellness programs.
- **Thomas Ylioja, PhD, Director, Clinical Product Strategy and Clinical Director:** Responsible for product development, data management, training, clinical quality assurance, research, and evaluation.
- **Tom Barker, MBA, Operations Director**: Oversees day-to-day operations of the Quitline.
- **Maria Rudie, MPH, Senior Manager, Products and Services**: Responsible for new product development and quality assurance.
- **Katie Carradine, Senior Account Manager**: Responsible for leading the Account Management Team and cultivating and maintaining strong client relationships.

Our Management Team has a central focus: *to design and operate successful, evidence-based commercial tobacco cessation programs that produce measurable and cost-effective results*. In addition to our dedicated Quitline staff, we draw upon cross-organizational resources to support the Quitline program, including Executive Leadership, Legal, Finance, Compliance, Marketing, Web Services, Communication, Human Resources, and Information System Technology (IST).

As an institution, National Jewish Health has nearly 1,700 employees, and operates clinical and research services from our 16-acre campus in Denver, Colorado. Health Initiatives is a department within National Jewish Health specifically focused on providing Quitline services to states, employer groups, health plans and wellness companies. Health Initiatives has almost 90 staff members dedicated to our Quitline program.

<u>Account Management</u>

The Account Management Team serves as the primary point of contact for the state agency. An assigned Account Manager will serve as a single point of contact for communication between National Jewish Health and the DTP.

Position	Employee	Relevant Background	Responsibilities
Senior Account Manager	Katie Carradine	Experience with health care, sterility practices, FDA regulations, account management, and client retention.	Responsible for client engagement and management from onboarding through renewal. Ensure contractual

Position	Employee	Relevant Background	Responsibilities
		>18 years of client service experience.	obligations are fulfilled and programs meet or exceed client expectations. Identify opportunities to improve services to clients, including new programs. Maintain regular communication with all assigned clients. Support business development initiatives.
Account Manager	Dave Woodruff	>30 years of customer service experience with 20 + years within call center operations and over 10 years' experience managing the client experience.	
Account Manager	Brittany Pinski	>11 years of account management, sales and customer service experience.	
Business Coordinator	Jordan Liles	Almost 12 years of customer service and administrative experience.	Supports client contracting, processes invoices, and works with Account Managers to address discrepancies in billing or contracting. Provides support for staff, clients, and the department.

Operations Team

The Coaching and Operations Team supports eligibility, intake, and coaching, as well as workflow management. The Operations Leadership Team provides oversight to the call center and monitors metrics and call volumes to ensure the center is staffed and aligned properly to provide the best experience for participants and clients.

Position	Employee(s)	Relevant Background	Responsibilities
Director of Operations	Tom Barker	Experienced telecommunications professional. >20 years industry experience with a BA in Psychology and a Master of Business Administration.	Oversees the day-to-day operations of the Quitline and monitors and assesses client call and transfer metrics, adjusting as needed. Develops operational support for new products, improving operations, and developing custom support models for customers.
Operations Manager	LeChelle Schilz	>19 years with call center management and operations experience.	Responsible for forecasting, capacity planning, and staffing. Ensures the implementation of operational support models for all new products and protocols. Leads the team responsible for scheduling, workflow, and real-time monitoring of call routing for the department.

Position	Employee(s)	Relevant Background	Responsibilities
Tobacco Cessation Supervisors	5 Supervisors	>20 years of combined experience in call center management.	Supervise CCRs and Coaches, providing feedback, guidance, and direction.
Tobacco Cessation Coaches (Coach)	Provide assessment, counseling, education, and behavioral intervention to tobacco users. Coaches must have a bachelor's degree with a preferred concentration in Psychology, Social Work, or another Human Services field.		
Customer Care Representatives (CCR)	Serve as the first point of contact for Quitline programs and obtain participant details to verify eligibility and provide program information to callers. CCRs must have a high school diploma or equivalent and a minimum of two years' experience in customer service.		
Workflow Analysts	Monitor inbound and outbound call volumes. Adjust dialer pace and staffing to meet the needs of the call center.		

Clinical and Product Development Team

The Clinical and Product Development Team supports the evolution of existing and development of new products and services. They address the development and implementation of interventions and the evaluation of protocols, programs, projects, and activities. They are responsible for quality, training, research, and evaluation. The team supports data and reporting including enhancing, managing, and providing meaningful health-related data for Quitline clients, operations, programs, and projects.

Position	Employee(s)	Relevant Background	Responsibilities
Director, Clinical Product Strategy and Clinical Director	Thomas Ylioja, PhD	Licensed Social Worker with 20 years of clinical and research expertise in medical social work, behavioral change in addictions, and tobacco control. He is a member of the NAQC Board, a member of the Society for Research on Nicotine and Tobacco, and a member of the Association for the Treatment of Tobacco Use and Dependence. Dr. Ylioja is also an Assistant Professor of Medicine at National Jewish Health.	Responsible for identifying product and service innovation; developing, implementing, evaluating, and refining new and existing products and services. Responsible for initiative prioritization, resource allocation, providing departmental guidance through data analysis, and project management. Develops and refines clinical program content, coach training and development, leading and monitoring the development and assessment of the program's clinical quality assurance and quality improvement program, and directing research and evaluation initiatives including program outcomes.
Senior Manager, Products and Services	Maria Rudie	Nearly 20 years of experience working in public health and >15 years of experience in state and national commercial tobacco prevention and control efforts. She	Conducts in-depth business analysis and investigation to create product identification and development designed to support individual level behavior change while leveraging the systems and structures of health care

Position	Employee(s)	Relevant Background	Responsibilities
		is a member of the NAQC Advisory Council.	and public health infrastructure. Assists clients with the development of public/private partnerships, including state Fee-For-Service Medicaid and Medicaid Managed Care Organizations. Responsible for Quality Assurance program oversight.
Data Analyst	Amanda Proctor	More than 12 years of mathematical and statistical experience in education, including multiple forms of regression analysis, hypothesis testing, discreet mathematics and probability analysis.	Enhances, manages, and provides meaningful health related data for Health Initiatives operations, programs, and projects. Provides support in collecting, reviewing, appraising, managing, analyzing, reporting, and publishing health related data and information. Assists and supports the development and implementation of interventions and the evaluation (design, data collection, analysis, and write-up) of program projects and activities.
Training Specialist	Salome Aguilar	More than seven years training experience including learning assessment, instructional design, curriculum development, and eLearning.	Responsible for defining, developing, delivering, and evaluating training programs for the Health Initiatives programs. Manages the new agent onboarding and training process, as well as continuing education program for agents and providers.
Quality Analysts	Conduct assessment of customer service and coaching quality using standardized instruments and provide feedback to improve individual performance.		

Finance and Contracts Team

The Finance and Contracts Team provides financial management and contract oversight for the department and client accounts.

Position	Employee(s)	Relevant Background	Responsibilities
Executive Director	Ann Vaughn	More than 20 years of experience in account management, strategy development, financial management, contract facilitation and customer service.	Responsible for financial management and contract oversight for the department and client accounts.
Business Coordinator			Supports client contracting, processes invoices, and works with Account Managers to address discrepancies in

(Open Position)			billing or contracting. Provides support for staff, clients, and the department.

Executive Leadership

Michael Salem, President and CEO, has been with National Jewish Health since 2005. National Jewish Health is an academic medical center known worldwide for treatment of patients with respiratory, cardiac, immune, and related disorders, and for groundbreaking medical research. Founded in 1899 as a nonsectarian, nonprofit hospital, National Jewish Health has ranked as the number one or number two hospital in pulmonology on the *U.S. News & World Report* Best Hospital list ever since pulmonology was included in the rankings. During his tenure, Dr. Salem and the team are implementing an ambitious, milestone-based on a 10-year strategic plan in order to allow National Jewish Health to continue to lead the world in respiratory and related diseases and personalized medicine.

Chris Forkner, Executive Vice President Corporate Affairs / CFO, is an executive responsible for shaping a high performing culture in the leading respiratory hospital in the country with progressive technical resources, prolific communication and robust development programs that support revenue growth in the complicated field of health care. Chris develops executable strategy that motivates teams individually and financially to exceed institutional objectives through various economic cycles. As CFO, she is responsible for financial oversight of National Jewish Health. Chris received her CPA Certification, State of Colorado; B.A. Accounting, University of Denver, Denver, Colorado 1989; and A.A. Computer Science, Casper College, Casper, Wyoming, 1987.

Ann Vaughn, MSW, Executive Director, is an accomplished professional with expertise in market strategy, operations management, service delivery, and health care. Ann received a BA in Human Biology from Stanford University and an MSW from the University of Denver. As Executive Director, Ann is responsible for strategic direction of the Quitline program and for ensuring that all programs meet client and participant expectations for quality and satisfaction.

Dr. David Tinkelman, Medical Director, is board certified in pediatrics and allergy and immunology and brings more than 25 years of experience in providing medical direction and quality assurance for disease management, Quitline, and wellness programs. Dr. Tinkelman has authored more than 135 journal publications and book chapters, and co-edited four textbooks (all in respiratory disease). Dr. Tinkelman received his MD with Academic Honors from Hahnemann Medical College and his BA from Temple University.

4.3.2.1.7 Coaches must have a bachelor's degree in a social, behavioral, or health-related field, with a minimum of two years' counseling experience.

Our Customer Care Representatives (CCRs) have at least a high school diploma and a minimum of two years of experience in customer service. CCRs complete registration and intake calls and provide general information about the program. Our Coaches have a minimum of a four-year degree in health professions or human-service related fields such as social work, psychology, health coaching, or education. Coaches complete all the tasks assigned to CCRs and deliver all of the coaching and pharmacological support to participants. Coaches demonstrate familiarity with the evidence for Quitline services and are trained to address the unique needs for priority populations, including youth, young adults, pregnant callers, and people with behavioral health conditions. The average tenure of our CCRs is 3.6 and Coaches is 3.9.

Appendix A: Cost Sheet

Please see **Cost Proposal** submitted under separate cover.

Appendix B: Service Level Agreements

National Jewish Health shares DTP's pursuit of excellence in providing exceptional service to West Virginians calling the West Virginia Tobacco Quitline through establishing and monitoring performance expectations. As a service provider, National Jewish Health strives to meet and/or exceed industry standards for call centers and Quitline providers. And, as a nonprofit organization and academic research center, all proceeds from our Quitline program are reinvested into medical and scientific research at National Jewish Health. We have agreed to performance expectations as noted in our response to this RFP and have put in place processes, procedures, and reporting to continually monitor and achieve these expectations.

Below, we provide alternatives for performance-based retainage to support the requirements and needs of both DTP and National Jewish Health. We request further discussion to more clearly define the parameters of these performance measures to ensure National Jewish Health and DTP have the flexibility to accommodate unforeseen issues, address extenuating circumstances, and/or make course corrections within a reasonable amount of time.

Retainage for Service Level Agreements

National Jewish Health proposes to pay retainage up to a maximum of 1% of the monthly invoice excluding NRT when multiple performance standards have not been met in any given month.

Service Level Agreement	Performance Standard	Retainage
Call Abandonment	Vendor will have less than 5% abandonment for calls waiting greater than 30 seconds following an initial client queue message. NJH Standard: Less than 5% abandonment of calls waiting greater than 30 seconds following the initial client queue message.	0.5% of the total monthly invoice in which the performance standard was not met
Voice Messages Returned	Vendor will ensure 95% of voicemail messages shall be initiated for return within one day. NJH Standard: 95% voicemail returned within one business day of entry into our case management system.	0.5% of the total monthly invoice in which the performance standard was not met.
Incoming Calls	Vendor will provide a 90% live call response for calls which do not occur during the airing of a state or national educational campaign. NJH Standard: 90% live call response for calls which do not occur during the airing of a state or national educational campaign.	0.5% of total monthly invoice in which the performance standard was not met

Incoming Calls	Vendor will provide an 80% live call response for calls which occur during the airing of a state or national educational campaign. Most campaigns last six weeks to three months. NJH Standard: 80% of all calls which occur during the airing of a state or national educational campaign answered live.	0.5% of total monthly invoice in which the performance standard was not met
Answer Speed	Vendor will have an average initial answer speed within 30 seconds. NJH Standard: Average live answer speed is 30 seconds.	0.5% of total monthly invoice in which the performance standard was not met
Outgoing calls	Vendor will reach or document an attempt to reach, 95% of multiple call participants during their established appointment time for all intervention calls. NJH Standard: 95% of multiple call participants during their established appointment time reached or an attempt to reach them will be documented for all intervention calls.	0.5% of total monthly invoice in which the performance standard was not met
Nicotine Replacement Therapy	Vendor will ensure NRT is sent within 3-5 business days once a request is received. NJH Standard: NRT is sent within 3-5 business days once a request is received.	0.5% of total monthly invoice in which the performance standard was not met
Enrollment Demographics	Vendor will collect NAQC Mandatory Data Set (MDS) required data sets during caller enrollment. NJH Standard: NAQC MDS will be collected during caller enrollment.	0.5% of total monthly invoice in which the performance standard was not met
Reporting	Vendor will provide DTP with monthly reports due by the 15th of each month. NJH Standard: Monthly reports will be delivered to DTP by the 15th of each month.	0.5% of total monthly invoice in which the performance standard was not met

Attachment A: Sample Reports and Definitions

Data Dictionary

The following tables are a selection from a de-identified data extract, followed by a sample of our data dictionary. The full data extracts and data dictionaries are lengthy and available upon request.

DM_EnrollStat	DM_Client	DM_EnrollDate	DM_DisEnrollDate	DM_DisEnrollReason	DM_ParticipantID	DM_DOB	AttemptId
Disenrolled	Arizona	1/1/2022	1/1/2022	Unable to Contact	9999999	1/1/1970	1234567
Disenrolled	Arizona	1/1/2022	1/1/2022	Unable to Contact	9999999	1/1/1970	1234567
Enrolled	Arizona	1/1/2022			9999999	1/1/1970	1234567
Disenrolled	Arizona	1/1/2022	1/1/2022	Unable to Contact	9999999	1/1/1970	1234567
Disenrolled	Arizona	1/1/2022	1/1/2022	Unable to Contact	9999999	1/1/1970	1234567
Enrolled	Arizona	1/1/2022			9999999	1/1/1970	1234567
Disenrolled	Arizona	1/1/2022	1/1/2022	Program Complete	9999999	1/1/1970	1234567
Enrolled	Arizona	1/1/2022			9999999	1/1/1970	1234567
Not Enrolled	Arizona				9999999	1/1/1970	1234567

DM_Insurance	Elig_Other_Insurance	Elig_Member_Id	DM_Last_Intake	DM_Web_Intake_Date	DM_Protocol	DM_LastName	DM_FirstName
			1/1/2022	1/1/2021	Web	Doe	Jamie
Other	Mockup		1/1/2022	1/1/2021	Web-Phone	Doe	Jamie
Cigna				1/1/2021	Web	Doe	Jamie
Cigna		12345ABC	1/1/2022		Web-Phone	Doe	Jamie
United Healthcare		12345ABC	1/1/2022		Web	Doe	Jamie
Medicaid					Web	Doe	Jamie
Kaiser		12345ABC	1/1/2022		Web	Doe	Jamie
					Web	Doe	Jamie
Cigna		12345ABC	1/1/2022	1/1/2021	Web	Doe	Jamie

DM_Address1	DM_City	DM_State	DM_ZipCode	DM_County	DM_Phone	DM_EmailAddress	Elig Gender
123 St	Phoenix	AZ	85032	Providence	480-555-5555	abc@abc.com	Male
123 St	Phoenix	AZ	85032	Providence	480-555-5555	abc@abc.com	Female
	Phoenix	AZ	85032	Providence	480-555-5555	abc@abc.com	Female
123 St	Phoenix	AZ	85032	Providence	480-555-5555		Male
123 St	Phoenix	AZ	85032	Providence	480-555-5555	abc@abc.com	Transgemder
123 St	Phoenix	AZ	85032	Providence	480-555-5555		Female
123 St	Phoenix	AZ	85032	Providence	480-555-5555	abc@abc.com	Male
123 St	Phoenix	AZ	85032	Providence	480-555-5555		Female
123 St	Phoenix	AZ	85032	Providence	480-555-5555	abc@abc.com	Female

MS Asthma	MS COPD	MS Seizures	MS Diabetes	MS Cancer	MS HeartDisease	SpecPop Opt In	How can I help you
N	N	N	N	N	N	No	Quitting
Y	Y	N	N	N	N	No	Quitting
N	N	N	Y	N	N		
N	N	N	N	N	N	No	Quitting
N	N	N	N	N	N	No	Staying Quit
N	Y	N	N	N	N	No	Quitting
N	N	N	N	N	N	No	Quitting
N	N	N	N	N	N	No	Quitting

Evaluator Consent	Intake Cigarettes	Intake SLT	Intake Cigarettes-Freqency	Intake Cigarettes per day	E-Cigarette- Used In Last 30 Days	Cigarettes-How Soon	Intend Quit Cigarettes
Yes	Yes	Yes	Every day	20	No	Within 5 min	Yes
Yes	Yes	No	Every day	5	No	6 to 30 min	Yes
Yes							
Yes	Yes	No	Every day	13	No	Within 5 min	Yes
Yes	No	Yes			No		
Yes	Yes	No	Every day	20	No	6 to 30 min	Yes
Yes	No	No			No		
Yes	Yes	No	Every day	15	No	31 to 60 min	Yes

Intake White	Intake Black or African American	Intake Asian	Intake Native Hawaiian or Pacific Islander	Intake American Indian or Alaska Native	Intake Some Other Race	Intake Hispanic or Latino/Latina	Intake Age started tobacco
Yes	No	No	No	No	No	No	12
No	No	No	No	No	No	Yes	24
Yes	No	No	No	Yes	No	No	14
Yes	No	No	No	No	No	No	17
Yes	No	No	No	No	No	No	18
Yes	No	No	No	No	No	No	25
Yes	No	No	No	No	No	No	19

Code Book: Demographics (1 page)

QOrder	Answer Type	Question Text	Report Label
1	DropDown	The participant's most recent enrollment status	DM_EnrollStat
2	DropDown	Participant's Client Name	DM_Client
3	DropDown	Date the participant went into the "Enrolled" enrollment status	DM_EnrollDate
4	DropDown	Date the participant went into the "Disenrolled" enrollment status	DM_DisEnrollDate
5	DropDown	Reason listed for the "Disenrolled" enrollment status	DM_DisEnrollReason
6	DropDown	The participant's ID	DM_ParticipantID
7	DropDown	Participant's date of birth	DM_DOB
8	DropDown	Participant's Insurance	DM_Insurance
9	DropDown	Date the participant completed the phone intake	DM_Last_Intake
10	DropDown	Date the participant completed the web intake	DM_Web_Intake_Date
11	DropDown	Participant's Protocol	DM_Protocol
12	DropDown	Participant's last name	DM_LastName
13	DropDown	Participant's first name	DM_FirstName
14	DropDown	Participant's address	DM_Address1
15	DropDown	2nd part of participant's address	DM_Address2
16	DropDown	Participant's city	DM_City
17	DropDown	Participant's state	DM_State
18	DropDown	Participant's zip code	DM_ZipCode
19	DropDown	Participant's county	DM_County
20	DropDown	Participant's phone number	DM_Phone
21	DropDown	Participant's email address	DM_EmailAddress

Code Book: Eligibility (1 page)

QOrder	Answer Type	Question Text	Report Label	Answer Pool Text
1	DropDown	So that I am not assuming anything, what best describes your gender?	Gender	
				Male
				Female
				Transgender female/Trans woman
				Transgender male/Trans man
				Genderqueer/Gender nonconforming
				Refused
				Other
2	DropDown	Are you pregnant?	Pregnant	
				Yes
				No
3	Date	What is your due date?	Pregnancy Due Date	
5	DropDown	**Note to Agent: Is the participant under 18 years old?	Is the participant under 18 years old?	
				Yes
				No
6	DropDown	Does your parent or guardian know that you are enrolling in a program to stop using nicotine?	Youth privacy	
				Yes
				No
9	DropDown	Is anyone requiring you to call the quitline? (Parent/guardian, school, law enforcement, other)	Youth Required	
				Yes
				No
10	DropDown	It is helpful to know if people we serve have access to health insurance. Do you have health insurance?	Has insurance	
				Yes
				No
11	DropDown	What type of insurance do you have?	Insurance Type	
				Blue Cross Blue Shield RI
				Commercial - Neighborhood Health Plan
				Commercial - Tufts
				Don't Know
				Medicaid - Fee for Service
				Medicaid - Neighborhood Health Plan
				Medicaid - Tufts
				Medicaid - United Healthcare Plan
				Medicaid - Unknown
				Medicare
				Other
				Private Military Health Insurance
				Tufts Health Plan
				United Healthcare
12	Text	Member ID	Insurance ID	
14	DropDown	Are you a State of RI employee?	State employee	
				Yes
				No
				Unemployed

3/30/2021 9:10:46 AM Page 1 of 1 RI Codebook

Code Book: Intake (9 pages)

QOrder	Answer Type	Question Text	Report Label	Answer Pool Text
1	DropDown	How may I help you today?	How can I help you	
				Seeking help/information about quitting for self
				Seeking help/information for self about staying quit
4	DropDown	How did you hear about the Helpline?	How heard	
				1-800-QUIT NOW (new attempt)
				Advertising: TV / Radio (online or broadcast)
				Advertising: Internet / mobile / text
				Advertising: Other
				Addiction & recovery / Substance treatment program
				Campus / school
				Community Organization
				Don't know
				Employer / workplace
				Event: Conference, fair, festival, etc.
				Faith-based /house of worship
				Gym / trainer
				Health insurance
				Healthcare provider (in-person)
				Healthcare setting (ex. waiting room, poster)
				Housing: Multi-unit (Private)
				Housing: Multi-unit (Public)
				Layperson referral (ex. family, friend, former smoker, etc.)
				Marketing material (ex. Brochure, magnet, card, etc.)
				Mental Health Provider
				Park, beach, public recreation
				Private business
				Refused
				Department of Health: Main phone
				Department of Health: Program
				Department of Health: Website
				Social media post (ie. Friend's post)
				Website:
				Website: Other
				WIC - other
				WIC - text
5	DropDown	Did you hear about 1-800-QUIT-NOW from any advertisements with smokers telling personal stories and tips about living with health problems?	CDC Campaign	
				Yes
				No
				Unsure
7	DropDown	The Rhode Island Nicotine Helpline offers a free text messaging program to supplement your coaching calls. Through this program, you will receive motivational messages, appointment reminders, and other messages while enrolled in the coaching program. Standard text messaging rates will apply. Are you interested in signing up for the text messaging program?	Text Messaging	
				Yes
				No
8	DropDown	Participant feedback helps us improve our services. Providing feedback is voluntary and does not impact your participation in the program. You can choose what you want to share and when you want to share it. After you complete the program, may we contact you about your experience?	Evaluator Follow Up	
				Yes
				No
9	No Answer	What types of tobacco have you used in the past 30 days?	Types of tobacco	

10	DropDown	Cigarettes?	Cigarettes	
				Yes
				No
				Don't know
				Refused
11	DropDown	Cigars, cigarillos, or small cigars?	Cigars, cigarillos, or small cigars	
				Yes
				No
				Don't know
				Refused
12	DropDown	Pipe?	Pipe	
				Yes
				No
				Don't know
				Refused
13	DropDown	Chewing tobacco, snuff, or dip?	SLT	
				Yes
				No
				Don't know
				Refused
14	DropDown	Other tobacco products?	Other Tobacco	
				Yes
				No
				Don't know
				Refused
15	No Answer	What types of other tobacco products?	Other Types of Tobacco	
16	DropDown	Bidis:	Bidis	
				Yes
				No
				Don't know
				Refused
17	DropDown	Kreteks or clove cigarettes:	Kreteks or clove cigarettes	
				Yes
				No
				Don't know
				Refused
18	DropDown	Tobacco pouches or 'snus':	Tobacco Pouches or Snus	
				Yes
				No
				Don't know
				Refused
19	DropDown	Tobacco 'orbs:'	Tobacco orbs	
				Yes
				No
				Don't know
				Refused
20	DropDown	Tobacco strips:	Tobacco strips	
				Yes
				No
				Don't know
				Refused
21	DropDown	Water pipes or hookahs:	Water pipes or hookahs	
				Yes
				No

				Don't know
				Refused
22	DropDown	Have you used an e-cigarette or other electronic "vaping" product in the past 30 days?	E-Cigarette- Used In Last 30 Days?	
				Yes
				No
				Don't know
				Refused
				Not asked
24	DropDown	Because of COVID-19, has your motivation to quit cigarettes increased, decreased or stayed the same?	COVID 19 quit or reduce cigarette	
				Increased
				Decreased
				Stayed the same
				Don't know
				Refused/Prefer not to answer
25	DropDown	Because of COVID-19, has the amount you smoke increased, decreased or stayed the same?	COVID 19 cigarette amount	
				Increased
				Decreased
				Stayed the same
				Don't know
				Refused/Prefer not to answer
26	DropDown	To what extent, if any, do you believe that continued smoking affects the risk of getting coronavirus or having a more serious case?	COVID 19 smoking risk	
				Definitely increases
				Might increase
				Does not change
				Might reduce
				Definitely reduces
				Don't know
				Refused
27	DropDown	Because of COVID-19, has your motivation to quit e-cigs/Vaping increased, decreased or stayed the same?	COVID 19 quit or reduce e-cig	
				Increased
				Decreased
				Stayed the same
				Don't know
				Refused/Prefer not to answer
28	DropDown	Because of COVID-19, has the amount you use e-Cigs or vape increased, decreased, stayed the same?	COVID 19 e-cig Amount	
				Increased
				Decreased
				Stayed the same
				Don't know
				Refused/Prefer not to answer
29	DropDown	To what extent, if any, do you believe that continued vaping affects the risk of getting coronavirus or having a more serious case?	COVID 19 e-cig risk	
				Definitely increases
				Might increase
				Does not change
				Might reduce
				Definitely reduces
				Don't know
				Refused
30	DropDown	Do you smoke cigarettes everyday, some days, or not at all?	Cigarettes- Freqency	
				Every day
				Some days
				Not smoking at all
				Don't know
				Refused

31	Numeric	How many cigarettes do you smoke per day on the days that you smoke?	Cigarettes per day	
32	Numeric	How many days did you smoke in the last 30 days?	Cigarettes-How many days used in last 30 days	
33	DropDown	Are the cigarettes you usually smoke menthol cigarettes?	Cigarettes- Menthol	
				Yes, I usually smoke menthol cigarettes
				No, I usually smoke other types of cigarettes
				Don't know
				Refused
				Not asked
34	Date	When was the last time you smoked a cigarette, even a puff (mm/dd/yyyy)?	Cigarettes - Last Day Used	
35	DropDown	Do you smoke cigars every day, some days, or not at all?	Cigars- Freqency	
				Every day
				Some days
				Not smoking at all
				Don't know
				Refused
36	Numeric	How many cigars, cigarillos, or little cigars do you smoke per week during the weeks that you smoke?	Cigars per week	
37	Numeric	How many days did you smoke cigars, cigarillos, or little cigars in the last 30 days?	Cigars-How many days used in last 30 days	
38	Date	When was the last time you smoked a cigar, cigarillos, or little cigars, even a puff(mm/dd/yyyy)?	Cigars - Last Day Used	
39	DropDown	Do you smoke a pipe everyday, some days, or not at all?	Pipe- Freqency	
				Every day
				Some days
				Not smoking at all
				Don't know
				Refused
40	Numeric	How many pipes do you smoke per week on the weeks that you smoke?	Pipes per week	
41	Numeric	How many days did you smoke a pipe in the last 30 days?	Pipe-How many days used in last 30 days	
42	Date	When was the last time you smoked a pipe, even a puff (mm/dd/yyyy)?	Pipe - Last Day Used	
43	DropDown	Do you use chewing tobacco, snuff, or dip every day, some days, or not at all?	SLT- Freqency	
				Every day
				Some days
				Not smoking at all
				Don't know
				Refused
44	Numeric	How many pouches or tins do you use per week on the weeks that you use tobacco?	SLT per week	
45	Numeric	How many days did you chew in the last 30 days?	SLT-How many days used in last 30 days	
46	Date	When was the last time you used chewing tobacco, snuff, or dip, even a pinch (mm/dd/yyyy)?	SLT - Last Day Used	
47	DropDown	Do you currently use other types of tobacco every day, some days, or not at all?	Other Tobacco - Freqency	
				Every day
				Some days

				Not smoking at all
				Don't know
				Refused
48	Numeric	How much other tobacco do you use per week, on the weeks that you use tobacco?	Other Tobacco Per Week	
49	Numeric	How many days did you use other types of tobacco in the last 30 days?	Other tobacco-How many days used in last 30 days	
50	Date	When was the last time you used other types of tobacco, even a puff or pinch (mm/dd/yyyy)?	Other Tobacco - Last Day Used	
60	DropDown	How soon after you wake, do you smoke your first cigarette?	Cigarettes- How Soon	
				Within five minutes
				6 to 30 minutes
				31 to 60 minutes
				More than 60 minutes
				Don't know
				Refused
61	DropDown	How soon after you wake, do you first use spit tobacco, snuff or chew?	SLT- How Soon	
				Within five minutes
				6 to 30 minutes
				31 to 60 minutes
				More than 60 minutes
				Don't know
				Refused
62	DropDown	How soon after you wake, do you first smoke a pipe?	Pipe- How Soon	
				Within five minutes
				6 to 30 minutes
				31 to 60 minutes
				More than 60 minutes
				Don't know
				Refused
63	DropDown	How soon after you wake, do you first smoke cigars, cigarillos, or little cigars?	Cigars- How Soon	
				Within five minutes
				6 to 30 minutes
				31 to 60 minutes
				More than 60 minutes
				Don't know
				Refused
64	DropDown	How soon after you wake, do you first use other tobacco?	Other Tobacco- How Soon	
				Within five minutes
				6 to 30 minutes
				31 to 60 minutes
				More than 60 minutes
				Don't know
				Refused
65	DropDown	Do you intend to quit smoking cigarettes in the next 30 days?	Cigarettes- Quit in 30 Days	
				Yes
				No
				Don't know
				Refused
66	DropDown	Do you intend to quit smoking cigars, cigarillos, or little cigars in the next 30 days?	Cigars- Quit in 30 Days	
				Yes
				No
				Don't know
				Refused

67	DropDown	Do you intend to quit smoking a pipe in the next 30 days?	Pipe- Quit in 30 Days	
				Yes
				No
				Don't know
				Refused
68	DropDown	Do you intend to quit using chewing tobacco, snuff, or dip in the next 30 days?	SLT- Quit in 30 Days	
				Yes
				No
				Don't know
				Refused
69	DropDown	Do you intend to quit using [name of other tobacco product] in the next 30 days?	Other Tobacco- Quit in 30 Days	
				Yes
				No
				Don't know
				Refused
70	DropDown	Have you set a quit date?	Set Quit Date	
				Yes
				No
71	Date	What was (is) your quit date?	Quit Date	
74	Numeric	At what age did you start smoking cigarettes regularly?	Cigarettes- Age Started	
75	Numeric	At what age did you start smoking cigars regularly?	Cigars- Age Started	
76	Numeric	At what age did you start smoking a pipe regularly?	Pipe- Age Started	
77	Numeric	At what age did you start using chewing tobacco, snuff, or dip regularly?	SLT- Age Started	
78	Numeric	At what age did you start using [name other tobacco product] regularly?	Other Tobacco- Age Started	
80	DropDown	Have you used any quit smoking medications with a previous quit attempt?	Previous Quit Meds	
				Bupropion/Zyban/Wellbutrin
				Combination of Medications
				Electronic or e-cigarettes
				Nicotine Gum
				Nicotine Inhaler
				Nicotine Lozenge
				Nicotine Nasal Spray
				Nicotine Patch
				None
				Other quit meds
				Varenicline/Chantix
81	Text	If 'other', what did you use?	Other quit medications	
82	DropDown	How many times have you tried to quit not including this time?	Previous Quit Attempts	
				None
				1 to 2
				3 to 4
				5 to 6
				7 to 8
				9 to 10
				11 or more
86	No Answer	Several communities have been targeted by the tobacco industry or have higher smoking rates. We have some specific materials for people in these communities. So we'd like to ask you some demographic questions. Please remember that your answers are completely confidential.	Targeted communities consent	

89	DropDown	What is the highest level of education you have completed?	Education	
				8TH GRADE OR Less
				Grade 9 to 11, no degree
				GED
				Trade/Vocational school
				High school degree
				Some college or university
				College or university degree
				Post-college
				Don't know
				Refused
90	No Answer	What is your race?	Race	
91	DropDown	White	White	
				Yes
				No
92	DropDown	Black or African American	Black or African American	
				Yes
				No
93	DropDown	Asian	Asian	
				Yes
				No
94	DropDown	Native Hawaiian or Pacific Islander	Native Hawaiian or Pacific Islander	
				Yes
				No
95	DropDown	American Indian or Native Alaska:	American Indian or Alaska Native	
				Yes
				No
96	DropDown	Please specify the name of enrolled or principal tribe:	Enrolled or Principal Tribe	
				Narragansett tribe
				Niantic tribe
				Wampanoag tribe
				Other
97	DropDown	Some other race	Some other race	
				Yes
				No
98	DropDown	Which specific Asian ethnicity or race do you identify with more?	Asian Ethnicity	
				Asian Indian
				Chinese
				Filipino
				Japanese
				Korean
				Vietnamese
				Other
99	DropDown	Which specific ethnicity or race do you identify with more?	Hawaiian/Pacific Islander Ethnicity	
				Guamanian or Chamorro
				Samoan
				Other Pacific Islander
100	DropDown	Are you of Hispanic or Latino/Latina origin?	Hispanic or Latino/Latina	
				Yes
				No
				Don't know
				Refused
101	DropDown	What specific heritage?	Hispanic Ethnicity	

				Mexican
				Puerto Rican
				Cuban
				Dominican
				Central or South American
				Other
				Refused
102	DropDown	Are there children in the home?	Children in Home	
				Yes
				No
				Don't know
				Refused
106	DropDown	Do you consider yourself to be gay, lesbian and/or bisexual?	Gay/Lesbian/Bisexual/Transgender	
				Yes
				No
107	No Answer	Thanks, indicate all of the following which apply to you: Bisexual, Gay or [for a woman] lesbian or Queer.	Orientation Scripting	
108	DropDown	Bisexual:	Bisexual	
				Yes
				No
109	DropDown	Gay or [for a woman] lesbian:	Gay or Lesbian	
				Yes
				No
110	DropDown	Queer:	Queer	
				Yes
				No
114	DropDown	Do you have any mental health conditions, such as an anxiety disorder, depression disorder, bipolar disorder, schizophrenia, Attention-Deficit/Hyperactivity Disorder (ADHD), Posttraumatic Stress Disorder (PTSD) or substance use disorder?	Mental Health Conditions	
				Yes
				No
115	No Answer	If yes, which ones?	Which mental health	
116	DropDown	Anxiety Disorder	Anxiety disorder	
				Yes
				No
117	DropDown	Depression	Depression	
				Yes
				No
118	DropDown	Bipolar Disorder	Bipolar Disorder	
				Yes
				No
119	DropDown	Schizophrenia and Schizoaffective Disorders	Schizophrenia	
				Yes
				No
120	DropDown	Attention-Deficit/Hyperactivity Disorder (ADHD)	ADHD	
				Yes
				No
121	DropDown	Posttraumatic Stress Disorder (PTSD)	PTSD	
				Yes
				No
122	DropDown	Substance use disorder:	Substance abuse	
				Yes
				No
123	DropDown	Other	Other Mental Health	
				Yes

				No
136	DropDown	We have a special program that provides additional support with quitting for people who are managing a mental health condition. In this program, you will receive quit medications and additional coaching calls. To take part in this program, we will ask you to set a quit date between 14 to 30 days from now. During your first coaching call we will talk about tips for managing your mental health condition while quitting tobacco. During your second call, we will prepare for your quit date and order quit medications. You can opt out at any time. Would you like to enroll in this program?	Behavioral Health Opt In	
				Yes
				No
137	No Answer	I want to let you know that the program is focused on helping you quit tobacco. Your mental health condition will be discussed since it can impact quitting, however, this does not take the place of mental health treatment. We encourage you to continue to work with your mental health provider while you are quitting tobacco.	BH Follow Up Script	
138	DropDown	During the past two weeks, have you experienced any emotional challenges such as excessive stress, feeling depressed or anxious?	Mental Hlth-Emotional Challenges	
				Yes
				No
139	DropDown	During the past two weeks, have you experienced any emotional challenges that have interfered with your work, family life, or social activities?	Mental Hlth- interfering with Life	
				Yes
				No
140	DropDown	Do you believe that these mental health conditions or emotional challenges will interfere with your ability to quit?	Mental Hlth- interfere with Quitting	
				N/A
				Yes
				No
141	DropDown	Are you interested in information about local tobacco cessation resources?	Local Resources	
				Yes
				No

Code Book: Medical Screening (1 page)

QOrder	Answer Type	Question Text	Report Label	Answer Pool Text
1	DropDown	Have you been diagnosed with asthma?	MS_Asthma	
				Yes
				No
2	DropDown	Have you been diagnosed with emphysema, chronic bronchitis, or COPD?	MS_COPD	
				Yes
				No
3	DropDown	Do you have a history of seizures?	MS_Seizures	
				Yes
				No
4	DropDown	Have you been diagnosed with diabetes?	MS_Diabetes	
				Yes
				No
5	DropDown	Have you been diagnosed with cancer?	MS_Cancer	
				Yes
				No
6	DropDown	Have you been diagnosed with an ongoing heart disease, irregular heart rate, or angina?	MS_HeartDisease	
				Yes
				No
7	DropDown	Have you had a heart attack within the last 12 months?	MS_HeartAttack	
				Yes
				No
8	DropDown	Have you had a stroke within the last 12 months?	MS_Stroke	
				Yes
				No
9	DropDown	Have you been diagnosed with high blood pressure?	MS_HighBloodPressure	
				Yes
				No
10	DropDown	If so, is your high blood pressure controlled with medication?	MS_BloodPressureControl	
				Yes
				No
11	DropDown	Are you currently pregnant?	MS_Pregnant	
				Yes
				No
12	DropDown	Due date?	MS_DueDate	
				Date
13	DropDown	Are you currently breastfeeding?	MS_BreastFeeding	
				Yes
				No
14	DropDown	Have you been diagnosed with a skin condition (eczema, psoriasis, etc)?	MS_SkinCondition	
				Yes
				No
15	DropDown	Do you use dentures or have sensitive gum?	MS_Dentures	
				Yes
				No

Client Activity Report Guide

The Client Activity Report has been designed to provide you with the best and most accurate snapshot of your program activity. In this document, we go over each section of the report to explain its nuances.

Phone Intakes

Phone Intakes	
Completed Phone Intakes	119
Total Phone Intakes	**119**

This section sums up the total number of attempts that have a Last Intake Date within the specified date range. Only phone intakes get a Last Intake Date, so this will not count intakes conducted on the web.

Coaching Calls

Coaching Calls	Incoming Calls	Outgoing Calls	Total
Call Number 1	927	152	1079
Call Number 2	257	480	737
Call Number 3	174	316	490
Call Number 4	102	240	342
Call Number 5	64	155	219
Call Number 6	5	10	15
Call Number 7	1	5	6
Call Number 8	0	3	3
Call Number 9	0	4	4
Call Number 10	0	1	1
Total Coaching Calls	**1530**	**1366**	**2896**

This table lists the number of coaching calls completed within the specified date range, regardless of intake date, by direction. If a participant has a coaching call 11 or higher in the specified date range, they are lumped together in a "Call Number 11+" group.

The number of new phone or phone-web enrollments in the date range equals the number of Call Number 1 in the date range.

The direction of coaching calls is also indicated. In some cases, incoming + outgoing may not equal total calls. This would be because the actual phone call started before midnight, but the documentation of the coaching call started after midnight.

General Inquiry

General Inquires	GI - Chat	GI - Phone	GI Mailings
Caller Hung up		6	0
Friends/Family*		4	1
Other		9	0
Out of State		8	0
Provider		3	0
Self*		16	3
Wrong number	1		0
Total	**1**	**46**	**4**

This section summarizes all general inquiries created in the date range. The first three columns show the total number of inquiries by contact type – over web chat, over text message, and over the phone. If a general inquiry of a specific contact type does not exist for the report parameters, it will not be shown. For example, in the above screenshot there were no general inquiries with a "Text" contact type. The next column shows the total number of inquiries that have an associated mailing sent during the report period.

For example, if the report period is January 2018, there is a general inquiry with a creation date of 1/25 and the associated mailing was sent outside the report period on 2/5, the left column will show "1" and the right column will show "0". However, most mailings are sent immediately upon completion of the relevant general inquiry.

Because we do not complete an intake for general inquiries, this table will always show the full results for the client and date range. Filtering by insurance, special program, etc. will not impact it.

Referral Type

Referral Status	Fax Referral	e-Referral
Closed - Already Participating	5	0
Closed - Current Appointment	2	0
Closed - Declined	2	0
Closed - Duplicate	2	0
Closed - Intake Only	3	0
Closed - Invalid	3	0
Closed - New Referral	1	0
Closed - Unreachable	40	3
Total	**58**	**3**

This section will list fax referrals, e-Referrals, and provider web referrals. A referral will always appear in the earliest date it received a "Closed" status and will always show the earliest status received, to preserve data integrity.

Consider the following case as an example:

1. A referral is closed on 1/25 as "Closed – Unreachable"
2. The participant calls us back on 1/30 and the referral status becomes "Closed – Intake Only"
3. On 2/10 the participant completes their first coaching call and the referral status becomes "Closed – Enrolled."

In this report, the referral will only appear as "Closed – Unreachable" and only if the date 1/25 is included in the date range. For more detailed information about referrals, you may use other reports.
As an additional consequence, you should not expect to see referrals with status "Closed – Enrolled" since they'll always go through at least "Closed – Intake Only" before this. For the total number of enrollments in a period, look at the number of "Call Number 1" in the coaching calls section.

Additional Services

Additional Services	
Completed Web Enrollments	1874
Text Participants	879
Email Participants	1652

Completed Web Enrollments: The number of attempts who have completed the Enroll Now form online within the specified date range.

Text Participants: The distinct number of participants who have opted into the text program.

Email participants: The number of participants who have opted into the email program and have an intake (on phone or online) during the reporting period.

Other Coaching Services

Other Coaching Services	eCoaching
First Sessions	35
Subsequent Sessions	3
Total	**38**

This table summarizes any eCoaching and Live Text Coaching activities completed during the month. If no activities of that type have occurred, that column or row will not appear in the report. In the example above, since no Live Text Coaching has been completed, that column does not appear. An attempt's first live text or eCoaching session will appear in the "First Sessions" row. The second or later coaching sessions will be counted under "Subsequent Sessions."

Client Insurance Transfer

Client Insurance Transfers	Number
Anthem BlueCross/Blue Shield	2
Cigna	8
Humana	3
Other Insurance	1
Total Client Transfers	**14**

The total number of attempts who were transferred to their insurance company within the specific date range, broken out by insurance type.

Disenrollments

Disenrollments	
Alternate program	8
Declined to Participate	1
Program Complete	35
Unable to Contact	117
Total Disenrollments	**161**

The total number of disenrollments, broken out by disenrollment date and by reason. Like referrals, participants may have multiple disenrollments (for example "Unable to Contact" followed by "Program Complete"). Unlike referrals, we will count all disenrollments here, in order to accurately show the number of program completes.

Quit Meds

NRT Type Breakdown

Year	Month	Type	Week Prod	Description	1st Odr	2nd Odr	3rd Odr	Other	Total
2018					196	73	51	40	360
	May				196	73	51	40	360
		Nicotine Gum			47	16	13	4	80
			2 - Week Products		47	16	13	4	80
				2mg Cinnamon Surge Gum 2 weeks (1 box, 100ct)	4	2	2	0	8
				2mg Fruit Chill Gum 2 weeks (1 box, 100ct)	4	3	1	2	10
				2mg Spearmint Gum 2 weeks (1 box, 100ct)	4	0	2	0	6
				2mg White Ice Gum 2 weeks (1 box, 100ct)	2	3	2	0	7
				4mg Cinnamon Surge Gum 2 weeks (1 box, 100ct)	6	3	1	2	12
				4mg Fruit Chill Gum 2 weeks (1 box, 100ct)	13	1	3	0	17
				4mg Spearmint Gum 2 weeks (1 box, 100ct)	8	3	1	0	12
				4mg White Ice Gum 2 weeks (1 box, 100ct)	6	1	1	0	8
		Nicotine Mini-Lozenge			45	12	8	8	73
			2 - Week Products		45	12	8	8	73
				2mg Mini Mint Lozenges (1 carton, 81ct)	24	9	7	4	44
				Nicorette Mini Mint Lozenges (1 carton) 4mg, 81ct	21	3	1	4	29

This section shows all medications shipped to participants (or in the case of Chantix – using order date), broken down by the number of orders the participant has received.

Sample Client Activity Report (2 pages)

Client Activity Report
Sample Quitline

National Jewish Health

Date Range: 11/01/20 to 11/30/20

Provider	9	0
Self*	45	4
Wrong number	9	0
Totals	**134**	**5**

Referral Status	Fax Referral	Provider Web Referral	e-Referral
Closed - Already Participating	3	0	2
Closed - Declined	6	2	2
Closed - Duplicate	2	0	0
Closed - Intake Only	10	9	1
Closed - Invalid	3	0	0
Closed - Participant Consent Needed	2	0	0
Closed - Unreachable	73	25	41
Total	**99**	**36**	**46**

Additional Services	
Completed Web Enrollments	110
Text Participants	350
Email Participants	291

Client Insurance Transfers	Number
Total Client Transfers	

Disenrollments	
Declined to Participate	24
For Cause	4
Program Complete	122
Unable to Contact	506
Total Disenrollments	**656**

NRT Type Breakdown

Supplier Name	Year	Month	Type	Week Prod	Description	1st Qtr	2nd Qtr	3rd Qtr	Other	Total
Arrowhead										
	2020					462	344	138	95	939
		November				462	344	138	95	939
			Nicotine Gum			69	39	10	6	124
				2 - Week Products		69	39	10	6	124
					2mg Cinnamon Surge Gum, 2 weeks (1 box, 100ct)	3	1	1	1	6
					2mg Fruit Chill Gum, 2 weeks (1 box, 100ct)	2	1	0	0	3
					2mg Spearmint Gum, 2 weeks (1 box, 100ct)	11	2	1	0	14
					2mg White Ice Gum, 2 weeks (1 box, 100ct)	0	2	0	0	2
					4mg Cinnamon Surge Gum, 2 weeks (1 box, 100ct)	12	9	2	0	23
					4mg Fruit Chill Gum, 2 weeks (1 box, 100ct)	13	10	2	1	26
					4mg Spearmint Gum, 2 weeks (1 box, 100ct)	18	11	2	3	34
					4mg White Ice Gum, 2 weeks (1 box, 100ct)	10	3	2	1	16
			Nicotine Mini-Lozenge			75	29	21	17	142
				2 - Week Products		75	29	21	17	142
					2mg Mini Mint Lozenge, 2 weeks (1 box, 81ct)	0	2	2	1	5
					2mg Mini Mint Lozenges (1 carton, 81ct)	21	4	5	3	33
					4mg Mini Mint Lozenge, 2 weeks (1 box, 81ct)	2	6	3	3	14
					Nicorette Mini Mint Lozenges (1 carton) 4mg, 81ct	52	17	11	10	90
			Nicotine Patch			291	174	107	72	644
				2 - Week Products		289	173	107	72	641
					14mg, 2 weeks Patch (1 box, 14ct)	5	7	9	6	27
					14mg, 2 weeks Patch (1 cartons, 14ct)	29	37	47	27	140
					21mg, 2 weeks Patch (1 box, 14ct)	47	16	4	5	72
					21mg, 2 weeks Patch (1 cartons, 14ct)	201	105	31	14	351
					7mg, 2 weeks Patch (1 box, 14ct)	6	6	15	16	43
					7mg, 2 weeks Patch (1 cartons, 14ct)	1	2	1	4	8
						2	1	0	0	3

Client Activity Report
Sample Quitline

National Jewish Health

Date Range: 11/01/20 to 11/30/20

				4 - Week Products	21/14mg, 4 weeks Patch (2 cartons, 14ct each). This dosage combination is designed to step down gradually	1	0	0	0	1
					21mg, 4 weeks Patch (2 cartons, 14ct each)	1	1	0	0	2
			Patch/Gum Combo			10	0	0	0	10
				4 - Week Products		10	0	0	0	10
					14mg, 2 weeks Patch (1 box, 14ct) and 4mg Cinnamon Surge Gum 2 weeks (1 box, 100ct). This dosage combination is designed to step down gradually	1	0	0	0	1
					21mg, 2 weeks Patch (1 box, 14ct) and 2mg Spearmint Gum, 2 weeks (1 box, 100ct). This dosage combination is designed to step down gradually	2	0	0	0	2
					21mg, 2 weeks Patch (1 box, 14ct) and 4mg Cinnamon Surge Gum 2 weeks (1 box, 100ct) This dosage combination is designed to step down gradually	3	0	0	0	3
					21mg, 2 weeks Patch (1 box, 14ct) and 4mg Spearmint Gum, 2 weeks (1 box, 100ct) This dosage combination is designed to step down gradually	4	0	0	0	4
			Patch/Lozenge Combo			17	2	0	0	19
				4 - Week Products		17	2	0	0	19
					14mg, 2 weeks Patch (1 cartons, 14ct) and 2mg Mini Mint Lozenge, 2 weeks (1 box, 81ct). This dosage combination is designed to step down gradually	2	0	0	0	2
					21mg, 2 weeks Patch (1 cartons, 14ct) and 2mg Mini Mint Lozenge, 2 weeks (1 box, 81ct). This dosage combination is designed to step down gradually	4	1	0	0	5
					21mg, 2 weeks Patch (1 cartons, 14ct) and 4mg Mini Mint Lozenge, 2 weeks (1 box, 81ct). This dosage combination is designed to step down gradually	11	1	0	0	12
	SUPPLIER TOTAL					462	244	138	95	939
REPORT TOTAL						462	244	138	95	939

Insurance:	**ALL**
Age:	**ALL**
Language:	**ALL**
States:	**ALL**
Coalition:	**ALL**
Region/District:	**ALL**
Protocols:	**ALL**
Employers:	**ALL**
Studies:	**ALL**
Modifiers:	**ALL**

Sample Intake Demographic Report (4 of 18 pages)

Intake Demographic Report

Sample Quitline

National Jewish Health

Intake Date Range: 7/1/2020 - 11/30/2020

Age Summary	Age	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Under 18		0	0	4	4	2	0	0	0	0	0	0	0	10	0.30%
18-24		17	15	13	12	8	0	0	0	0	0	0	0	65	1.93%
25-34		75	68	70	69	41	0	0	0	0	0	0	0	323	9.61%
35-44		108	88	105	86	69	0	0	0	0	0	0	0	456	13.57%
45-54		133	176	154	104	89	0	0	0	0	0	0	0	656	19.52%
55-64		224	257	318	185	139	0	0	0	0	0	0	0	1123	33.42%
65-74		140	169	135	89	82	0	0	0	0	0	0	0	615	18.30%
75-84		19	23	32	24	8	0	0	0	0	0	0	0	106	3.15%
85 and Over		1	1	2	1	1	0	0	0	0	0	0	0	6	0.18%
No Answer		0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Total		717	797	833	574	439	0	0	0	0	0	0	0	3360	100.00%
Gender Summary	**GS**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Total**	**%**
Female		452	491	525	377	270	0	0	0	0	0	0	0	2115	62.95%
Male		264	304	308	195	164	0	0	0	0	0	0	0	1235	36.76%
Unspecified		1	0	0	0	0	0	0	0	0	0	0	0	1	0.03%
Transgender		0	1	0	0	0	0	0	0	0	0	0	0	1	0.03%
Transgender female/Trans woman		0	0	0	1	0	0	0	0	0	0	0	0	1	0.03%
Genderqueer/Gender nonconforming		0	0	0	1	2	0	0	0	0	0	0	0	3	0.09%
Other		0	1	0	0	3	0	0	0	0	0	0	0	4	0.12%
Total		717	797	833	574	439	0	0	0	0	0	0	0	3360	100.00%
Pregnant	**PG**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Total**	**%**
Yes		11	6	5	10	4	0	0	0	0	0	0	0	36	1.70%
Possibly Pregnant		0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
No		441	485	521	369	270	0	0	0	0	0	0	0	2086	98.30%
Total		452	491	526	379	274	0	0	0	0	0	0	0	2122	100.00%
How can I help you	**SI1**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Total**	**%**
Seeking help/information about		662	722	756	516	391	0	0	0	0	0	0	0	3047	91.04%
Want help/information about quitting		0	0	3	4	2	0	0	0	0	0	0	0	9	0.27%
Seeking help/information for self about		52	75	69	50	44	0	0	0	0	0	0	0	290	8.66%
Want help/information about staying		0	0	1	0	0	0	0	0	0	0	0	0	1	0.03%
Total		714	797	829	570	437	0	0	0	0	0	0	0	3347	100.00%
First Time Caller	**SI4**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Total**	**%**
Yes		142	0	3	3	1	0	0	0	0	0	0	0	149	98.03%
No		2	0	0	0	1	0	0	0	0	0	0	0	3	1.97%
Total		144	0	3	3	2	0	0	0	0	0	0	0	152	100.00%
Tribe	**AI1**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Total**	**%**
Yes		3	0	3	4	2	0	0	0	0	0	0	0	12	92.31%

Insurance:
Language:
Age:
Protocols:
Coalition:
RegionDistrict:
States:
Employer:
Counties:
Referral Type:
Gender:
Modifier:

Intake Demographic Report

Sample Quitline

National Jewish Health

Intake Date Range: 7/1/2020 - 11/30/2020

No		0	0	1	0	0	0	0	0	0	0	0	0	1	7.69%
Total		3	0	4	4	2	0	0	0	0	0	0	0	13	100.00%
How heard	SI 3	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
1-800-QUIT-NOW Ad		45	81	65	27	15	0	0	0	0	0	0	0	233	6.94%
Social Media Advertisement		0	0	0	0	1	0	0	0	0	0	0	0	1	0.03%
Billboard		2	3	4	3	5	0	0	0	0	0	0	0	17	0.51%
Community Organization		10	4	6	8	4	0	0	0	0	0	0	0	32	0.95%
Doctor/Nurse/other healthcare		1	0	0	3	1	0	0	0	0	0	0	0	5	0.15%
Dental Health Provider		1	0	1	2	0	0	0	0	0	0	0	0	4	0.12%
Flyer		0	0	1	0	0	0	0	0	0	0	0	0	1	0.03%
Employer		7	5	11	7	1	0	0	0	0	0	0	0	31	0.92%
Family/Friends		109	89	87	99	81	0	0	0	0	0	0	0	465	13.85%
Flyers/Brochures		5	7	7	8	9	0	0	0	0	0	0	0	36	1.07%
Health insurance		23	26	15	14	24	0	0	0	0	0	0	0	102	3.04%
Health Professional		132	144	133	131	113	0	0	0	0	0	0	0	653	19.45%
Healthy Choices, Healthy Children:		0	0	3	0	1	0	0	0	0	0	0	0	4	0.12%
Newspaper		0	1	0	0	3	0	0	0	0	0	0	0	4	0.12%
Other		36	45	41	43	38	0	0	0	0	0	0	0	203	6.05%
Pharmacist		3	3	2	4	1	0	0	0	0	0	0	0	13	0.39%
Television		2	0	2	1	1	0	0	0	0	0	0	0	6	0.18%
Radio		4	8	5	3	4	0	0	0	0	0	0	0	24	0.71%
Social media		2	7	7	5	4	0	0	0	0	0	0	0	25	0.74%
Tobacco Cessation Clinic		5	8	6	7	4	0	0	0	0	0	0	0	30	0.89%
TV Commercial		284	339	392	179	97	0	0	0	0	0	0	0	1291	38.45%
TV News		3	7	8	4	5	0	0	0	0	0	0	0	27	0.80%
Website		43	20	32	23	26	0	0	0	0	0	0	0	144	4.29%
School		0	0	3	1	1	0	0	0	0	0	0	0	5	0.15%
Health Care Professional		0	0	1	0	0	0	0	0	0	0	0	0	1	0.03%
Internet		0	0	0	1	0	0	0	0	0	0	0	0	1	0.03%
Total		717	797	832	573	439	0	0	0	0	0	0	0	3358	100.00%
Enrolled or Principal Tribe	CI 15e	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Blackfeet		0	0	1	0	0	0	0	0	0	0	0	0	1	8.33%
Cherokee		3	0	1	3	2	0	0	0	0	0	0	0	9	75.00%
Other		0	0	1	1	0	0	0	0	0	0	0	0	2	16.67%
Total		3	0	3	4	2	0	0	0	0	0	0	0	12	100.00%
Preferred communication	YTH 5	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Phone		0	0	1	1	1	0	0	0	0	0	0	0	3	30.00%
Text		0	0	3	3	1	0	0	0	0	0	0	0	7	70.00%

Insurance:
Language:
Age:
Protocols:
Coalition:
RegionDistrict:
States:
Employer:
Counties:
Referral Type:
Gender:
Modifier:

Intake Demographic Report

Sample Quitline

National Jewish Health

Intake Date Range: 7/1/2020 - 11/30/2020

Total		0	0	4	4	2	0	0	0	0	0	0	0	10	100.00%
CDC Campaign	NJ 72	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes		75	0	0	0	0	0	0	0	0	0	0	0	75	53.19%
No		58	0	0	0	0	0	0	0	0	0	0	0	58	41.13%
Unsure		8	0	0	0	0	0	0	0	0	0	0	0	8	5.67%
Total		141	0	0	0	0	0	0	0	0	0	0	0	141	100.00%
Text Messaging	NJ 77	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes		523	561	598	408	340	0	0	0	0	0	0	0	2430	72.60%
No		191	236	231	162	97	0	0	0	0	0	0	0	917	27.40%
Total		714	797	829	570	437	0	0	0	0	0	0	0	3347	100.00%
Evaluator Follow Up	NJ 2	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes		688	760	780	547	419	0	0	0	0	0	0	0	3194	95.06%
No		29	37	53	27	20	0	0	0	0	0	0	0	166	4.94%
Total		717	797	833	574	439	0	0	0	0	0	0	0	3360	100.00%
Exposed to second hand?	AT 2	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes		3	0	0	0	0	0	0	0	0	0	0	0	3	100.00%
Total		3	0	0	0	0	0	0	0	0	0	0	0	3	100.00%
Cigarettes	SI 5a	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes		686	760	787	548	416	0	0	0	0	0	0	0	3197	95.15%
No		31	37	46	26	23	0	0	0	0	0	0	0	163	4.85%
Total		717	797	833	574	439	0	0	0	0	0	0	0	3360	100.00%
Cigars, cigarillos, or small cigars	SI 5b	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes		22	32	29	30	18	0	0	0	0	0	0	0	131	3.90%
No		695	765	804	544	421	0	0	0	0	0	0	0	3229	96.10%
Total		717	797	833	574	439	0	0	0	0	0	0	0	3360	100.00%
Pipe	SI 5c	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes		1	6	1	1	2	0	0	0	0	0	0	0	11	0.33%
No		716	791	832	573	437	0	0	0	0	0	0	0	3349	99.67%
Total		717	797	833	574	439	0	0	0	0	0	0	0	3360	100.00%
SLT	SI 5d	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes		19	16	11	7	15	0	0	0	0	0	0	0	68	2.02%
No		698	781	822	567	424	0	0	0	0	0	0	0	3292	97.98%
Total		717	797	833	574	439	0	0	0	0	0	0	0	3360	100.00%
Other Tobacco	SI 5e	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes		0	0	2	2	1	0	0	0	0	0	0	0	5	0.15%
No		716	797	831	572	438	0	0	0	0	0	0	0	3354	99.82%
Don't know		1	0	0	0	0	0	0	0	0	0	0	0	1	0.03%
Total		717	797	833	574	439	0	0	0	0	0	0	0	3360	100.00%

Insurance:
Language:
Age:
Protocols:
Coalition:
RegionDistrict:
States:
Employer:
Counties:
Referral Type:
Gender:
Modifier:

Intake Demographic Report

Sample Quitline

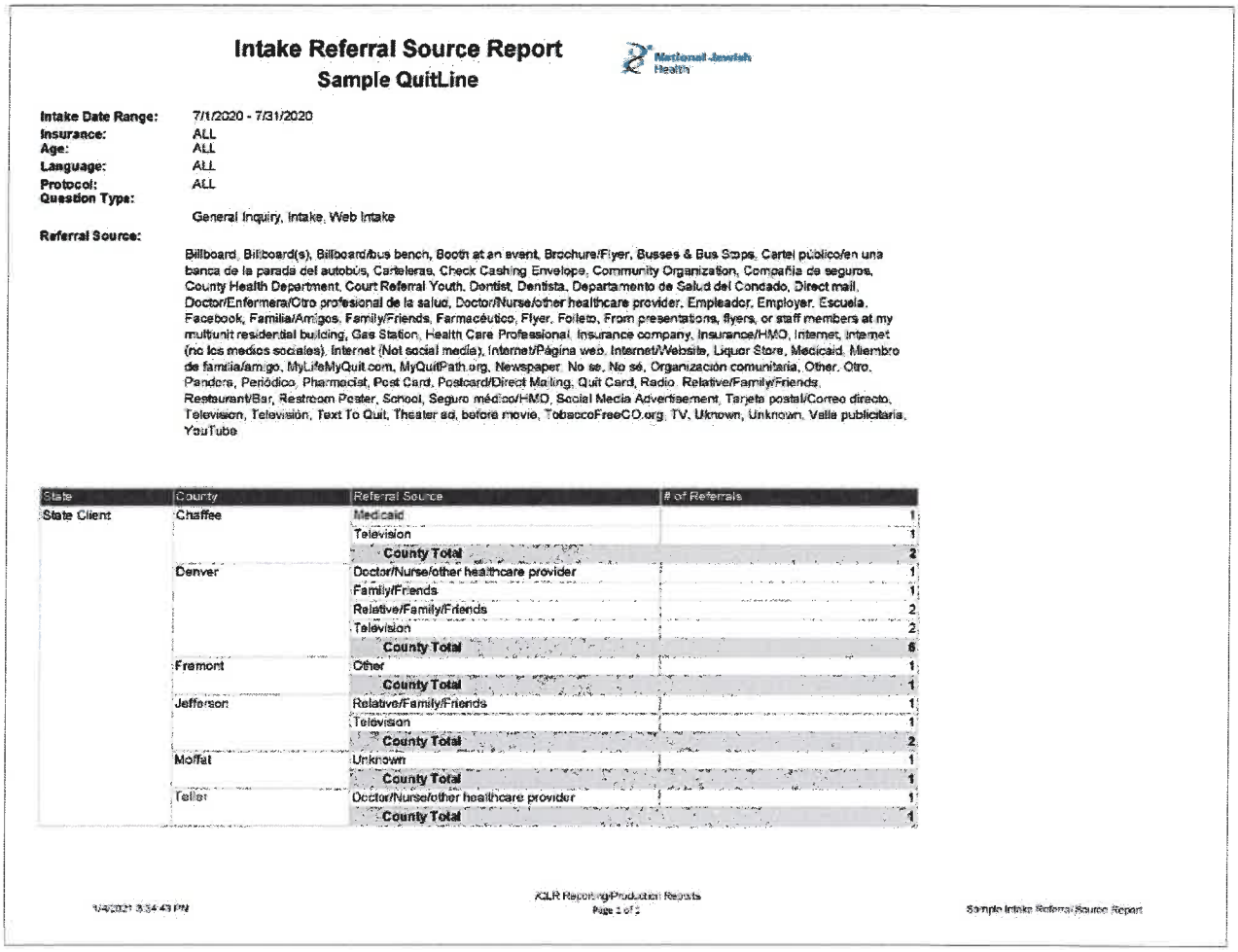
National Jewish Health

Intake Date Range: 7/1/2020 - 11/30/2020

E-cigarettes	NJ 9	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes		0	0	0	1	0	0	0	0	0	0	0	0	1	4.55%
Pods		0	0	3	3	2	0	0	0	0	0	0	0	8	36.36%
No		3	0	4	3	2	0	0	0	0	0	0	0	12	54.55%
tank		0	0	0	1	0	0	0	0	0	0	0	0	1	4.55%
Total		3	0	7	8	4	0	0	0	0	0	0	0	22	100.00%
Bidis	OI 5e-1a	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
No		0	0	2	2	1	0	0	0	0	0	0	0	5	100.00%
Total		0	0	2	2	1	0	0	0	0	0	0	0	5	100.00%
Kreteks or clove cigarettes	OI 5e-1b	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
No		0	0	2	2	1	0	0	0	0	0	0	0	5	100.00%
Total		0	0	2	2	1	0	0	0	0	0	0	0	5	100.00%
E-cigarettes in last 30 days	SI 9	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes		0	0	3	4	2	0	0	0	0	0	0	0	9	90.00%
No		0	0	1	0	0	0	0	0	0	0	0	0	1	10.00%
Total		0	0	4	4	2	0	0	0	0	0	0	0	10	100.00%
Tobacco Pouches or Snus	OI 5e-1c	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes		0	0	1	0	0	0	0	0	0	0	0	0	1	20.00%
No		0	0	1	2	1	0	0	0	0	0	0	0	4	80.00%
Total		0	0	2	2	1	0	0	0	0	0	0	0	5	100.00%
Tobacco orbs	OI 5e-1d	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
No		0	0	2	2	1	0	0	0	0	0	0	0	5	100.00%
Total		0	0	2	2	1	0	0	0	0	0	0	0	5	100.00%
Tobacco strips	OI 5e-1e	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
No		0	0	2	2	1	0	0	0	0	0	0	0	5	100.00%
Total		0	0	2	2	1	0	0	0	0	0	0	0	5	100.00%
Water pipes or hookahs	OI 5e-1f	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes		0	0	0	1	1	0	0	0	0	0	0	0	2	40.00%
No		0	0	2	1	0	0	0	0	0	0	0	0	3	60.00%
Total		0	0	2	2	1	0	0	0	0	0	0	0	5	100.00%
E-Cigarette- Used In Last 30 Days?	NJ 176	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes		30	62	45	48	26	0	0	0	0	0	0	0	211	6.32%
No		683	735	778	515	409	0	0	0	0	0	0	0	3120	93.50%
Don't know		1	0	2	2	0	0	0	0	0	0	0	0	5	0.15%
Refused		0	0	0	1	0	0	0	0	0	0	0	0	1	0.03%
Total		714	797	825	566	435	0	0	0	0	0	0	0	3337	100.00%
COVID 19 quit or reduce cigarette	CV 1	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Increased		132	320	344	255	188	0	0	0	0	0	0	0	1239	45.97%

Insurance:
Language:
Age:
Protocols:
Coalition:
RegionDistrict:
States:
Employer:
Counties:
Referral Type:
Gender:
Modifier:

Sample Monthly Intake Referral Source Report (1 page)



Intake Referral Source Report
Sample QuitLine

National Jewish Health

Intake Date Range: 7/1/2020 - 7/31/2020
Insurance: ALL
Age: ALL
Language: ALL
Protocol: ALL
Question Type: General Inquiry, Intake, Web Intake

Referral Source:

Billboard, Billboard(s), Billboard/bus bench, Booth at an event, Brochure/Flyer, Busses & Bus Stops, Cartel público/en una banca de la parada del autobús, Carteleras, Check Cashing Envelope, Community Organization, Compañía de seguros, County Health Department, Court Referral Youth, Dentist, Dentista, Departamento de Salud del Condado, Direct mail, Doctor/Enfermera/Otro profesional de la salud, Doctor/Nurse/other healthcare provider, Empleador, Employer, Escuela, Facebook, Familia/Amigos, Family/Friends, Farmacéutico, Flyer, Folleto, From presentations, flyers, or staff members at my multiunit residential building, Gas Station, Health Care Professional, Insurance company, Insurance/HMO, Internet, Internet (no los medios sociales), Internet (Not social media), Internet/Página web, Internet/Website, Liquor Store, Medicaid, Miembro de familia/amigo, MyLifeMyQuit.com, MyQuitPath.org, Newspaper, No se, No sé, Organización comunitaria, Other, Otro, Panders, Periódico, Pharmacist, Post Card, Postcard/Direct Mailing, Quit Card, Radio, Relative/Family/Friends, Restaurant/Bar, Restroom Poster, School, Seguro médico/HMO, Social Media Advertisement, Tarjeta postal/Correo directo, Television, Televisión, Text To Quit, Theater ad, before movie, TobaccoFreeCO.org, TV, Uknown, Unknown, Valla publicitaria, YouTube

State	County	Referral Source	# of Referrals
State Client	Chaffee	Medicaid	1
		Television	1
		County Total	**2**
	Denver	Doctor/Nurse/other healthcare provider	1
		Family/Friends	1
		Relative/Family/Friends	2
		Television	2
		County Total	**6**
	Fremont	Other	1
		County Total	**1**
	Jefferson	Relative/Family/Friends	1
		Television	1
		County Total	**2**
	Moffat	Unknown	1
		County Total	**1**
	Teller	Doctor/Nurse/other healthcare provider	1
		County Total	**1**

8/4/2021 8:54:43 PM — KQLR Reporting/Production Reports — Page 1 of 2 — Sample Intake Referral Source Report

Sample Monthly Quitline Call Standards Report (1 page)

National Jewish Health

Sample QuitLine Monthly Call Standards Report

SAMPLE QUITLINE FY2021

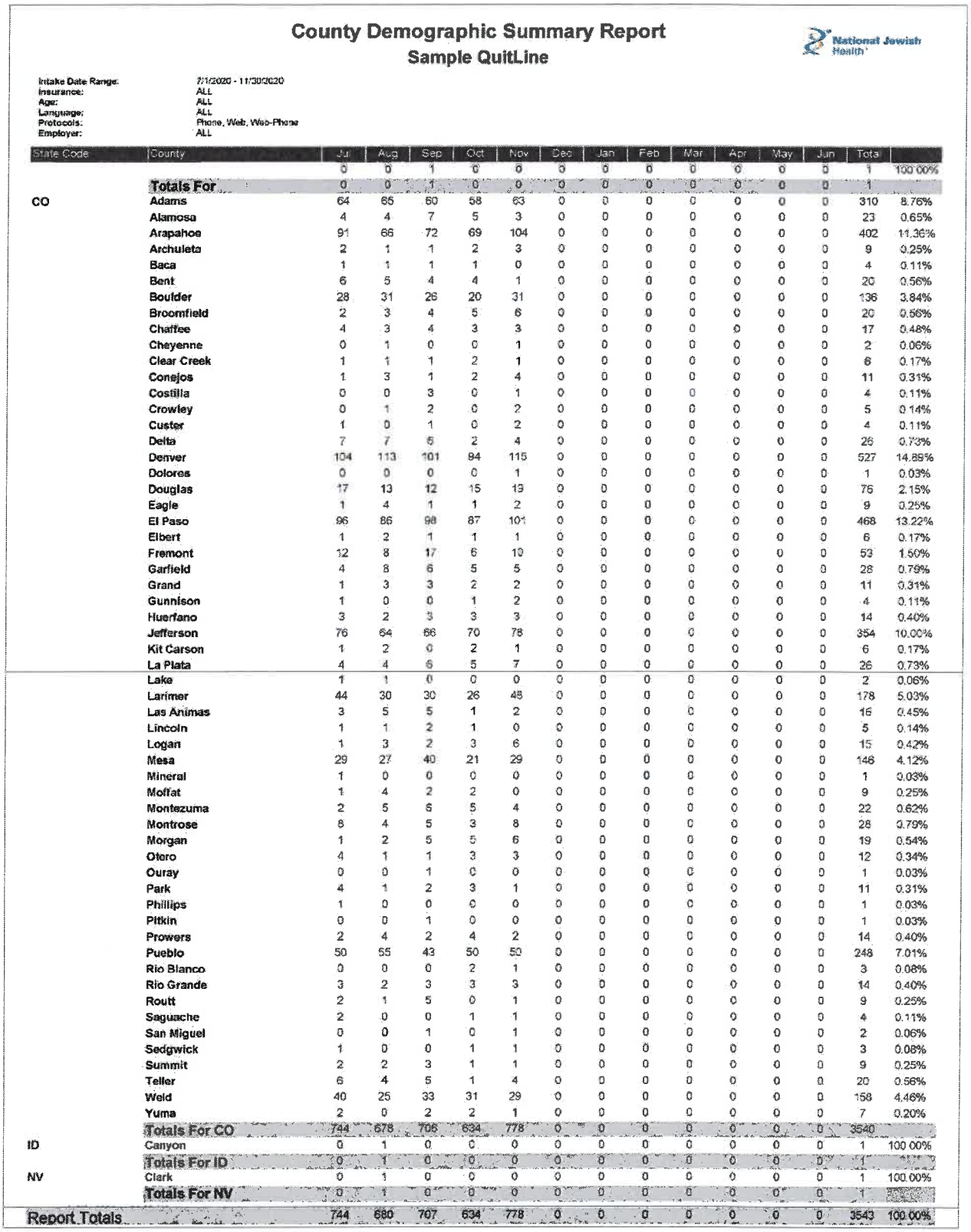
Month	Inbound Calls	Answered	% Answered	Abandoned >30	% Abandoned	Voice Mail	% Voice Mail	# Spanish Calls	Speed to Answer (sec)	Inbound Talk Time (mm:ss)
Jul-20	860	805	94%	40	5%	15	2%	14	24	16:02
Aug-20	867	775	89%	65	8%	27	3%	18	47	17:35
Sep-20	871	786	90%	56	6%	29	3%	18	35	17:19
Oct-20	763	715	94%	37	5%	11	1%	17	28	16:01
Nov-20	986	922	94%	41	4%	23	2%	18	22	15:54
Dec-20										
Jan-21										
Feb-21										
Mar-21										
Apr-21										
May-21										
Jun-21										
Totals	4347	4003	92%	239	5%	105	2%	85	31	34:12

SAMPLE QUITLINE FY2020

Month	Inbound Calls	Answered	% Answered	Abandoned >30	% Abandoned	Voice Mail	% Voice Mail	# Spanish Calls	Speed to Answer (sec)	Inbound Talk Time (mm:ss)
Jul-19	1043	977	94%	59	6%	7	1%	17	33	17:46
Aug-19	1150	1027	89%	88	8%	35	3%	18	55	17:45
Sep-19	1359	1199	88%	127	9%	33	2%	28	60	16:07
Oct-19	1165	1061	91%	77	7%	27	2%	27	38	16:02
Nov-19	915	857	94%	45	5%	13	1%	31	23	14:43
Dec-19	1062	1004	95%	36	3%	22	2%	35	23	14:06
Jan-20	1879	1750	93%	104	6%	25	1%	81	25	13:51
Feb-20	1324	1266	96%	44	3%	14	1%	11	22	13:53
Mar-20	1249	1223	98%	23	2%	3	0%	27	9	12:41
Apr-20	1095	1067	97%	19	2%	9	1%	58	11	14:13
May-20	776	742	96%	17	2%	17	2%	16	15	15:14
Jun-20	769	735	96%	22	3%	12	2%	18	16	17:00
Totals	13786	12908	94%	661	5%	217	2%	363	28	16:45

Sample Monthly County Demographic Summary Report (1 page)

Monthly extended reporting on county-level demographics is available but excluded here for brevity.



County Demographic Summary Report
Sample QuitLine

National Jewish Health

Intake Date Range: 7/1/2020 - 11/30/2020
Insurance: ALL
Age: ALL
Language: ALL
Protocols: Phone, Web, Web-Phone
Employer: ALL

State Code	County	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	
		0	0	1	0	0	0	0	0	0	0	0	0	1	100.00%
	Totals For	0	0	1	0	0	0	0	0	0	0	0	0	1	
CO	Adams	64	65	60	58	63	0	0	0	0	0	0	0	310	8.76%
	Alamosa	4	4	7	5	3	0	0	0	0	0	0	0	23	0.65%
	Arapahoe	91	66	72	69	104	0	0	0	0	0	0	0	402	11.36%
	Archuleta	2	1	1	2	3	0	0	0	0	0	0	0	9	0.25%
	Baca	1	1	1	1	0	0	0	0	0	0	0	0	4	0.11%
	Bent	6	5	4	4	1	0	0	0	0	0	0	0	20	0.56%
	Boulder	28	31	26	20	31	0	0	0	0	0	0	0	136	3.84%
	Broomfield	2	3	4	5	6	0	0	0	0	0	0	0	20	0.56%
	Chaffee	4	3	4	3	3	0	0	0	0	0	0	0	17	0.48%
	Cheyenne	0	1	0	0	1	0	0	0	0	0	0	0	2	0.06%
	Clear Creek	1	1	1	2	1	0	0	0	0	0	0	0	6	0.17%
	Conejos	1	3	1	2	4	0	0	0	0	0	0	0	11	0.31%
	Costilla	0	0	3	0	1	0	0	0	0	0	0	0	4	0.11%
	Crowley	0	1	2	0	2	0	0	0	0	0	0	0	5	0.14%
	Custer	1	0	1	0	2	0	0	0	0	0	0	0	4	0.11%
	Delta	7	7	5	2	4	0	0	0	0	0	0	0	25	0.73%
	Denver	104	113	101	94	115	0	0	0	0	0	0	0	527	14.89%
	Dolores	0	0	0	0	1	0	0	0	0	0	0	0	1	0.03%
	Douglas	17	13	12	15	19	0	0	0	0	0	0	0	76	2.15%
	Eagle	1	4	1	1	2	0	0	0	0	0	0	0	9	0.25%
	El Paso	96	86	98	87	101	0	0	0	0	0	0	0	468	13.22%
	Elbert	1	2	1	1	1	0	0	0	0	0	0	0	6	0.17%
	Fremont	12	8	17	6	10	0	0	0	0	0	0	0	53	1.50%
	Garfield	4	8	6	5	5	0	0	0	0	0	0	0	28	0.79%
	Grand	1	3	3	2	2	0	0	0	0	0	0	0	11	0.31%
	Gunnison	1	0	0	1	2	0	0	0	0	0	0	0	4	0.11%
	Huerfano	3	2	3	3	3	0	0	0	0	0	0	0	14	0.40%
	Jefferson	76	64	66	70	78	0	0	0	0	0	0	0	354	10.00%
	Kit Carson	1	2	0	2	1	0	0	0	0	0	0	0	6	0.17%
	La Plata	4	4	6	5	7	0	0	0	0	0	0	0	26	0.73%
	Lake	1	1	0	0	0	0	0	0	0	0	0	0	2	0.06%
	Larimer	44	30	30	26	48	0	0	0	0	0	0	0	178	5.03%
	Las Animas	3	5	5	1	2	0	0	0	0	0	0	0	16	0.45%
	Lincoln	1	1	2	1	0	0	0	0	0	0	0	0	5	0.14%
	Logan	1	3	2	3	6	0	0	0	0	0	0	0	15	0.42%
	Mesa	29	27	40	21	29	0	0	0	0	0	0	0	146	4.12%
	Mineral	1	0	0	0	0	0	0	0	0	0	0	0	1	0.03%
	Moffat	1	4	2	2	0	0	0	0	0	0	0	0	9	0.25%
	Montezuma	2	5	6	5	4	0	0	0	0	0	0	0	22	0.62%
	Montrose	8	4	5	3	8	0	0	0	0	0	0	0	28	0.79%
	Morgan	1	2	5	5	6	0	0	0	0	0	0	0	19	0.54%
	Otero	4	1	1	3	3	0	0	0	0	0	0	0	12	0.34%
	Ouray	0	0	1	0	0	0	0	0	0	0	0	0	1	0.03%
	Park	4	1	2	3	1	0	0	0	0	0	0	0	11	0.31%
	Phillips	1	0	0	0	0	0	0	0	0	0	0	0	1	0.03%
	Pitkin	0	0	1	0	0	0	0	0	0	0	0	0	1	0.03%
	Prowers	2	4	2	4	2	0	0	0	0	0	0	0	14	0.40%
	Pueblo	50	55	43	50	50	0	0	0	0	0	0	0	248	7.01%
	Rio Blanco	0	0	0	2	1	0	0	0	0	0	0	0	3	0.08%
	Rio Grande	3	2	3	3	3	0	0	0	0	0	0	0	14	0.40%
	Routt	2	1	5	0	1	0	0	0	0	0	0	0	9	0.25%
	Saguache	2	0	0	1	1	0	0	0	0	0	0	0	4	0.11%
	San Miguel	0	0	1	0	1	0	0	0	0	0	0	0	2	0.06%
	Sedgwick	1	0	0	1	1	0	0	0	0	0	0	0	3	0.08%
	Summit	2	2	3	1	1	0	0	0	0	0	0	0	9	0.25%
	Teller	6	4	5	1	4	0	0	0	0	0	0	0	20	0.56%
	Weld	40	25	33	31	29	0	0	0	0	0	0	0	158	4.46%
	Yuma	2	0	2	2	1	0	0	0	0	0	0	0	7	0.20%
	Totals For CO	744	678	706	634	778	0	0	0	0	0	0	0	3540	
ID	Canyon	0	1	0	0	0	0	0	0	0	0	0	0	1	100.00%
	Totals For ID	0	1	0	0	0	0	0	0	0	0	0	0	1	
NV	Clark	0	1	0	0	0	0	0	0	0	0	0	0	1	100.00%
	Totals For NV	0	1	0	0	0	0	0	0	0	0	0	0	1	
Report Totals		744	680	707	634	778	0	0	0	0	0	0	0	3543	100.00%

Sample Monthly Health Plan Summary Report (3 pages)

Health Plan Summary Report

Sample QuitLine

Intake Date Range: 11/1/2020 - 11/30/2020
Insurance Provider: ALL
Employer: ALL
Protocol(s): Phone, Web, Web-Phone
Modifier(s): ALL

Insurance Provider	Denied	Intake	Call 1	Call 2	Call3	Call 4	Call 5
BLANK	3	6	5	6	4	2	5
Aetna	0	4	4	5	4	5	2
Anthem BlueCross/Blue Shield/HMO Colorado	0	4	3	2	2	2	4
Child Health Plan Plus	0	0	0	0	0	0	0
CICP	0	1	1	0	0	0	0
Cigna	2	7	8	4	4	3	2
Colorado Access	0	0	0	0	1	1	1
Denver Health Medical Plan	0	1	1	1	2	0	0
Don't Know	0	5	5	7	5	3	1
Employer's Health	0	0	0	0	0	0	0
Humana	0	3	3	2	2	0	0
Kaiser	0	31	30	21	12	10	4
Medicaid	0	237	226	118	78	50	34
Medicaid - Health First	0	72	69	32	19	10	11
Medicaid Colorado Access	0	19	15	12	7	6	4
Medicaid Community Health Plan of the Rockies	0	1	1	0	1	1	1
Medicaid Denver Health	0	12	9	6	5	6	1
Medicaid Kaiser	0	3	2	0	0	0	0
Medicaid of Rocky Mountain HMO	0	13	13	7	5	2	2
Medicare	0	149	142	96	68	48	43
Medicare Blue Advantage of Seniors	0	2	2	1	1	1	0
Medicare Kaiser Permanente Senior Advantage	0	7	6	7	4	1	0
Medicare Secure Horizons	0	2	1	1	1	0	0
No Response	0	0	0	0	0	0	0
Other Insurance	0	32	30	23	16	19	7
Refused	0	9	9	5	3	2	2
Rocky Mountain Health Plan	0	0	0	0	0	0	0
TriCare/Champus	0	5	5	6	4	2	0
Uninsured	1	120	111	67	39	18	14
United Healthcare	0	33	32	13	10	14	14
Report Totals	**6**	**778**	**733**	**442**	**297**	**206**	**152**

1/4/2021 3:26:49 PM Page 1 of 3 Sample Health Plan Summary Report

NRT1 Patch	NRT1 Gum	NRT1 Lozenge	NRT1 Patch/Gum	NRT1 Patch/Lozenge	NRT2 Patch	NRT2 Gum	NRT2 Lozenge	NRT2 Patch/Gum	NRT2 Patch/Lozenge
142	73	32	1	0	15	7	2	0	0
12	9	4	0	0	4	1	0	1	0
23	12	6	0	0	4	0	0	0	0
1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	1	0	0	0
22	11	9	1	1	1	3	2	0	0
4	3	1	0	0	1	0	0	0	0
2	0	0	0	0	2	0	0	0	0
6	4	0	0	1	3	0	0	0	0
4	1	1	0	0	0	0	0	0	0
6	0	0	0	1	1	1	0	0	0
14	12	5	10	2	14	1	1	3	0
76	43	22	53	35	64	22	15	14	4
24	7	5	25	5	17	3	0	4	1
10	5	2	3	2	6	2	0	0	0
0	0	1	0	0	1	0	0	0	0
2	1	2	2	0	3	0	0	0	0
1	0	1	0	0	0	0	0	0	0
4	2	1	2	2	4	1	1	0	0
76	15	14	14	22	58	7	4	3	1
1	0	0	0	1	2	0	0	0	0
6	0	1	0	0	5	0	0	0	0
0	0	0	0	1	1	0	0	0	0
1	0	0	0	0	0	0	0	0	0
14	11	6	9	3	19	3	3	0	0
4	1	0	2	0	1	0	0	1	0
4	2	0	0	0	0	1	0	0	0
9	1	2	2	0	1	1	0	0	0
42	19	8	19	17	41	10	1	1	2
25	14	8	6	4	9	0	3	0	0
536	**246**	**131**	**149**	**97**	**277**	**64**	**32**	**27**	**8**

National Jewish Health

NRT3 Patch	NRT3 Gum	NRT3 Lozenge	NRT3 Patch/Gum	NRT3 Patch/Lozenge	NRT4 Patch	NRT4 Gum	NRT4 Lozenge	NRT4 Patch/Gum	NRT4 Patch/Lozenge
4	2	0	1	0	4	0	1	1	0
1	0	2	0	0	2	1	0	0	0
2	0	1	0	0	2	0	1	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	1	2	0	0	2	1	1	0	0
0	1	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	1	0	0
0	0	0	0	0	1	0	0	0	0
0	0	1	0	0	0	0	0	0	0
6	3	0	1	0	6	0	1	2	0
42	14	8	11	0	20	7	1	3	0
7	5	1	0	0	1	3	2	0	0
6	1	0	1	0	2	1	0	0	0
1	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	1	0	0	0
0	0	0	0	0	0	0	0	0	0
1	0	0	1	0	1	0	0	0	0
38	10	8	0	0	23	5	5	1	0
0	0	0	0	0	0	0	0	0	0
2	0	1	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
9	3	1	1	0	3	1	1	0	0
1	2	0	0	0	0	1	0	0	0
0	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0
15	6	1	1	0	7	1	1	0	0
9	4	0	0	0	7	2	2	0	0
151	**52**	**26**	**17**	**0**	**81**	**24**	**17**	**7**	**0**

Sample Monthly Web Metrics Report (1 page)

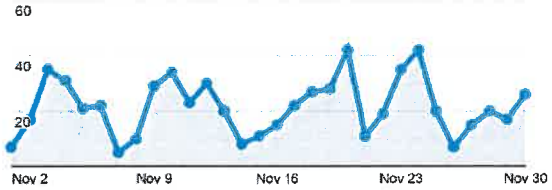
Analytics Sample QuitLine All Web Site Data — Go to report

Tobacco Quitline Program Monthly Web Metrics — Nov 1, 2020 - Nov 30, 2020

All Users
100.00% Sessions

Sessions

Sessions



Page views

3,180
% of Total: 100.00% (3,180)

Enroll Page Views (unique) = Unique Page views for Enroll Page

255
% of Total: 11.49% (2,220)

Entrances

648
% of Total: 100.00% (648)

Bounce Rate

36.36%
Avg for View: 36.36% (0.00%)

Top Referring Sites = Users by Full Referrer

Full Referrer	Users
(direct)	200
health.gov/topics/programs/tobacco/Pages/Quitline.aspx	78
health.gov/topics/programs/tobacco/Pages/Tobacco.aspx	73
google	43
health.gov/	37
com.google.android.gm/	18
bing	13
keystonefirst.com/	8
keystonefirst.com/member/eng/programs/smoking/index.aspx	5
m.facebook.com/	5

Total Visits = Sessions

649
% of Total: 100.00% (649)

Unique Visitors = Users

511
% of Total: 100.00% (511)

Page Views/Visit = Pages / Session

4.90
Avg for View: 4.90 (0.00%)

Enroll Page Views (Total) = Page views for Enroll page

318
% of Total: 10.00% (3,180)

Exit %

20.38%
Avg for View: 20.38% (0.00%)

Top Pages (traffic)

Page Title	Users
Home	385
Enroll Now	226
Dashboard	139
Sign In or Enroll	110
Order NRT	97
Use NRT or Other Quit Medications	85
Pick a Quit Day	66
Anticipate Your Withdrawal Symptoms	64
Prior Quit Attempts	62
Support People	62

Sample Weekly Dashboard Report (1 page)

TEST CLIENT

Weekly Services Report

1/2/2022 - 1/8/2022

Caller Type

Protocol selected during intake

		Ph	Web	Web- Ph
1/2/2022	Sunday		8	2
1/3/2022	Monday	1	10	1
1/4/2022	Tuesday	7	12	4
1/5/2022	Wednesday	5	11	1
1/6/2022	Thursday	3	9	2
1/7/2022	Friday	1	10	4
1/8/2022	Saturday		4	3

Intakes and Coaching

Participants will be counted twice if they have a phone intake as well as a web intake

Total Phone Intakes	25
Total Web Intakes	75
Total Unduplicated Intakes	93
Youth Phone Intakes	0
Youth Web Intakes	2
Youth Unduplicated Intakes	2
AICTP Phone Intakes	0
AICTP Web Intakes	1
AICTP Unduplicated Intakes	1
Total Coaching Calls	33
AICTP Coaching Calls	3

Individual Services Choices

Online responses only, participants may be counted in multipole categories

Phone	9
Online	40
Email	27
Text	35
NRT	31

Starter Kits Shipped

Online orders	39
Phone orders	13

Warm Insurance Transfers

Insurance	Completed intake	No completed intake
Commercial - Insurance A	3	4
Commercial - Insurance B		1
Commercial - Insurance C	10	5
Commercial - Insurance D	4	5
Medicaid - Insurance A	4	13
Medicaid - Insurance B	2	9
Medicare - Insurance A	1	14
Medicare - Insurance C	5	9
Medicare - Insurance D	1	4

How did you hear about the quitline by County

	Billboard(s)	Brochure/ Newsletter/ Flyer	Community Organization	County Health Department	Family/ Friends	Health Care Professional	Insurance company	Internet	Online Ad	Other	Quit Card	Radio	School	Television	Text To Quit	TRUTH	Unknown
County A		1				1				1							
County B								5	1					1			
County C		1	1			2	1	3	5				1	4	1	1	3
County D	1						1	6		3							
County E		1				5		3	1	1	1		1	1	1		
County F						3		2	1	2							

COVID19 Questions

Because of the coronavirus pandemic...

Question	Decreased	Stayed the same	Increased	Don't know
...has your interest in reducing or stopping cigarettes changed?	7	38	28	5
...has the amount you smoke changed?	7	34	36	1
...has your interest in reducing or stopping e-cigs/Vaping changed?	4	9	6	2
...has the amount you use e-cigs or vape changed?		7	12	2

Menthol Use

Includes responses to the menthol question. Only includes participants who answered they use cigarettes. Includes web and phone intakes.

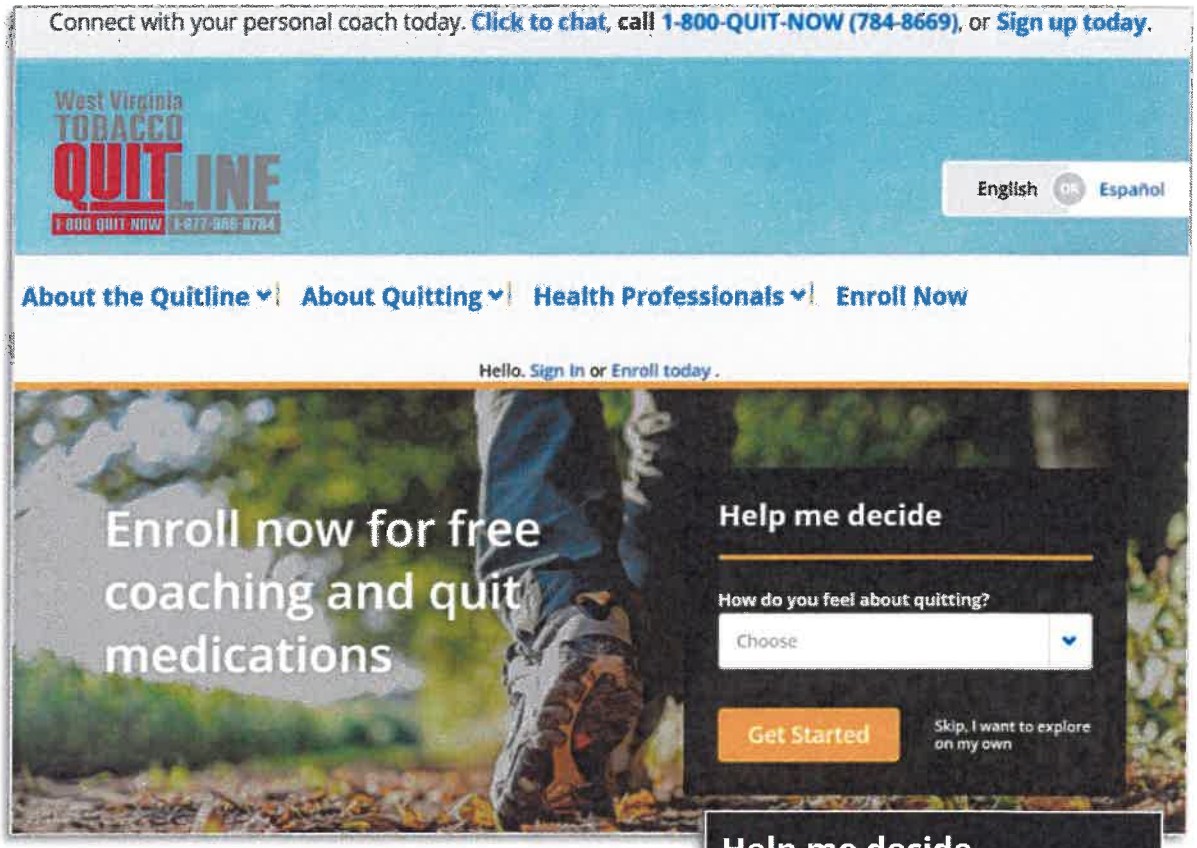
Yes, I usually smoke menthol cigarettes	25
No, I usually smoke other types of cigarettes	51
Don't know	2
No response	1

Attachment B: Web-based Cessation Program

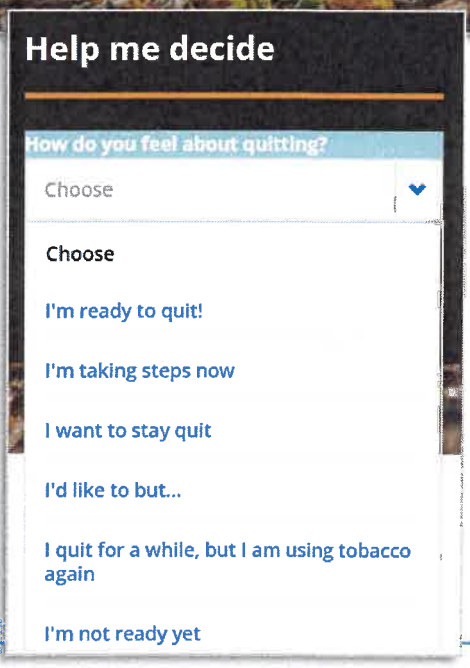
Samples of Online Materials

National Jewish Health has invested significant resources to develop a user-friendly, mobile-optimized, interactive website for the Quitline program. This website hosts customized, state-branded information about Quitline services and resources for each category of visitors, including tobacco users, friends and family of tobacco users, and health professionals.

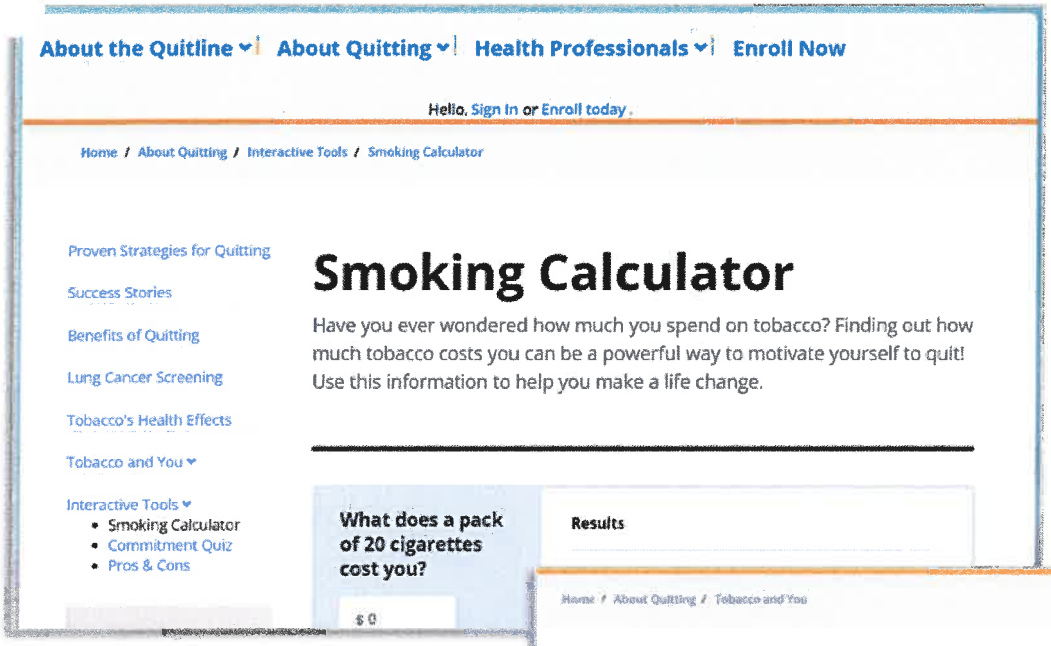
The website is accessible 24 hours per day, seven days per week and is available in English and Spanish. Notable features of the website are depicted on the following pages.



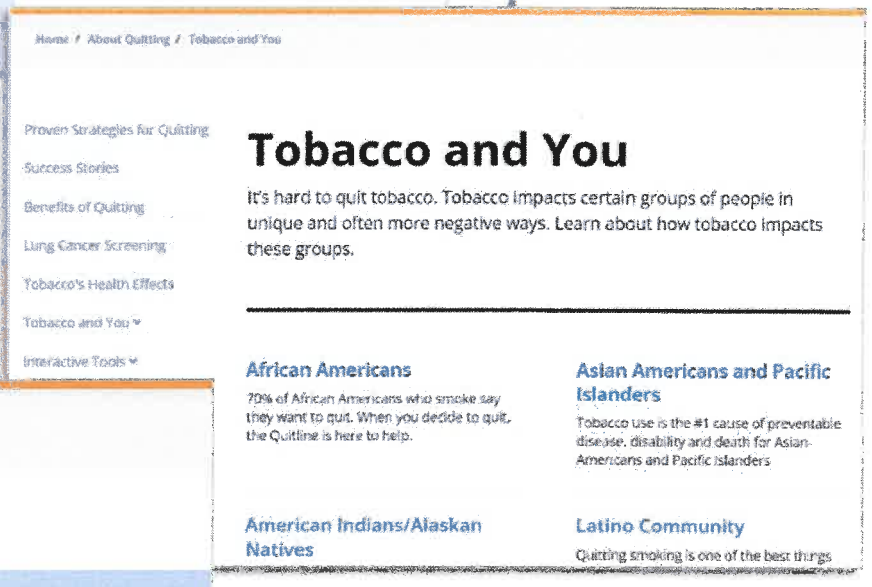
From the home landing page (above), visitors are prompted to interact with features based on their readiness to quit. The intuitive design also allows visitors to explore through the navigation menu, by clicking "explore on my own," or by scrolling the homepage calls-to-action.



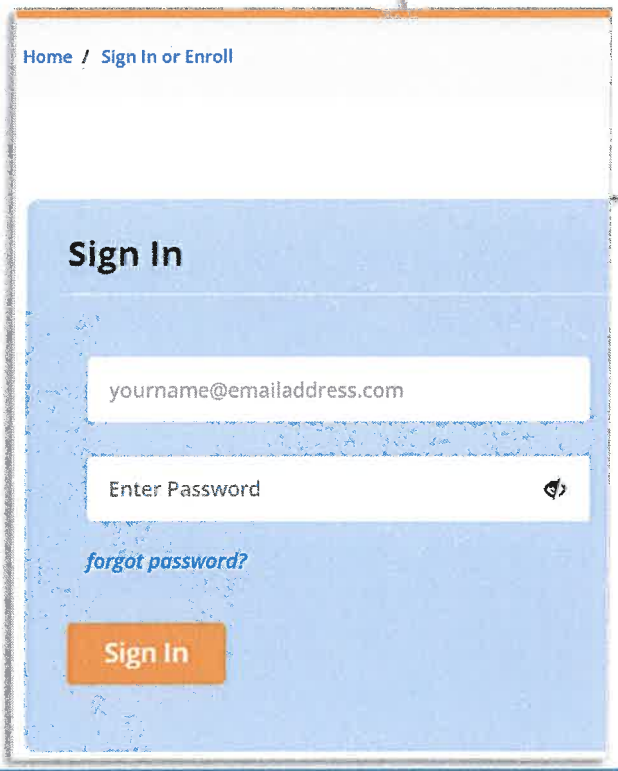
Following the question "How do you feel about quitting?" are six unique responses, each leading to curated content that relate to an individual's readiness to quit.



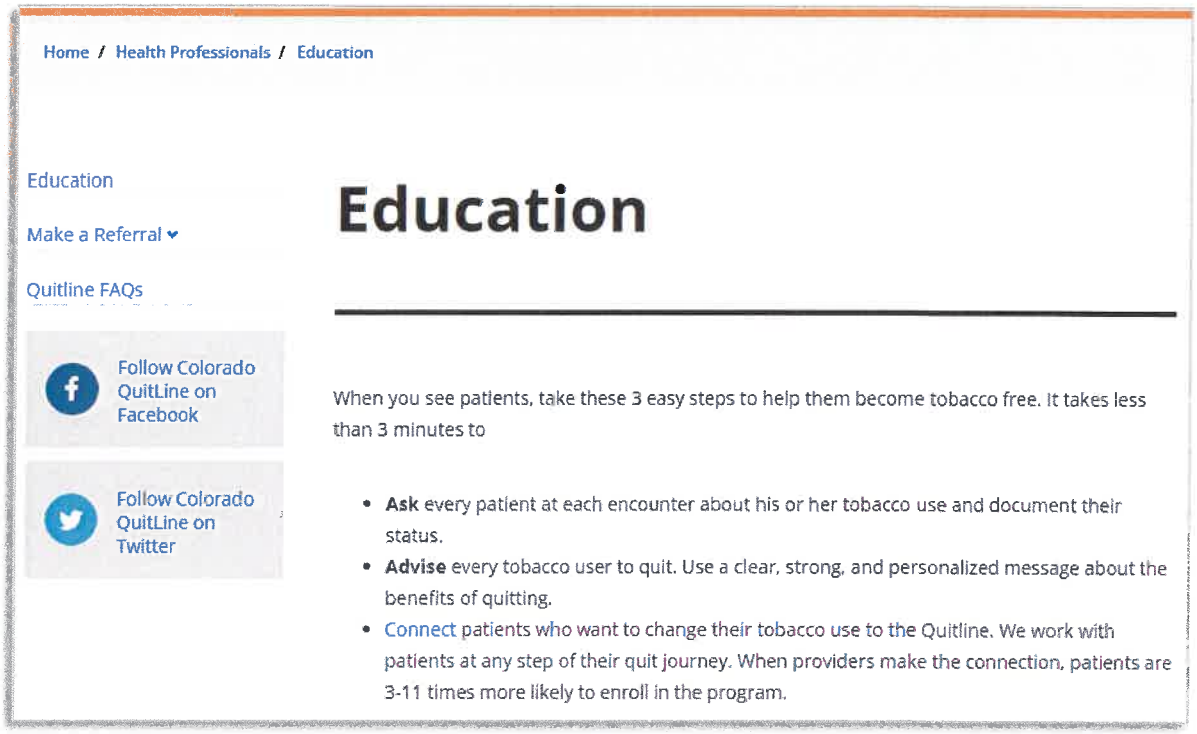
Interactive tools such as the Smoking Calculator help visitors understand the impact of tobacco on their life.



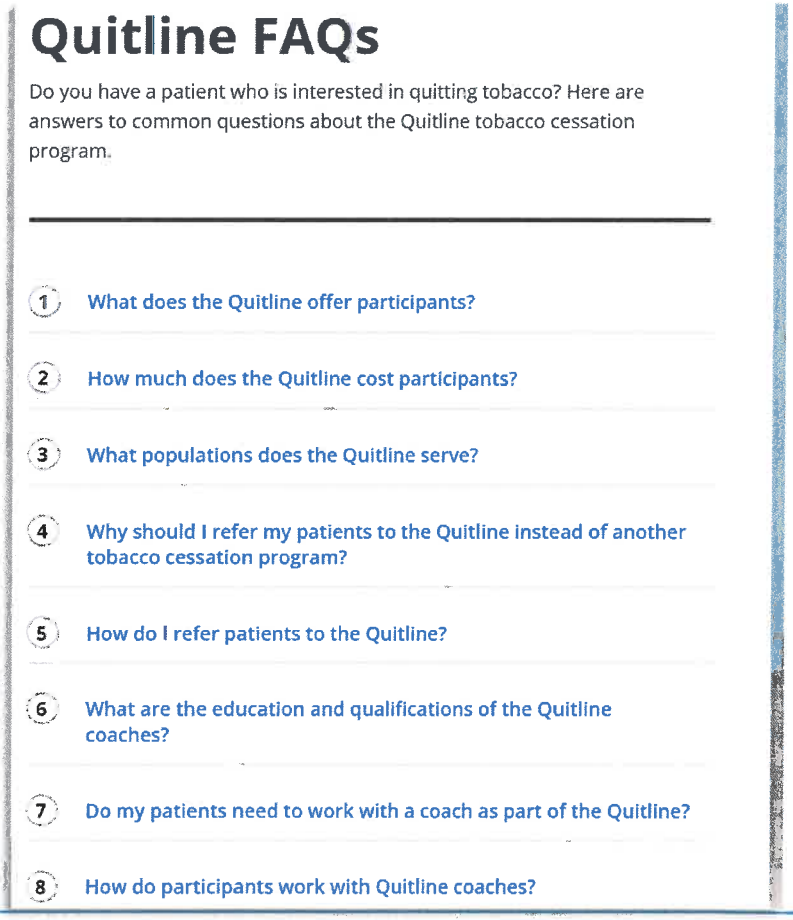
Visitors can explore targeted information for numerous priority populations.



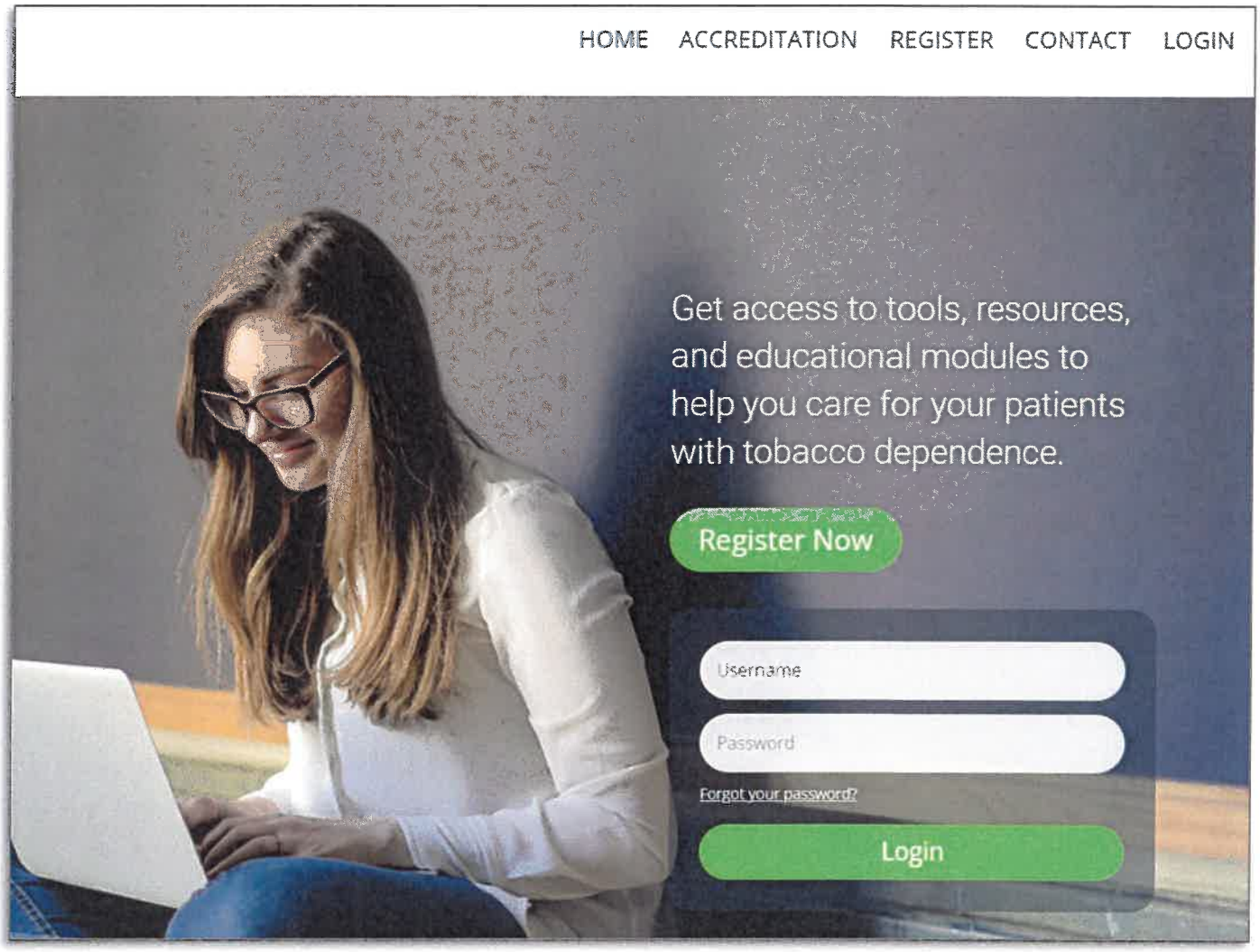
Active Quitline participants can sign in to access their dashboards where they can track their progress, view information about their next coaching call, and monitor medication orders.



Resources are available to health professionals including the 3-step Ask, Advise, Connect, referral information, and relevant FAQs.



Quitlogix® Landing Page for Providers to Access Continuing Education (Quitlogix Education)



Captures from Pregnancy and Postpartum Web Pages

About the Quitline | About Quitting | Health Professionals | Enroll Now

Hello. Sign In or Enroll today.

Home / About Quitting / Tobacco and You / Pregnancy and Tobacco Use

- Proven Strategies for Quitting
- Success Stories
- Benefits of Quitting
- Lung Cancer Screening
- Tobacco's Health Effects
- Tobacco and You
  - African Americans

Pregnancy and Tobacco Use

Quitting smoking cigarettes can be hard, but is one of t
woman can protect herself and her baby's health. The g
women quit during pregnancy. Getting help can make
and increase the chance of quitting successfully.

Why is Quitting Important?

Research shows using tobacco while pregnant is harmful for you and your baby. Cigarette smoke harms women before getting pregnant and can have long-lasting health effects on the child long after birth. These effects include:

- **Harder to become pregnant.** Women have lower fertility when they smoke, and even IVF is less likely to work. The good news? After quitting, fertility is the same as for women who didn't smoke cigarettes!
- **High risks for ectopic pregnancy.** Smoking makes the fertilized egg more likely to implant before it reaches the uterus. Ectopic pregnancy can be life threatening if not addressed early. Women who quit smoking reduce their risk of ectopic pregnancy to the same level as women who never smoked.
- **Increased risk for miscarriage.** Women who smoke have higher rates of miscarriages. There are many reasons for miscarriage, and smoking can be an underlying cause.
- **Babies born with low birth weight and too early.** Tobacco smoke in blood means the baby gets less of the oxygen it needs to grow. There are more than 7000 chemicals in tobacco smoke, and many cross the placenta. Quitting any time during pregnancy, and especially in the first trimester, can reverse the effect of smoking on birthweight and help deliver a full term baby.
- **Higher rates of stillbirth and infant death.** Cigarette smoking increases the risk of stillbirth by 40-60% and infant death by 20-30%. About 20% of Sudden Infant Death

How does the Quitline help?

The Quitline has a free program for women who want to quit tobacco when they are pregnant. When you enroll in the Quitline, you will work with the same Coach for all of your appointments. After each call, you will receive a gift card in the mail to help with pregnancy and postpartum expenses.

During pregnancy, your Coach will help you design your personal quit plan, provide helpful tools and talk about tips for staying tobacco-free. You can receive up to five coaching calls during pregnancy.

If your doctor approves, you may be eligible for free nicotine patches, gum or lozenges.

Around your due date, your Coach will schedule you to re-start the program after yo
baby. You can receive up to four coaching calls after you give birth.

More than 50-75% of women who complete both the pregnancy and postpartum pro
able to stay quit long term. Your chances of quitting and staying quit increase with e
call you complete.

You can quit and we can help!

Relationships

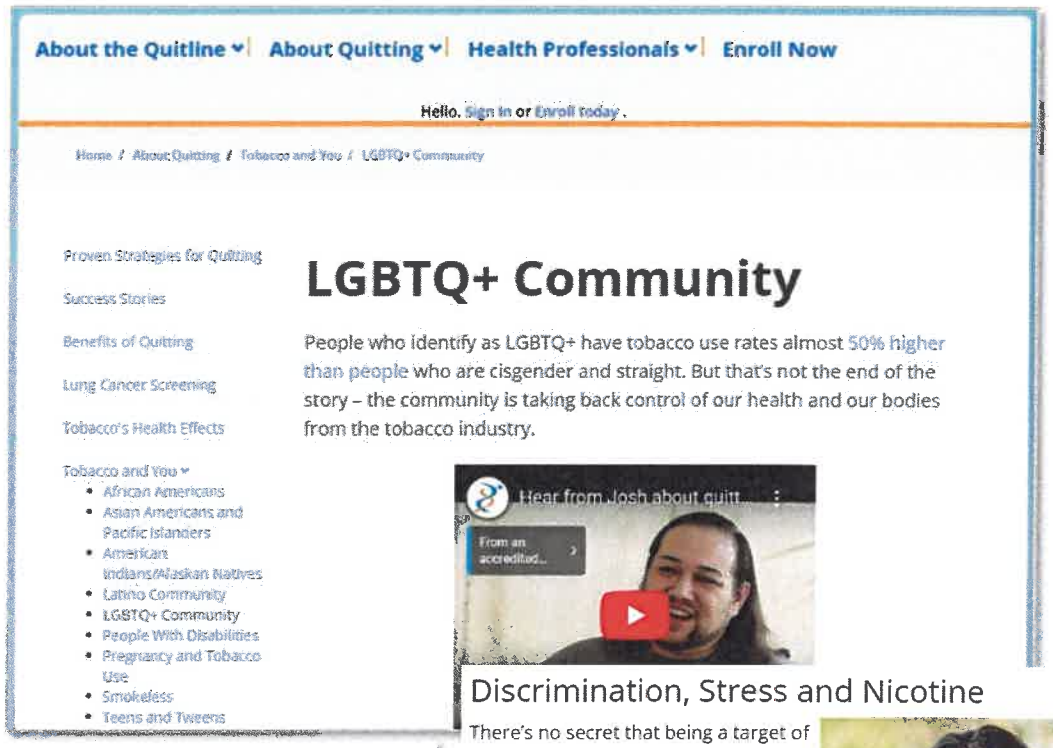
Some people in your life might be your best support, but also someone with whom you smoke. This can make quitting difficult until you can get them to support being smoke-free. Making your home and car smoke-free is an important step.

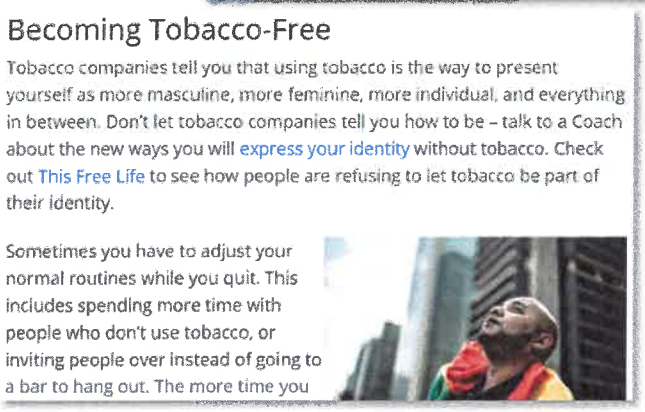
Ask people who use tobacco to not use it around you or before they come to see you. Seeing and smelling smoke can make you want to break down and have a cigarette.

Staying quit postpartum

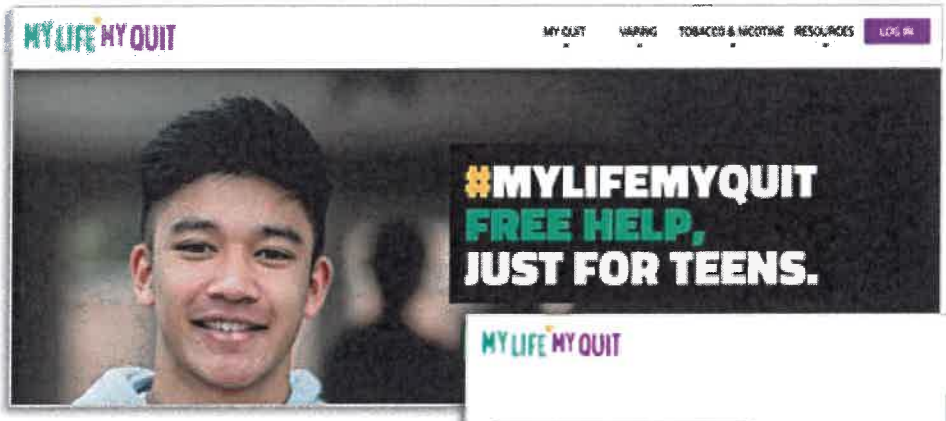
Most women find many reasons to quit during pregnancy, and after they give birth motivation to stay quit can go down. You might find you want to get back to your pre-pregnancy self that includes activities you had to give up while pregnant. Staying tobacco-free is important for your health and the health of your baby.

Captures from LGBTQ+ Web Pages



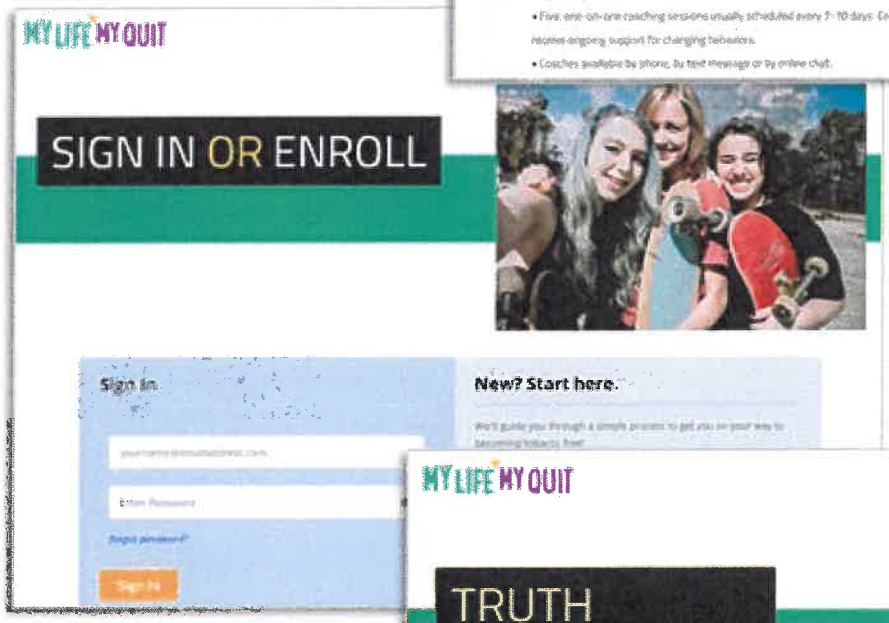


Captures from the *My Life, My Quit* Youth Program Website



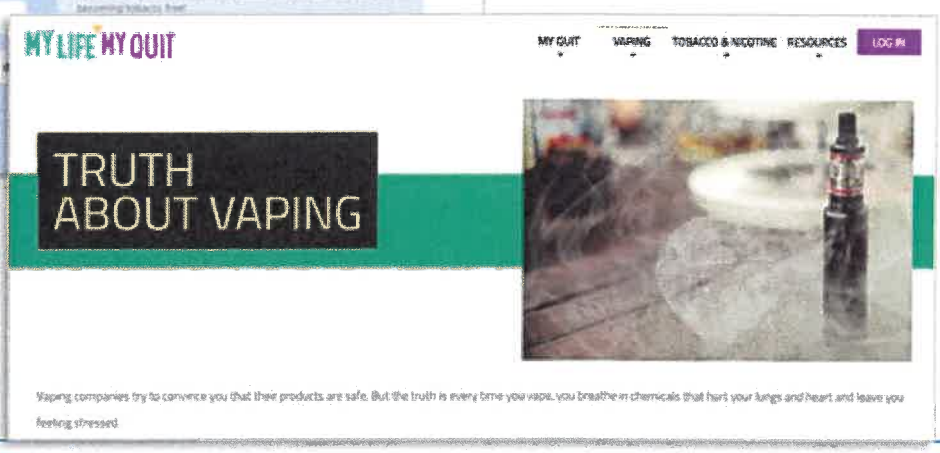
A homepage view of the My Life, My Quit website

The My Life, My Quit™ website includes resources for parents, educators, health care professionals, and community organizations.



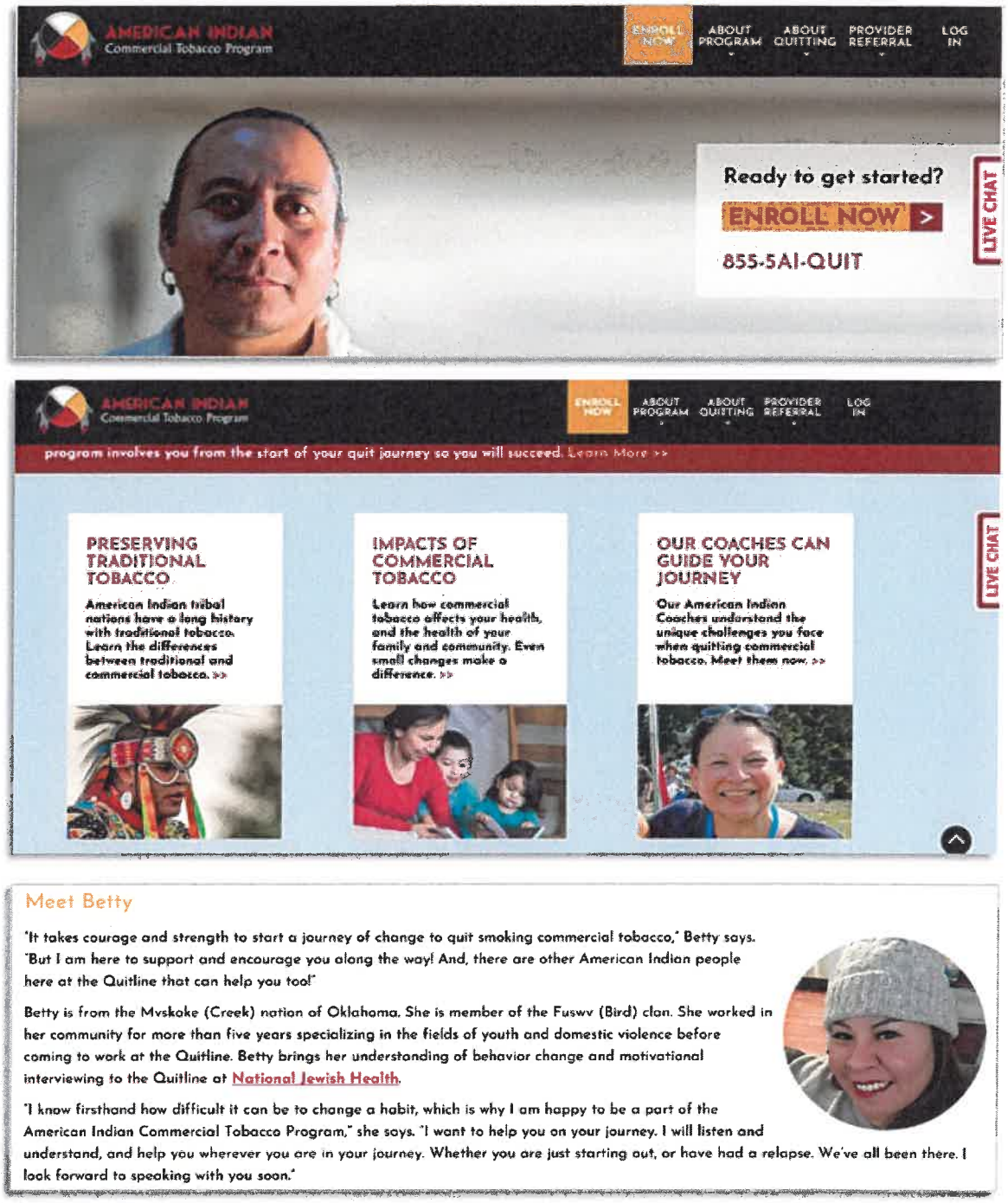
Participants can sign into their personalized dashboard and interested youth can begin a simple enrollment process directly from the website.

Educational information is arranged by topic with content written specifically for youth audiences.



Captures from the American Indian Commercial Tobacco Program Website

National Jewish Health developed a specially tailored website for the American Indian Commercial Tobacco Program (AICTP). Screen captures from this website are included below.



American Indian Coaches use special protocols to provide culturally responsive services to American Indian participants.

Attachment C: Fax, Online and eReferrals

Provider Referral Workflow

Provider Referral Flow	eReferral	Provider Web Referral	Fax Referral	Live Referral
Provider submits referral	Process depends on implementation	Provider types details in online form	Details are hand-written on fax form OR submitted from EMR using eFax	Provider calls 1-800-QUIT-Now and tells agent they are referring a patient who is present. Provider completes 'warm handoff' to patient. Agent collects information directly from patient. The processing and outreach stages are skipped.
Referral uploaded to QuitPro	Referral sent using direct message and automatically uploaded. If there is an error in the transmitted file, for example PDF or plain-text sent instead of XML, the referral will not be processed.	Referral form securely submitted online into QuitPro and automatically uploaded	Fax form is scanned and uploaded as PDF to queue, to be data entered by agent. Possible issues include: • Missing phone number (Closed - Invalid) • Illegible handwriting (Closed - Illegible) • Critical information missing from referral (Closed - Incomplete) • Consent checkbox exists and unchecked or no (Closed - Participant Consent Needed)	
Referral processing in QuitPro	If referral has no issues until now, validity is tested against database. If no issues, referral will receive "Open" status. Possible issues include: • Zip code doesn't belong to existing client or client doesn't provide services based on participant's age (Closed - Ineligible) • Referral is an exact duplicate of another referral (Closed - Duplicate) • Participant currently enrolled in program (Closed - Already Participating) • Participant has a pending open appointment (Closed - Current Appointment)			
Outreach to participant	On each outreach attempt, if the participant doesn't answer, we attempt to leave a voicemail. Possible issues: • Outreach attempts are exhausted - usually three attempts over about 10 days (Closed - Unreachable) • A new referral is received for the participant with new details or from a new provider - later referral assumed to be up-to-date and current referral is closed (Closed - New Referral)			
Successful contact	Agent tries to enroll participant. Possible outcomes: • Participant agrees to the program and completes an intake (Closed - Intake Only). If participant completes a coaching call, usually immediately after intake, referral will be Closed - Enrolled • Participant declines services (Closed - Declined) • Participant should receive services under a different client managed by Health Initiatives (Closed - Alternate Client) • Participant not eligible for services by the quitline and should contact their insurance for services (Closed - Alternate Program)			

Participant Updates

Provider Web Referral and Fax Referral	Providers may receive updates on these participants through either fax or secure email (coming soon). Regardless of feedback method, an initial acknowledgement message is sent back to the provider. Additionally, the provider will receive an update when any of the following events occur: • When the participant becomes unreachable after multiple outreach attempts • Once the participant completes enrollment in the program. Enrollment occurs once the first coaching call is completed • If the participant declines services • When a quit medication order is successfully placed by the quitline • When the participant completes the phone coaching program
eReferral	eReferrals are sent through secure direct messaging, and providers receive updates on their participants using the same format. Providers will receive CCDs reflecting the participant's status straight to the EMR. The method of incorporating progress notes within the EMR is dependent upon the health organization's implementation. Progress notes can be sent using one of two schedules. The first and recommended one, is the same event-based schedule for fax and provider web referrals. The second schedule is purely time based – providers will receive progress notes at 20, 90, and 220 days from the referral receive date. Health organizations may also opt in to receive an acknowledgement message of receipt, to be sent the same day the referral was received. This message uses plain text and doesn't include a CCD.

Live referrals are considered as a direct contact with the participant and as such do not include updates to the provider on participant status.

Sample eReferral Report

The following is an example of a feedback report from a Quitline to a health care provider that is formatted as a Progress Note, one of the standard templates available in EMRs certified for meaningful use. The sample is displayed in human-readable format.

Quitline Progress Note			
Patient	Jamie Doe		
Date of Birth	January 1, 2000		
Sex	F		
Race	White		
Patient Contact Info	1234 Main St. City, State Zip Tel: XXX.XXX.XXXX		
Patient ID	998991 2.16.840.1.113883.19.5.99999.2		
Document ID	1578391 2.16.840.1.113883.3.552.1.3.11.14.9.999362		
Document Created	November 14, 2014, 11:15 MST		
Author			
Document Maintained By	National Jewish Health		
Contact Info	1400 Jackson St. Denver, CO 80206 Tel 855-372-0044		
Assessment	09/16/2014	Referral to smoking cessation advisor	395700008
	09/16/2014	Accepted	1459824015
	09/21/2014	Smoking cessation assistance	384742004
	09/21/2014	Active	55561003
	09/25/2104	Nicotine replacement therapy provided free	390905006
Plan of Care	PT set quit date and was not using tobacco as of last coaching call. Reported a slip while on vacation. Completed 4 calls of 5 call program.		
Medications	09/23/2014	Nicoderm 21 MG transdermal patch, 4 weeks	351429
	09/23/2014	Nicorette 4 MG chewing gum, 2 weeks	105071
Interventions	09/21/2014	Behavior modification education guidance counseling	410273004
		Telephone encounter	185317003
	09/21/2014	Web based application software	706690007
	10/04/2014	Behavior modification education guidance counseling	410273004
		Telephone encounter	185317003
	10/18/2014	Behavior modification education guidance counseling	410273004
		Telephone encounter	185317003r
	11/13/2014	Behavior modification education guidance counseling	410273004
		Telephone encounter	185317003r
	12/07/2014	Smoking cessation assistance	384742004
	12/07/2014	Treatment completed	182992009

Sample Fax Referral Form

West Virginia TOBACCO QUITLINE
1-800-QUIT-NOW 1-877-966-8784

West Virginia Tobacco Quitline Fax Form

Fax to: 1-800-261-6259

PROVIDER INFORMATION (PRINT CLEARLY)

Feedback will only be sent to **HIPAA covered entities** to either the fax number or email listed below.

Provider First Name _____ **Provider Last Name** _____

Contact (if applicable): First Name _____ **Last Name** _____

Name of Health System/Hospital/Health Center/Community Organization: _____

Department or Clinic Name (if applicable): _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone (_____) _____–_____ **Email for HIPAA-covered entity:** _____

Fax for HIPAA covered entity (_____) _____–_____

Type of HIPAA covered entity: ☐ **Health care Provider** ☐ **Health Plan** ☐ **Health care Clearing House** ☐ **Not Covered Entity**

As a HIPAA covered entity you are authorized to receive personal health information for the individual being referred.

As a Not Covered Entity, personal health information will not be shared back for the individual being referred.

Provider consent is required to provide nicotine replacement therapy (NRT) to individuals who are pregnant or breast feeding.

Is the patient: ☐ **Pregnant** ☐ **Breastfeeding**

(If Provider) I authorize the Quitline to send the patient over-the-counter nicotine replacement therapy.

Please sign here if patient may use NRT _____ **Date** _____

Provider signature

PATIENT INFORMATION (*Required) (PRINT CLEARLY)

***Patient Name** (First) _____ (Last) _____

Patient Zip _____ ***Date of Birth:** _____/_____/_____

***Phone** (_____) _____–_____ ☐ **Home** ☐ **Cell** ☐ **Work** **OK to leave message at number provided?** ☐ **Yes** ☐ **No**

THE VOICEMAIL MAY BE A RECORDING FROM AN AUTODIALER.

***Do you require accommodation while participating in the program such as TTY, Translator or Relay Service?**

☐ **Yes, if Yes, please specify** _____ ☐ **No**

***Language?** ☐ **English** ☐ **Spanish** **Other** _____

Consent of Text: ☐ **Yes** ☐ **No**

I consent to receiving text messages with motivational messages and other program events, such as appointment reminders, medication shipments, and quit anniversaries.

I, the patient (or authorized representative), give permission to release my information to the **West Virginia Tobacco Quitline.** The purpose of this release is to request an initial phone call to discuss my interest and participation in the tobacco cessation program and allow communication with the provider identified on this form. I may revoke this authorization at any time in writing, but if I do, it will have no effect on actions taken prior to receiving the revocation.

***Patient Signature** _____ **Date** _____

If filling out form on behalf of the patient:

Authorized Representative name: (First) _____ (Last) _____

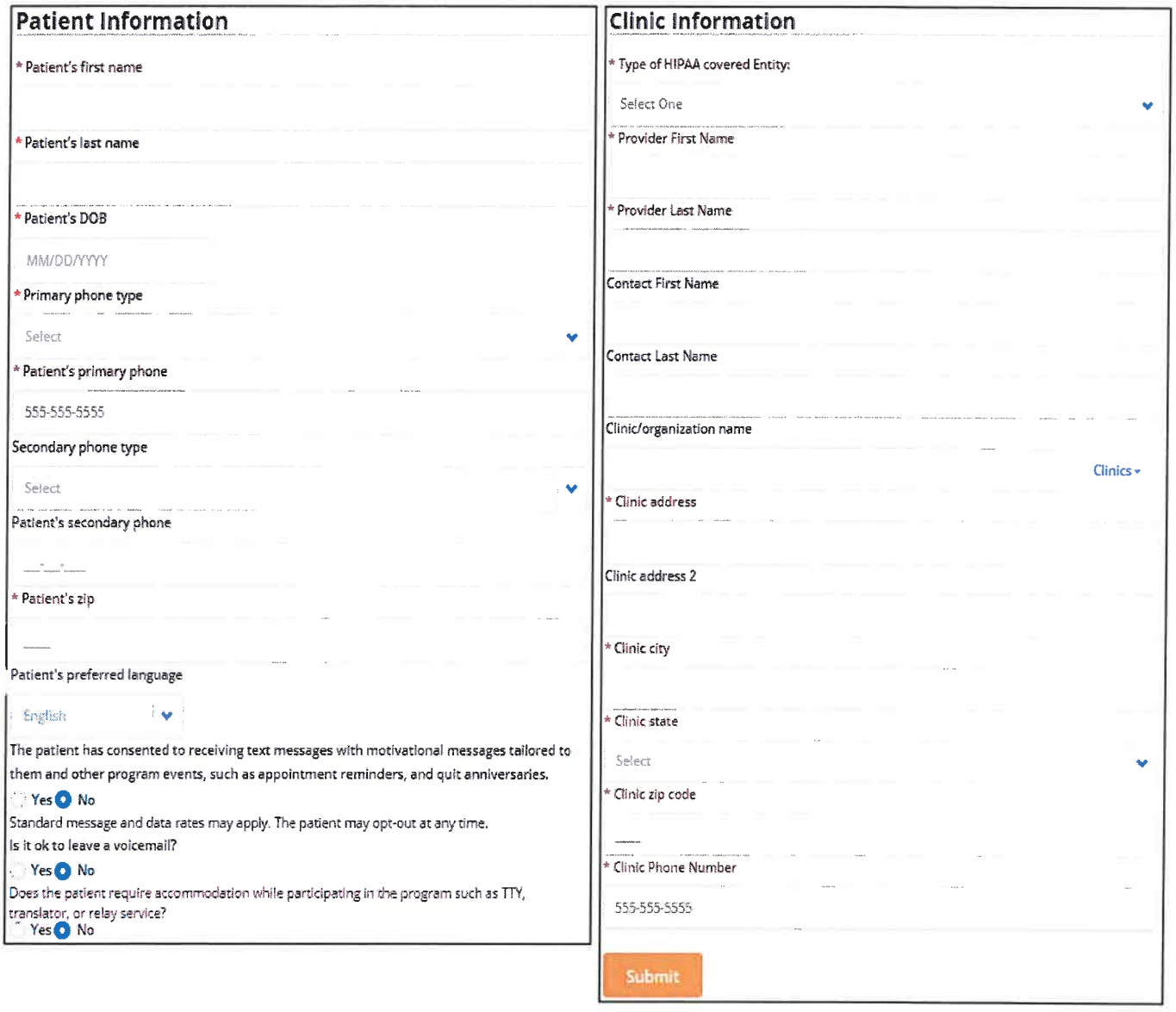
Signature _____ **Date** _____

**Participant or Authorized Representative signature required in order to place phone call to the patient.*

PLEASE FAX COMPLETED FORM TO: 1-800-261-6259

Confidentiality Notice: This facsimile contains confidential information. If you have received this in error, please notify the sender immediaely by telephone and confidentially dispose of the material. Do not review, disclose, copy or distribute.

Online Referral Form



Patient Information

* Patient's first name

* Patient's last name

* Patient's DOB

MM/DD/YYYY

* Primary phone type

Select

* Patient's primary phone

555-555-5555

Secondary phone type

Select

Patient's secondary phone

* Patient's zip

Patient's preferred language

English

The patient has consented to receiving text messages with motivational messages tailored to them and other program events, such as appointment reminders, and quit anniversaries.

Yes No

Standard message and data rates may apply. The patient may opt-out at any time.

Is it ok to leave a voicemail?

Yes No

Does the patient require accommodation while participating in the program such as TTY, translator, or relay service?

Yes No

Clinic Information

* Type of HIPAA covered Entity:

Select One

* Provider First Name

* Provider Last Name

Contact First Name

Contact Last Name

Clinic/organization name

Clinics

* Clinic address

Clinic address 2

* Clinic city

* Clinic state

Select

* Clinic zip code

* Clinic Phone Number

555-555-5555

Submit

Fax/Online Feedback Report

The following is an example of a feedback report delivered to providers after submitting a fax and/or online referral, describing the program and encouraging follow-up with the referred patient.

QUITLOGIX®

Fax

To:	Contact Example	**From:**	QuitLogix HelpLine
Fax:	999-999-9999	**Pages:**	2
Phone:	999-999-9999	**Date**	7/14/2022
Re:	Feedback Report	**cc:**	

☐ Urgent ☑ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

Please review the information regarding the recent Fax Referral or Medical Consent form that was submitted to QuitLogix HelpLine.

Dear Example Dr Example Dr,

Thank you for referring Sample PT Program Complete, DOB: 10/10/1990, to the QuitLogix HelpLine.

We are pleased to share Sample PT completed our program (5 of 5 coaching calls). Below we provide a brief update on Sample PT for your records.

On the last coaching call (#5), Sample PT indicated they were using:
[2] Cigarettes per day cigarettes per day
[0] Cigars, small cigars or cigarillos per week cigars per week
[0] Pipe per week pipes per week
[0] SLT, Chew, Snuff or Dip per week cans/pouches of smokeless tobacco per week
[0] Other tobacco products other tobacco products

We encourage you to follow-up with Sample PT at their next visit to check-in on their quit status and ask if they need more support. Research shows it can take multiple quit attempts for an individual to have a lasting and sustained quit. If Sample PT needs more support at any time, please make a new referral to the QuitLogix HelpLine and we will reach out again to offer services.

Medications:

Sample PT has selected to use a cessation medication to support this quit attempt. In line with clinical recommendations based on volume of daily use and time to first use upon waking, the following products were ordered:

- 07/14/2022: 21mg, 2 weeks Patch (1 cartons, 14ct)

Tobacco Use History: Sample PT reported the following tobacco use during program intake.

[20] cigarettes per day

Uses Within five minutes upon waking.

Estimated pack-years: 12. Based on USPSTF guidelines, people who smoke and are age 50 years or older with a 20 pack-year history may be eligible for lung cancer screening with low dose CT.

Services selected:

Phone services: Sample PT enrolled in the coaching program. We will provide multisession proactive coaching sessions scheduled at 7-10 days intervals to help achieve abstinence.

Our behavioral coaching uses motivational interviewing technique to strengthen commitment to quitting, and cognitive-behavioral strategies to address the thoughts and emotions of quitting, as well as develop action steps to achieve tobacco cessation goals.

We use the acronym P.L.A.N.:

- Pick a quit date (set a goal).
  - Sample PT set a quit date as 07/14/2022.
- Let others know (develop social support).
  - Our coaches will work with Sample PT to identify and build social support throughout their quitting journey.
- Anticipate challenges and triggers (learn to avoid and adjust, or find alternatives).
  - Sample PT indicated the importance for quitting was 10 out of 10.
  - Sample PT indicated a confidence level for quitting of 10 out of 10.
  - Sample PT also identified the following challenges to quitting: Stress.
- Nicotine replacement therapy.
  - The medication plan for Sample PT is described above.

We encourage you to inquire about and reinforce the Quit P.L.A.N. with Sample PT on the next clinic visit.

If you have questions or would like more information, please call us at 1-800-784-8669. We appreciate your support of our program to help people in their journey to quit.

Thank you,
QuitLogix HelpLine

Attachment D: Sample Quality Assurance and Improvement Reports

LGBTQ+ Reach and Engagement Report

National Jewish Health® Science Transforming Life®

Project Name
Improving quitline reach and engagement for LGBTQ+ populations

Project Description

National Jewish Health partnered with Michigan to explore ways to enhance the care that LGBTQ+ individuals receive when they contact the quitline. We conducted extensive data collection with community members who currently use tobacco to explore any barriers to reaching out to the quitline for cessation support using qualitative methods. We also collected data from current and former quitline participants using an electronic survey to understand factors that facilitate quitline reach, as well as factors that facilitate or are barriers to quitline engagement. Information learned from the data collected informed updated content for participant education materials, web content specific to LGBTQ+ populations, as well as several next steps to continue improving services for LGBTQ+ callers. The project report is included below and additional participant survey comments are included in Appendix 1.

Qualitative and Quantitative Data Collection

Assessing the experiences of LGBTQ+-identified callers

National Jewish Health conducted a mixed method evaluation of the quitline program for adult LGBTQ+ callers. The aim of the evaluation was to understand how quitlines can better reach and engage the community.

- We surveyed callers with intakes from March 2018 – May 2019 who identified as LGBTQ+. Surveys were sent to 1680 participants in June 2019 and 232 (14%) completed the survey.
- Survey respondents were asked to participate in additional qualitative data collection, such as individual interviews or a digital focus group to discuss their quitline experience. Eighteen respondents agreed and provided additional qualitative data.
- Adults (N = 12) who identified as LGBTQ+ and had not previously used the quitline participated in community focus groups and interviews to discuss perceptions of the program.

How can quitlines reach LGBTQ+ people?

Participants offered several ideas and suggestions on how best to reach LGBTQ+ people:

- Emphasize that the quitline offers free, personalized services that help find the tools or techniques you need to quit.

1

- Identify the quitline as being culturally sensitive to the needs of LGBTQ+ people (the right resource). Coaches receive specific training on working with LGBTQ+ people.
- Identify community champions to "vouch" for and promote the quitline.
- Connect tobacco use to other LGBTQ+ health concerns, such as cancer disparities, treatment for HIV, and the impact on gender alignment (feminizing/masculinizing) hormone therapies.
- Connect tobacco use to LGBTQ+ identity, such as how tobacco companies target the community for flavors and new products like e-cigarettes.
- Talk about tobacco within LGBTQ+ social networks – the *who*, *when* and *where* of tobacco. Who can mean friends you smoke around, when and where may be connected to spaces and events where people use tobacco, including social smoking.
- Understand tobacco within LGBTQ+ stressors, connected to mental health, drug and alcohol use, stigma, discrimination and prejudice, but also emphasize messages of resiliency.
- Use images or symbols of LGBTQ+ people in promotional materials and go where LGBTQ+ people socialize including festivals or events.

> *"Because a lot of LGBTQ community, you know, a lot of them feel alienated, under more stress, more family matters to deal with, especially with coming out to friends and families, puts a lot of stress on them as a person"* – Key Informant

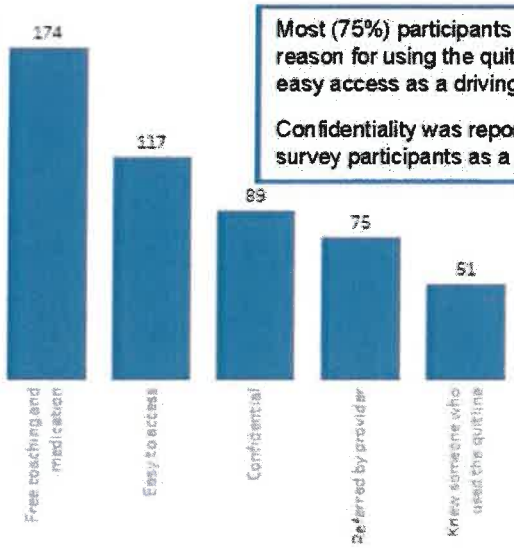
How does the quitline engage LGBTQ+ callers?

- Coaches help by keeping participants motivated to quit, improving confidence that this time you will quit, and create accountability for your quit plan.
- Coaches are kind, respectful and compassionate individuals who are ready to talk about LGBTQ+ identity and health.
- The Quitline is available when it seems everyone around is smoking. When you can't find someone to support you in quitting, you can count on a Coach for support. Coaches help you find new ways to manage stress.
- Participants emphasized that a big factor for calling and engaging with the program is that it is free, including for coaching and medications if available.

> *"Yeah, I felt happy that they asked [about being LGBTQ], and I had no problem responding. That's one thing that quitline has done from the beginning, made me feel safe" - Digital Focus Group Participant*

From the participant survey: 232 respondents

- 88% reported feeling comfortable being asked their sexual orientation and gender identity during intake.
- 85% of respondents who could recall, reported their intake agent helped them feel comfortable.
- 85% felt they could comfortably speak about being LGBTQ+ with their quitline Coaches.
- Only 35% of respondents who could recall reported discussing areas of life related to being LGBTQ+ (e.g., stress, stigma, discrimination) that were barriers to cessation.
    - Participant comments on this question suggest both participant and Coach factors are potential reasons for the lower rate

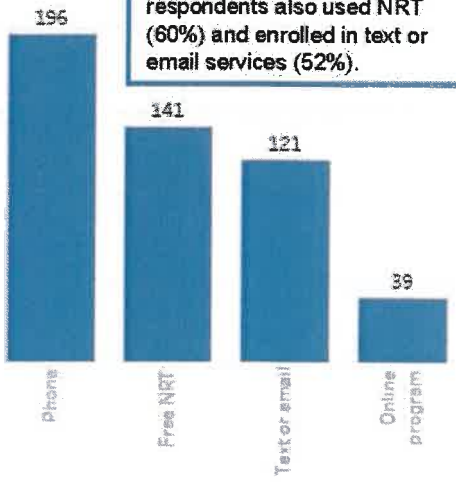


Most (75%) participants reported free services as a reason for using the quitline, with half also reporting easy access as a driving factor.

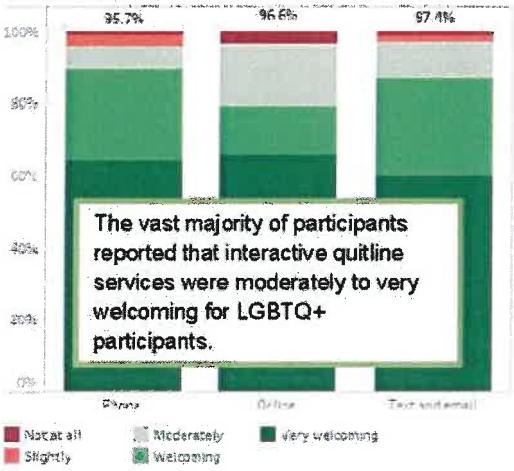
Confidentiality was reported by 38% of LGBTQ+ survey participants as a reason for using the quitline.

Most respondents (84%) used telephone services.

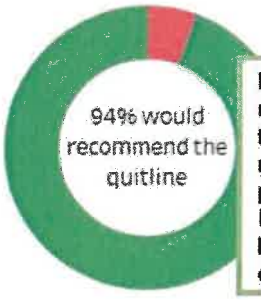
More than half of survey respondents also used NRT (60%) and enrolled in text or email services (52%).



Were program components welcoming?

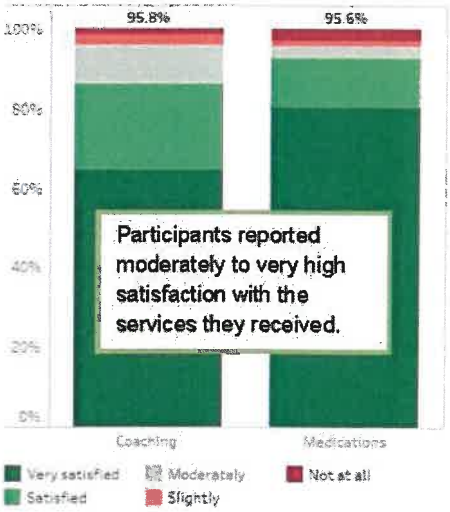


The vast majority of participants reported that interactive quitline services were moderately to very welcoming for LGBTQ+ participants.



Most survey respondents reported that they would recommend the quitline program to other LGBTQ+ people looking for support to quit.

Respondent satisfaction with services



Participants reported moderately to very high satisfaction with the services they received.

3

LGBTQ+ callers recommendations

- Develop additional ways to personalize the quitline program for LGBTQ+ people, such as the website, or text/email services, and dedicated and/or LGBTQ+ Coach upon request.
- Help LGBTQ+ people connect to others who are quitting to increase the number of social situations with others who are tobacco-free.
    - Examples included conference calls, forums, or peer support. Tobacco-using/tobacco-free social networks are a major factor for LGBTQ+ people when trying to quit.
- Share success stories from LGBTQ+ callers.

> *Just try to get to know the person they're talking to and what their specific struggles are, especially being LGBTQ, the things that they face, trying to quit, and their own personal life period just because they're LGBTQ"*

Additional evaluator recommendations

- To increase participant reach, states should promote the quitline using technology such as text/email or social media.
- Educate LGBTQ+ people about the epidemiology of tobacco use through population-tailored advertising campaigns. This can also increase the acceptability of the quitline for LGBTQ+ people.
    - Targeted messages are available from governmental sources (e.g., CDC *Tips From Former Smokers*, or *This Free Life* campaign from the FDA in partnership with Rescue) and non-governmental organizations (e.g., LGBT HealthLink from CenterLink, National LGBT Cancer Network).
    - Support local LGBTQ+ organizations and festivals to develop targeted materials promoting tobacco control for their own community. This also helps counter tobacco industry funding of LGBTQ+ community organizations and events if a condition of funding is to refuse tobacco industry money.
- Address social networks and coping with LGBTQ+ specific stressors during coaching (the who, where, and when of tobacco use).
- Maintain ongoing cultural sensitivity training to prepare Coaches to initiate discussion about LGBTQ+ issues.

Content Development

Based on the results of the evaluation, the following pieces of content are in development:

- The participant education sheet as part of our personalized Welcome Package for LGBTQ+ individuals was revised with relevant information for quitting. The education sheet is currently in design phase.
- We created new web content specific to LGBTQ+ populations. The web content is currently in the design phase.
- Intake questions that ask LGBTQ+ identities will be updated to the new NAQC Minimal Data Set in which gender identity is asked separately from sexual orientation identity.
- We are exploring development of new tailored text and email messages with content specific for LGBTQ+ participants.

Summary

Overall, this evaluation provided information for states to promote quitlines, feedback for the quitline on how participants experience the program, and suggestions for enhancing quitline services for LGBTQ+ people.

States can promote quitlines in LGBTQ+ communities by connecting tobacco to LGBTQ+ stressors such as stigma and discrimination while emphasizing promotion of community resilience and overall health. Individuals who had not previously called the quitline described wanting a service that participants who had engaged with the quitline reported they had received (e.g., free, personalized, culturally sensitive, welcoming/affirming). This suggests that promoting the welcoming experience, along with free, accessible and confidential services is key to letting LGBTQ+ people know that the quitline is the right resource to aid their quit attempt.

The information gathered from individuals who have used the quitline overwhelmingly endorsed the quitline as a positive experience. Most participants reported that they felt supported and affirmed in their identity, but nearly 2/3rds reported they did not discuss areas of life where LGBTQ+ stressors could impact cessation. This appears to stem from both participant (did not feel important to discuss) and Coach (did not specifically ask) factors. Research evidence suggests that these unique stressors are a factor underlying the tobacco use disparity for this quitline priority population.

Next Steps

LGBTQ+ quitline callers recommended ongoing effort to personalize services. We will continue to provide continuing education opportunities for Coaches on cultural sensitivity for LGBQ+ participants to improve services for this population. Revised targeted participant education materials in print and online are in development to provide additional information and support to LGBTQ+ participants. We are exploring system design processes, such as dynamic reminders about specific topics for LGBTQ+ callers in computer coaching screens that could help to personalize services. We are also exploring unique text and email content for LGBTQ+ identified participants who opt into these services. Finally, participants recommended sharing success stories from LGBTQ+ callers. We will explore ways to incorporate feedback shared in this evaluation and encourage sharing sexual orientation and gender identity in success stories to facilitate this request.

Appendix 1: Survey free-text comments

About asking re LGBTQ+ identity during intake:

- They were very kind and listened well! I felt very comfortable!
- They were very receptive on intake phone interviews.

About how welcoming the agents were:

- She was very nice and understanding
- I never felt as though I was being judged.
- The calls were very respectful and understanding
- Very nice and was educating on the statistics betweeb lgbt abd smoking
- The coaches I had made me feel very comfortable. I felt safe to share my honest feelings
- I felt extremely comfortable talking with her, and actually enjoyed the conversation quite a bit.

About if participants felt they could talk openly about being LGBTQ+

- Due to the stress in our lives, a majority of us LGBTQ individuals smoke. It is very important to discuss it.
- I felt free to place my trust in my coaches and felt able to freely discuss all things relevant
- It's hard to know how much the operator would understand. So unless they start mentioning different subjects or using certain language that shows they understand...especially how my lgbtq identity is related to my stress and smoking I don't mention it. It can be triggering.
- Even though I just came out as bisexual to ALL my family and friends this month I felt very comfortable telling the quit line agent as I felt it was important!
- My coach was very helpful and I felt I could discuss anything with her. I was very pleased with the conversation and grateful that I finally called.

Did the participants talk with their coaches about areas of life where being LGBTQ made it more difficult to quit?

- I have family who did not and still does not understand or accept so it does make it harder to quit smoking!
- Honestly, my sexuality, at this stage of my life, doesn't give ME any stress. It might stress out someone else (I don't know who), but not me. 😊

Would you recommend the quitline to other LGBTQ+ people you know?

- It really helped me, one day I even decided to not give into my craving because I received a text. It was my last major craving day! I'm now a dedicated non-smoker!
- It was a helping hand when i was in need of help
- Quitline was amazing. LGBTQ+ or not, it really helped and really works.

- I did not feel I was treated any different. My health was the main priority and I found that admirable.
- The services I received were indispensable and I still haven't haven't had a cigarette

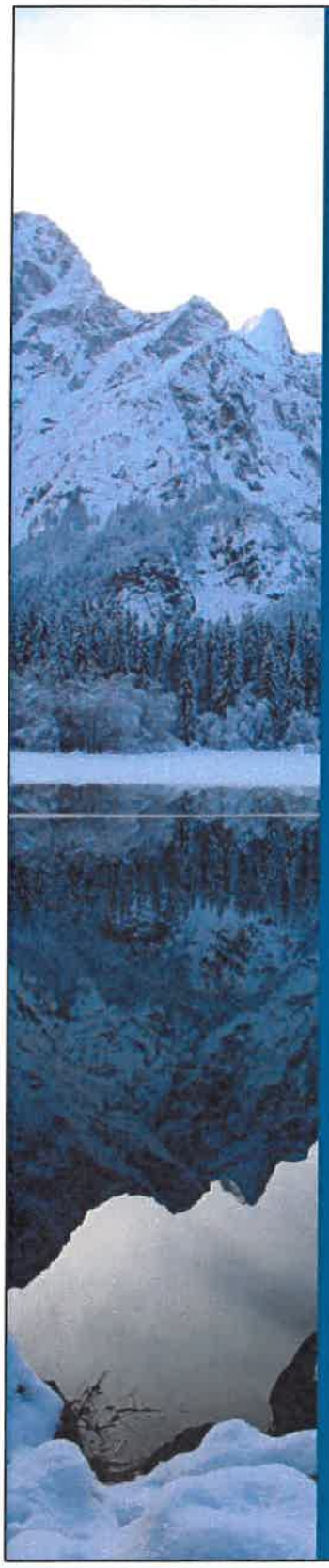
What were the reasons you used the quitline?

- It just worked for me and I really couldn't be more thankful!
- I wanted one contact person that had extensive knowledge about smoking cessation; that's the primary reason why I contacted the quit line.
- I had a heart attack and a patch was put on me in the hospital. I'm glad I found the quit line because I could not afford to buy the patches.
- It was great having someone really supportive while I was quitting smoking, I don't believe I would of got such a great level of support for this particular thing (smoking) from my friends or family who were mostly smokers at the time.
- Phone coaching was important. The medications, without a doubt saved my life.
- When I first started calling I felt more alone than I ever have in my life. Even though I have quit and started smoking again many times since, it remains an invaluable resource. It has helped more than anything else in my journey far away from tobacco.

What would you like the quitline program or staff to know about your experience as an LGBTQ+ person using the quitline?

- There is so much more stress in our community and that is why we smoke I guess. There is still a stigma out there that people still discriminate against us.
- Thank you for the non judgmental of who I am.
- It was very easy to quit using the program. I would highly recommend it to anyone.
- I am thankful that I could be open and respected as I was going through the often difficult journey of quitting smoking. Smoking in the LGBTQ+ community especially is such a problem and I'm grateful for this program that others in the community can receive and receive with excellent support.
- They do not discriminate against sexual orientation and I felt accepted.
- Texting is best. Im so grateful I had the opportunity to be involved in this program. It helped me tremendously. I would write dwn in my calendar our next scheduled call date. I looked forward to our conversations. Everyone can use a pep talk and cheerlearder in life sometimes. I welcomed it with open arms and am grateful everyday to be a non-smoker now.
- To me it was the same as if I were straight. They were confidential and curtious no matter that I am bisexual and was married to a woman. They helped me immensely, as the reason I started smoking is because my wife (in a gay relationship) killed herself (committed suicide), so they knew I was LGBTQ+ and were kind and supportive and caring in helping me through and helping me quit even though I was using cigarettes to help me get through the pain.
- I was trepidatious at first. Yet, very comfortable having discussed all issues related to LGBTQ life and such a high rate of smoking. I am very happy I made this decision.

- I think I would really just like to know more about the importance of being LGBTQ and the program offered.
- If you show us it's safe to discuss our identities without being judged or mocked And you have basic literacy of lgbtq topics we will open up.
- I had a great experience with the quitline. Your coaches were friendly, courteous, professional, empathetic and knowledgeable. I couldn't have done it without their support.
- It meant a lot to be included as a gay man since tobacco use is so much higher in our community
- I felt very comfortable with my intake lady. She was amazing and honestly I think that call alone did A LOT FOR ME. I have NOT had a cigarette in 5 days now and plan on continuing going strong!!
- You have made me feel so much less alone. Thank you for recognizing me and being kind.
- It felt good for them to question which gender i identify with and which pronouns i use.
- I felt somewhat uncomfortable about being asked my sexual identity as it's kinda taboo, but I started to feel more comfortable as I noticed the quit line lady didn't seem bothered by my response. I think it's good your reaching out the LGBTQ community and letting them know your there for them too.



National Jewish Health Project

Rural Quitline Evaluation

March 2020

Behavioral Health & Wellness Program
University of Colorado • Anschutz Medical Campus • School of Medicine

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This program evaluation was completed by the University of Colorado Anschutz Medical Campus, School of Medicine Behavioral Health and Wellness Program:

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March 2020

Funding for this project was provided by Quitline programs in Nevada, Pennsylvania, and Colorado.

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Executive Summary

Reaching and engaging rural populations remains challenging for quitlines. While state tobacco quitlines have a proven, long-standing record of efficacy in helping people to quit using commercial tobacco, their impact in rural settings has been tempered by the unique challenges involved in reaching and connecting with these communities. Barriers to access complicate outreach efforts, requiring quitlines to identify and implement innovative solutions. Furthermore, in light of the disproportionate burden of tobacco use that rural populations face, extending the reach of quitlines is of critical importance from population health and equity perspectives. Quitlines and states must remain vigilant and thoughtful in considering how to refine and augment cessation services often with diminishing funding levels. Finding ways to connect more rural residents with proven quitline services, as well as identifying strategies to enhance rural perception and experience with the quitline are essential.

This report presents evaluation findings regarding how National Jewish Health (NJH) might increase reach and impact among rural populations. A review of the salient literature is complemented by an NJH survey of current quitline users, the perspectives of eleven national experts, and the findings from focus groups of individuals living in rural areas who have called the quitline, as well as those who have never used quitline services. In synthesizing the results from this multi-method evaluation, themes emerged for better reaching and engaging rural tobacco users. These emergent themes support recommendations that may further the positive impact of quitlines for some of the hardest to reach smokers, including suggestions for refining quitline services, assessing marketing campaigns, and more extensively integrating service offerings into rural communities. The following primary recommendations are detailed in the following full report:

1) Promote Awareness of and Referrals to the Quitline among Health Care Providers

Health care providers in traditional care settings remain a heavily utilized service in rural settings and a key contact point for promoting the quitline and making appropriate referrals. The quitline and state funders need to leverage this critical access point by providing health care providers with a clearer understanding of its services, benefits, and efficacy, along with distributing useful tools such as brochures, pamphlets, and referral mechanisms. State funders and quitlines might collaborate to provide onsite and offsite technical assistance to quitlines regarding how to integrate warm handoffs and referrals into existing workflows. Interdisciplinary providers should be trained regarding how to most effectively increase patients' motivation for change and to make appropriate quitline referrals. While health care providers currently refer to quitlines at insufficient rates, they continue to represent one of the best opportunities for boosting quitline recognition and utilization.

2) Increase Trust, Understanding, and Transparency Surrounding the Quitline

Both quitlines and state funders can boost rural communities understanding of and trust in quitline services. Transparency around the purpose, rationale, and funding for the quitline will help demystify these services. The quitline and state funders might align their marketing efforts

to assure there is messaging which clarifies precisely what the quitline offers. Messaging should particularly highlight any cessation medications available at no cost to callers, and secondarily, counseling. Messaging must emphasize rural quitline users' personal success stories with the quitline which will alleviate concerns that quitlines are a "social service", "gimmick", or "risky proposition". Developing trusted local champions for referrals and community-level advocacy will build knowledge of and confidence in quitlines.

3) Embed the Quitline within the Health Neighborhood Concept

The health neighborhood concept presents a construct for rethinking how to provide health care services to rural and underserved populations, and for rethinking how to promote the quitline. By engaging nontraditional health care providers in rural communities, including lay health providers and community health workers, as well as informal hubs of care where tobacco users naturally congregate, the quitline and state funders can expand its reach through trusted community opinion leaders. The tightknit nature of rural communities and rural values can be leveraged to tobacco users' benefit using this approach. Through integration into the existing community health continuum-of-care, quitlines are a proven intervention that easily fits into the health neighborhood model.

4) Integrate the Quitline into State- and Local-Level Tobacco Policy Initiatives

Historically, quitlines have operated independently of most state or local policy work. Evaluation findings suggest quitlines should collaborate with state funders to support comprehensive tobacco control plans, and breakdown the false dichotomy between population health and cessation services. Policy development and enactment provides a teachable moment whereby the quitline can provide education about how cessation resources interlink with population level strategy. Also, forging relationships with local public health departments and locally-based organizations represents a logical opportunity for mutual support of over-arching tobacco control goals.

5) Leverage Existing Technologies and Explore New Technologies

It is critical that quitlines continue to evaluate the potential of new technologies. Continuing to offer currently available technological features such as text messaging and online chat communication and implementing other existing technologies such as telemedicine and virtual reality interventions, are potential avenues for increasing reach. Quitlines should likewise explore ways in which to implement technological access points—such as kiosks or preloaded phone minutes—into nontraditional community hubs. For example, phone cards with designated minutes could be created specifically for accessing the quitline via a mobile phone. Telehealth is another increasingly relevant resource in rural communities and as suggested by the literature review, has potential to be implemented relatively seamlessly and without significant financial burden, particularly if state- and federal-level policy changes support expanded applications. Generally, quitlines should devote resources toward becoming "early majority adopters" of emerging technology solutions.

6) Tailor Quitline Services to the Individual

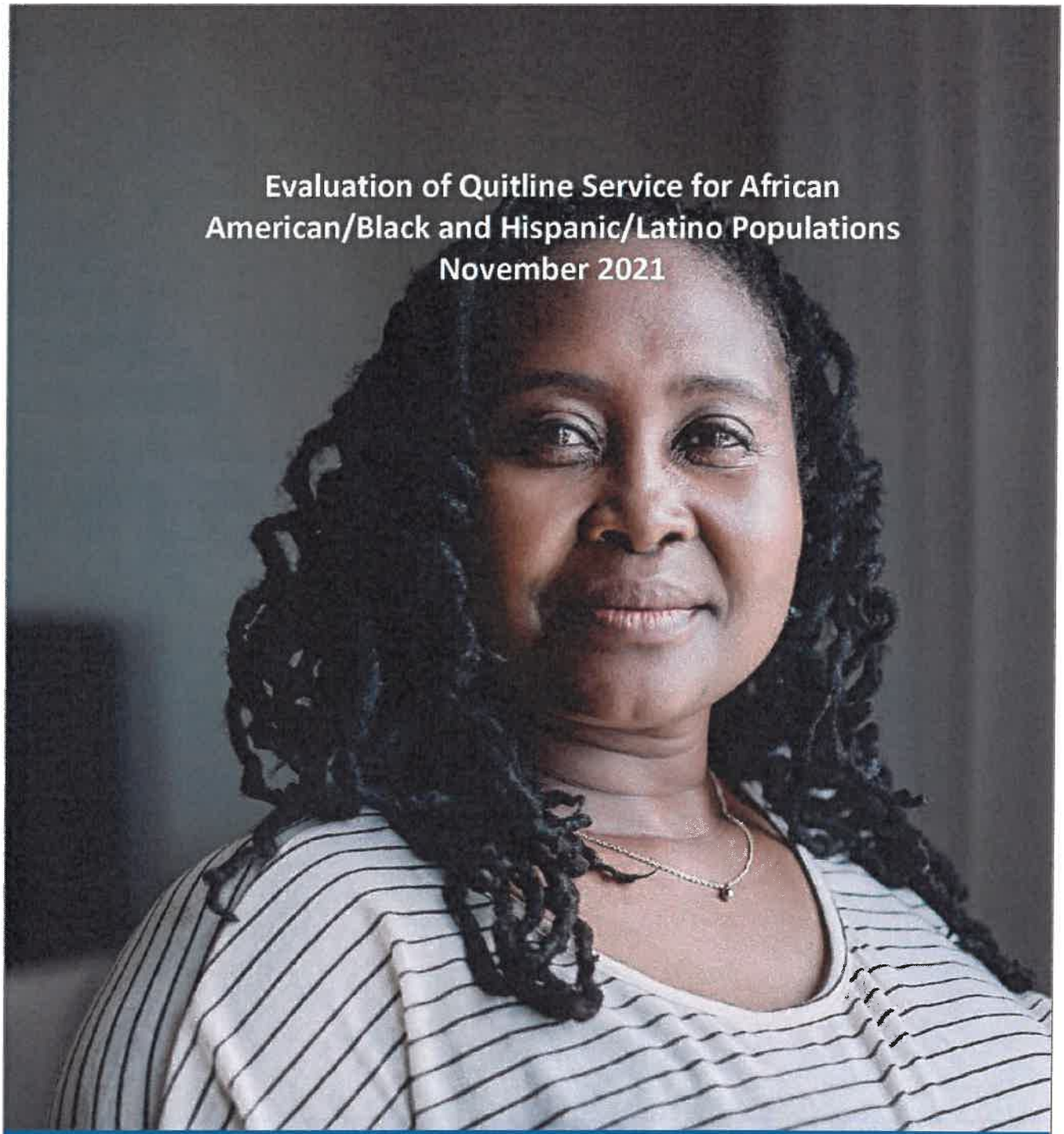
To maximize their efficacy, quitline services should be individually tailored to the extent possible. Paramount to this approach, quitline coaches need to be trained in a diverse set of skills—including Motivational Interviewing and other clinical skillsets—in order to more effectively build sustained rapport with rural callers and their communities. Training quitline coaches to understand and speak to common rural challenges related to tobacco is essential, but coaching should not follow a direct script or overly-formulaic approach. Providing individually tailored services and incorporating them alongside multiple technology choices may increase the personalization of services and, therefore, utilization.

7) Refine Marketing Approaches for Rural Populations

Effective marketing campaigns that reach rural populations play a pivotal role in correcting urban-rural inequities. Approaches to marketing need to focus on messages that resonate with rural communities, particularly themes of family and self-sufficiency, and need to highlight the services available, especially free medication. State funders and quitlines needs to be aware of the prevalence of rural conservatism and caution around hot-button terminology such as "state services"; transparency around the quitline, its funding, and its rationale will support this effort. Collaborating with both local communities and state-level initiatives remain key tools for devising effective marketing. Lastly, quitlines need not reinvent marketing campaigns that have already proven effective; at times reintroducing successful past messaging will provide the most return-on-investment.

Conclusions

Tobacco quitlines continue to be a critical and effective service within the tobacco control and treatment context, as well as the larger public health framework. Quitlines play a vital role in reaching rural populations where people tend to have less access to health care services and more limited resources. Moving forward, the greatest challenge facing quitlines is effectively extending their reach and serving a greater proportion of health disparity populations. With respect to engaging rural populations and addressing the inequity that exists between rural and urban settings, opportunities exist for quitlines to continuously improve. Integrating the quitline more effectively into health care provider services, the health neighborhood concept, and state- and local-level policy initiatives are necessary for population-level advancement. Meanwhile, building greater trust and understanding of the quitline, and developing impactful marketing campaigns that reach and resonate with rural communities are also necessary. Finally, individual user touch points can be enriched via individually tailored care and the thoughtful integration of evolving technology. The recommendations presented in this report are intended to assist the quitline to continue to expand its positive impact on some of the hardest to reach and most in-need individuals.


Evaluation of Quitline Service for African American/Black and Hispanic/Latino Populations
November 2021
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Acknowledgements

This report was prepared for National Jewish Health stakeholders. The evaluation was completed by the Penn State Center for Research on Tobacco and Health (CRTH) at Penn State College of Medicine in Hershey, Pennsylvania:

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National Jewish Health

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Dear Stakeholders,

National Jewish Health engaged the Penn State Center for Research on Tobacco and Health to conduct an evaluation of our Quitline program in partnership with 10 states: Colorado, Idaho, Massachusetts, Michigan, Minnesota, Nevada, Pennsylvania, Utah, Vermont and Wyoming. We are pleased to share the evaluation findings with you. Below, we include the evaluators summary and findings from the report.

The evaluators conducted four main activities, presented in Section 1, to understand how our Quitline program addresses issues of racial equity in our service delivery: qualitative interviews with Quitline staff, a literature review, quantitative analysis of Quitline data, and qualitative interviews with people who had used and never used the Quitline. The evaluators concluded 1) that the National Jewish Health Quitline "service is designed to be culturally sensitive and client-led", and 2) that socioeconomic characteristics appear to be a major factor for the statistically significant but small magnitude differences in engagement and cessation outcomes.

In Section 2, the evaluators laid out several findings based on the Quitline data and interviews to consider for reach and engagement, effectiveness of services, and resource improvements. We think the report contains important findings that highlight opportunities for states to increase reach, the Quitline to increase engagement, and possibilities for future Quitline program enhancement to better serve the unique needs of African Americans and Hispanic/Latinos. Please note that all of the findings were given equal weight, whether supported by peer-reviewed literature or based on comments from a single interviewee. As a result, the findings are presented in the report as suggestions rather than recommendations and we have added our response to each finding in this section.

On a positive note, the evaluators did not identify any specific finding or suggestion that met the level of a recommendation to change practice for the National Jewish Health Quitline program to better serve African American/Black or Hispanic/Latinx populations. The findings echo NAQC's 2016 report that recommended a commitment to culturally responsive services along with national network and local partnerships, outreach and engagement with each population, and expanding referral partnerships.We are pleased with this outcome and believe strongly that our person-centeredness and motivational interviewing coaching model represents a best available Quitline service for delivering culturally responsive treatment for commercial tobacco use and dependence.

We look forward to continued dissemination of these important findings with you, your stakeholders, and the broader community as we collectively learn how to improve reach and engagement in Quitline services for African American and Hispanic/Latinx populations.

Thank you for your continued support of our Quitline program.

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1. Evaluators' Summary (Verbatim from report)

Assisting tobacco users to quit remains one of the most cost-effective healthcare interventions, and tobacco Quitlines have proven to be efficacious and accessible. Nationally, while current cigarette smoking rates are declining in all racial/ethnic groups and cigarette smoking remains most prevalent among White non-Hispanic adults, the quit ratio has remained lower for African American/Black and Hispanic/Latino smokers. In this context, the National Jewish Health Quitline has sought to address the question of whether current Quitline services provide effective and equitable tobacco cessation services for African American/Black smokers and Hispanic/Latino smokers.

Penn State Center for Research on Tobacco and Health was contracted to evaluate Quitline services for African American/Black and Hispanic/Latino tobacco users and this report summarizes findings from four components of this evaluation.

1. Qualitative interviews with Quitline staff were conducted with African American/Black, Hispanic/Latino and White non-Hispanic members of Quitline management and quit coaching staff. These interviews described a client-led, accessible, evidence-based service that provides a variety of options for tobacco users seeking help to quit. Staff received regular trainings in culturally and linguistically competent service provision, materials were specifically created for African American/Black and Hispanic/Latino populations, and the provision of both NRT/medication and Spanish language coaching were designed to avoid inequities (e.g. avoiding restricting access to NRT for lighter smokers). Requirements by some states (but not all) for medical approval for NRT provision to clients with specific medical problems may have the unintended consequence of reducing access to helpful medication for less healthy smokers who do not have easy access to a medical provider. Reviewing this issue at the state level may help improve medication utilization and coaching participation rates in groups with less access to medical providers.

2. A literature review was conducted on Quitline utilization and outcomes for African American/Black smokers and Hispanic/Latino smokers. While there are large state-to-state differences in Quitline utilization, the reach of Quitlines nationally is higher among African American/Black than White non-Hispanic, and lowest in Hispanic/Latino tobacco users. Culturally targeted advertising, community outreach, financial incentives and free medication can increase reach and participation among both African American/Black and Hispanic/Latino tobacco users. However, the main barriers to program participation and successful cessation of tobacco use within Quitline services (including automated text-based interventions), appear related to socioeconomic factors.

3. Quitline Data Analysis was carried out to evaluate the use of the Quitline service by African American/Black and Hispanic/Latino tobacco users, as compared with White non-Hispanic smokers in 9 states from 2018-2020. It was estimated that 1.64% of White non-Hispanic smokers enrolled with the Quitline (64,075) as compared to 1.94% of African American/Black smokers (11,971) and 1.5% of Hispanic/Latino smokers (8,380). Callers from the different racial/ethnic groups differed significantly on a host of baseline characteristics that could conceivably have an influence on their Quitline outcomes (e.g. age, education, poverty, medical problems, tobacco consumption). African American/Black and Hispanic/Latino registrants participated in fewer coaching calls than White non-Hispanic callers, and African American/Black callers were less likely to receive FDA-approved medication, and used it for a shorter time. While a high proportion of each race/ethnicity group stated on at least one call that they quit (>64%), the proportion reporting abstinence 2-6 weeks after their intake call was lower among

African American/Black callers (16.2%) than White non-Hispanic callers (19.2%) and Hispanic/Latino callers (18.2%).

4. Qualitative Interviews were conducted with African American/Black and Hispanic/Latino and Quitline users and non-users in order to understand perceptions of the Quitline service in the words of the smokers themselves. Themes that emerged included (a) awareness of Quitline through media campaigns (b) importance of enthusiastic support from Quit Coaches (c) uncertainty about how Quitline counseling and other services help smokers quit (d) appreciation of free NRT and importance of clear instructions and (e) interest in tailored advertising and counseling by race/ethnicity matched Quit Coaches.

Conclusions

Although the Quitline does not currently have a specific program for African American/Black or Hispanic/Latino tobacco users, (other than Spanish language availability), the service is designed to be culturally sensitive and client-led. The post-intake participation and quit rates are lower for African American/Black and Hispanic/Latino callers but this reflects a fairly widespread pattern in the literature that appears related to the socioeconomic circumstances of these groups. Culturally targeted advertising, community outreach, financial incentives, and free medication can increase reach and participation among both African American/Black and Hispanic/Latino tobacco users. Minimizing requirements for medical approval for NRT for clients with specific medical problems may improve outcomes for less healthy smokers who do not have easy access to a medical provider. African American/Black and Hispanic/Latino smokers value the support of the Quitline coaches and free NRT. They had a number of suggestions for how the Quitline service may be improved, including interest in tailored advertising and counseling by race/ethnicity matched Quit Coaches.

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2. Evaluators' Findings and Items for Consideration

Increase engagement with the Quitline

1. Marketing materials should be inclusive and include representations of African American/Black and Hispanic smokers explaining how the Quitline had helped them - Quitline marketing should be inclusive of all races, genders, and ages. Participants reported that they wanted to see people like them in the advertisements. This finding is supported by previous research which shows that the marketing of smoking cessation campaigns to racial and ethnic minorities is more successful when materials are designed to be racially and ethnically diverse. This study also mentioned that campaigns should be focused on media platforms that are designed to reach racial and ethnic minorities.

- ***Comment***: Over the past year, National Jewish Health has undertaken several new activities to ensure Quitline program materials include representation of African American/Black and Hispanic/Latino populations. We partnered with The Center for Black Health & Equity (The Center) and the National Alliance for Hispanic Health, both CDC-funded cancer control networks, to develop content for a new optional webpage available for our QuitLogix® websites. Each page includes a participant video testimonial that presents a powerful story about how the Quitline helped them quit. Working with our video production company, we are able to offer these video stories in shorter versions for our state partners to use in promotional campaigns and marketing activities. We also worked with SE2 Communications, a Denver-local social marketing agency, to develop the *You'll Thank You* marketing toolkit for state partners seeking ready-made materials focused on reaching priority populations. The toolkit includes both English and Spanish language materials. We remain committed to addressing commercial tobacco related disparities and are open to partnering with states to develop additional materials for tailored promotions across multiple media platforms to help reduce commercial tobacco use.

2. Increase knowledge of Quitline among healthcare providers – We found that many participants in our study heard about the Quitline via recommendations from their providers. Efforts should be made to increase marketing of the Quitline to healthcare providers and to facilitate electronic referrals directly from the patient's electronic medical record (with consent). Increasing providers' knowledge and use of the Quitline for their own patients may also make them more willing to provide accountability for patients who express intentions to use the Quitline and to help troubleshoot problems. For example, if patients are unsure of dosing or frequency of use for medications they receive through the Quitline, they can reach out to their provider for support.

- ***Comment***: National Jewish Health offers QuitLogix® Education licenses to states to deliver continuing medical (CME), pharmacy (CPE) and nursing (CNE) education for providers. These accredited training opportunities are brief, interactive, and focused on how the Quitline can be integrated into health care settings and for multiple populations. Over the past year, we also developed a provider toolkit with information for clinical staff and health system change advocates on how to implement screening, brief intervention and referral to the Quitline. The toolkit is available for states to add to their program website. We provide technical assistance to health systems setting up eReferrals directly from the electronic health record to the Quitline. Through QuitLogix® Education, our provider toolkit, and referral technical support, we are well positioned to increase Quitline knowledge and facilitate referrals. We look forward to

continuing to partner with states to find new ways to engage and integrate providers and care systems with the Quitline.

3. Emphasize the training of the coaches – Several participants questioned the training of the coaches and were unsure whether coaches were adequately trained. To increase credibility, the training of coaches as tobacco treatment specialists should be emphasized in advertising. Training coaches on how to personalize the coaching experience may also increase engagement. Training coaches on how to personalize the questions and prompts and how to communicate their interest during the call may improve rapport and trust between the coach and caller.

- ***Comment***: This finding appears to primarily arise from interviews with Quitline-naïve participants expressing reservation about using an unknown service. Our Quitline Coaches are among the most rigorously trained Tobacco Treatment Specialists in the country and our training is accredited by the Council on Tobacco Treatment Training Programs. Our Coaches complete 40 hours of continuing education and supervision every year, with topics related to customer service, engaging using motivational interviewing, and special sessions related to the diversity of the populations we serve. We emphasize the skill and training of our Coaches in the online program, which may be an ideal source for people looking for information about the Quitline. In addition, we conduct bimonthly call audits to ensure our staff meet motivational interviewing skill benchmarks and customer service expectations. We are committed to ensuring each participant is supported along their quit journey with empathic, nonjudgmental, and encouraging coaching support. The feedback to personalize the each call derived from the qualitative interviews will be reviewed with both our training and quality improvement teams to identify further opportunities to enhance and improve training for our Quitline Coaches. We are happy to work with states to identify ways to assure potential callers through program promotion and marketing that the Quitline represents a best-available resource to quit using commercial tobacco.

4. Consider the best approach to marketing themes – Participants commented that the current commercials played too much on the "doom and gloom" of smoking. A meta-analysis on fear appeals in public health campaigns suggest that fear-based health messaging only leads to health behavior change if the messaging is also effective. Ineffective fear-based messaging can cause viewers to become defensive and avoid change. Effective messaging helps the viewer to believe that that they are capable of taking the suggested action (self-efficacy) and that the suggested action will actually help them to avoid the negative consequences. Thus, Quitline advertisements that provide information about smokers' susceptibility to smoking-related harm and death should be supported by encouragement that the Quitline is effective in helping callers quit, clear steps on how to access the quitline, and evidence-based information on how quitting can reduce the risk of illness and death for smokers.

- ***Comment***: Participants' concerns about "doom and gloom" commercials about smoking are valid. As discussed above, our participant testimonial videos present an encouraging and inspiring take on the Quitline program and journey to a life free from commercial tobacco. These videos can be customized to the state Quitline program to support state led and implemented promotional efforts. Similarly, the *You'll Thank You* marketing package, developed by SE2 Communications for Hispanic/Latinx populations, highlights the positives in quitting tobacco with messages of encouragement and inspiration. The marketing package was shared with states in July 2021.

5. Increase perceived helpfulness of Quitline services – The perceived helpfulness of the Quitline was a barrier for those considering calling. Participants reported being unsure whether the quitline could help them, a finding that has been supported by the literature. One reason for this belief is that some participants in this study perceived the support of the Quitline to be just talking, and they did not think that would help them. To improve the perceived helpfulness of the Quitline, future advertisements should consider integrating real life success stories to show potential callers that using the Quitline is helpful. In addition, the advertisements should emphasize how the services are not just talking. They should emphasize what coaching calls consist of, including help planning to quit and addressing barriers, and that callers could be eligible to receive free smoking cessation medications.

- ***Comment***: Uncertainty about and mistrust of a free public health service is an issue that National Jewish Health also observed in a recent evaluation of the Quitline for rural populations. The evaluators in the previous project recommended finding ways to increase trust and transparency about the Quitline. Arising from that evaluation, with one state partner, we developed a series of videos for their website designed to provide an in-depth look from a participant perspective on what to expect from the Quitline, and how the Quitline can help. The goal of these videos was to demystify the program and highlight that the Quitline program is delivered by National Jewish Health as the leading respiratory hospital in the nation. Offering information about the Quitline beyond telephone counseling to include NRT, online support, and text messaging may increase perceptions of helpfulness of Quitline services for more people. We look forward to working with our state partners to find new ways to demystify the Quitline program for African American/Black and Hispanic/Latinx populations on the website and as part of promotional materials.

6. Consider new and innovative avenues for advertising – While many participants in our study reported seeing the advertisements for the Quitline on TV, it was mentioned that people may not watch commercials now that they are able to fast forward or stream TV without commercials. It would be beneficial to start transitioning advertisements to other avenues like social media. There is evidence which suggests that African Americans are more likely to use streaming services, compared with Whites, showing the growing importance of focusing on avenues other than traditional cable television advertising. There are many streaming services which include brief commercials, and that could be a potential location to place advertisements to reach the population of interest.

- ***Comment***: National Jewish Health recognizes the importance of thoughtful and engaging marketing and promotional efforts tailored to priority populations. We have collaborated with external partners such as SE2 Communications, a social advertising agency focused on health, and Rescue Agency, a leader in youth commercial tobacco prevention messaging, to develop tailored marketing campaigns for priority populations in accessible packages for our state partners. We are excited to explore developing new digital and streaming marketing packages for tailored advertising with our state partners in support of our collective goal of increasing reach among populations most impacted by commercial tobacco products. In addition, the evaluators noted financial incentives increase Quitline reach and participation and we can support states to implement incentives for engaging in the program, such as for people who smoke commercial tobacco with menthol as a characterizing flavor. The evaluators also identified minimizing requirements for NRT for clients with specific medical problems and, with several states, we have reduced the barriers to receiving free pharmacotherapy support. We look forward to partnering with states to identify new and innovative ways to increase reach with African American/Black and Hispanic/Latinx populations.

National Jewish Health
Breathing Science is Life.

Improve Coaching Effectiveness

1. Integrate personal questions into the calls – Participants mentioned that they felt the calls were impersonal and they wanted to feel more connected with their coach. This could be achieved through asking some personal questions about the caller not related to smoking. This information could be added to the caller's profile for other coaches to see and make a quick personal connection to the caller if it is the coach's first time talking to the participant. One participant mentioned that knowing a little something about them could make all the difference. One participant in the study mentioned that they wanted the coach to ask them about those personal aspects.

- ***Comment***: The Quitline program is a brief intervention with an average call length of about 15-20 minutes. Developing meaningful rapport during a short interaction is indeed challenging, and Coaches are trained to use strategies to personalize the coaching in each call. In addition, Coaches are encouraged to make notes in the participant's profile to facilitate making a faster personal connection. We are committed to a positive experience for each caller and will incorporate this recommendation in our coaching training and quality assurance to illustrate the importance of making a personal connection during each call.

2. Use the same coach when possible – One participant suggested the option to have the coach schedule the next call on the coach's schedule to create consistency for callers. This could add to the creation of a more personal connection with the Quitline coach.

- ***Comment***: In nearly every evaluation conducted on Quitline services, a small sample of participants suggests working with the same Coach. In our evaluation surveys, participants rank satisfaction with Coaches very high, with more than 90% reporting satisfaction with coaching. In fact, many participants also find speaking to different Coaches to be helpful because each person provides a unique perspective on quitting, and offers different tips and strategies for coping. In addition, ensuring participants can connect quickly with a Coach during a scheduled appointment that best fits their schedule is an important part of delivering consistent service and is best addressed by routing a call to the next available Coach.

3. Culturally match coaches to callers — Some of the callers who used the Quitline mentioned promoting the Quitline services and benefits within their own community. The National Jewish Health Quitline could capitalize on this mechanism by creating Quitline Ambassadors who can be culturally matched to communities to promote the Quitline services. Some Hispanic/Latino and African American/Black smokers spoke of mistrust in institutions. Establishing Quitline Ambassadors who have used the Quitline in their journey to smoking cessation would overcome some of these cultural barriers. In addition, when possible, attempt to culturally match the caller to the coach. This could provide better engagement and knowledge of the social contexts and stressors that callers from different racial and ethnic backgrounds experience.

- ***Comment***: We are proud of the diversity of our staff representing many cultures and identities. We view our diversity as one of our greatest assets and understand the need to represent among our staff, as much as possible, the communities we serve. We recently created eight participant testimonial videos for our Quitline websites to represent various perspectives and communities served by the Quitline. These videos represent a form of Quitline Ambassadorship by illustrating that someone with a similar background successfully quit by enrolling with the Quitline program. We look forward to finding ways to promote these videos to represent the breadth of cultural backgrounds and lived experiences served by the Quitline. We encourage

states to establish community-based Quitline Ambassadors and we can support these efforts by providing Quitline education and information. We are not aware of any Quitline research that demonstrates a cultural match would have a meaningful impact on reach, engagement and cessation outcomes, and we do not currently have the ability to culturally match callers with Coaches for African American/Black or Hispanic/Latino callers.

4. Coaches with experience quitting smoking - A participant mentioned that it might helpful to have coaches who were themselves former smokers that have experience with quitting. Hiring former smokers as coaches and providing training on how to effectively communicate about their own experiences to connect and relate to callers might help to build rapport and trust in the Quitline coaching service.

- ***Comment***: Some of our Coaches are former smokers and have experienced their own quit journey. As the rates of current smoking and smoking initiation decline, hiring former smokers becomes less feasible. The request to speak with someone who has their own experience quitting often masks a fear about not being able to quit and callers seek reassurance that others have successfully quit. Our Coaches understand how difficult quitting can be and provide empathic listening and motivational interviewing to explore the participant's fears and goals for a life free from commercial tobacco.

5. Provide alternative methods other than calling to connect to coaches – Participants in our study suggested that the use of other technology platforms to connect with coaches, such as text messaging or online chat. In the post-COVID era, telehealth through visual communications has rapidly expanded and may facilitate a better caller-coach relationship. In areas of behavioral health and substance use treatment, utilization of telehealth is even higher than in other areas of medicine. Previous barriers to telehealth, such as technology comfort level of users and regulations allowing use of virtual communications for healthcare, have diminished since the pandemic providing an opportunity to incorporate this technology to the Quitline services.

- ***Comment***: Our Quitline program is a hub of evidence-based cessation services, representing the best and promising practices recommended by the North American Quitline Consortium. We offer a robust suite of eHealth, or technology-mediated, services including an interactive website with the option to order NRT online, eCoaching services for live chat with a Coach, a comprehensive text messaging program with keyword interactivity, quit date count down, and motivational messages. Currently, we also offer text-to-enroll and live text coaching with a short code for young adults and in our My Life, My Quit™ youth program. We continue to assess and leverage new and existing technology solutions that further expand the reach of Quitline services.

Improve Resources

1. Offer mailed resources - One participant mentioned that the Quitline could improve the usability of their resources by providing callers with the option to receive their resources in a printed form, versus online. A recent poll by Pew Research found that only 69% of African American/Blacks and 67% of Hispanic/Latinos have access to a home computer or laptop, compared with 80% of NHWs.

- ***Comment***: Each participant who enrolls with the Quitline receives a personalized Welcome Package of materials with educational and self-help materials. We offer these materials in print

and electronic formats. This finding may represent an unusual experience, as we offer each participant the option of receiving their materials in either format. Approximately half of participants choose to receive their Welcome Package electronically. We also note that smartphone ownership is at an all-time high and the same Pew Research poll found no difference in ownership by race. Our web program provides interactive versions of the print resources in a mobile-friendly environment. We will share this finding with our Coaching staff to illustrate the importance of ensuring participants understand all available options.

2. Clearer communication about medication delivery - Several participants reported that the communication about the delivery of the medication was unclear, and sometimes it took several weeks for callers to receive their medication. Since participants call the Quitline when they are highly motivated, it is more helpful if medication is received quickly while callers are still in the same mindset and the motivation is still high. Delays or confusion about medication use can result in the caller not using the medication, as indicated by one of our participants.

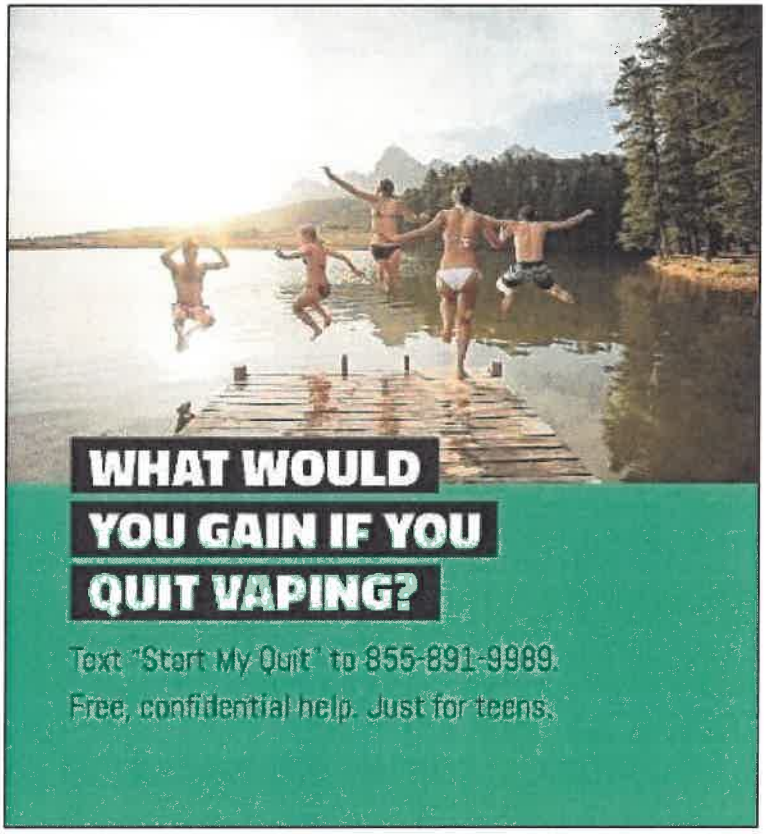
- ***Comment***: Our standard processing time to deliver medications to a participant is within 7-10 days. We have records of order and shipping dates for all NRT medications sent to participants. We provide shipment notifications directly to participants by text and email when these options are selected by the participant. We also have the ability for states to offer NRT to online participants and update the participant's online profile with shipment tracking information. We are unable to validate this finding of significant delays in shipping medications to any participant in our data. Our staff are diligent in confirming shipping information, validating addresses, and providing tracking information to participants. As a result, it is difficult to understand how a participant might have experienced a delay in receiving the medication. One possibility is that the participant required a medical consent to receive NRT and the participant believed the NRT had been shipped when we had not yet received authorization from their medical provider. We will share this finding with our coaching staff during training and quality assurance reviews to emphasize the importance of providing clear instructions about how medications will be delivered. Reducing the requirement for medical authorization to use NRT in line with current recommendations may also reduce the time to receive NRT when enrolling with the Quitline.

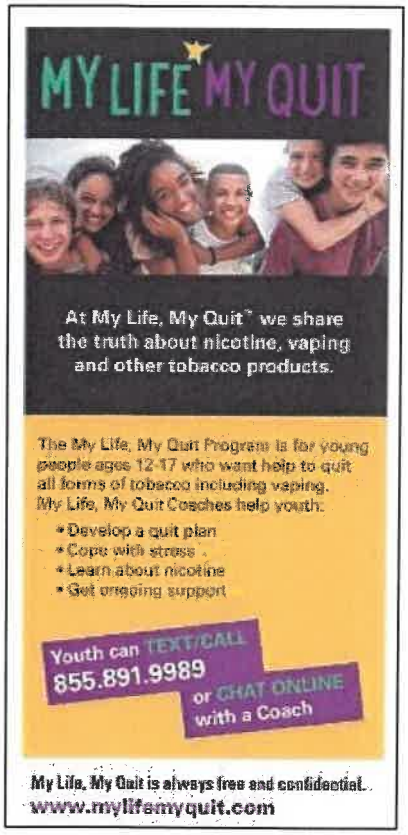
3. Offer resources for other health concerns – Participants acknowledged that smoking is related to several other health conditions, particularly mental health. They suggested the Quitline could provide additional resources for related conditions and perhaps provide connections with other services.

- ***Comment***: We offer a chronic disease education program that helps participants connect commercial tobacco use with several smoking-related diseases. We encourage our Coaches to discuss medical conditions because improving health is often a driving factor in the decision to quit. In addition, over the past year, we have been evaluating several strategies to improve our Quitline services for individuals with behavioral health conditions through a tailored protocol. One of these strategies included offering local resources for mental health or other psychosocial concerns. While our Coaches are not mental health professionals, they are highly trained Tobacco Treatment Specialists with an understanding of how mental health and substance use impact quitting. This knowledge is very important as more than 50% of callers report having a behavioral health condition. Coaches discuss coping with stress and mood as ways to manage nicotine withdrawal. We look forward to continuing to enhance our Quitline services for individuals living with a behavioral health condition.

Attachment E: Sample Promotional Materials

Sample Youth Program Website Banners, Poster, Rack Card

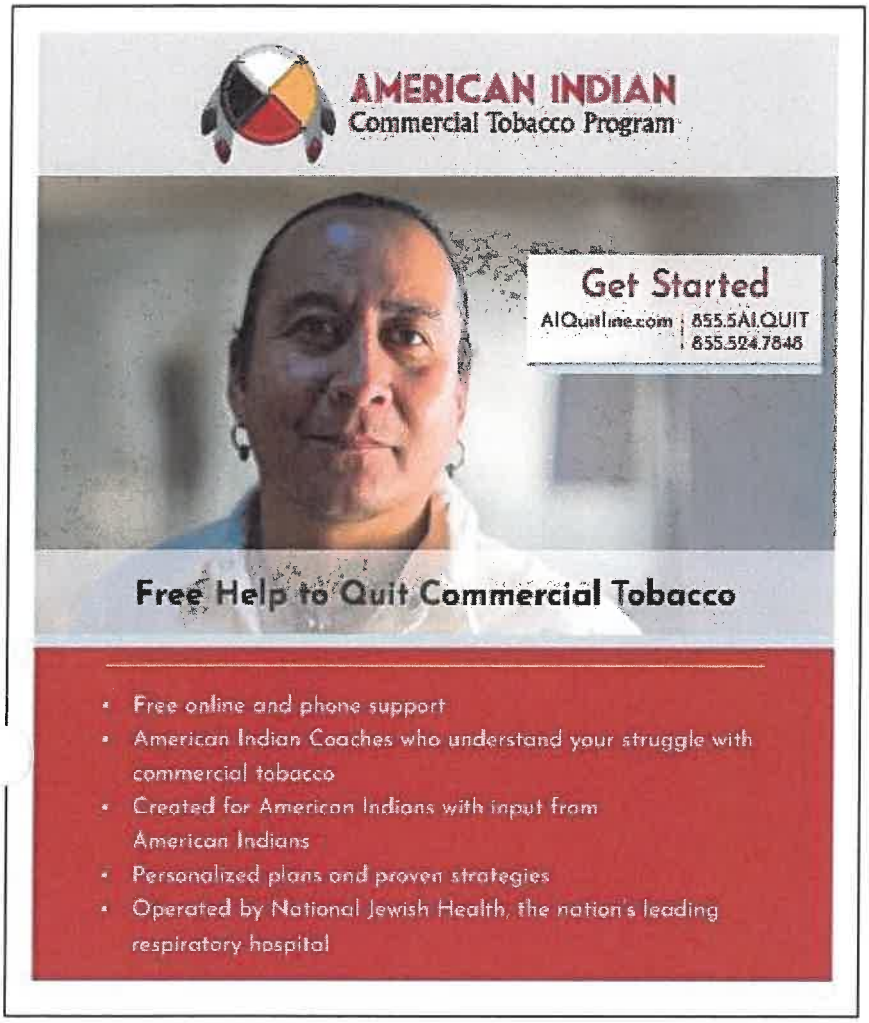




Sample Young Adult Program Website Banners and Social Media Ads

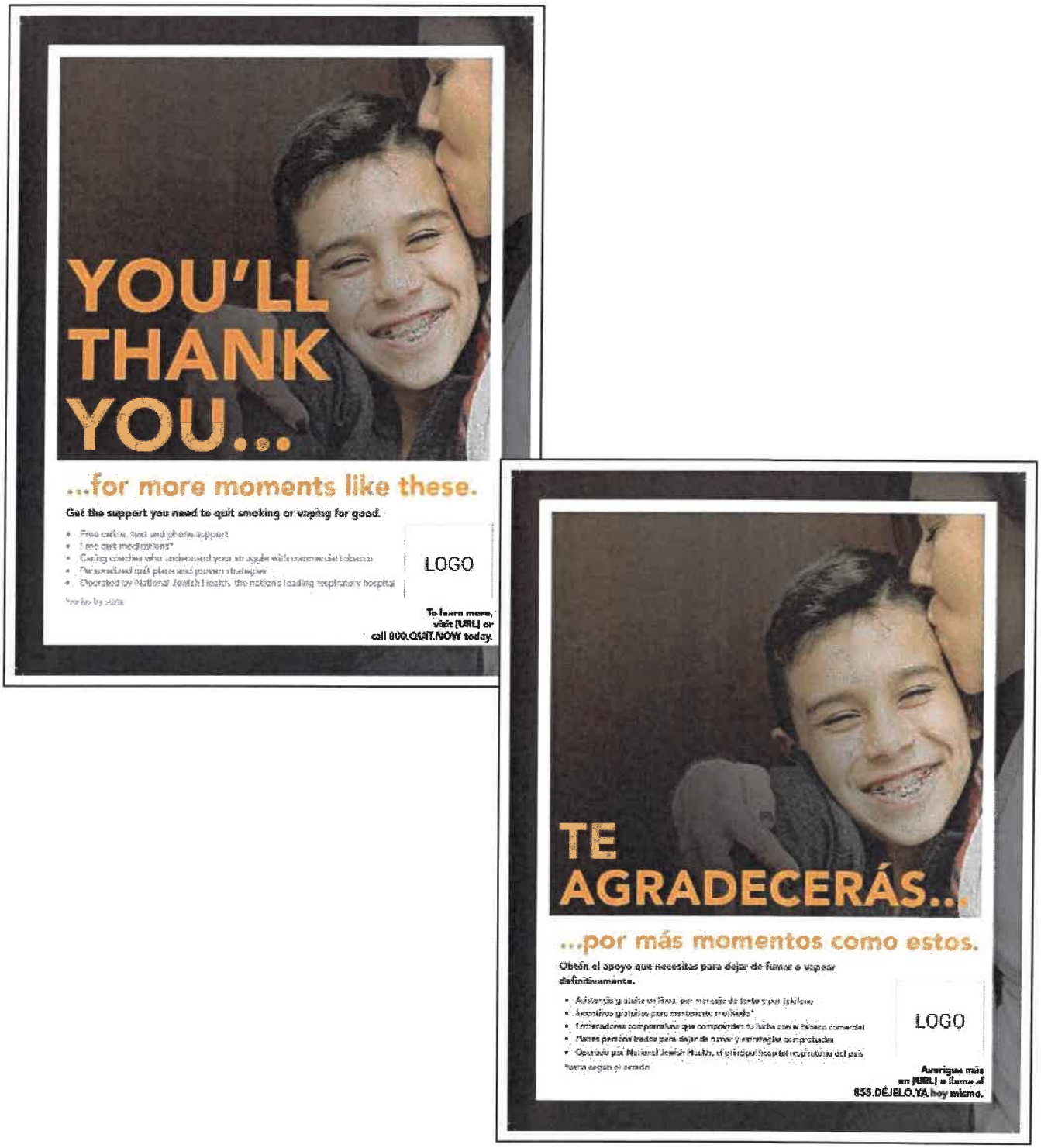
Sample Pregnancy and Postpartum Program Website Banners

Sample American Indian Commercial Tobacco Program (AICTP) Poster and Rack Card



Sample African American Program Material

Sample Latinx and Hispanic Program Posters



Attachment F: Sample Call Center Performance Report

STATE Service Delivery Performance Management Report
January-March 2024

Metric	Criteria	Measure	# Missed	Total Opportunity
Abandon rate	< 5%	3%		
Answered within 30 seconds	≥ 80%	85%		
Average speed to answer (seconds)	≤ 30 sec	14		
Coaching during chosen time	≥ 90%	99%		
Coaching on day of intake	≥ 70%	61%	64	319
Complete coaching within one week	≥ 75%	94%		
Faxes called within one business day	≥ 90%	94%		
Live response rate	≥ 90%	96%		
Quit Date call within 48 hours of quit date	≥ 70%	96%		
Self-help shipped within one business day	= 100%	100%		
Voicemail returned within one business day	≥ 95%	99%		

Definitions of Metrics

Abandon rate	Number of inbound intake calls that caller abandons after 30 seconds / Total inbound intake calls; excludes calls terminated by the participant in less than 30 seconds Provided as percent
Answered within 30 seconds	Number of inbound intake calls answered by an agent within 30 seconds / Total inbound intake calls; excludes calls terminated by the participant in less than 30 seconds Provided as percent
Average speed to answer (seconds)	The average time required to answer an inbound intake call once the call rings to an agent
Coaching during chosen time	Of scheduled coaching call appointments, number of appointments that included a phone contact attempt within the appointment window / Total number of scheduled appointments; excludes appointments that were closed prior to the appointment time Provided as percent
Coaching on day of intake	Number of participants who completed their first coaching call on the day of intake / Total number of phone intakes. We offer coaching to participants 100% of the time after intake. Provided as percent
Complete coaching within one week	Number of participants completing a coaching call within one week of intake / Total participants who complete a coaching call Provided as percent
Faxes called within one business day	Number of recorded valid faxes with contact attempted within one (1) business day of entry into our case management system (QuitPro) / Total recorded valid faxes Provided as percent
Live response rate	The number of inbound intake calls answered by an agent / Total number of inbound intake calls, excluding calls terminated by the participant in less than 30 seconds Provided as percent
Quit Date call within 48 hours of quit date	Number of enrolled participants that had a phone contact attempt within 48 hours of their quit date / Total number of enrolled participants with a quit date in the reporting period Provided as percent
Self-help shipped within one business day	The percent of self-help materials shipped within one (1) business day of registration in the program Provided as percent
Voicemail returned within one business day	Number of recorded voicemails with contact attempted within one (1) business day of entry into our case management system (QuitPro) / Total recorded voicemails Provided as percent

National Jewish Health – Improvement Actions

The following table represents the improvement actions executed by National Jewish Health in order to improve the missed metrics.

Metrics missed	Actions to correct metrics
Coaching on day of intake	• 69% of participants chose to complete coaching on the day of intake. The overall answer rate (96%), abandon rate (3%), and average speed to answer (14 sec) were all within our call standards, indicating participants were responded to quickly. Additionally, 98% of participants received coaching during their chosen time. This indicates participants were electing to receive coaching on a different day, rather than on the day of intake. • To improve the percentage of participants choosing to complete coaching on the day of intake, operations will be adjusting agent skilling as appropriate to encourage the completion of coaching call one.

Attachment G: Sample Outcomes Report

Sample Quitline 2022 Outcomes Report

Executive Summary

Between December 2020 and November 2021, the Sample Quitline offered a comprehensive tobacco cessation program with telephone-based coaching and a web-based interactive cessation resource, both operated by National Jewish Health, to provide support for participants who want to quit using tobacco. National Jewish Health conducted the evaluation on these participants using a survey six months after enrollment with callers who agreed to follow-up, regardless of their readiness to quit, during July 2021 through June 2022.

A total of 2,628 individuals consented to a follow-up survey, and 641 completed the survey resulting in a 24% response rate.

Key highlights from the survey are:

- Overall, 40% of Quitline participants quit using tobacco.
- Participants who used Chantix® for two or more months achieved a high quit rate of 60%. Participants who were provided only one month of Chantix® had a quit rate of 31%, lower than the quit rate for nicotine replacement therapy (NRT) at 39%.
- Participants in the American Indian Commercial Tobacco Program saw higher quit rates than American Indians who did not take part in this program.
- Participants who completed three or more calls had a quit rate of 48%.
- Participants with a behavioral health condition had a 29% quit rate.
- 95% of participants expressed satisfaction with the program.

Sample Quitline Program

The Sample Quitline program provides free cessation support to participants trying to stop using tobacco. The Quitline offers coaching to quit tobacco by phone, through an interactive web portal, and by providing FDA-approved tobacco cessation medications. Individuals may enroll in services by calling 1.800.QUIT.NOW, completing an enrollment form on the web portal, or by a provider fax, web, or electronic referral. The Quitline also recognizes that some populations require unique support to stop tobacco use, and offers tailored programs for both pregnant and American Indian participants to meet this need.

National Jewish Health, the largest nonprofit provider of telephone cessation services in the nation, operates the Sample Quitline program. National Jewish Health is a founding member of the North American Quitline Consortium (NAQC) and follows NAQC guidelines for operating and evaluating its Quitline.

Phone-based Program

The phone-based program provides coaching over the phone to any resident thinking about or actively trying to quit tobacco. Telephone coaching includes strategies to increase the motivation to quit, setting a quit date, managing triggers to smoke, and provides interpersonal support to become tobacco-free. Participants in telephone coaching receive up to five proactive calls from the Quitline, with information tailored to their unique medical or demographic characteristics.

eHealth Programs (Text, Email, Online)

Participants can opt-in to receive motivational text and email messages. Phone program participants may also use the eHealth programs to supplement their quit attempt. Participants seeking support can receive coaching support over multiple quit attempts each year, if needed.

An interactive web portal is available to all participants thinking about quitting tobacco (sample.quitlogix.org). Participants can view information about quitting, engage with interactive calculators, design quit plans, and build a community with others trying to stop tobacco. Participants can access online support through multiple quit attempts. The web-based program allows enrolled participants to track quit medication shipments through the website. Participants who only used the website for their quit attempt were not included in this report.

Quit Medications

All residents age 18 years or older who are enrolled in phone coaching and are trying to quit tobacco can receive up to eight weeks of NRT once every 12 months, including nicotine patches, nicotine gum, nicotine lozenges, or combination therapy. They may choose instead to receive up to three months of prescription medication such as bupropion or Chantix® (varenicline).

Special Populations Programs

Pregnant and postpartum participants and American Indian participants may enroll in a program that provides tailored support that addresses unique factors for quitting for these populations.

Pregnancy and Postpartum Program (PPP)

Pregnant participants often find quitting during pregnancy relatively easy compared to maintaining their quit following the birth of their child. The PPP provides extended support to avoid relapse. The PPP is available to participants who complete intake during pregnancy. In addition to the standard quit medications available to all participants, PPP participants may receive up to five coaching calls during pregnancy and an additional four calls following the birth of their baby. A $5 incentive is provided for every pregnancy call and $10 for every postpartum call. The program uses a dedicated Coach model in which we strive to provide the same Coach for all calls for a specific participant.

American Indian Commercial Tobacco Program (AITCP)

Traditional tobacco has a cultural, spiritual, and ceremonial role in many American Indians' lives. The AITCP supports American Indian participants in quitting commercial tobacco use by providing up to 10 coaching calls, additional outreach attempts, and a shorter intake process. The Program uses a designated Coach model — all AITCP Coaches are American Indian and are specially trained to provide culturally sensitive services to this population. The quit medication offering for AITCP participants follows the general Quitline policy.

Tobacco Cessation Rates

The following section describes the quit rate for survey respondents based on their program enrollment type, tobacco use patterns, demographics, and behavioral and medical health conditions. Throughout this evaluation report, quitting tobacco is defined as self-reported abstinence from tobacco for the past 30 days during the six-month evaluation survey. Tobacco use includes any form of conventional tobacco (cigarettes, cigars, pipes, and smokeless tobacco) and electronic cigarettes or other vaping devices. Quit rates were calculated based on the proportion of evaluation survey respondents who reported not using any tobacco in the past 30 days. NAQC recommends that quitlines should attempt to complete at least 400 responder surveys per year[1] to increase precision in the estimates for quit rates, and Sample Quitline completed 641.

National Jewish Health does not consider a respondent using an electronic nicotine delivery system (ENDS; e.g., e-cigarette, vape pens, or JUUL) as being free from tobacco for several reasons. First, ENDS are considered tobacco products by the FDA and are not approved for cessation. Additionally, observational research shows that most people who use ENDS continue to smoke simultaneously or return to conventional tobacco products completely. At National Jewish Health, individuals who use ENDS and want to quit their use of ENDS receive the same type of personalized cessation intervention that other tobacco users receive. As a result, the quit rate for conventional tobacco alone for coaching participants during 2022 was 40.9%. However, the overall responder quit rate of all tobacco products for coaching participants during 2022 was 40.6% (95% confidence interval = 36.8% - 44.5%).

In the following tables, "Participants" refer to the overall survey sample, "Survey Respondents" refer to the number of completed surveys, and "Quit" refers to the number of participants that reported having quit, based on the criteria described above.

[1] NAQC Issue Paper, Calculating Quit Rate, 2015 Update
https://cdn.ymaws.com/www.naquitline.org/resource/resmgr/Issue_Papers/WhitePaper2015QRUpdate.pdf

Quit Rate by Program Offering

In this section, the proportion of respondents reporting having quit using tobacco are described by participation type, quit medication offering, technology utilized, and number of coaching calls received.

Overall Quit Rate by Participation

Intake-only participants reported the lowest quit rate, at 20%. These participants only receive informational packets and no evidence-based support. The majority of coaching participants made use of the Quitline's quit medication offering. Those who did reported a quit rate of 42%. The rate of medication use was high among responders, and the quit rate for participants who did not use medications is likely impacted by the small number.

Participation	Participants	Survey Respondents	Quit	Responder Quit Rate
All Quitline participants	2,628	641	256	40%
Intake-only participants	243	20	4	20%
All coaching participants	2,385	621	252	41%
Coaching, no medication	251	51	11	22%
Coaching, with medication	2,134	570	241	42%

Quit Rate by Quit Medication Type

Use of quit medication combined with telephone coaching is an evidence-based strategy to increase successful tobacco cessation. Sample Quitline participants are recommended to use either prescription medication for up to three months or NRT for at least eight weeks.

Individuals who received prescription medication, most often Chantix, saw the highest quit rate at 51% while those who did not use any medication had the lowest quit rate at 21%.

Quit Medication Type	Participants	Survey Respondents	Quit	Responder Quit Rate
No medication	494	71	15	21%
NRT	1,726	444	172	39%
Prescription medication	471	142	73	51%

Of the participants who received Chantix® with telephone coaching, those who received one month had a quit rate of 31% whereas those who received two or three months of medication achieved a quit rate of 61%. The following table excludes participants who received bupropion.

Months of Chantix®	Participants	Survey Respondents	Quit	Responder Quit Rate
One month	194	36	11	31%
Two months	100	30	19	63%
Three months	144	67	40	60%

Quit Rate by Supplemental eHealth Product

Participants who enroll in telephone coaching may choose to receive additional support using motivational text and email messages or enroll in the online program. Since participants may opt-in to more than one eHealth program, some participants may be counted in multiple categories. Participants who enrolled in an eHealth program alone without telephone coaching were not surveyed. Participants who opt-in to one of these programs reported higher quit rates than those who did not opt-in.

Technology	Participants	Survey Respondents	Quit	Responder Quit Rate
Text program	1,801	419	172	41%
Email program	1,315	279	119	43%
Web program	672	133	58	44%
No text, email, or web programs	496	152	52	34%

Quit Rate by Call Completed

Coaching over the phone increases the chances of cessation, and research suggests that completing three or more calls is best for cessation. Participants who completed more coaching calls achieved higher quit rates, and participants who completed three or more coaching calls had a combined quit rate of 48%.

Coaching Calls Completed	Participants	Survey Respondents	Quit	Responder Quit Rate
Intake only	243	20	4	20%
1	938	138	38	28%
2	497	101	29	29%
3	317	88	29	33%
4	193	62	23	37%
5+ calls	440	232	133	57%

The table below shows for each coaching call, how many participants reached that coaching call, and the percentage of those who enrolled — of the participants who enrolled in the program (i.e. completed the first coaching call), 40% completed at least three coaching calls and 18% completed at least five coaching calls.

Coaching Calls Completed	Participants Reaching Call	Percent of Enrolled Participants Reaching Call
Intake only	2,628	
1	2,385	100%
2	1,447	61%
3	950	40%
4	633	27%
5+ calls	440	18%

Special Population Programs

The Sample Quitline provides specialty programs for pregnant and postpartum participants and American Indian participants.

The Pregnant and Postpartum Program (PPP) proves challenging to evaluate. Participation in coaching calls is incentivized, while the survey is not, which contributes to a low number of responses. Additionally, most pregnant participants opt-in to the program (89%), and the low number of pregnant participants who do not take part in the program makes it difficult to compare the effect of the program for participants who do not participate. Lastly, since participants enroll during pregnancy, six months may not be enough time to evaluate quit status after birth. Despite these limitations, we have seen high engagement and quit medication use in this program.

Participants who identify as American Indian are offered a tailored program that addresses the traditional role of tobacco for American Indian communities. Eighteen percent of American Indian callers opt-in to the American Indian Commercial Tobacco Program (AICTP). AICTP participants have a unique challenge in quitting commercial tobacco, as tobacco has a traditional role in their communities. We have seen higher engagement in this program as well.

Specialty Program	Participants	Survey Respondents	Quit	Responder Quit Rate
Pregnancy and Postpartum				
PPP participant	25	4	1	25%
Pregnant and not PPP participant	Excluded			
American Indian Commercial Tobacco Program				
AITCP participant	45	5	3	60%
AI and not AITCP participant	206	43	21	49%

Due to the low number of participants, we include overall quit rates and results for all state clients, as well as average number of coaching calls and portion of groups who received quit medications. Please note each state client has different quit medication offerings.

Specialty Program (All State Clients)	Percent Receiving Quit Medication	Average Number of Coaching Calls	Responder Quit Rate
Pregnancy and Postpartum			
PPP participant	14%	3.4	37%
Pregnant and not PPP participant	8%	2.7	Excluded
American Indian Commercial Tobacco Program			
AITCP participant	57%	3.8	30%
AI and not AITCP participant	68%	2.1	28%

Quit Rate by Tobacco Use Patterns

In this section, the proportion of respondents reporting having quit using tobacco are delineated by tobacco use type, duration of tobacco use, number of cigarettes per day, number of previous quit attempts, and whether participants live with other tobacco users.

Quit Rate by Tobacco Use Type

Most participants report smoking cigarettes as the primary form of tobacco use, with a reported quit rate of 38% overall. Because participants may use more than one form of tobacco, individuals may be represented in multiple categories.

Tobacco Type	Participants	Survey Respondents	Quit	Responder Quit Rate
Cigarettes	2,400	567	216	38%
Cigars, cigarillos, small cigars	95	22	6	27%
e-Cigarettes or vaping products	252	47	15	32%
Pipe	23	8	1	13%
Smokeless tobacco (chew, dip, snuff)	296	66	34	52%
Other tobacco	9	2	1	50%

Years of Tobacco Use

Most participants have used tobacco for 10 or more years. There were no clear trends in quit rates based on the number of years that participants have used tobacco.

Years of Tobacco Use	Participants	Survey Respondents	Quit	Responder Quit Rate
Less than a year	17	6	2	33%
1-5 years	112	16	7	44%
6-9 years	167	29	11	38%
Over 10 years	2,324	586	234	40%
No response	8	4	2	50%

Cigarettes per Day

Most participants smoked 11-20 cigarettes per day (CPDs). Participants who smoked up to one pack a day had the highest quit rate at 40%, heavier smokers had an average quit rate of 26%. This table excludes participants who did not smoke cigarettes.

Cigarettes Per Day	Participants	Survey Respondents	Quit	Responder Quit Rate
1-10 CPDs	771	189	77	41%
11-20 CPDs	1,182	259	103	40%
21-30 CPDs	215	53	17	32%
31+ CPDs	157	45	8	18%
No response	75	21	11	52%

Previous Quit Attempts

Most participants had up to four previous quit attempts. Participants with 3-4 and 7-8 previous quit attempts saw the highest quit rates.

Previous Quit Attempts	Participants	Survey Respondents	Quit	Responder Quit Rate
None	219	52	23	44%
1-2	816	192	80	42%
3-4	670	151	70	46%
5-6	388	103	38	37%
7-8	88	16	8	50%
9-10	194	58	14	24%
11+	253	69	23	33%

Living with Another Tobacco User

Most participants did not live with another tobacco user. They also saw greater success with a quit rate of 41%, compared to those who did live with another tobacco user and had a quit rate of 38% for those who did not live with another tobacco user.

Live with Another Tobacco User	Participants	Survey Respondents	Quit	Responder Quit Rate
Yes	1,033	231	87	38%
No	1,485	401	165	41%
No response	110	9	4	44%

Quit Rate by Demographics

In this section, the proportion of respondents reporting having quit using tobacco are described by gender, age, race and ethnicity, insurance, education level, sexual orientation and gender identity, and marital status.

Gender Distribution

Fifty-nine percent of Sample Quitline participants identified as female, while males had a higher quit rate. These results are consistent with trends in tobacco cessation research and quitlines overall. Due to the low number of responses, transgender-identified individuals and those without a response have been excluded.

Gender	Participants	Survey Respondents	Quit	Responder Quit Rate
Female	1,543	347	133	38%
Male	1,083	294	123	42%

Age Distribution

Eighty-two percent of Sample Quitline participants were evenly distributed between ages 25 and 64. The 18-24 age group had the highest quit rate at 52%. Only seven participants were under the age of 18 and are excluded. There is potential to promote tobacco cessation services among the youth population group.

Age Group	Participants	Survey Respondents	Quit	Responder Quit Rate
18-24	154	23	12	52%
25-34	496	80	23	29%
35-44	486	80	23	29%
45-54	517	120	42	35%
55-64	645	193	74	38%
65+	323	139	62	45%

Racial Distribution

Each participant could identify with more than one race or ethnic identity. Participants who identified as two or more races were grouped under the "More than one race" category. Eighty-three percent of participants identified as white. Though the number of responses was low, American Indian and Alaska Native, Black or African American, Hispanic/Latino/Latina, and participants identifying as some other race had a quit rate of 50% or higher. Since participants speaking Korean, Vietnamese, Cantonese, and Mandarin are referred to the Asian Smokers' Quitline, Asian participants are expected to be underrepresented in the Sample Quitline population.

Race and Ethnicity	Participants	Survey Respondents	Quit	Responder Quit Rate
Race				
American Indian or Alaska Native	111	20	10	50%
Asian	9	1	0	0%
Black or African American	17	2	1	50%
Native Hawaiian or other Pacific Islander	2	1	0	0%
White	2,193	547	216	39%
Some other race	14	3	2	67%
More than one race	236	52	21	40%
No response	46	15	6	40%
Ethnicity				
Hispanic/Latino/Latina	64	11	6	55%
Not Hispanic/Latino/Latina	2,406	615	243	40%
No response	158	15	7	47%

Quit Rate by Insurance

Individuals with Medicaid health insurance who enrolled in the program reported a lower quit rate of 28%, compared to a quit rate of 44% for participants with all other types of insurance. Participants with other insurance (mostly commercial) saw the highest quit rate at 52%.

Insurance	Participants	Survey Respondents	Quit	Responder Quit Rate
Medicaid	841	158	44	28%
Medicare	562	207	75	36%
Other insurance	725	197	103	52%
Uninsured	325	60	25	42%
No response	175	19	9	47%

Education Distribution

Most participants reported their highest education level was a high school diploma or GED, or some college education. There was an education-level gradient in quit rates, with college-educated participants at 46%, and only 36% among participants with less than high school. These results correspond to national data that shows individuals with higher levels of education are more successful in stopping their tobacco use.

Highest Level of Education	Participants	Survey Respondents	Quit	Responder Quit Rate
8th grade or less	68	14	5	36%
Some high school	274	56	20	36%
High school diploma or GED	977	229	88	38%
Some college or university	860	220	87	40%
College degree, including vocational school	445	121	56	46%
No response/don't know	4	1	0	0%

Sexual Orientation and Gender Identity

Each participant could identify with more than one sexual orientation or gender identity. Most participants reported being straight, and those participants had a higher quit rate (at 40%) than LGBTQ-identified participants (at 36%). Due to the low number of responses, queer-identified individuals have been excluded.

Sexual Orientation and Gender Identity	Participants	Survey Respondents	Quit	Responder Quit Rate
Straight	2,465	611	244	40%
All LGBTQ	121	25	9	36%
Bisexual	65	14	5	36%
Gay or lesbian	53	12	4	33%
Transgender	8	0	0	N/A
Queer	Excluded			
No response	42	5	3	60%

Due to the low number of participants, we include overall quit rates and results for all state clients. Please note each state client has different quit medication offerings.

Sexual Orientation and Gender Identity (All State Clients)	Responder Quit Rate
Straight	30%
All LGBTQ	28%
Bisexual	27%
Gay or lesbian	29%
Transgender	15%
Queer	30%
No response	25%

Marital Status

Most participants reported being single. The married participant population had the highest quit rate at 49%, and the divorced or separated population had the lowest quit rate as 31%.

Marital Status	Participants	Survey Respondents	Quit	Responder Quit Rate
Divorced or separated	525	140	44	31%
Married	923	232	114	49%
Single	1,009	212	73	34%
Widowed	161	55	24	44%
No response/don't know	10	2	1	50%

Quit Rate for Health Conditions

Quit Rate by Behavioral Health Conditions

Participants responded to questions during their intake call regarding current behavioral health (BH) problems, including depression, anxiety, and substance abuse, among several others. Forty-six percent of participants reported having at least one BH condition. Having a BH condition reduced participants' quit rate. Participants with any two or more BH conditions had a quit rate of 27%, 31% of participants with one BH condition reported having quit, and participants without a BH condition had a 48% quit rate.

Number of BH Conditions	Participants	Survey Respondents	Quit	Responder Quit Rate
No BH conditions	1,421	369	177	48%
One BH condition	450	124	39	31%
Two or more BH conditions	757	148	40	27%

The participants who reported having a BH condition were then asked about its impact on their lives. Those who reported it causing an emotional challenge, that it interferes with their life (in their work, family life, or social life), or that it interferes with their ability to quit, saw lower quit rates than the rest of the BH population. The following table excludes participants without a BH condition.

BH Impact	Participants	Survey Respondents	Quit	Responder Quit Rate
Causes emotional challenges				
Yes	781	172	42	24%
No	426	100	37	37%
Interferes with life				
Yes	514	104	23	22%
No	693	168	56	33%
Interferes with ability to quit				
Yes	379	90	20	22%
No	828	182	59	32%

Quit Rate by Medical Conditions

Participants are screened for medical conditions during intake. Participants with diabetes, chronic obstructive pulmonary disease (COPD), or a cardiovascular disease (a diagnosis of heart attack or stroke in the past 12 months, a diagnosis of high blood pressure, or a diagnosis of heart disease) had lower quit rates than those without these conditions.

Medical Condition	Participants	Survey Respondents	Quit	Responder Quit Rate
Cancer	213	55	26	47%
Diabetes	254	71	21	30%
COPD	521	140	43	31%
Cardiovascular disease	810	219	80	37%
No cancer, diabetes, COPD, or cardiovascular disease	1,423	320	135	42%

Program Satisfaction

Sample Quitline program participants were surveyed about their satisfaction with the overall service of the Quitline program, the materials they received, and the quality of the Coaches and counselors. Neutral responses (don't know or no answer) are excluded from the denominator. Very high satisfaction was noted for all content types.

Satisfied With...	Survey Respondents	Satisfied	Percent Satisfied
Overall program	612	582	95%
Provided materials	442	435	98%
Coaches and counselors	564	543	96%

Conclusions and Opportunities

Overall, the Sample Quitline assisted an estimated 968 participants to quit using tobacco through the telephone coaching program between December 2020 and November 2021. Participants who engaged in telephone coaching and received cessation medication were more than twice as likely to quit smoking compared to individuals who did not use telephone coaching (42% vs. 20%). The overall quit rate for coaching participants in 2022 was higher than in 2021 (41% vs 35%). The higher quit rate in this year's report should be interpreted with caution because of year-over-year differences in participants completing the survey in program utilization, demographics, and tobacco use patterns.
More survey respondents this year received coaching and quit medications, reached their third coaching call, or had commercial insurance, and fewer respondents this year smoked more than one pack per day or had behavioral health conditions.

The personalized telephone-based intervention was effective in helping people in their efforts to quit tobacco and Sample Quitline participants were highly engaged in tobacco cessation. More than 40% of participants completed at least three coaching calls, more than two-thirds of participants used a supplemental eHealth product (text, email, web) in addition to telephone coaching, and nearly 90% of participants also used a cessation medication to aid their quit attempt. These participants had higher quit rates than participants who used only telephone support without other supports.

The quit rates for individuals receiving Chantix® was particularly high when used for more than one month (61% quit rate). When participants received only one month of Chantix, we observed that using NRT resulted in higher quit rates likely due to the extended treatment offered (8 weeks of NRT). Using more than one month of medication also results in a higher number of coaching calls, and the combination of medication and counseling is the recommended method of tobacco treatment.

The American Indian Commercial Tobacco Program, offered by the Sample Quitline, was accessed by 20% of self-identified American Indian participants. American Indian participants who used the program reported higher quit rates than participants who did not, however the number of respondents was low. Other priority populations also had high quit rates including participants who used smokeless tobacco (52%), young adults age 18-24 (52%), the uninsured (42%), participants with less than high school education (36%), and LGBTQ participants (36%).
In the evaluation survey sample, approximately 46% of respondents indicated that they had a behavioral health (BH) condition, and fewer reported cessation. National Jewish Health has completed evaluating a pilot program that improved Quitline engagement for participants with two major BH issues: depression and anxiety disorder. Additional efforts are needed to improve cessation with participants who reported a BH condition, as they were 40% less likely to quit than participants with no BH condition.

At National Jewish Health, we are honored and excited to continue our partnership with the Sample Quitline's Tobacco Use Prevention Program to serve the residents of the state with vidence-based treatment. We continue our efforts in finding new ways to reach disparate populations and meet the mutual goals of decreasing tobacco use among all Sample Quitline's residents.

Acknowledgements

Implementation of the services provided is a coordinated and collaborative effort made possible by many individuals at National Jewish Health and our clients. We would like to acknowledge the extensive efforts of the Quitline Coaches, Management Team and survey staff that provide guidance, enrollment, and tobacco treatment services to the Quitline callers.

Survey Methodology

The surveys in this report were conducted during July 2021 and June 2022 by phone, representing intakes from December 2020 to November 2021. All outcomes data are derived from self- reported data submitted in participant surveys collected by an independent survey agency, Westat Inc.

Callers are asked about their tobacco use and assigned a current status of "Quit" if the participant indicated that they have not used tobacco — even a puff — in the 30 days prior to the call, and included e-cigarettes in the same period, as recommended by NAQC. This definition of abstinence is referred to as the point prevalence rate and is the industry standard for determining follow-up quit rate. Due to the number of survey responses, some demographic breakdowns yielded limited results. Throughout the report, rows with five participants or fewer have been excluded.

Of the individuals identified and contacted for a follow-up survey, a percentage were not successfully contacted for a survey. Some are not contacted because they cannot be reached after multiple attempts and others because they choose not to participate in the survey despite consenting during the intake process.

NAQC/Professional Data Analysts Inc. (PDA) recommend calculating responder rates and not intention to treat (ITT) rates, because calculating ITT assumes that all non-responders are using tobacco and includes them in the sample. In this evaluation report, responder quit rates are reported.

Attachment H: Education Materials

Printed Materials Used to Support the Counseling Program and NRT Provision

My Quit Journey© Booklet

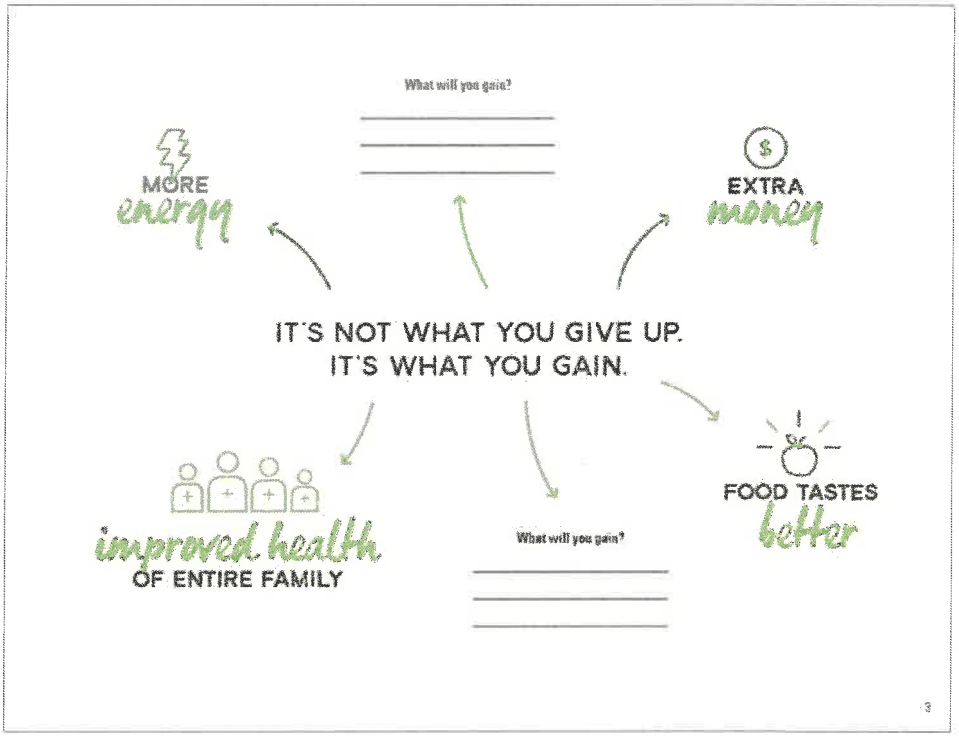
Audience: Enrolled Quitline Participants

Date(s): Redeveloped in 2016, Reviewed & Updated Annually (as needed)

The booklet is available in both English and Spanish. For brevity, we have only included the English version.

Quitting tobacco is a journey.

THIS PROGRAM IS DESIGNED TO SUPPORT YOU THROUGH YOUR JOURNEY WITHOUT JUDGMENT. USE THIS WORKBOOK AND TALK WITH A QUIT COACH TO HELP YOU QUIT TOBACCO FOR GOOD.


What will you gain?
MORE energy
EXTRA money
IT'S NOT WHAT YOU GIVE UP.
IT'S WHAT YOU GAIN.
improved health OF ENTIRE FAMILY
What will you gain?
FOOD TASTES better
3


GETTING STARTED:
Commitment Quiz
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree
1 I'm ready to handle discomfort in order to quit using tobacco. 1 2 3 4 5
2 No matter what challenges come up, I won't let myself use tobacco once I quit. 1 2 3 4 5
3 Even if I'm feeling very anxious or restless, I will be successful with my quit attempt. 1 2 3 4 5
4 Even if I really want to use tobacco, I won't let myself. 1 2 3 4 5
5 I'm going to resist the urge to use tobacco, even when cravings may be strong. 1 2 3 4 5
6 If I'm feeling depressed or sad, I will continue to stay committed. 1 2 3 4 5
7 I'm not going to let anything get in the way of my quit attempt. 1 2 3 4 5
8 Feeling very angry or irritable won't prevent me from being successful. 1 2 3 4 5
TOTAL SCORE =
4

CHECK YOUR SCORE

8–18

Focus on Commitment

Successful quit attempts take commitment. Think of what your life would look like without tobacco.

19–29

Strengthen Commitment

You are on the right track. Thinking about your reasons for quitting can help strengthen your decision to quit for good.

30–40

Committed to Quit

Congratulations! Take action now and continue on your path to becoming tobacco free.

5

My Reasons
FOR QUITTING TOBACCO

Use this page to write, draw and/or paste pictures of your reasons to remind yourself why you want to quit.

6

Start Your P.L.A.N. to Quit

P

PICK A QUIT DAY

My quit day is _____

I picked this day because _____

I want to quit because _____

L

LET FAMILY AND FRIENDS KNOW YOU PLAN TO QUIT

List the people you are going to tell that you are quitting tobacco. What kind of support do you need from your friends and family to successfully quit?

My Support People	How I Want Him/Her to Support Me
_____	_____
_____	_____
_____	_____

7

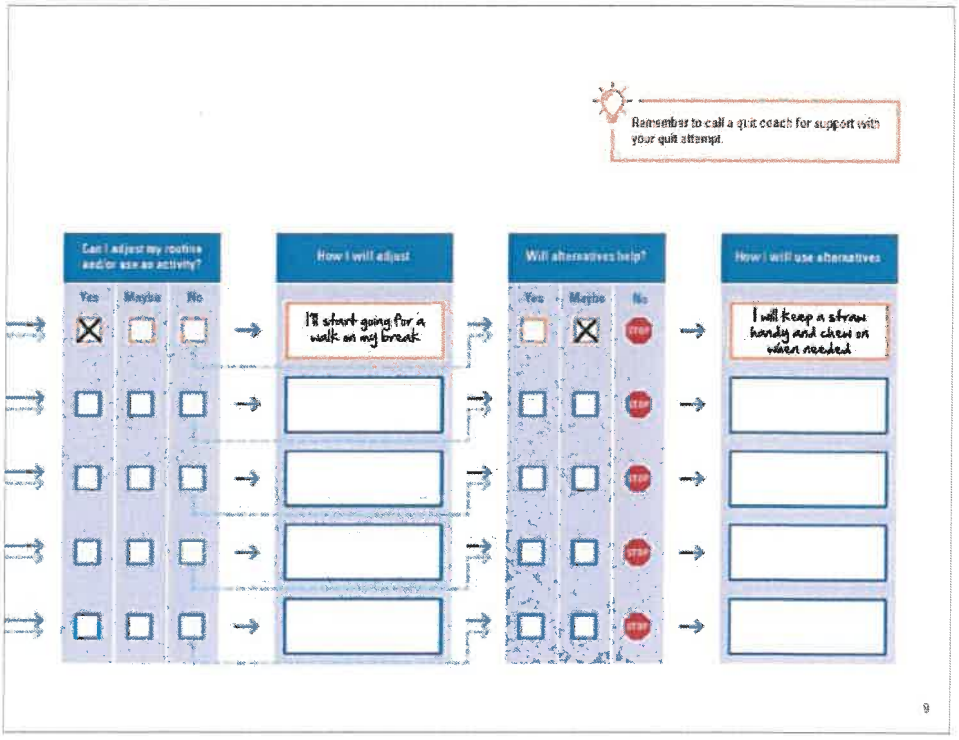
A

ANTICIPATE YOUR TRIGGERS AND WITHDRAWAL SYMPTOMS

Make a plan for dealing with your triggers and withdrawal symptoms. Avoid **people, places or things** that trigger you to use tobacco. Have alternatives to tobacco handy. Adjust your schedule or routine.

My triggers and withdrawal symptoms	Can I avoid it? Yes	Maybe	No	How I will avoid it
Smoke breaks at work	☐	☒	☐	I will plan to stay inside for the first few weeks
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	

8



NICOTINE AND QUIT MEDICATIONS

Quit medications can double or triple your chances of quitting for good. Talk to a quit coach about the options that may work best for you, and to find out if you can get these products free of charge.

NAME	BRAND	ABOUT THIS MEDICATION	HOW IT WORKS
Nicotine Patch	Habitrol®, NicoDerm CQ®, Generic Available	• Available over the counter or with prescription • Recommended use is 8–10 weeks	• Helps with cravings for 16–24 hours, depending on patch
Nicotine Gum	Nicorette®, Generic Available	• Over the counter medication • Available as 2 mg and 4 mg • Multiple flavours available • Recommended use for 3 months or as needed	• Helps with cravings for up to 30 minutes per piece
Nicotine Lozenge	Commit® Lozenge, Generic Available	• Over the counter medication • Available as 2 mg and 4 mg • Recommended use for 3 months or as needed	• Helps with cravings for up to 30 minutes per lozenge
Nicotine Inhaler	Nicotrol® Inhaler	• Prescription medication • Recommended use up to 6 months	• Helps with cravings and hand-to-mouth habit
Nicotine Spray	Nicotrol® Nasal Spray	• Prescription medication • Recommended use 3–6 months	• Fast-acting • Helps with cravings
Bupropion SR	Zyban®, Wellbutrin®	• Prescription medication • Tablet • Recommended use 3–6 months	• Lessens your desire to smoke • Helps symptoms of depression
Varenicline	Champix®	• Prescription medication • Tablet • Recommended use 3–6 months	• Lessens withdrawal symptoms • Blocks enjoyable effects of smoking

10

MANAGING STRESS THROUGHOUT YOUR QUIT JOURNEY

The number one reason people say they use tobacco is to manage stress. Every time you stop using tobacco, you likely will feel anxious and irritable, which feeds your craving for more nicotine. Once you use tobacco, these feelings go away, and you feel more relaxed and happy. This tricks you into believing that tobacco use gets rid of stress when, in reality, it increases your stress level.

There are many great ways to deal with stress other than using tobacco. Identify the ones that will work best for you, and make a plan to handle a "slip" if it happens.

11

HOW TO REDUCE STRESS

Stay Positive

A positive attitude can keep you in the right mindset to tackle stress. Focus on the benefits of quitting.

Let Go of Control

There are so many things in life that are out of your control. Recognize when things are out of your control. Put energy toward the areas of your life where you can have an impact.

Relax

Relaxing is a healthy way to keep stress at a minimum. Breathing, muscle and mind relaxation, exercise and yoga are all great activities for lowering stress.

Be Active

When your body is fit, you are better able to handle stress. Any activity that gets you moving can clear your mind and help you deal with challenges.

Fuel Your Body

Eating healthy meals and snacks gives you the energy you need to better handle stress. Fresh foods are always better options than packaged foods.

What Stresses Me Out

_____

_____

_____

_____

How I Will Handle My Stress

_____

_____

_____

_____

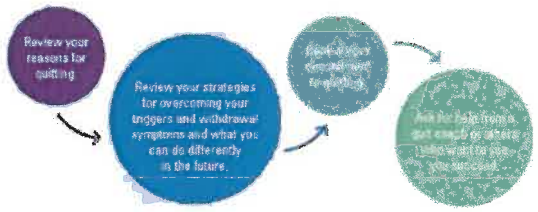
12

HOW TO HANDLE "SLIPS"

After you quit, having one puff or dip increases the chances of wanting more in the future. If you do "slip," don't give up. A slip is a learning opportunity, not a failure.

What Caused Me to Slip	Time of Day	Where I Slipped	How I Will Handle This Next Time

GETTING BACK ON TRACK



13

It is important to find ways to reward yourself when you quit. Rewarding yourself helps you stay strong and committed to your goals. You deserve to pat yourself on the back for each day you have refused to use tobacco!

MY REWARDS

List three ways you can reward yourself while you are quitting.

Milestone	Reward
Example: One month tobacco free	Go to dinner with friends/family

14


Tear here
My
P.L.A.N.
to Quit for Good
PICK A QUIT DAY (PAGE 9)
My quit day is _____
LET FAMILY AND FRIENDS KNOW YOU PLAN TO QUIT (PAGE 9)
My Support People
How I Want Him/Her to Support Me
ANTICIPATE YOUR TRIGGERS AND WITHDRAWAL SYMPTOMS (PAGES 10–11)
My Triggers and Withdrawal Symptoms
How I Will Handle Them
(Avoid, Adjust, Alternatives)
NICOTINE AND QUIT MEDICATIONS (PAGE 12)
I plan to use _____ in my current quit attempt.
I will get the medication from my (circle one) quit coach doctor pharmacy/store
MY REWARDS FOR KEEPING MY COMMITMENT TO QUIT (PAGE 16)
Milestone
Reward
15


16
Tear here
P.L.A.N.
+
QUIT COACH
SUPPORT
+
QUIT
MEDICATIONS
=
Success


National Jewish Health
©2016 National Jewish Health

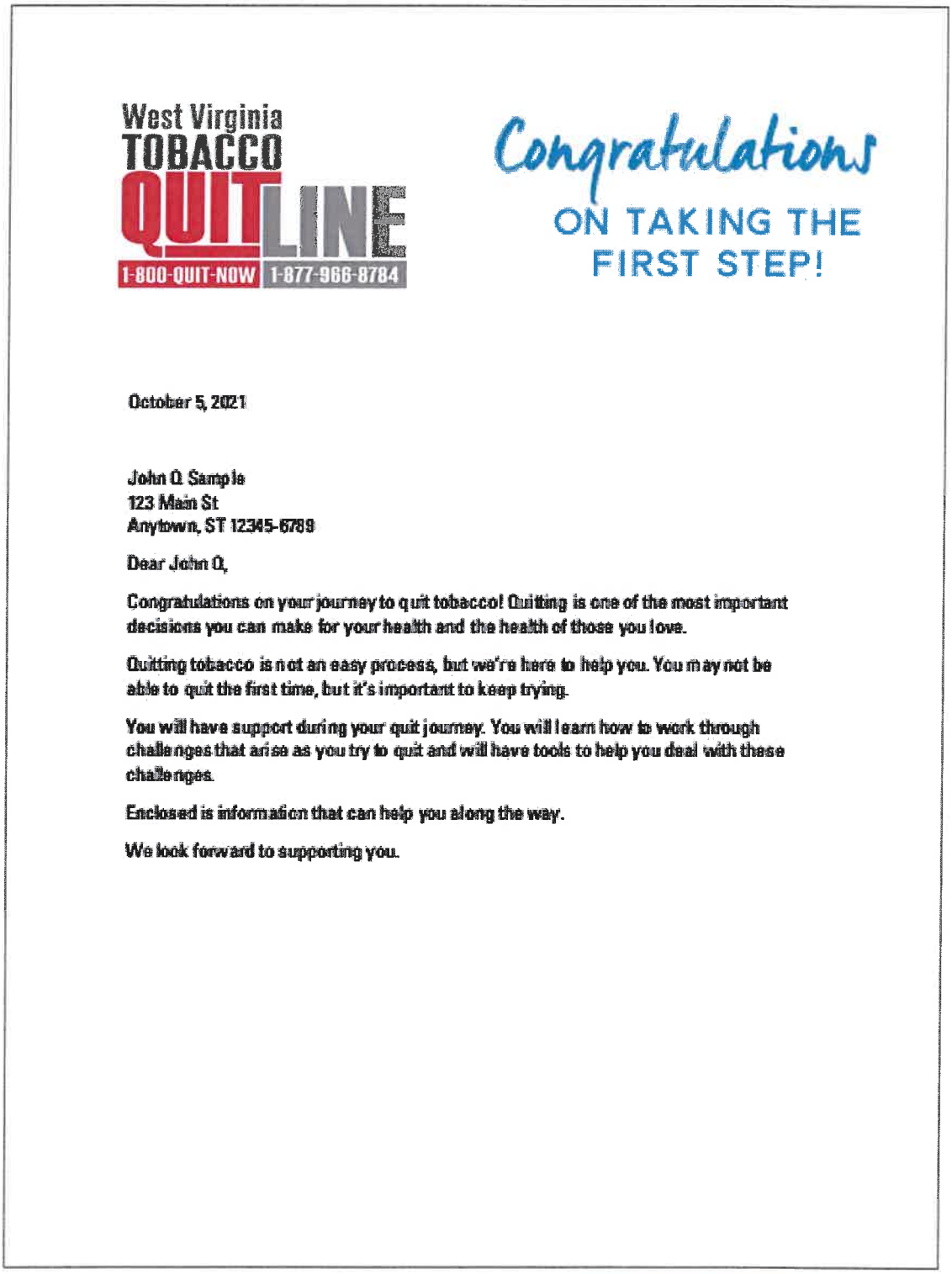

The only impossible journey
is the one you never begin.
— Anthony Robbins

Participant Welcome Letter

Audience: Enrolled Quitline Participants

Date(s): Redeveloped in 2016

The participant welcome letter is available in both English and Spanish. For brevity, we have only included the English version. Image resolution has been minimized for file sharing.



West Virginia TOBACCO QUITLINE

1-800-QUIT-NOW 1-877-966-8784

Congratulations ON TAKING THE FIRST STEP!

October 5, 2021

John Q Sample
123 Main St
Anytown, ST 12345-6789

Dear John Q,

Congratulations on your journey to quit tobacco! Quitting is one of the most important decisions you can make for your health and the health of those you love.

Quitting tobacco is not an easy process, but we're here to help you. You may not be able to quit the first time, but it's important to keep trying.

You will have support during your quit journey. You will learn how to work through challenges that arise as you try to quit and will have tools to help you deal with these challenges.

Enclosed is information that can help you along the way.

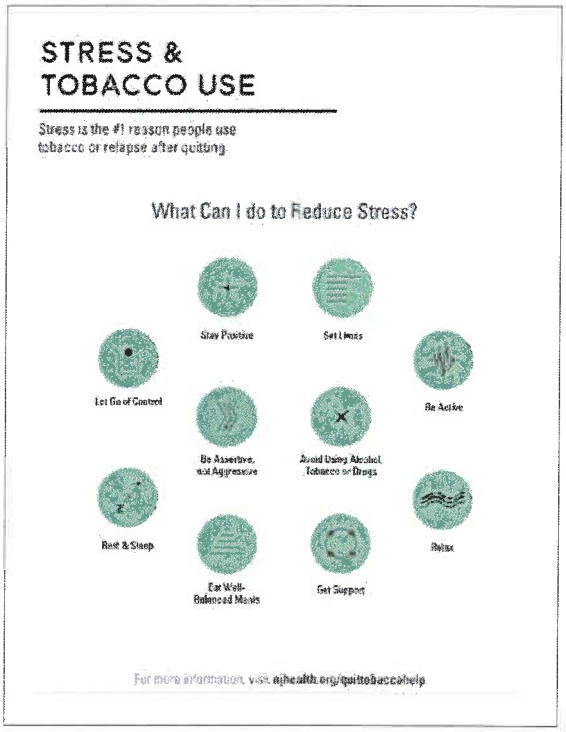
We look forward to supporting you.

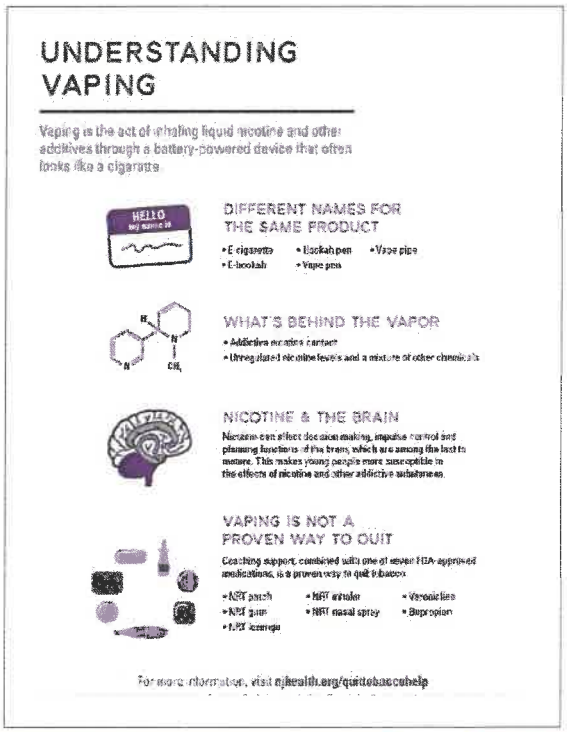
Educational Materials on Various Topics

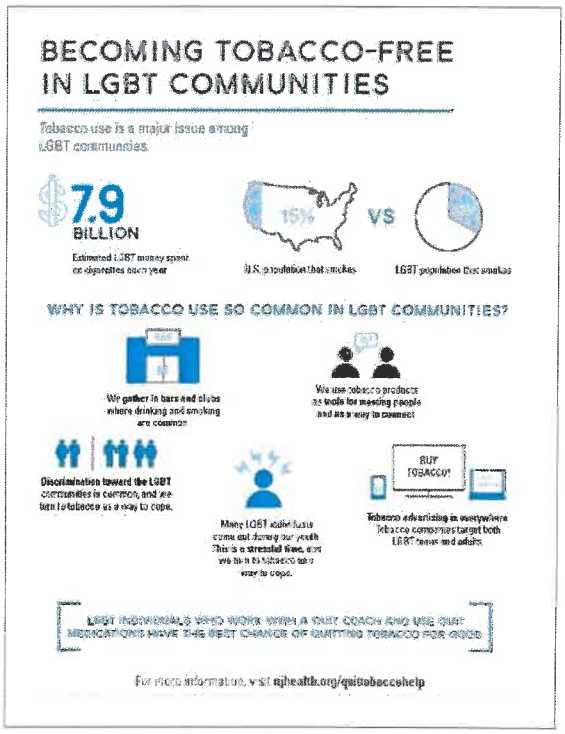
Audience: Enrolled Quitline Participants

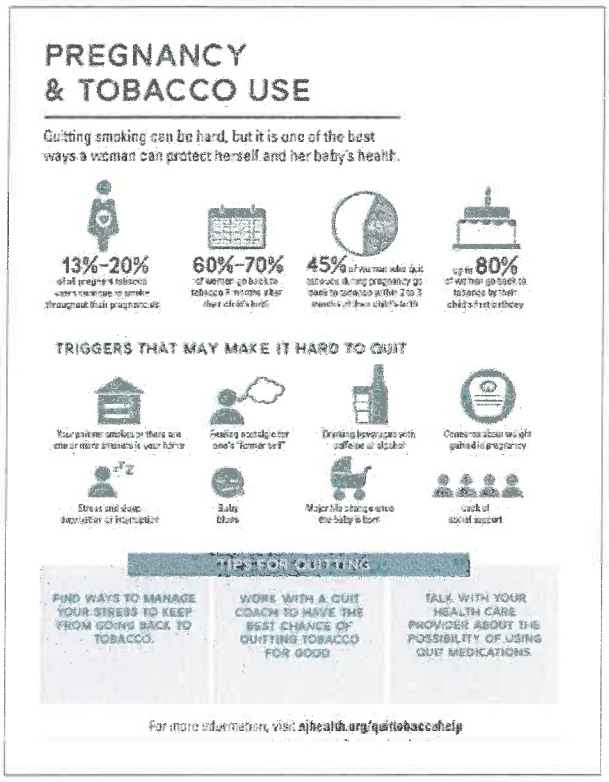
Date(s): Initially Redeveloped in 2016, Reviewed & Updated Annually (as needed), Menthol Tobacco and Oral Health materials updated in 2021

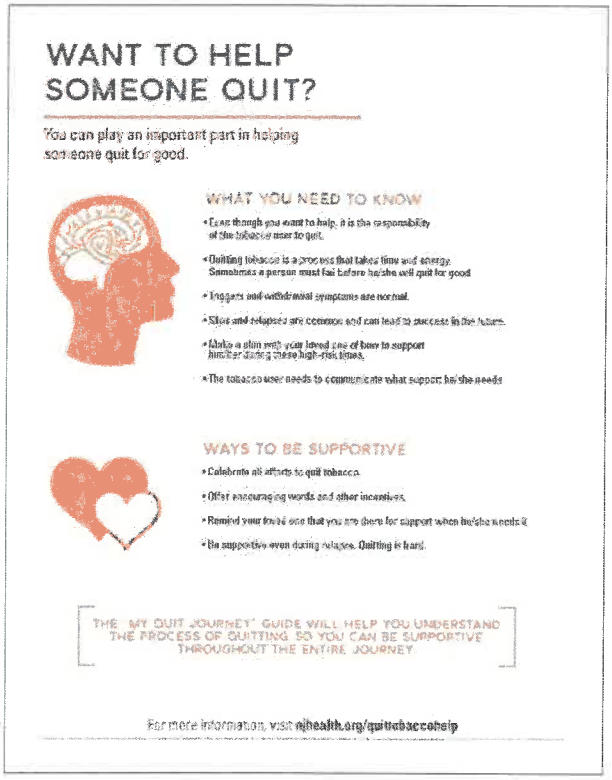
These materials are available in both English and Spanish. For brevity, we have only included the English version. Please also note that image resolution has been minimized for file sharing.

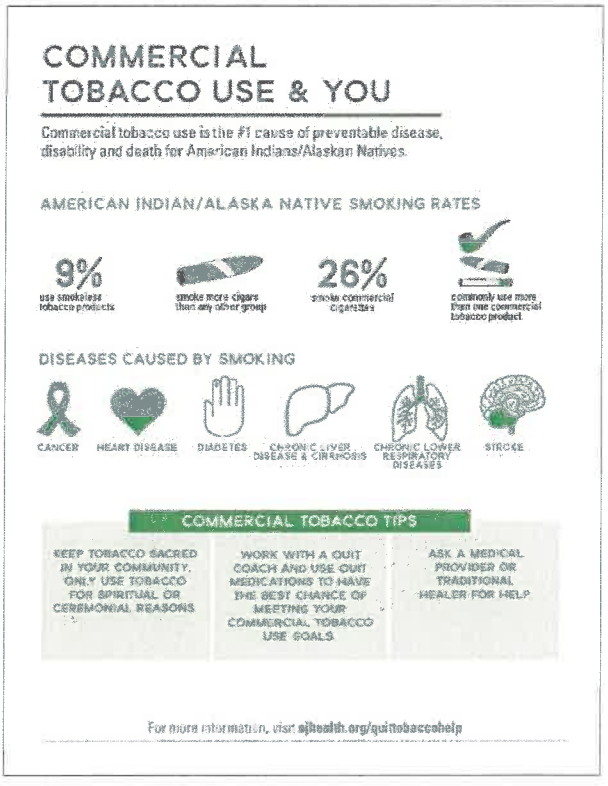


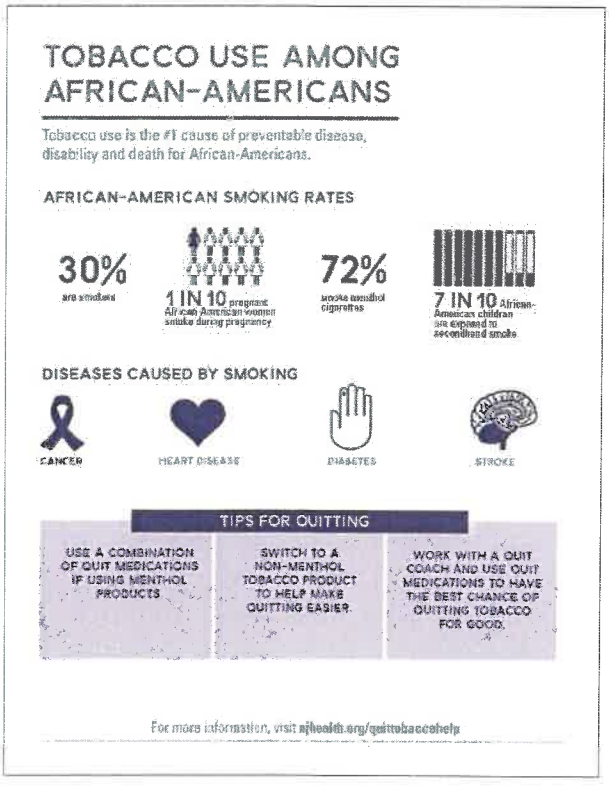




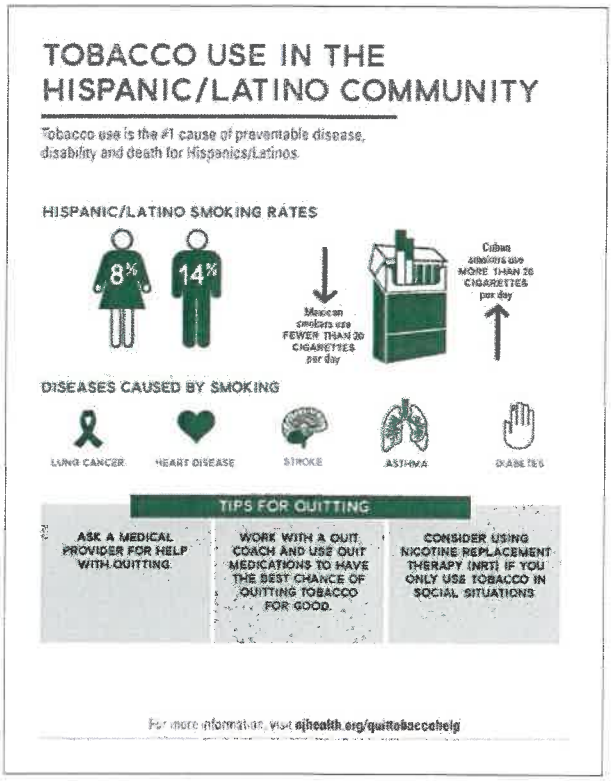

PREGNANCY
& TOBACCO USE
Quitting smoking can be hard, but it is one of the best ways a woman can protect herself and her baby's health.
13%–20%
60%–70%
45%
up to 80%
TRIGGERS THAT MAY MAKE IT HARD TO QUIT
TIPS FOR QUITTING
FIND WAYS TO MANAGE YOUR STRESS TO KEEP FROM GOING BACK TO TOBACCO.
WORK WITH A QUIT COACH TO HAVE THE BEST CHANCE OF QUITTING TOBACCO FOR GOOD.
TALK WITH YOUR HEALTH CARE PROVIDER ABOUT THE POSSIBILITY OF USING QUIT MEDICATIONS.
For more information, visit wjhealth.org/quittobaccohelp

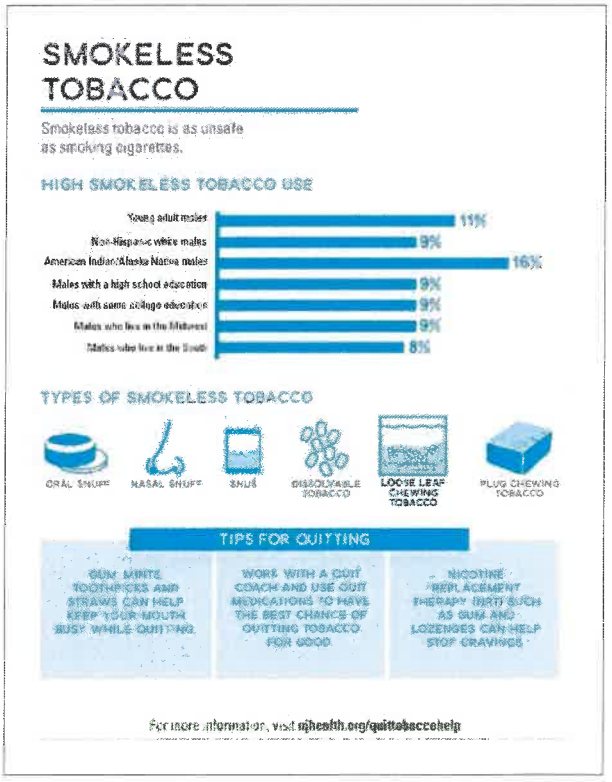

WANT TO HELP SOMEONE QUIT?
You can play an important part in helping someone quit for good.
WHAT YOU NEED TO KNOW
WAYS TO BE SUPPORTIVE
THE "MY QUIT JOURNEY" GUIDE WILL HELP YOU UNDERSTAND THE PROCESS OF QUITTING SO YOU CAN BE SUPPORTIVE THROUGHOUT THE ENTIRE JOURNEY.
For more information, visit wjhealth.org/quittobaccohelp

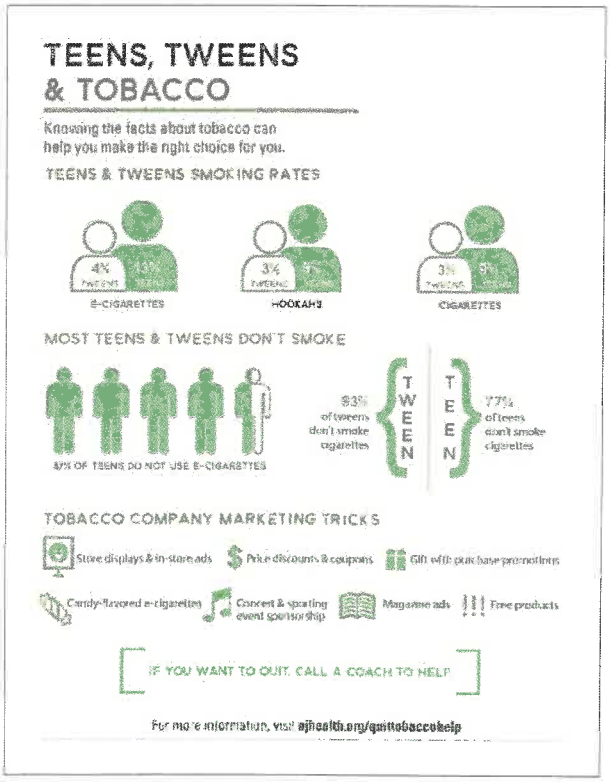

COMMERCIAL TOBACCO USE & YOU
Commercial tobacco use is the #1 cause of preventable disease, disability and death for American Indians/Alaskan Natives.
AMERICAN INDIAN/ALASKA NATIVE SMOKING RATES
9%
26%
DISEASES CAUSED BY SMOKING
CANCER
HEART DISEASE
DIABETES
CHRONIC LIVER DISEASE & CIRRHOSIS
CHRONIC LOWER RESPIRATORY DISEASES
STROKE
COMMERCIAL TOBACCO TIPS
KEEP TOBACCO SACRED IN YOUR COMMUNITY. ONLY USE TOBACCO FOR SPIRITUAL OR CEREMONIAL REASONS.
WORK WITH A QUIT COACH AND USE QUIT MEDICATIONS TO HAVE THE BEST CHANCE OF MEETING YOUR COMMERCIAL TOBACCO USE GOALS.
ASK A MEDICAL PROVIDER OR TRADITIONAL HEALER FOR HELP.
For more information, visit wjhealth.org/quittobaccohelp


TOBACCO USE AMONG AFRICAN-AMERICANS
Tobacco use is the #1 cause of preventable disease, disability and death for African-Americans.
AFRICAN-AMERICAN SMOKING RATES
30%
1 IN 10
72%
7 IN 10
DISEASES CAUSED BY SMOKING
CANCER
HEART DISEASE
DIABETES
STROKE
TIPS FOR QUITTING
USE A COMBINATION OF QUIT MEDICATIONS IF USING MENTHOL PRODUCTS.
SWITCH TO A NON-MENTHOL TOBACCO PRODUCT TO HELP MAKE QUITTING EASIER.
WORK WITH A QUIT COACH AND USE QUIT MEDICATIONS TO HAVE THE BEST CHANCE OF QUITTING TOBACCO FOR GOOD.
For more information, visit wjhealth.org/quittobaccohelp


ASIAN-AMERICANS & TOBACCO
Tobacco use is the #1 cause of preventable disease, disability and death for Asian-Americans.
ASIAN-AMERICAN SMOKING RATES
12%
of all Asian Americans are smokers
6
19
31%
of all Asian-Americans smoke menthol cigarettes
1 IN 3
Vietnamese and Korean American men smoke
1 IN 3
South Asian-Americans use smokeless tobacco
DISEASES CAUSED BY SMOKING
CANCER
HEART DISEASE
STROKE
TIPS FOR QUITTING
CONSIDER USING A NICOTINE REPLACEMENT THERAPY (NRT) SUCH AS GUM OR A LOZENGE IF YOU SMOKE FEWER THAN 10 CIGARETTES A DAY.
WORK WITH A QUIT COACH AND USE QUIT MEDICATIONS TO HAVE THE BEST CHANCE OF QUITTING TOBACCO FOR GOOD.
SMOKE FEWER CIGARETTES EACH DAY BEFORE YOUR QUIT DATE TO GIVE YOU THE BEST CHANCE OF QUITTING TOBACCO FOR GOOD.
For more information, visit ajhealth.org/quittobaccohelp


TOBACCO USE IN THE HISPANIC/LATINO COMMUNITY
Tobacco use is the #1 cause of preventable disease, disability and death for Hispanics/Latinos.
HISPANIC/LATINO SMOKING RATES
8%
14%
Mexican smokers use FEWER THAN 20 CIGARETTES per day
Cuban smokers use MORE THAN 20 CIGARETTES per day
DISEASES CAUSED BY SMOKING
LUNG CANCER
HEART DISEASE
STROKE
ASTHMA
DIABETES
TIPS FOR QUITTING
ASK A MEDICAL PROVIDER FOR HELP WITH QUITTING.
WORK WITH A QUIT COACH AND USE QUIT MEDICATIONS TO HAVE THE BEST CHANCE OF QUITTING TOBACCO FOR GOOD.
CONSIDER USING NICOTINE REPLACEMENT THERAPY (NRT) IF YOU ONLY USE TOBACCO IN SOCIAL SITUATIONS
For more information, visit ajhealth.org/quittobaccohelp


SMOKELESS TOBACCO
Smokeless tobacco is as unsafe as smoking cigarettes.
HIGH SMOKELESS TOBACCO USE
Young adult males 11%
Non-Hispanic white males 9%
American Indian/Alaska Native males 16%
Males with a high school education 9%
Males with some college education 9%
Males who live in the Midwest 9%
Males who live in the South 8%
TYPES OF SMOKELESS TOBACCO
ORAL SNUFF
NASAL SNUFF
SNUS
DISSOLVABLE TOBACCO
LOOSE LEAF CHEWING TOBACCO
PLUG CHEWING TOBACCO
TIPS FOR QUITTING
GUM, MINTS, TOOTHPICKS AND STRAWS CAN HELP KEEP YOUR MOUTH BUSY WHILE QUITTING.
WORK WITH A QUIT COACH AND USE QUIT MEDICATIONS TO HAVE THE BEST CHANCE OF QUITTING TOBACCO FOR GOOD.
NICOTINE REPLACEMENT THERAPY (NRT) SUCH AS GUM AND LOZENGES CAN HELP STOP CRAVINGS.
For more information, visit ajhealth.org/quittobaccohelp


TEENS, TWEENS & TOBACCO
Knowing the facts about tobacco can help you make the right choice for you.
TEENS & TWEENS SMOKING RATES
4%
13%
E-CIGARETTES
3%
9%
HOOKAHS
3%
9%
CIGARETTES
MOST TEENS & TWEENS DON'T SMOKE
8/9 OF TEENS DO NOT USE E-CIGARETTES
93% of tweens don't smoke cigarettes
TWEEN
TEEN
77% of teens don't smoke cigarettes
TOBACCO COMPANY MARKETING TRICKS
Store displays & in-store ads
Price discounts & coupons
Gift with purchase promotions
Candy-flavored e-cigarettes
Concert & sporting event sponsorship
Magazine ads
Free products
IF YOU WANT TO QUIT, CALL A COACH TO HELP
For more information, visit ajhealth.org/quittobaccohelp

TOBACCO USE & MENTAL HEALTH CONCERNS

Smoking is the #1 cause of disease and death for people with mental health concerns.

MENTAL HEALTH-RELATED SMOKING RATES

TRENDS AMONG THOSE WITH MENTAL HEALTH CONCERNS

People with mental health concerns are targeted by tobacco companies.

People with serious mental illness die up to 25 years earlier than others.

Smoking harms nearly every organ in the body.

TIPS FOR QUITTING

WORK WITH A QUIT COACH AND USE QUIT MEDICATIONS TO HAVE THE BEST CHANCE OF QUITTING FOR GOOD.

YOU CAN QUIT. PEOPLE WITH MENTAL HEALTH CONCERNS QUIT TOBACCO AT THE SAME RATE AS OTHERS.

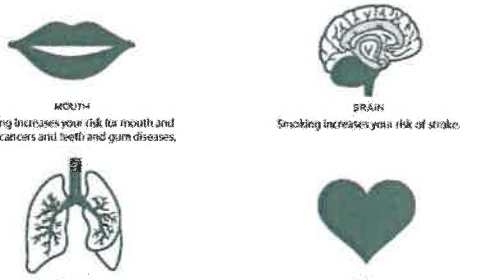
DON'T GIVE UP. IT TAKES AN AVERAGE OF 7-10 TRIES TO QUIT FOR GOOD.

For more information, visit **njhealth.org/quittobaccohelp**

TOBACCO USE & COPD

Smoking is one of the worst things you can do if you have COPD.

HOW SMOKING WITH COPD AFFECTS YOU



MOUTH
Smoking increases your risk for mouth and throat cancers and teeth and gum diseases.

BRAIN
Smoking increases your risk of stroke.

LUNGS
Smoking causes your COPD to worsen and increases your risk of lung cancer and death.

HEART
Smoking increases your risk of high blood pressure, heart disease and heart attacks.

WORK WITH A QUIT COACH AND USE QUIT MEDICATIONS TO HAVE THE BEST CHANCE OF QUITTING FOR GOOD.

For more information, visit **njhealth.org/quittobaccohelp**

TOBACCO USE, HIGH BLOOD PRESSURE & HEART DISEASE

You have a high risk of developing other health problems when you smoke with high blood pressure and/or heart disease.

HOW SMOKING WITH HIGH BLOOD PRESSURE AND/OR HEART DISEASE AFFECTS YOU

MOUTH
Smoking increases your risk of dental disease and cancers of the mouth.

BRAIN
Smoking increases your risk of stroke.

HEART
Smoking increases your risk of heart disease and heart attack.

LUNGS
Smoking increases your risk of lung cancer and makes it harder to breathe and be active.

BLOOD
Your blood pressure rises every time you smoke. Smoking makes heart medications less effective, because it raises bad fat levels and lowers good fat levels in your blood.

KIDNEYS
Smoking increases your risk of having kidney disease.

WORK WITH A QUIT COACH AND USE QUIT MEDICATIONS TO HAVE THE BEST CHANCE OF QUITTING TOBACCO FOR GOOD.

For more information, visit **njhealth.org/quittobaccohelp**

TOBACCO USE & DIABETES

People with diabetes who use tobacco are likely to suffer from serious health issues.

HOW TOBACCO USE AFFECTS PEOPLE WITH DIABETES

EYE
You are more likely to have eye problems leading to blindness.

BRAIN
Smoking increases your risk of having a stroke.

HEART
Smoking increases your risk of heart disease.

KIDNEYS
Smoking increases your risk of kidney disease and failure.

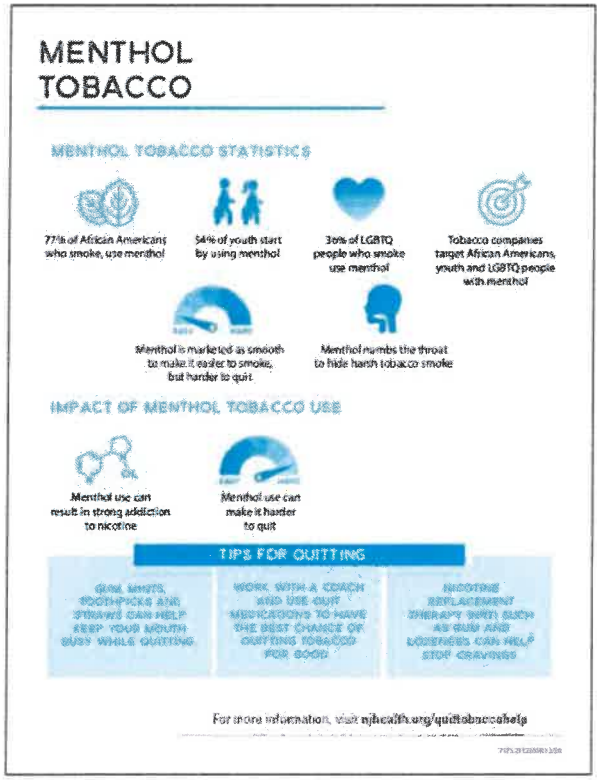
BLOOD
Smoking causes blood and circulation problems. It increases your blood sugar levels and decreases blood flow. It also puts you at higher risk for high blood pressure and/or heart disease.

MOUTH
Smoking increases your risk of mouth and throat cancers. It also increases your risk of tooth and mouth diseases.

HANDS & FEET
Smoking decreases blood flow to your hands, legs and feet. This increases your risk for amputations.

WORK WITH A QUIT COACH AND USE QUIT MEDICATIONS TO HAVE THE BEST CHANCE OF QUITTING TOBACCO FOR GOOD.

For more information, visit **njhealth.org/quittobaccohelp**


MENTHOL
TOBACCO
MENTHOL TOBACCO STATISTICS
77% of African Americans who smoke, use menthol
54% of youth start by using menthol
36% of LGBTQ people who smoke use menthol
Tobacco companies target African Americans, youth and LGBTQ people with menthol
Menthol is marketed as smooth to make it easier to smoke, but harder to quit
Menthol numbs the throat to hide harsh tobacco smoke
IMPACT OF MENTHOL TOBACCO USE
Menthol use can result in strong addiction to nicotine
Menthol use can make it harder to quit
TIPS FOR QUITTING
GUM, MINTS, TOOTHPICKS AND STRAWS CAN HELP KEEP YOUR MOUTH BUSY WHILE QUITTING
WORK WITH A COACH AND USE QUIT MEDICATIONS TO HAVE THE BEST CHANCE OF QUITTING TOBACCO FOR GOOD
NICOTINE REPLACEMENT THERAPY (NRT) SUCH AS GUM AND LOZENGES CAN HELP STOP CRAVINGS
For more information, visit njhealth.org/quittobaccohelp

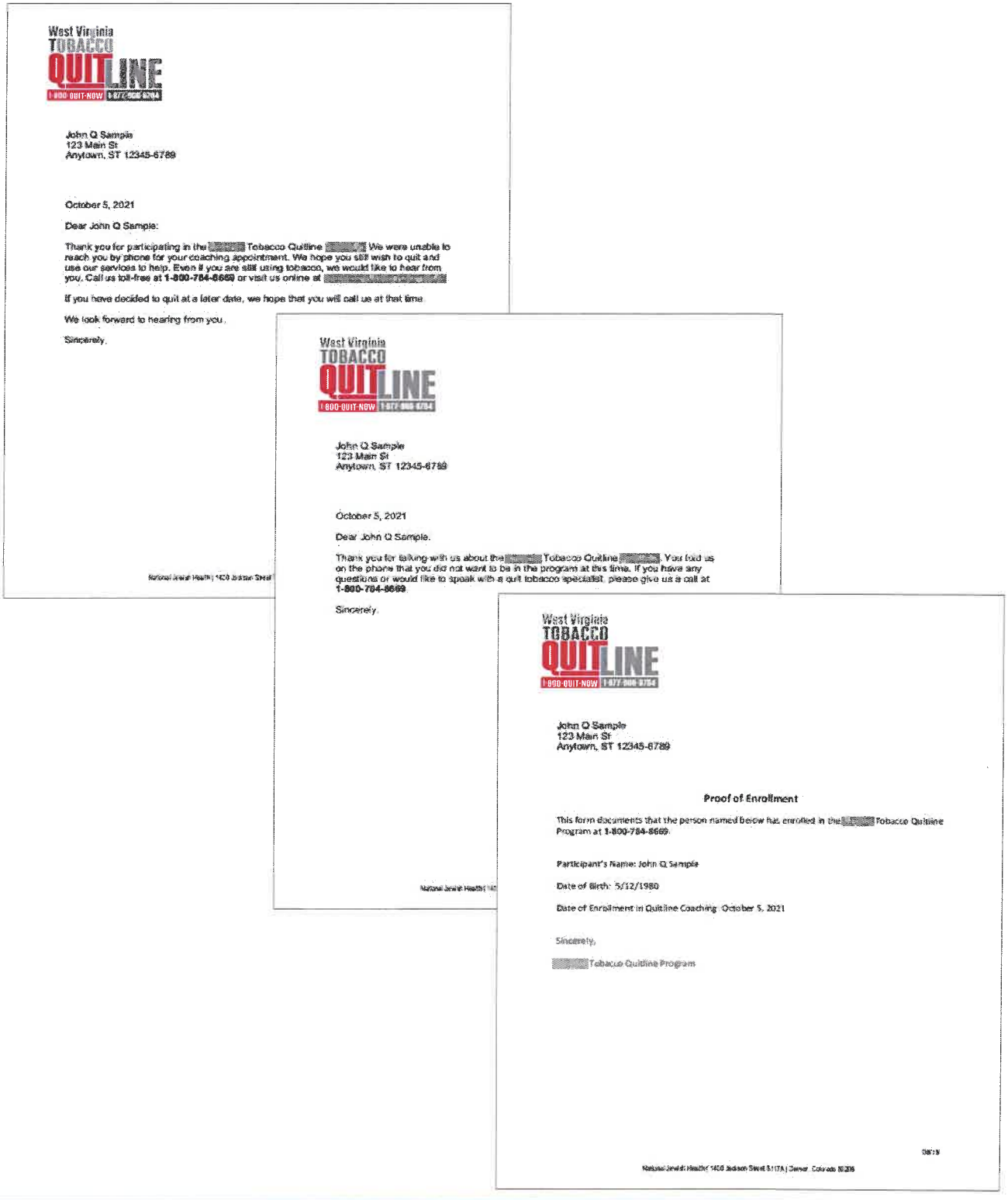

TOBACCO USE & ORAL HEALTH
Smoking, vaping & smokeless tobacco all impact oral health.
By quitting tobacco & nicotine, you can reduce your risk of oral cancer, tooth loss, and gum infection.
Chewing helps improve chewing, reduces dry mouth and improves oral health
Food tastes better when your sense of taste and smell improve
Regularly visit your dentist to identify any oral health problems.
Use sugar free oral substitutes such as sugar free gum or candies.
Use antibacterial mouth rinse and brush your teeth
WORK WITH A QUIT COACH AND USE MEDICATIONS TO HAVE THE BEST CHANCE OF QUITTING TOBACCO AND NICOTINE FOR GOOD
For more information, visit njhealth.org/quittobaccohelp

Participant Letters

Audience: Enrolled Quitline Participants

Date(s): Redeveloped in 2016

These letters are available in both English and Spanish. For brevity, we have only included the English versions. Image resolution has been minimized for file sharing.



West Virginia TOBACCO QUITLINE

1-800-QUIT-NOW 1-877-966-8784

John Q Sample
123 Main St
Anytown, ST 12345-6789

October 5, 2021

Dear John Q Sample:

Thank you for participating in the [redacted] Tobacco Quitline [redacted]. We were unable to reach you by phone for your coaching appointment. We hope you still wish to quit and use our services to help. Even if you are still using tobacco, we would like to hear from you. Call us toll-free at **1-800-784-8669** or visit us online at [redacted]

If you have decided to quit at a later date, we hope that you will call us at that time.

We look forward to hearing from you.

Sincerely,

West Virginia TOBACCO QUITLINE

1-800-QUIT-NOW 1-877-966-8784

John Q Sample
123 Main St
Anytown, ST 12345-6789

October 5, 2021

Dear John Q Sample,

Thank you for talking with us about the [redacted] Tobacco Quitline [redacted]. You told us on the phone that you did not want to be in the program at this time. If you have any questions or would like to speak with a quit tobacco specialist, please give us a call at **1-800-784-8669**.

Sincerely,

West Virginia TOBACCO QUITLINE

1-800-QUIT-NOW 1-877-966-8784

John Q Sample
123 Main St
Anytown, ST 12345-6789

Proof of Enrollment

This form documents that the person named below has enrolled in the [redacted] Tobacco Quitline Program at **1-800-784-8669**.

Participant's Name: John Q Sample

Date of Birth: 5/12/1980

Date of Enrollment in Quitline Coaching: October 5, 2021

Sincerely,

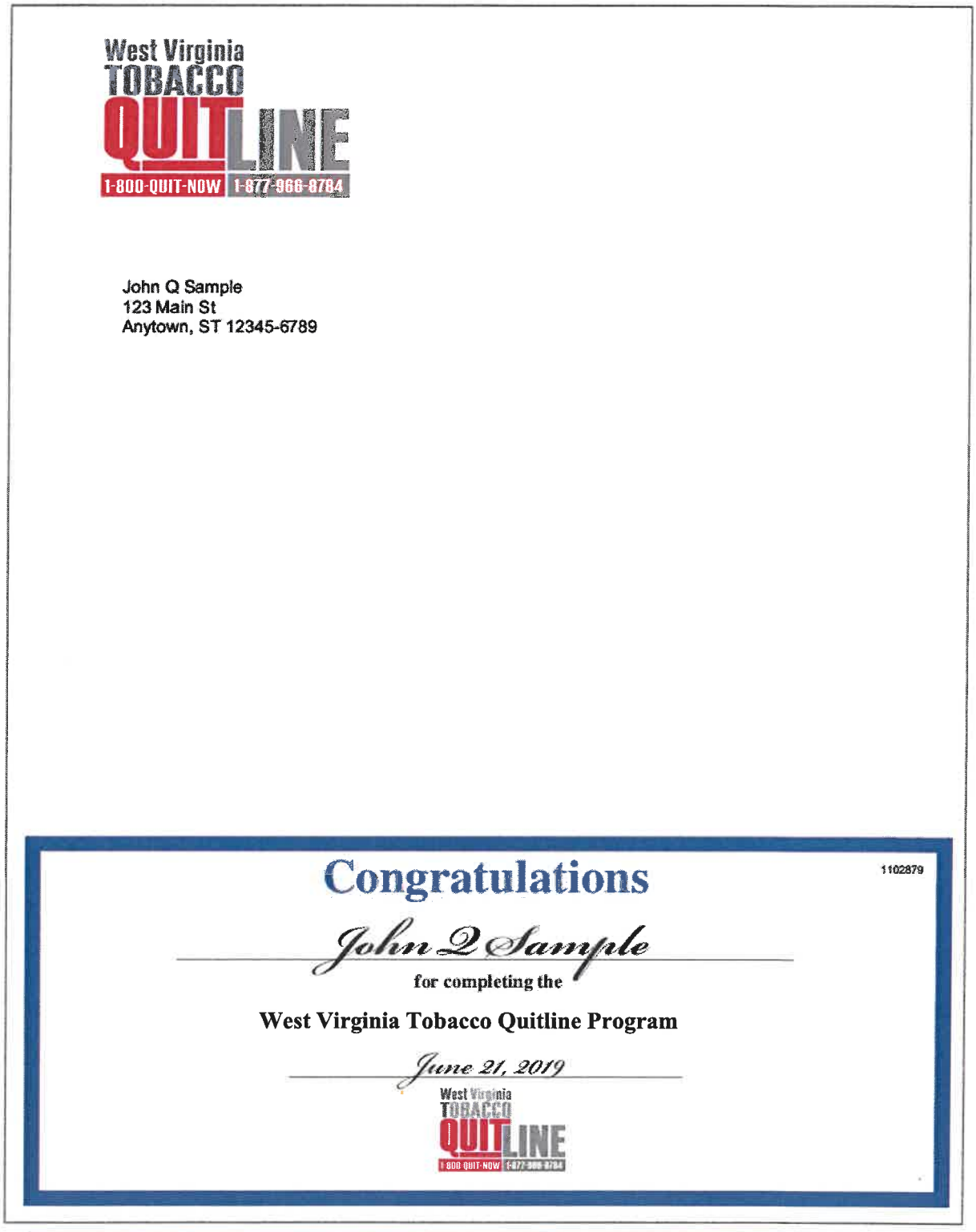
[redacted] Tobacco Quitline Program

Certificate of Completion

Audience: Enrolled Quitline Participants (who complete the program)

Date(s): Redeveloped in 2016

This letter is available in both English and Spanish. For brevity, we have only included the English version. Image resolution has been minimized for file sharing.



West Virginia TOBACCO QUITLINE

1-800-QUIT-NOW 1-877-966-8784

John Q Sample
123 Main St
Anytown, ST 12345-6789

1102879

Congratulations

John Q Sample

for completing the

West Virginia Tobacco Quitline Program

June 21, 2019

West Virginia TOBACCO QUITLINE

My Life, My Quit™ Materials for Youth Participants (Available in English Only)

Audience: Enrolled Youth Participants

Dates: Updated in 2019

We created the *My Life, My Quit™* program in response to the nation's vaping epidemic. To accompany the website, we developed information specifically for teens about vaping including small flyers and wallet cards that can be handed to a teen discreetly. Image resolution has been minimized for file sharing.

MY LIFE MY QUIT.

Congratulations

ON TAKING THE FIRST STEP!

June 24, 2019

John Q Sample
123 Main St
Anytown, ST 12345-6789

Dear John Q,

Congratulations on your journey to quit tobacco! Quitting is one of the most important decisions you can make for your health and the health of those you love.

Quitting tobacco is not an easy process, but we're here to help you. You may not be able to quit the first time, but it's important to keep trying.

You will have support during your quit journey. You will learn how to work through challenges that arise as you try to quit and will have tools to help you deal with these challenges.

Enclosed is information that can help you along the way.

We look forward to supporting you.

855-891-9989
mylifemyquit.com

National Jewish Health®
Science Transforming Life®

Notice of Privacy Practices

STRESS & COPING

Quitting smoking and vaping can be hard! Stress is the number one reason people go back to using nicotine.

HOW TO MANAGE STRESS AND NICOTINE WITHDRAWAL

LEARN NEW WAYS TO DEAL WITH STRESS. TALK OR CHAT WITH A COACH.

For more information, call or text 1-855-891-9989 or visit mylifemyquit.com

ASKING FOR HELP

Many young people know they need to stop smoking or vaping and may not know how to ask for help. You don't have to go through it alone.

WHO TO ASK

You can ask more than one person for support. Pick someone you know will listen and won't criticize your choices such as...

Ask your doctor. If you are having an hard time stopping smoking or vaping, your doctor may be able to prescribe medications to make it easier.

Ask your school counselor or nurse for information on ways to quit.

Talk to a close friend or family member.

Talk to your favorite teacher – the one who always listens.

WHAT TO SAY

- Share the information you are reading about tobacco or vaping.
- Tell them that you are trying to quit and you want their support.
- Share the reasons you are trying to quit.
- Talk about what you are feeling emotionally and physically.

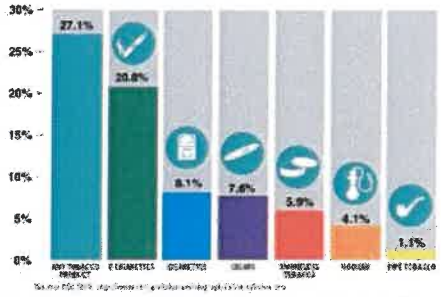
THE MORE SUPPORT YOU HAVE, THE BETTER YOUR CHANCES OF SUCCESS!

For more information, call or text 1-855-891-9989 or visit mylifemyquit.com

MOST TEENS DON'T USE TOBACCO

Knowing the facts about tobacco can help you make your own decisions.

TEEN TOBACCO USE RATES



3 OUT OF 4 HIGH SCHOOL STUDENTS DON'T USE TOBACCO.

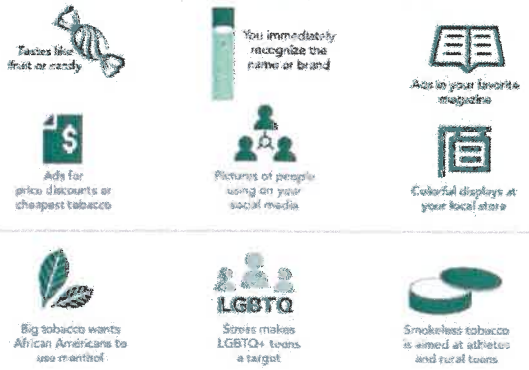
LEARN MORE ABOUT TEEN TOBACCO USE.

For more information, call or text 1-855-891-9989 or visit mylifemyquit.com

ARE YOU A TARGET?

Tobacco companies have a problem — their customers keep dying. They want teens to be the replacement and they will work hard to get you.

HOW TO TELL WHEN TEENS ARE THE TARGET



DON'T BE A TOBACCO TARGET. CALL OR TEXT A COACH TODAY TO LEARN HOW.

For more information, call or text 1-855-891-9989 or visit mylifemyquit.com

IT'S STILL TOBACCO

Nicotine comes from the tobacco plant. Even though it comes in many forms, all tobacco products are addictive.

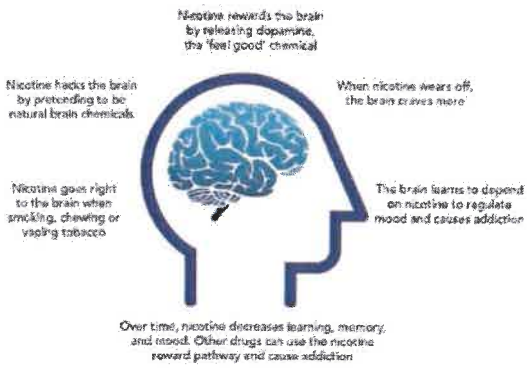
THESE ARE ALL TOBACCO PRODUCTS

TALK OR CHAT WITH A COACH TO HELP YOU QUIT USING ALL TOBACCO.

For more information, call or text 1-855-891-9989 or visit mylifemyquit.com

HOW NICOTINE WORKS

Because teen brains are rapidly developing, nicotine addiction happens very quickly. Almost 90% of adults who use nicotine start as teens.



STOP NICOTINE FROM HACKING YOUR BRAIN. TALK OR CHAT WITH A COACH.

For more information, call or text 1-855-891-9989 or visit mylifemyquit.com

My Life, My Quit™ Welcome Letter (Available in English Only)
Audience: Enrolled Youth Participants
Date(s): Updated in 2019

West Virginia TOBACCO QUITLINE
1-800-QUIT-NOW 1-877-966-8784

Dear John Q,

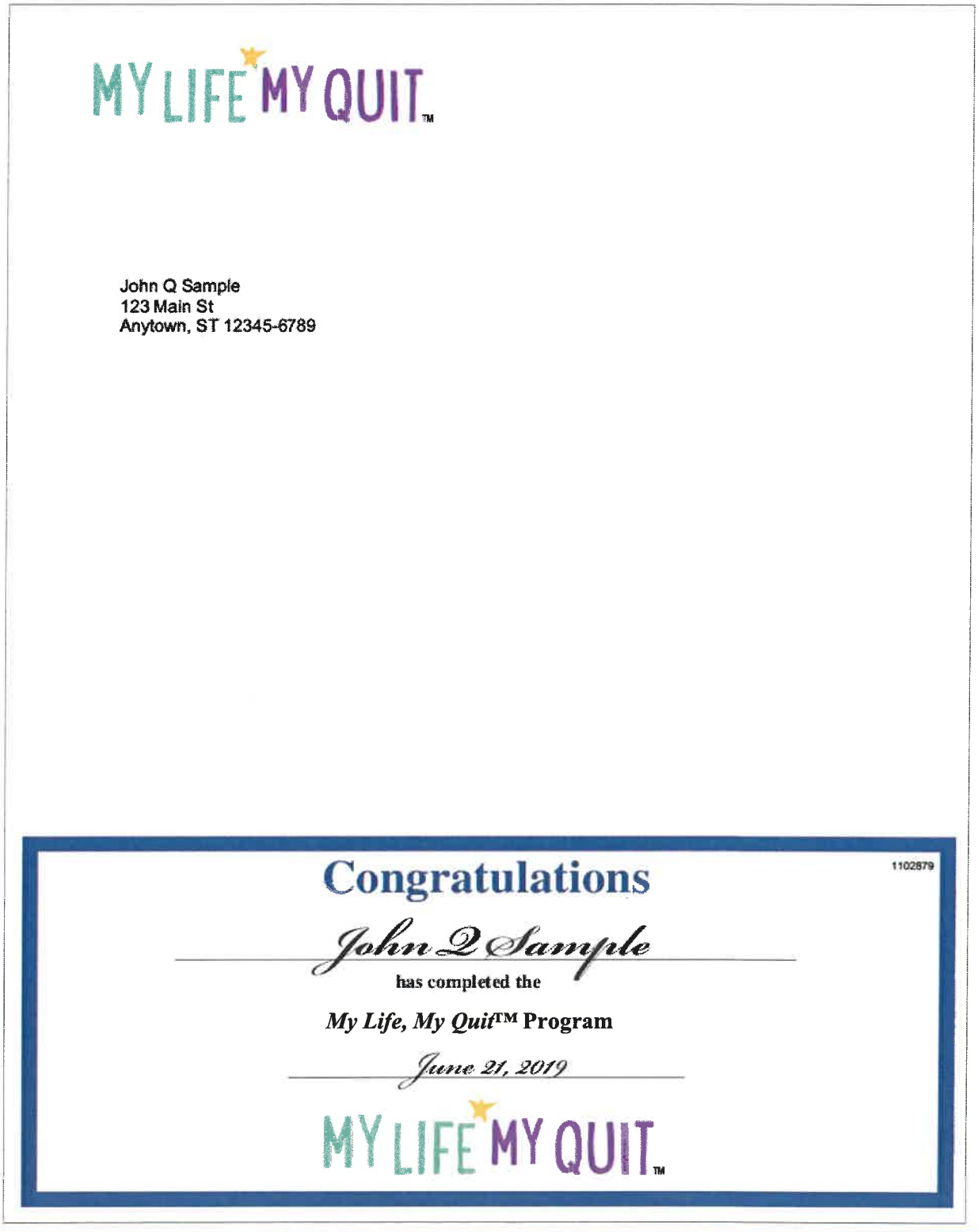
Congratulations on completing your coaching call with the My Life, My Quit program. You are on your way to a healthier new you. As you work with a coach on your plan, you will receive a tool to help you quit (silly putty to keep your hands busy), something cool to show your progress (sunglasses), and a backpack as a lasting reminder of how hard you worked. Remember, whenever you need support you can always call us directly at 1-855-891-9989.

Keep up the good work!

MY LIFE MY QUIT™

YTHINC 08/18

My Life, My Quit™ Certificate of Completion (Available in English Only)
Audience: Enrolled Youth Participants (who complete the program)
Date(s): Updated in 2019



MY LIFE MY QUIT™

John Q Sample
123 Main St
Anytown, ST 12345-6789

1102879

Congratulations

John Q Sample

has completed the

***My Life, My Quit™* Program**

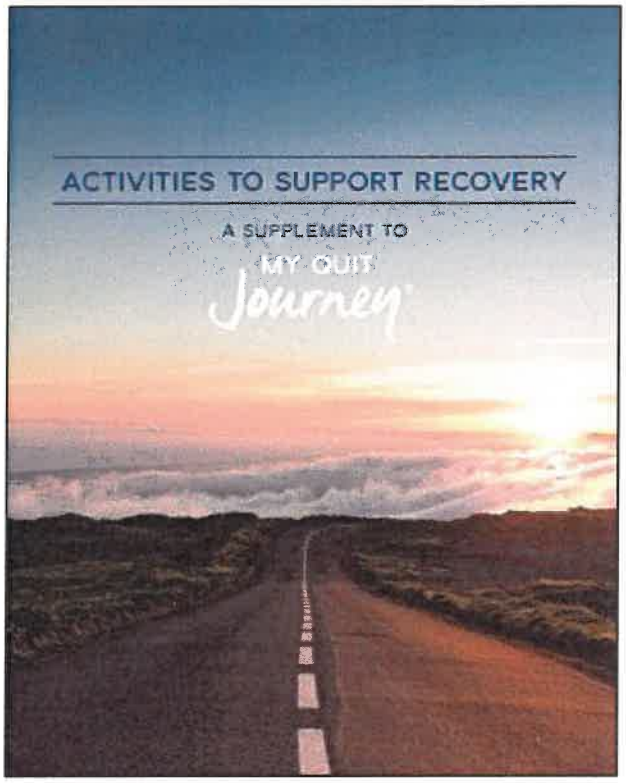
June 21, 2019

MY LIFE MY QUIT™

Support Materials, Behavioral Health Protocol (Available in English Only)

Audience: Enrolled Quitline Participants with Identified Behavioral Health Diagnoses

Date(s): Developed in 2020, Reviewed & Updated Annually (as needed)



CONGRATULATIONS ON TAKING THE FIRST STEPS TO QUIT TOBACCO! QUITTING MAY NOT ALWAYS BE EASY, BUT GETTING SUPPORT FROM A COACH AND WORKING THROUGH THE ACTIVITIES IN THIS BOOKLET CAN INCREASE YOUR CHANCES OF QUITTING FOR GOOD.

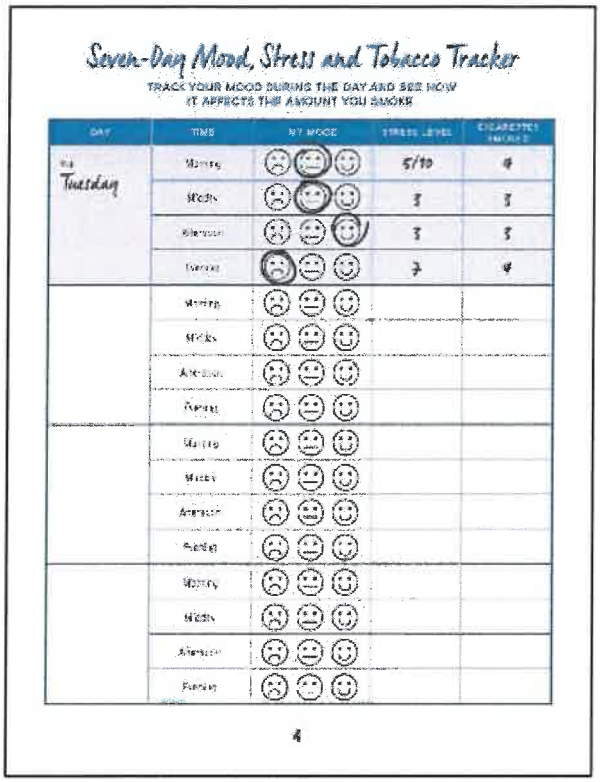
1

How to Use This Booklet

The activities in this booklet are here to support your recovery from tobacco use and to help you find your own ways to manage mood and stress while you work on quitting tobacco. You can complete the activities in any order or follow the suggestions below. As you work on the activities, you might find it helpful to talk with a Quitline Coach about the activities and to review your progress.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
WEEK 1						
WEEK 2						
WEEK 3						

3

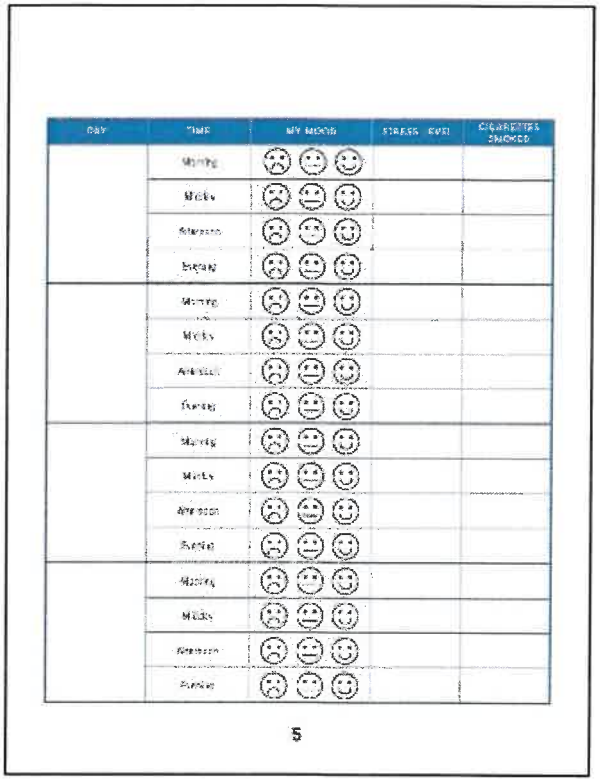


Seven-Day Mood, Stress and Tobacco Tracker

TRACK YOUR MOOD DURING THE DAY AND SEE HOW IT AFFECTS THE AMOUNT YOU SMOKE

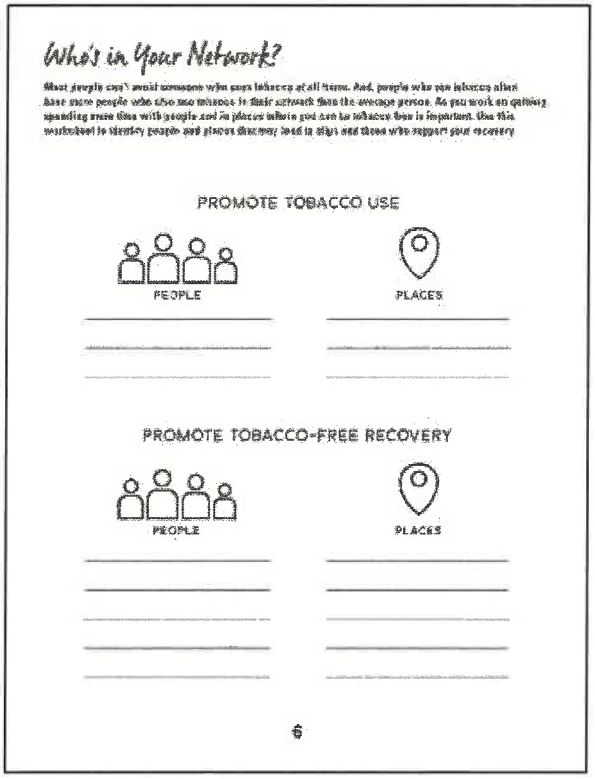
DAY	TIME	MY MOOD	STRESS LEVEL	CIGARETTES SMOKED
Tuesday	Morning		5/10	4
	Midday		3	3
	Afternoon		3	5
	Evening		7	4
	Morning			
	Midday			
	Afternoon			
	Evening			
	Morning			
	Midday			
	Afternoon			
	Evening			
	Morning			
	Midday			
	Afternoon			
	Evening			

4



DAY	TIME	MY MOOD	STRESS LEVEL	CIGARETTES SMOKED
	Morning			
	Midday			
	Afternoon			
	Evening			
	Morning			
	Midday			
	Afternoon			
	Evening			
	Morning			
	Midday			
	Afternoon			
	Evening			
	Morning			
	Midday			
	Afternoon			
	Evening			

5



Who's in Your Network?

Most people can't avoid someone who uses tobacco at all times. And, people who use tobacco often have more people who also use tobacco in their network than the average person. As you work on quitting, spending more time with people and in places where you can be tobacco free is important. Use this worksheet to identify people and places that may lead to slips and those who support your recovery.

PROMOTE TOBACCO USE

PEOPLE

PLACES

PROMOTE TOBACCO-FREE RECOVERY

PEOPLE

PLACES

6

Coping with Mood Changes

Many people experience temporary shifts in their mood while quitting smoking. When you smoke to cope with negative moods, quitting smoking can feel like losing your way to cope. Engaging in activities you enjoy can help keep your mood balanced. The more you add in pleasant activities, the easier quitting becomes.

When I feel...	I can cope by...	A pleasant activity I will do is...
Stressed or anxious	Walking outside for 5 minutes	Get fresh flowers for my table

7

Pleasant Activity Tracker

RATE YOUR DAILY MOOD FROM −10 TO +10 AND TRACK YOUR PLEASANT ACTIVITIES. ADD NEW COPING STRATEGIES AND PLEASANT ACTIVITIES TO BOOST YOUR MOOD.

Day	Mood today (rate −10 to +10)	Number of pleasant activities	Pleasant activity	Coping strategy to improve mood
1	5	2	Walking for 15 minutes at lunch	2 things I like to do during my lunch break to improve my mood to a 5.
2				
3				
4				
5				
6				
7				

8

Pleasant Activities Examples

HERE ARE A FEW IDEAS FOR PLEASANT ACTIVITIES YOU CAN TRY THEN ADD YOUR OWN!

- Listen to some good music
- Read a book or magazine
- Browse a website
- Watch videos of pets online
- Go for a walk, jog or run
- Sit in a park or natural space
- Take a hot bath
- Make a healthy snack
- Listen to a podcast
- Play a game with family
- Plan your favorite meal
- Call, chat or text with a friend
- Write, draw or paint
- Write a blog or in a diary
- Learn to meditate
- Watch a movie or TV show

_____ _____

_____ _____

Tips to Avoid Gaining Weight While Quitting

GAINING A FEW POUNDS WHEN QUITTING TOBACCO IS NORMAL BECAUSE SMOKING MAKES YOU FEEL LESS HUNGRY. HERE A FEW THINGS YOU CAN DO TO MINIMIZE WEIGHT GAIN.

1. **Use quit medications to reduce cravings.** Many people use high calorie or sweet foods as a craving. But medications can reduce nicotine cravings and make it easier to stick with healthy alternatives.
2. **Find new ways to cope with stress and strong emotions.** Some people use smoking and comfort food to deal with stress or strong emotions. Try new activities and have healthy snacks or sugar-free candies for urges to smoke.
3. **Get plenty of exercise.** Compared with avoiding food high in calories, exercise is the best way to get your mind off smoking and keep weight gain to a minimum. Try short bursts several times a day to build up your strength.
4. **Drink enough water.** There are 0 calories in water so aim for 8-10 glasses every day. Take sips every time you think about smoking or snacking. It is a good way to keep your mind and mouth busy.

9

National Jewish Health®

Breathing Science is Life.®

Attachment I: Transition Work Plan

Transition Work Plan
Below is an outline of general transition activities and responsibilities. We look forward to partnering with the West Virginia Division of Tobacco Prevention (DTP) to ensure all activities, processes, timelines, and transition requirements are identified, documented, and met.

Project Launch
Immediately upon notification of contract award, National Jewish Health will assemble a Transition Team comprised of knowledgeable and experienced staff members who will partner with designated DTP officials to ensure the successful changeover of services. The primary contacts from National Jewish Health will be the Director of Operations and the Account Manager. We will begin regular weekly planning meetings to move swiftly through the project plan.

The Transition Team will employ Backward Planning methodology, which begins with clearly defined goals and moves backward through the planning process to create precise tasks and deadlines that ensure all services are operational by the established transition date. We will partner with the DTP Team to understand your specific needs and challenges, and devise the solutions and processes required to ensure an efficient and effective transition to our Quitline program. Members of the Transition Team will create a mutually agreeable project plan including timelines, task owners, and a milestone tracker.

The Statement of Work and Contract will be negotiated during this time. All required signatures, to include the BAA, will be collected. We will gather all West Virginia specific branding information, such as logos and colors.

Requirements Review and Continuation of Service
Together, we will decide if all West Virginia Tobacco Quitline participants should finish their quitline program with the current vendor, or as of the launch date, move all participants to the National Jewish Health program. We have successfully transitioned state quitlines using both methods. All new callers as of the launch date will begin with the National Jewish Health Quitline intake and will be offered all coaching and follow-up calls from National Jewish Health. If the DTP ends all services with your current vendor as of the launch date, we will work with them to transition all names and contact information for current participants and we will make outbound calls to re-enroll all participants who have not yet completed the program. Our Coaches will enroll them in our propriety case management system, QuitPro, and complete their coaching and follow-up calls. Depending on the status of a participant's NRT order, we may fulfill the NRT orders for these participants. All educational materials will be sent to the West Virginia Tobacco Quitline participants upon re-enrollment in QuitPro.

Current online users will re-register using the new QuitPro-integrated website. The National Jewish Health Team will work with the DTP to develop, build, and implement a new website.

National Jewish Health and the DTP will review the standard service protocols, standard reporting, evaluations, and billing cadences. We will determine all reporting requirements, create new reports if needed, and establish a reporting distribution list. Any desired changes to the standard procedures will be discussed and incorporated where possible. We will determine eligibility criteria and develop questions to support those requirements and determine the full intake assessment, in addition to the Minimal Data Set (MDS) questions.

National Jewish Health will provide detailed definitions of standard reports and discuss any customized reporting requirements. National Jewish Health will partner with the DTP to identify data needed from their current vendor.

Program Development
The DTP will review program self-help and education materials. Once approved, the Transition Team will work with our print vendor to create West Virginia Tobacco Quitline branded materials, define mailings, and prepare to implement both print-mail and electronic delivery for participants enrolling in the West Virginia Tobacco Quitline. Branded provider fax referral forms will be available for distribution through the website, and fax-backs will be created that provide information on the status of the referral.

The Information Systems and Technology (IST) Team at National Jewish Health will build the West Virginia program in QuitPro using the minimal dataset and customized intake questions. IST will develop the stand-alone website services in both English and Spanish. A West Virginia-specific URL will be created and made available for the DTP. A provider web referral will be available in the provider section of the West Virginia Tobacco Quitline branded website. Online NRT ordering capabilities will be built in accordance with program parameters, if requested.

Resources/Training
A detailed volume assessment will identify the required number of Coaches needed to support West Virginia participants. Additional staff to support volume will be hired and trained as needed. Specific West Virginia client guidelines training will be developed and completed by all Quitline staff.

Program Launch
National Jewish Health will notify the National Cancer Institute in writing of the change in vendor and instruct them to redirect national 1.800.QUIT.NOW and 1.855.DEJELO.YA to National Jewish Health. National Jewish Health will support TTY number 711, and partner with the DTP to port, or point, any West Virginia owned numbers to National Jewish Health.

Once the program has launched, our partnership continues. National Jewish Health and the DTP will continue to meet and review the program, ensuring expectations are being met and that improvements are made quickly when needed.

Sample Transition Plan

This plan is for informational purposes. We will work with the DTP during the onboarding process to confirm activities, processes, timelines, and transition requirements.

WV DTP – West Virginia Division of Tobacco Prevention

National Jewish Health

Project Task	Responsibility	Deliverable	Feb	Mar	Apr	May	Jun	Jul
Project Launch								
Contract signed	WV DTP, National Jewish Health	Contract signed by all parties						
Initiate regular planning meetings	WV DTP, National Jewish Health	Kick off to introduce team members – facilitated by National Jewish Health						
	WV DTP, National Jewish Health	Weekly phone meetings to review progress						
	WV DTP, National Jewish Health	Transition to bi-weekly and then monthly client meetings post launch or when ready						
Identify all program goals and objectives	National Jewish Health	Document WV DTP cessation goals and objectives						
	National Jewish Health	Identify specific needs: programs, reports, etc.						
	WV DTP, National Jewish Health	Identify program reach and eligibility						
Customize materials for WV DTP	National Jewish Health	Gather WV DTP logos, colors and branding standards						
	National Jewish Health	Gather WV DTP toll free numbers, URLs, emails, etc.						
Participant Data	WV DTP	Provide updated call and participant data						
	National Jewish Health	Refine staffing model, if necessary, based on new data						
Requirements Review and Continuation of Service								
Create process to support participant who enrolled prior to 7/1/2025	WV DTP, National Jewish Health	Work with WV DTP current provider to create process to support participants who enrolled prior to 7/1/2025						
Review standard processes	WV DTP, National Jewish Health	Review standard protocols, specialty protocols						
	WV DTP, National Jewish Health	Review standard cadence of evaluations and billing cycles						
	WV DTP, National Jewish Health	Review standard reports and reporting cycles						
Gather intake and enrollment	WV DTP	Review and approve eligibility rules and Medicaid verification process						

Project Task	Responsibility	Deliverable	Feb	Mar	Apr	May	Jun	Jul
requirements for phone, online registrants	WV DTP	Review, revise and approve intake forms						
Determine scope and requirements for phone-based programs	WV DTP	Get port authorization (if porting is required)						
	WV DTP	Approve script for answering WV calls, messages, and voicemail						
Determine scope and requirements for online-based programs	WV DTP	Review and approve NRT eligibility and offerings for online, if offered						
	National Jewish Health	Review and explain text and email protocols and content						
Determine scope and requirements for referral systems	WV DTP, National Jewish Health	Obtain samples of current referral forms						
	WV DTP, National Jewish Health	Obtain list of websites and print materials with fax number						
	WV DTP, National Jewish Health	Work with current vendor on process to forward faxes						
	WV DTP, National Jewish Health	Begin strategy and plan for eReferrals; identify sites if WV DTP requests						
Determine scope and requirements for NRT	WV DTP, National Jewish Health	Review and approve NRT eligibility and offerings						
Website	National Jewish Health	Provide examples of website						
	WV DTP	Approve website						
Program Development								
Website	National Jewish Health	Create WV branded website						
	National Jewish Health	Provide WV branded website URL to WV						
	WV DTP	Approve branded website						
Online-based program	National Jewish Health	Create WV eCoach functionality						
Text/Email/Print Communication	WV DTP	Prepare branded materials for WV approval (culturally appropriate and topic relevant)						
	WV DTP	Approve branding for booklets, letterhead, envelopes prior to print						
	National Jewish Health	Create text scripting						
	National Jewish Health	Create email scripting						
Set up toll free # transfers for July 1, 2025, 12:01 am ET	National Jewish Health	Transfer any WV specific state quitline telephone numbers						
	National Jewish Health	Transfer national #: 800-QUIT-NOW, 855-DEJELO-YA						
Inbound/ Outbound Calls	National Jewish Health	Create WV call flows and skills in Avaya						

Project Task	Responsibility	Deliverable	Feb	Mar	Apr	May	Jun	Jul
	National Jewish Health	Program dialer for WV outbound campaigns					■	
Fax/eReferral/ Provider web referrals	National Jewish Health	Create WV branded fax referrals and fax backs					■	
	National Jewish Health	Create provider web referral page and link to QuitPro					■	
	WV DTP, National Jewish Health	Discuss eReferral process and implement for WV if desired					■	
QuitPro (Case Management System)	National Jewish Health	Create modifiers to support WV standard and specialty populations				■		
	National Jewish Health	Create intake, eligibility, and coaching screens				■	■	
	National Jewish Health	Create NRT offerings				■	■	
Set up fulfillment processes	National Jewish Health	Set up inventory, rules to order, and ship print materials				■	■	
	National Jewish Health	Integrate registration process with WV website					■	
	National Jewish Health	Test search engines and optimize website for new URL					■	
Finalize report catalogue	WV DTP, National Jewish Health	Review timing and content of standard reports				■	■	
	WV DTP	Request revisions or custom reports				■	■	
	National Jewish Health	Determine report specifications and submit to developers				■	■	
	National Jewish Health	Program, test and release revised reports					■	■
	WV DTP, National Jewish Health	Review process to submit required data (NAQC, CDC)					■	
Determine evaluation plan	WV DTP	Describe current evaluation process, name of evaluator					■	
	National Jewish Health	Determine required data and formats for submission					■	
	National Jewish Health	Set up schedule for data transfer (weekly, monthly, quarterly)					■	
Billing	WV DTP, National Jewish Health	Obtain West Virginia State tax exempt certificate					■	
	National Jewish Health	Submit West Virginia State tax exempt certificate to billing					■	
Resources/Training								
Hire new agents and Coaches	National Jewish Health	Hire new agents and coaches to support WV	■	■	■	■	■	
Train team	National Jewish Health	Train team to support WV contract					■	
Train WV DTP	National Jewish Health	Provide training on Quitline services, reports, evaluations, and billing.					■	
Program Launch								

Project Task	Responsibility	Deliverable	Feb	Mar	Apr	May	Jun	Jul
Launch West Virginia Program	National Jewish Health	Launch WV DTP on July 1, 2025 at 12:01 AM ET						
Review and assess	WV DTP	Identify any modifications for after launch						
	National Jewish Health	Prepare and present plan to address requested changes						

Attachment J: State Quitline Clients

Account Name	Contact Name	Email Address	Contract Start Date
State Clients			
Arizona Department of Health	Emily Carlson, MPH	Emily.carlson@azdhs.gov	9/15/2022
Colorado Department of Public Health & Environment	Tiffany Schommer	tiffany.schommer@state.co.us	7/1/2002
Commonwealth of Pennsylvania	Barbara Fickel	bafickel@pa.gov	7/1/2011
Hawai`i Department of Health	Leslie Yap	leslie.yap@doh.hawaii.gov	1/1/2021
Idaho Department of Health and Welfare	Ivie Smart	ivie.smart@dhw.idaho.gov	2/15/2017
Illinois – American Lung Association – My Life, My Quit Youth Cessation Program	Nancy Martin	Nancy.martin@lung.org	7/1/2021
Iowa Department of Health and Human Services	Tabetha Gerdner	tabetha.gerdner@idph.iowa.gov	7/1/2016
Kansas Department of Health and Environment	Matthew Schrock	matthew.schrock@ks.gov	1/1/2020
Kentucky Department of Public Health	Claire Weeks	claire.weeks@ky.gov	7/1/2010
Maine Department of Health - My Life, My Quit Youth Cessation Program	Sarah Rines	sarah.rines@mainehealth.org	2/1/2022
Massachusetts Department of Public Health	Janet Noonan	janet.noonan@mass.gov	1/1/2015
Minnesota Department of Health	Heidi Larson	heidi.larson@state.mn.us	1/1/2020
Missouri Department of Health	Nicole Sinderman	Nicole.sinderman@health.mo.gov	
Montana Tobacco QuitLine	Nicole Aune	NAune@mt.gov	5/14/2004
Nebraska Department of Health	Amanda Mortensen	amanda.mortensen@ nebraska.gov	7/1/2020
New Hampshire Tobacco Helpline	Teresa Brown	teresa.m.brown@dhhs.nh.gov	6/24/2015
North Dakota Department of Health	Neil Chavat	njcharvat@nd.gov	7/1/2014
Ohio Department of Health	Amy Gorenflo	Amy.Gorenflo@odh.ohio.gov	7/1/2009
University of Oklahoma – My Life My Quit Youth Cessation Program	Christin Kirchenbauer	christin-kirchenbauer@ouhsc.edu	1/1/2020
Rhode Island Department of Health	Julia Doherty	julia.doherty@health.ri.gov	2/1/2015

Account Name	Contact Name	Email Address	Contract Start Date
State of Michigan	Karen Brown	brownk34@michigan.gov	10/1/2011
State of Nevada	Yanyan Qiu	yqiu@health.nv.gov	9/10/2014
Utah Department of Health	Sandy Schulthies	san.sch1@utah.gov	7/1/2019
State of Vermont	Dana Bourne	dana.bourne@vermont.gov	7/15/2012
Wyoming Department of Health	Kathleen May	kathleen.may @wy.gov	7/1/2013

Former State Quitline Clients	Dates of Contractual Relationship	Reason Contract Ended	Contact Name Telephone Number
New Mexico	6/30/2008 – 6/30/2012	Grant agreement ended.	Nancy Jane Heilman 505.841.5848
Alabama	3/29/2014 – 3/28/2017	Grant agreement ended.	Julie Hare 334.206.5300
Arkansas	7/1/2015 – 12/31/2018	Arkansas developed their own quitline service operated by the Arkansas Department of Health.	Alicia Neppl 501.280.4687

Attachment K: Languages

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Berber
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Chaldean
Chamorro
Chaochow
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Chin Hakha
Chin Mara
Chin Matu
Chin Senthang
Chin Tedim
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- Sinhalese
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- Hindi
- Hmong
- Italian
- Japanese
- Karen
- Khmer
- Korean
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- Lithuanian
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