

ATTACHMENT 2c

State Quitline Service Provider Data Collection Instrument

NNTCQ Vendor Instrument
OMB Version 6/26/2006

Contact Information

TO BE FILLED IN PRIOR TO THE INTERVIEW AND CONFIRMED DURING.

Vendor organization: _____

Respondent name: _____

Phone number: _____

Email: _____

Names of state(s) currently served by vendor: _____

states served as of 2/04

states served as of 11/04

states served as of 12/05

states currently served

Date of interview: _____

Interviewer: _____

Interview result: _____

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing

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the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx*). Do not return the completed form to this address.

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OMB Number: #####
Expires: mm/dd/yyyy

Intro Script

Hello, my name is _____. I am a researcher from Westat, a national health research organization.

The National Cancer Institute and the Centers for Disease Control and Prevention have contracted with Westat to conduct an evaluation of the National Network of Tobacco Cessation Quitlines Initiative. As part of this Initiative, the Federal government established a national toll-free tobacco quitline number in November, 2004. This number, 1-800-QUIT-NOW, can be dialed from anywhere in the U.S., and the caller is automatically routed the quitline operated by the state where he or she is calling from. The Federal government also provided extra funds to each state to support their capability to provide quitline services, as well as furnishing additional training and technical assistance around quitline operations. For convenience, I will refer to this as the Initiative.

Since [VENDOR NAME] operates the quitline for [LIST OF STATES, EXCEPT FOR FREE & CLEAR, MAYO CLINIC, AMERICAN CANCER SOCIETY; FOR THESE, JUST STATE NUMBER OF STATES], your general views and experiences in relation to the Initiative are vital to the evaluation.

I would like to obtain your views on a number of topics related to the Initiative. Our interview should last about 30 minutes. Is this a convenient time for you? [IF NO: Please tell me when you would like me to call back.]

If you agree, I'd like to record our conversation so that I can pay close attention to what you are telling me without having to stop and write extensive notes. The recording will only be used to review our discussion for a more detailed analysis. Do you agree to have this interview recorded?

[Check here if respondent agrees to recording: _____]

Your participation in this interview is voluntary and there are no penalties if you decide not to respond to the information collection as a whole or any particular question. You can refuse to answer any question and "I don't know" is an acceptable response. The information you provide will be kept confidential and will not be disclosed in identifiable form to anyone. Responses to this interview will be reported in summary form only or will be presented in a way that their source cannot be identified. Do you have any questions before we begin?

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In this interview I will be asking you to provide your opinion about some items or events as well as some factual pieces of information. In some instances I will ask you to think about the Initiative as a whole. At other times, I will ask you to specifically think about the time since the launch of 1-800-QUIT-NOW number.

[FOR MULTI-STATE VEDNORS: When I ask you anything that pertains quitline operations and experiences, please respond collectively for all states you serve.]

Organizational Profile

1. First, I'd like to get an idea of the main focus or function of your organization.

Please briefly describe your organization's principal purpose and activities.

2. [CIRCLE THE CORRECT CATEGORY IF KNOWN OR STATED IN THE ANSWER TO QUESTION 1; OTHERWISE, OFFER THE LIKELY CHOICES AND CIRCLE THE ANSWER CATEGORY BELOW.]

Which one of the following best describes your organization's structure? Are you...

- | | |
|--------------------------------|---|
| A public agency, | 1 |
| A not-for-profit organization, | 2 |
| A private, for-profit company, | 3 |
| A coalition or association, or | 4 |
| Something else? | |

SPECIFY:

<hr/>	5
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Awareness of Initiative

3. I would like to get a sense your familiarity with the Initiative. Please think back to when the 1-800-QUIT-NOW number was launched, in November, 2004.

Using a scale of 1 to 5, where 1 is not at all familiar and 5 is very familiar, how would you rate your familiarity with the Initiative at that time?

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1	2	3	4	5
NOT AT ALL FAMILIAR			VERY FAMILIAR	

4. Using the same scale, how familiar were you with the Initiative by the end of 2005?

1	2	3	4	5
NOT AT ALL FAMILIAR			VERY FAMILIAR	

Planning for Initiative

5. What activities did your organization engage, in terms of preparations for the impact of the Initiative on your organization?

Impact of Initiative

6. In general, what immediate effects did the *launch of the 1-800-QUIT-NOW number* in November 2004 have on your organization's telephone quitline operations?

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7. **[ASK ONLY OF VENDOR SERVING A STATE QUITLINE AS OF
FEBRUARY 2004]**

In general, what were the most significant effects that the overall Initiative had on your relationship with the state quitline(s) your organization was *already serving* as of the time the Initiative was announced in February, 2004?

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8. Now, please think of {*the state quitline/all the state quitlines*} your organization was serving by the end of 2005. Please do not consider any other quitline clients you may serve, such as employers or health care organizations.

As a result of the Initiative, had your organization taken any of the following steps by the end of 2005?

Did your organization...					IF YES: Was this addition or enhancement due to explicit state requirements, only to {ORGANIZATION NAME}'s own internal decision, or both?					IF YES: In your opinion, how much of a factor was the Initiative in this change? Would you say the Initiative was a significant factor, a moderate factor, a minor factor or not at all a factor?					
	YES	NO	REF	DK	STATE REQUIRE D	INTERNAL DECISION	BOTH	REF	DK	SIGNIFICA NT	MODER ATE	MINO R	NOT AT ALL	REF	DK
TREATMENT SERVICES															
Add specific skills or additional capacity to offer types of cessation services not previously offered?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8
Offer more varied types of counseling protocols, such as adding proactive counseling?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8
Offer more intense versions of existing cessation services, such as an increased number of counseling sessions?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8
Develop more self-help materials (do not count customizing existing materials with individual state branding)?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8

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Add or expand a web-based adjunct?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8
Add or expand the provision of over-the-counter nicotine replacement therapy?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8
Add or expand the provision of prescription pharmacotherapy?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8
Add or expand live counseling in one or more non-English languages?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8
Increase the times of day or days of the week in which live services are offered?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8
Add or expand capability to handle referrals from medical providers or other referring organizations?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8
Add or expand capability to refer quitline callers to in-person or other types of cessation providers in their own area?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8
OPERATIONAL ASPECTS															
Add telephone counseling staff?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8
Add supervisory staff?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8
Add operational or clinical managers?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8
Add telephone line capacity?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8
Enhance telephone call handling functionality?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8
CASE MANAGEMENT & REPORTING															

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Enhance intake data collection capability?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8
Enhance case management functionality?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8
Increase telephony reporting capability?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8
Increase treatment delivery reporting capability?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8
Increase case management reporting capability?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8

QUALITY ASPECTS

Enhance or expand staff training protocols?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8
Enhance or expand staff quality control protocols?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8
Enhance or expand treatment quality control protocols?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8
Enhance or expand client satisfaction evaluation?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8
Enhance or expand treatment outcome evaluation?	1	2	7	8	1	2	3	7	8	1	2	3	4	7	8

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9. Think about the specific needs or requirements for those state quitlines you served before the Initiative. Did these states change their requirements or rewrite your contract?

YES	1	
NO	2	SKIP TO 11
REF	7	SKIP TO 11
DK	8	SKIP TO 11

- 10. Please describe what was different.

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- 11 Think about the specific needs or requirements for those state quitlines that you began serving after the Initiative announcement. Did you have to do anything that was not already in place for these states?

YES	1	
NO	2	SKIP TO 13
REF	7	SKIP TO 13
DK	8	SKIP TO 13

→ 12. Please describe what you had to do differently.

- 13 In your opinion, how much of a factor, overall, was the Initiative in these differences in the start-up of state quitlines before and after the Initiative? Would you say...

A significant factor,	1
A moderate factor,	2
A minor factor, or	3
Not a factor at all?	4
REF	7
DK	8

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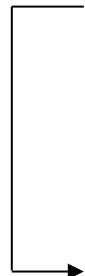
- 14 Now, think back to the first full year after the 1-800-QUIT-NOW number was launched in November, 2004. Did your organization experience any exceptional, temporary spikes in call volumes that you believe were produced by the existence of 1-800-QUIT-NOW?

YES 1

NO 2

REF 7

DK 8



- 15. Please briefly describe why you think this increased calling resulted from 1-800-QUIT-NOW.

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- 16 Again, thinking back to the first full year after the 1-800-QUIT-NOW number was launched in November, 2004, did your organization experience a substantial, permanent increase in call volumes that you believe were produced by the existence of 1-800-QUIT-NOW?

YES 1

NO 2

REF 7

DK 8

- 17. Please briefly describe why you think this increased calling resulted from 1-800-QUIT-NOW.

IF EITHER 14 OR 16 ANSWERED YES, CONTINUE, ELSE SKIP TO PROMOTIONS SECTION.

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18. Did the increased call volumes ever create temporary or long-term problems for your organization's quitline operations?

YES	1	
NO	2	SKIP TO PROMOTIONS
REF	7	SKIP TO PROMOTIONS
DK	8	SKIP TO PROMOTIONS

→ 19 Please briefly describe the operational problems caused by the increased call volumes.

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Promotions

[ASK PROMOTIONS SECTION ONLY OF VENDORS THAT SERVED QUITLINES PRIOR TO NOVEMBER 2004.]

- 20 Again, thinking back to the first full year after the 1-800-QUIT-NOW number was launched in November, 2004, was your organization aware of a noticeable increase in the amount or variety of quitline promotions by your state quitline clients?

YES	1	
NO	2	SKIP TO 23
REF	7	SKIP TO 23
DK	8	SKIP TO 23

21. What was especially noticeable?

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- 22 In general, was your organization more involved in planning state quitline promotions during 2005, as compared to the time before the launch of 1-800-QUIT-NOW?

YES	1	
NO	2	SKIP TO 25
REF	7	SKIP TO 25
DK	8	SKIP TO 25

23. Please describe this increased involvement.

24. How would you characterize your involvement with state promotions during 2005? Would you say your organization was involved...

A lot,	1
A little, or	2
Not at all?	3
REF	7
DK	8

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- 25 In general, when the states promoted their quitline during 2005, as compared to the time before the launch of 1-800-QUIT-NOW, did they...

	YES	NO	REF	DK
Give more consideration to your organization's capacity to handle more calls or different kinds of callers?	1	2	7	8
Involve you more in the design or kick-off of the promotions?	1	2	7	8
Give you more advance notice before beginning the promotions?	1	2	7	8

IF YES TO ANY IN 25 CONTINUE, ELSE SKIP TO 27.

26. Please describe how things were different.

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- 27 To your knowledge, did any *state promotions* involving the 1-800-QUIT-NOW number adversely impact your organization's ability to handle or serve callers during 2005?

YES	1	
NO	2	SKIP TO 30
REF	7	SKIP TO 30
DK	8	SKIP TO 30

28. Please describe the impact.

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- 29 To your knowledge, did any *national promotions* involving the 1-800-QUIT-NOW number adversely impact your organization's ability to handle or serve callers during 2005?

YES	1	
NO	2	SKIP TO 31
REF	7	SKIP TO 31
DK	8	SKIP TO 31

→ 30. Please describe the impact.

- 31 Please describe any benefits that your organization experienced because of promotions of the 1-800-QUIT-NOW number.

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Reaction to Initiative

- 32 In general, how did you regard the announcement of the Initiative
when you first heard of it?

- 33 In general, how do you regard it now?

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- 34 What important benefits resulted from the Initiative, from the
. viewpoint of your organization?

- 35 What significant problems resulted from the Initiative from the
. viewpoint of your organization?

- 36 In your opinion, what has been the overall effect of the Initiative on
. tobacco cessation quitlines in general?

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- 37 In your opinion, what would be the most significant difference in
. quitline operations if the Initiative had not occurred?

- 38 Finally, is there anything else about the Initiative you would like to
. discuss?

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N1. Now, I would like to ask a few questions about your quitline's experience with the North American Quitline Consortium's Minimal Data Set. For convenience, I will refer to this as the MDS.

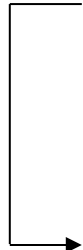
Has your quitline implemented any aspect of the 17 MDS *intake* questions?

YES 1 SKIP TO N3

NO 2

REF 7 SKIP TO N3

DK 8 SKIP TO N3



N2 Are you making any preparations to implement the MDS intake questions in the future?

YES 1 SKIP TO
 N5

NO 2 SKIP TO
 N5

REF 7 SKIP TO
 N5

DK 8 SKIP TO
 N5

N3. What barriers did your quitline face when *preparing* to implement the MDS *intake* questions?

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IF N1=NO, SKIP TO N5, ELSE CONTINUE WITH N4.

- N4. What barriers did your quitline face when *actually implementing* the MDS *intake* questions?

- N5. What do you believe are the benefits (if any) to having *your quitline* implement the intake questions from the MDS?

- N6. What do you believe are the benefits (if any) to having *all quitlines* implement the intake questions from the MDS?

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N7. Quitline administrators vary in their beliefs about the importance of implementing the MDS. How important do you believe implementing MDS is to furthering the mission of NAQC?

Very important,	1
Moderately important,	2
Slightly important, or	3
Not important at all?	4
<hr/>	
REF	7
DK	8

N8 Given the benefits and barriers you previously described, how committed is your state's quitline to implementing the MDS?
Would you say the quitline is ...

Strongly committed,	1
Moderately committed,	2
Neither committed or opposed,	3
Moderately opposed, or	4
Strongly opposed?	5
<hr/>	
REF	7
DK	8

Thank you very much for your time. Your experience and insights will make an important contribution to our evaluation of the Initiative. If you would like to contact me, my name is _____, and can be reached at 301-251-1500 or 800-937-8281.