

Attachment A-5. Comments Received from the Public Regarding 83 FR 55548 and CDC Responses

Description	Comment	Response
<p>The commenter provided feedback on quitline data and quitline data collection including questions asked in the survey.</p>	<p>January 7, 2019</p> <p>Subject: Docket No. CDC-2018-0097 Public Comment and Recommendations</p> <p>Dear Mr. Zirger:</p> <p>ClearWay MinnesotaSM respectfully submits this comment in response to the Department of Health and Human Services Centers for Disease Control and Prevention request for comments on the National Quitline Data Warehouse (NQDW). ClearWay Minnesota is an independent nonprofit organization funded with 3 percent of Minnesota’s tobacco settlement. Our mission is to enhance life for all Minnesotans by reducing tobacco use and exposure to secondhand smoke through research, action and collaboration.</p> <p>ClearWay Minnesota has operated QUITPLAN Services, a statewide quitline for Minnesota, since 2001. After noticing declining service utilization, we redesigned QUITPLAN Services to better reach commercial tobacco users. This redesign challenged the traditional quitline definition of phone counseling plus nicotine replacement therapy (NRT) by allowing participants to choose from a suite of services including: a multi-session phone coaching program with NRT, 2-week NRT starter kits, email and/or text programs, and a printed quit guide. The redesign also emphasized improving the use of technology, including offering both web-based and telephone enrollment for all services.</p> <p>Our comments about NQDW data collection are heavily influenced by the experience of evolving our quitline to best fit commercial tobacco users’ needs as well as duplication of data collection efforts. In general, we feel that the NQDW Quitline Services Survey should be reevaluated to ensure it reflects the variety of ways states are now providing access to quitline services and to allow states to accurately report the breadth of services that are being offered. We also think that the amount and types of data collected need to be</p>	<p>Thank you for your comment. CDC will review and incorporate the suggestion in our future planning.</p>

	<p>evaluated to ensure that they are still needed and are being used. Finally, the North American Quitline Consortium (NAQC) conducts an annual survey that addresses the similar goals of ongoing monitoring, reporting and evaluation of state quitlines. Ideally, the CDC would replace the NQDW Services Survey with data collected through NAQC's annual survey to reduce reporting burden on state quitline staff. At a minimum, we recommend coordinating with NAQC on data collection to reduce reporting burden.</p> <p>We would like to highlight several key points for consideration in this review process:</p> <p>Services offered: NQDW data collection has not advanced with the changing landscape of how states are providing services. Services offered by state quitlines now include a variety of options (e.g. texting, email, NRT starter kits, printed materials, web-based services), yet the survey still asks about telephone counseling only. Because of this, Minnesota has only been reporting on our Helpline (telephone counseling) participants yet this only represents approximately 12% of our enrollments. We recommend updating the questions to reflect an expanded definition of quitline services to allow states to report on all cessation services. This would lead to a more accurate accounting of how state quitlines are helping commercial tobacco users quit.</p> <p>Use of technology: In Minnesota and other states, participants can enroll by phone or web. Currently the NQDW data request only allows us to reflect phone enrollees, yet approximately 60% of our participants enroll by web. Web enrollments have contributed greatly to increased reach, and not including this entry method in the survey limits states' ability to provide a complete and accurate picture of their quitline services.</p> <p>Use of NQDW data by CDC and others: The amount of data and specific data elements reported on both the NQDW Quitline Services Survey and the Quitline Intake and Administrative Intake Data should be assessed given CDC's specific monitoring, reporting and evaluation needs and changes to data collection at the quitline level. If</p>	
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	<p>the majority of states are no longer collecting certain data elements and/or CDC no longer has a use for them, we recommend removing them from the surveys. If feasible, we also recommend evaluating use of NQDW data through the STATE system to see whether these data are being used by others; if they are not, or if only specific elements are being used, we recommend considering whether the amount of data currently collected is needed.</p> <p>Response burden: The current estimate provided for the Quitline Services Survey is an average of 20 minutes per response. For Minnesota, this estimate is fairly accurate when no database changes have been made or additional questions added to the survey. When either of these factors come into play, the time commitment increases until these new items are successfully incorporated into the process.</p> <p>In addition, there seem to be different models for gathering and providing the requested data. In some cases, the quitline vendor responds on behalf of the states while for others, evaluators or state quitline staff are engaged. These different models require a range of resources (both staff and financial). In Minnesota, we are able to contract with our external evaluator to assist with data reporting, but in other states, similar resources may not exist potentially making it more time consuming for those not as familiar with data to complete the NQDW. DHHS should take the range of state quitlines' capacity and resources into account as part of this evaluation.</p> <p>Reporting accuracy: Given the nature of the data requested and the different models for gathering and providing the requested data, it is possible that states or their representatives are inconsistently interpreting the requested items. Some of the questions leave room for a wide range of interpretation. A quality check or quality assurance process could contribute to increased validity and trust in the accuracy and utility of the data.</p> <p>Reporting frequency: Given the project goals and how the data are used, we feel that reporting data twice per year rather than quarterly would reduce</p>	
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	<p>burden without compromising CDC’s goals. The nature of quitline data is such that consistent patterns emerge and receiving data every six months would likely not compromise the utility of the information.</p> <p>In closing, we feel that data quality, utility and clarity continue to be appropriate measures to drive the collection of data for the NQDW. A review of the requested data elements and frequency with these principles in mind would help streamline the request to best reflect the current and future state of quitlines.</p> <p>Thank you for considering our recommendations. We would be happy to answer any questions you might have related to this response.</p> <p>Sincerely,</p> <p>David J. Willoughby, M.A. Chief Executive Officer ClearWay MinnesotaSM</p>	
<p>The commenter provided feedback on the Seven-Month Follow-up Questionnaire.</p>	<p>January 7, 2019</p> <p>Jeffrey M. Zirger Acting Lead, Information Collection Review Office Centers for Disease Control and Prevention 1600 Clifton Road NE, MS-D74 Atlanta, Georgia 30329</p> <p>Re: Request for Comment on the National Quitline Data Warehouse (Docket No. CDC-2018-0097)</p> <p>Dear Mr. Zirger:</p> <p>The American Lung Association appreciates the opportunity to submit comments in response to the Centers for Disease Control and Prevention’s (CDC) request to assess the information collection project titled “National Quitline Data Warehouse” (NQDW).</p> <p>The American Lung Association is the oldest voluntary public health organization in the United States and is committed to eliminating tobacco use and tobacco-related disease. Across all 50 states and the District of Columbia, Lung Association volunteers and staff help smokers quit through health education programs and through policy changes. Lung Association staff have also served as tobacco cessation subject matter experts at</p>	<p>Thank you for your comment. CDC will review and incorporate the suggestion in our future planning.</p>

	<p>national conferences and CDC meetings.</p> <p>The American Lung Association has decades of experience with providing tobacco cessation services. The Lung Association’s Lung Helpline is staffed by nurses, respiratory therapists and smoking cessation counselors and has operated the Illinois Tobacco Quitline since 2001. More than one million Americans have quit smoking using the American Lung Association’s Freedom From Smoking program. The program, often referred to as the goldstandard for tobacco cessation, is available as an in-person group clinic, a self-help guide, by telephone and online in our newest option, Freedom From Smoking Plus.</p> <p>According to the U.S. Surgeon General, almost half a million Americans die each year from a tobacco related illness.¹ While the smoking rate among the general population is falling, 14 percent of adults in the United States still smoke.² Among all U.S. adult cigarette smokers in 2015, nearly seven out of ten (68%) reported wanting to quit smoking completely, but fewer than one in ten quit successfully.³</p> <p>Unfortunately, on average, it takes a person more than eight quit attempts to quit for good.⁴ The Lung Association is committed to helping all smokers quit by ensuring they have access to cessation treatment, including phone counseling and quitlines.</p> <p>The Lung Association supports the CDC collecting the core set of information through the National Quitline Data Warehouse (NQDW). Data from the NQDW has been used to measure the number of tobacco users being served by state quitlines, demonstrate the role quitlines play in promoting tobacco cessation, and improve quitline operations, service quality and access. The data also helps the CDC, state and various other stakeholders improve states’ understanding and utilization of state-specific data and allow for comparisons between a single state’s data and national data.</p> <p>Additionally, the individual-level data collected</p>	
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helps determine which key subgroups of tobacco users are contacting their state quitlines and highlight where improvements can be made to ensure priority populations are being reached. Priority populations are identified as groups that bear the burden of significant tobacco-related disparities. In this instance, priority populations are identified as: African American/black, American Indian/Alaska Native, Asian American/Pacific Islander, Hispanic/Latino, Lesbian, Gay, Bisexual and Transgender, and Low Socioeconomic Status.

With respect to the NQDW Seven-Month Follow-up Questionnaire, the Lung Association recommends that the CDC administer it not only to tobacco users who received services from the Asian Smokers Quitline, but also to all other respondents. Consistent data collection will help in providing more accurate statistical analyses for researchers and is more reliable than estimations. In addition to the seven-month follow up, the American Lung Association recommends that the CDC administer follow-ups at one month and three months. Follow up assessments at these time intervals will provide opportunities to intervene early in the process and assist individuals that have relapsed.

Quitting smoking is the single most important step an individual can take to improve their health, but it is very difficult for most people. The state quitlines are an effective tool in helping provide resources, medications and counseling to tobacco users who contact them. The Lung Association urges the CDC to continue and expand data collection through the NQDW. The NQDW serves as an important resource tool in helping reduce the prevalence of smoking in the United States. The American Lung Association appreciates the opportunity to provide comment and looks forward to continuing to work with the CDC on its cessation efforts.

Sincerely,

Deborah P. Brown Chief Mission Officer

<p>The commenter provided feedback on frequency of data requests.</p>	<p>The frequency of these data requests should be less frequent. States often pass the burden of compiling the data to the quitline vendors. There are several quitline vendors providing services and associated data to more than one state (often with limited personnel). Bi-annual or annual submissions of data should be considered for future NQDW projects.</p>	<p>Thank you for your comment. CDC will review and incorporate the suggestion in our future planning.</p>
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