



**“BLACK  
FOLKS  
DON’T USE  
QUITLINES.”**

**Exploring the true story.**



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## INTRODUCTION

### DO BLACK FOLKS USE QUITLINES?

#### WHY IS THERE A NEED TO KNOW?

This report includes findings from more than a yearlong assessment completed by a partnership formed by the National African American Tobacco Education Network (NAATEN) and the North American Quitline Consortium (NAQC). NAATEN was seeking to determine how effective quitline services and operations were with African American and Black tobacco users. The study is the result of long-held community sentiments and a fundamental concern among African American anti-tobacco advocates (stakeholders) that national quitline services are not a culturally relevant option for African American tobacco users. This concern became obvious during discussions about the value of promoting quitlines to this audience. Further, stakeholders largely were convinced that African American tobacco users do not utilize services provided by quitlines. Therefore, the national quitline would not affect cessation among African American tobacco users. The prevailing sentiment was “African Americans and Black folks don’t use quitlines.”

Without a realistic understanding of quitline services, stakeholders saw no reason to promote services that they believed would not be used or are inappropriate for their constituents.

#### WHAT ARE QUITLINES?

Quitlines are a telephone-based tobacco cessation service that helps tobacco users quit through a variety of services, including counseling, information and self-help materials. Some quitlines also provide services to friends and relatives of tobacco users and healthcare professionals. Tobacco quitlines have proven to be comparable to cessation clinics in terms of the proportion of tobacco users who are smoke-free at follow-up. While the evidence base for the effectiveness of quitlines continues to grow, according to “common knowledge,” this type of cessation intervention was not relevant for African American and Black tobacco users.

#### WHY IS THIS REPORT IMPORTANT?

This report sheds light on the rather nuanced and complex reality of African American tobacco users and their use of quitline cessation services. The use, effectiveness and promotion of quitlines within the African American and Black communities are often an untold, yet evolving story. Invariably, it is a story that has further-reaching implications than may have been explored previously.

As a national network, funded through a cooperative agreement with the Centers for Disease Control and Prevention, Office on Smoking and Health, NAATEN was well positioned to conduct the assessment within its annual action plan. Because of the network’s funding stipulations, this assessment was not designed to be scientifically rigorous or comprehensive. Instead, this inclusive and collaborative data gathering and assessment process is designed to raise awareness about quitline services among stakeholders. At the same time, it provides recommendations to enhance quitline services for African American tobacco users. We hope the findings and subsequent recommendations serve as a first step in a critical dialogue between national African American community based organizations and the quitline community about the quitline infrastructure’s capacity to serve African American tobacco users.

We hope these findings will support efforts to continue examining interventions and will help lead to finding ways to improve quitline cultural relevance. We anticipate that this report will help develop policies, funding sources and standardized data gathering and reporting that will sustain vitally needed cessation programs. Ultimately, this is about improving the services available to help individuals lead healthy, tobacco-free lives. There is no time to waste.

#### THIS REPORT PROVIDES ESSENTIAL OBSERVATIONS AND INSIGHTS

This assessment was not conducted simply to study quitlines, but also to determine if we could develop recommendations for improving the assistance provided to African American

smokers who call quitlines. Some of the questions to be answered: Are there more culturally appropriate ways to provide information? Are existing methods culturally appropriate? Do these methods depend on state tobacco control departments? Who uses quitlines? How successful are quitlines?

We hoped that the answers to these questions would encourage stakeholders to change their perceptions about the effectiveness of quitlines as an appropriate intervention for their communities. That, in turn, we anticipated, could lead the stakeholders to promote quitlines within their organizations, as well as among African American tobacco users.

This report explains quitlines and what data they collect. It also explains how we obtained data from quitlines, as well as what data collection standards they follow and where there may be gaps in data. The report also shows how data are used by states and what implications this may have for African American and Black cessation programs. This report also contains information about the stakeholders' prevailing perspective on quitlines, how funding is effected by the collected data, and how states allocate provisions to promote quitlines.

In addition to our quitline assessment results, this report includes details about the process of working in partnership, the process of engaging allies (who at first may have been unclear about the project's motivation), and the process of developing recommendations with multiple partners. We believe that these process-related details are equally pertinent to the assessment findings.

We were fortunate to have NAQC as a partner. Their mission is to promote evidence-based quitline services across diverse communities in North America. Moreover, several consultants contributed their expertise and talents to enrich the process. This was a collaborative process intended to improve quitline services to African American tobacco users. As noted earlier, although not designed as a scientifically rigorous study, this report provides observations and insights about quitlines, their use and potential within the African American community. We believe this report will apply to other communities inequitably impacted by tobacco's harm, as well.

## BACKGROUND

### WHO WE ARE

NAATEN is a collaborative of national, state and community-based organizations serving African American and Black communities. The NAATEN network is comprised of ten stakeholder organizations representing health, faith, social and other national associations. As such, NAATEN’s mission is to serve as a leader and unified voice on a national level and to engage African American and Black organizations in preventing and eliminating tobacco use.

NAATEN stakeholder organizations reach significant constituencies within the African American community. For example, the National Pan-Hellenic Council reaches more than 1.5 million constituents and the National Dental Association represent more than 10,000 oral health professionals and their capacity exceeds five million constituents.

The North America Quitline Consortium was established in 2004 as a special program in the American Legacy Foundation and was incorporated as a nonprofit organization in 2006. As a membership-based organization comprised of quitline funders, quitline service providers, researchers and national organizations, NAQC is recognized as a trusted, neutral body for convening internal and external stakeholders, brokering issues and advancing the field of quitline cessation services.

The Consortium’s expertise and strong connection to all members of the quitline community made it the perfect conduit for NAATEN to conduct a meaningful assessment of quitlines. NAATEN’s commitment to the African American community made it the natural presenter to NAQC of the underlying issues impacting African Americans and quitlines. We became equal partners with a sincere desire to listen, learn, inform and arrive at mutually beneficial solutions.

NAATEN stakeholders partnered with NAQC members to conduct the assessment using three data sources: utilization and quit data collected by state tobacco control programs, stakeholder post-site-visit surveys, and data obtained through key informant interviews. NAATEN’s interest in assessing quitlines was encouraged and guided by NATEN’s CDC project officer, Kevin Collins, and stemmed from the Be Free Indeed

campaign, an initiative to work with Black churches to develop tobacco education policies and cessation programs.

### WHY WE CAME TOGETHER

Initial discussions with NAATEN stakeholders about their possible role in a nationwide promotion of quitline services confirmed a fundamental concern: quitline promotions and services were not considered a culturally relevant cessation intervention for African American tobacco users. Stakeholders were convinced that African American tobacco users were not utilizing the services provided by quitlines and, therefore, the national quitline initiative would not impact cessation rates in the African American community. “Black folks do not, and will not, use quitlines!” was the prevailing sentiment and most of the stakeholders were either unaware or unwilling to promote the service to their constituents or within their organizations.

In August 2006, NAQC was invited to present a “quitline primer” to NAATEN stakeholders. It became evident during this meeting that a basic primer on how quitlines operate, and the services offered, would not be sufficient to change perceptions, nor would it expand promotion and ultimately utilization by African Americans. It also became evident that stakeholders genuinely wanted, and deserved, a comprehensive review of nearly every aspect of quitlines, from data collection and counseling intervention to how quitlines are promoted and financed.

If NAATEN stakeholders were going to promote quitline services to people who trust them, stakeholders first needed to have confidence in quitlines.

It was not long after this initial meeting that NAATEN and NAQC formally became collaborators to:

- 1) Increase NAATEN stakeholders’ awareness and knowledge of quitline infrastructure and capacity to reach and serve African American tobacco users,

- 2) Strengthen relations between NAATEN and the quitline community to facilitate shared-learning, community driven research, and improved linkages between the quitline community and African American-serving organizations, and
- 3) Offer the quitline community a set of strategic, policy recommendations to improve quitline promotion and services to the African American community.

### QUITLINES AND TOBACCO-USE DISPARITIES

The goal of a quitline is to help individual tobacco users. Although this assessment was not meant to determine the affect that quitlines have, or may not have, on tobacco prevalence disparities experienced by African American tobacco users, we hope that the analysis of our findings will serve as a guide to lead the quitline community toward policy changes that will increase the capacity of quitlines to address disparities.

National studies show that after smoking at higher rates than Whites since 1965, African Americans begin smoking at lower rates than Whites in 2001. Despite this major public health accomplishment, disparities between Blacks and Whites are still present. Perhaps the most glaring disparity is the high rate of exposure to environmental tobacco smoke of low-socioeconomic Black children, ages five and under, in their homes. Tobacco-related disparities, unquestionably, remain a critical problem in the African American community. Ideally, comprehensive initiatives will be introduced to resolve this inequity. To do so, the methodology must include both population-based strategies and related targeted efforts to reach specific communities. A national strategy to eliminate population-based disparities ideally would support nationwide quitline coverage, as well as specific, targeted cessation initiatives aimed at communities disparately impacted by tobacco's harm.

*This assessment's purpose was to seek the answers to these and other questions.*

- What is the infrastructure that supports the provision of quitline services?
- What does utilization and outcome data indicate and how are these data collected?
- How are quitlines promoted?
- Who is answering the calls?
- How are quitline counselors/coaches trained?
- Do they get special training on issues relevant to African American tobacco users?
- Does the quitline community embrace community based approaches to cessation and are there formal linkages?
- Is the national quitline movement effective as an answer to tobacco related health disparities?

## METHODOLOGY

Information about the methodology used in trainings and site-visit structure is provided in this report to give a framework to other organizations that may plan to undertake similar assessments.

Findings from this assessment were based on the following five data sources:

- A. Survey and analysis of existing state-level quitline data
- B. Stakeholder training
- C. Quitline site-visit and post-observation surveys
- D. Key informant interviews of stakeholders and their organizational leaders
- E. Facilitated discussion with stakeholders

We originally wanted to gather end-user data using a “secret shopper” methodology in which a sample of African American tobacco users would call quitlines and report on their experience and satisfaction with the service. Unfortunately, resources and time constraints did not permit us to implement this method of study.

The following is a summary of our data collection process.

### **SURVEY AND ANALYSIS OF EXISTING, STATE-LEVEL QUITLINE DATA**

Given that this was not a research or formal evaluation project, we did not want, nor did we have the capacity, to analyze raw data. We did not intend to embark on a critical analysis of the numbers, nor does this assessment evaluate the success of one quitline over another. Rather, we wanted to obtain and analyze existing data collected by quitline service providers on behalf of states. Would certain themes or similarities emerge when we put all of the data together? We desired to learn more about what specific caller data is collected and to make recommendations based on an important, yet limited review.

By having the collaborators examine data on prevalence, utilization, outcomes (quit rates), and satisfaction, and comparing these data elements for African American and White callers, we hoped to learn more about African Americans and tobacco quitlines. We shared results of this analysis with stakeholders

during a training session to gather their perspectives and provide a foundation for site visits to quitlines.

The following criteria were employed to determine which states to invite to participate in the data-mining process:

- States with high percentages of African Americans in the population would be considered.
- The country was divided into four regions with a few states selected from each region.
- Only states with quitlines that had been operating for more than two years were selected because of the need for outcome data.
- Selections were made that insured a wide variety of service providers and service provider types (nonprofit, for-profit, university-based, and voluntary) were included in the sample.

The following 15 states were selected based on the outlined criteria. (These states were represented by nine different quitline service providers.)

Alabama	Information & Quality Healthcare, Inc.
Arizona	University of AZ, Tucson
California	University of CA, San Diego
Delaware	American Cancer Society
Florida	American Cancer Society
Georgia	Free & Clear, Inc
Illinois	American Lung Association of Illinois
Louisiana	American Cancer Society
Michigan	American Cancer Society
Mississippi	Information & Quality Healthcare, Inc
New York	Roswell Park Cancer Institute
Ohio	National Jewish Medical and Research Center
Oklahoma	Free & Clear, Inc
Pennsylvania	American Cancer Society
West Virginia	Be Better Networks

While there are states with larger percentages of African Americans in the population than those included in the sample, those states may not have had a quitline in operation for more than two years. We chose not to include states from the sample when there appeared to be a significant overrepresentation of a single service provider.

The collaborative workgroup developed the objectives and an agenda for training stakeholders to participate in the service provider site visits. During that process, we reviewed data collected from states and determined how it could best be used to inform stakeholders; we determined relevant issues to address in the training and reviewed our timeline. We identified desired outcomes for each training topic, and

*The following data were requested of each selected state quitline:*

#### **Prevalence**

Total statewide prevalence rate\*

White prevalence rate\*

African American prevalence rate\*

Percentage of African American tobacco users among all tobacco users in the state

*\* Data from "Sustaining State Programs for Tobacco Control, Data Highlights, 2006," Centers for Disease Control and Prevention*

#### **Call Volume**

Total call volume for tobacco users July 1, 2005 – June 30, 2006

Call volume for White tobacco users July 1, 2005 – June 30, 2006

Call volume for African American tobacco users July 1, 2005 – June 30, 2006

#### **Quit Rates**

Average quit rate reported for all callers to the quitline

Quit rate reported for White callers to the quitline

Quit rate reported for African American callers to the quitline

#### **Satisfaction**

Average satisfaction rate reported for all callers to the quitline

Satisfaction rate for White callers to the quitline

Satisfaction rate for African American callers to the quitline

#### **Tailored Protocol**

Does the quitline offer a tailored counseling protocol for African American callers?

If so, what does the "tailoring" include?

#### **Tailored Self-Help Materials**

Does the quitline offer tailored self-help materials for African American callers?

If so, what materials are being used (title and publisher)?

#### **Targeted Promotion**

Are there any targeted promotion strategies being used to promote the quitline to African American smokers?

#### **If so, what strategies?**

Were African American smokers used in developing these strategies?

How are you measuring/evaluating the effectiveness of these strategies?

#### **Referrals**

How is your state quitlines' community resource referral database populated?

Does this database include any African American-specific referral resources?

We were pleased that each of the selected states agreed to share their data and made the data available within the requested timeframe. NAQC, which is recognized by state administrators and service providers as an ally, sent an email invitation requesting the participation of each of those state's cessation and quitline administrator with a copy to respective service provider contacts. It was imperative that every aspect of the project be communicated to both state entities. This ensured a transparent process and that each partner was aware of requests being made.

### **STAKEHOLDER TRAINING**

Prior to sending stakeholders to participate in site visits, we conducted a stakeholder training session. The objective: to provide stakeholders with information and specific questions to facilitate meaningful communication with quitline management and counselors.

determined whether or not additional handouts were needed to supplement the topic.

Please see Appendix for a description of each agenda item that was part of the five and one half-hour trainings for stakeholders and what we hoped to accomplish during that time.

### **WHAT WENT WELL AT THE TRAINING SESSION?**

We believe that the training to prepare stakeholders for site visits with quitline service providers was very informative and met our objectives. Stakeholders were consistently engaged in the presentations and discussions and were receptive to the comprehensive nature of the training. Stakeholders seemed very enthusiastic about the information, as well as their work ahead. The partners believe that stakeholders left the training prepared, motivated and enlightened.

## WHAT WE WOULD DO DIFFERENTLY

Evaluate, evaluate, evaluate. After all of our careful planning and detailed outlining, we simply neglected to review the evaluation form with stakeholders and ask them to complete it before leaving. This would have given us valuable information about the agenda topics that better prepared them for site visits and information that was shared, but did not seem as relevant to their work.

We believe that providing training prior to site visits is a critical success factor. Organizations planning to conduct such pre-site-visit training, would be best served by incorporating the following:

- Begin with site-visit logistics so that stakeholders are clear about where they are going, with whom they are meeting and their responsibilities during the site visit.
- Allow ample time for stakeholders to voice their concerns about quitlines and ample time to address those concerns.
- Minimize philosophical discussions that had little to do with stakeholder site visits.
- Include broader discussions and clarification on the role of quitlines within the context of reducing disparities.

We had ample information to devise a much longer training for these stakeholders, however, it was important to provide very focused information. In addition, we believed that offering too much detail would result in the stakeholders feeling overwhelmed and frustrated. Striking this balance became easier as we asked ourselves, “Is this information necessary for stakeholders to do his or her job during the site visit?”

## QUITLINE SITE-VISIT AND POST-OBSERVATION SURVEY

NAATEN staff made preliminary site visits to several quitline service providers primarily to increase our firsthand knowledge of quitline operations, but also to establish a relationship with service providers and increase the likelihood that the visit by the stakeholder would be positive and productive.

Working directly with service providers, NAATEN established a timeline for site visits. Twelve stakeholders representing NAATEN member organizations and others involved in tobacco control among priority populations participated in site visits. Since all stakeholders serve in a volunteer capacity and have busy professional lives, assignments were based on a variety of factors, including availability, scheduling, geographic proximity

and knowledge of the geographic region. Quitline providers received letters outlining site visit expectations and a suggested agenda that would assure a comprehensive overview would be available to stakeholders. The following are key points that quitline service providers were asked to address during site visits:

- An overview of operational and telephone systems,
- A perspective on staffing structure, training and counseling,
- An understanding of current issues and challenges faced by quitline operators,
- An overview about reactive and proactive counseling protocols,
- A discussion on nicotine replacement therapies,
- An overview of self-help resources,
- An overview on evaluation and reporting,
- An opportunity for stakeholders to listen to “live” quitline callers,
- The opportunity for stakeholders to dialogue with quitline representatives,
- Promotional campaigns,
- Counseling protocols,
- Community cessation resources used,
- Community partnerships that providers may have, and
- Caller composition in terms of reaches, utilization and quit rates, if available.

During the stakeholder training session conducted prior to the site visits (See Appendix), stakeholders were provided with a series of “prompting” questions to ask quitline service providers during their visit. Included were the following:

- What ways can the African American community inform the development of tailored or targeted quitline promotions?
- Do you use marketing organizations from the African American community?

- How are callers informed about cessation resources or community based cessation support services?
- Does your organization develop community targeted cessation materials?
- Do you have partners that are based in the African American community?
- How are these partnerships maintained?
- How might community partners compliment your efforts to serve the African American community?
- Do you provide cultural competency trainings to quitline counselors?
- What is your approach to cultural competency trainings?
- How can NAATEN assist states and service providers with marketing strategies, community resources, and the development of community partners?

In total, there were nine site visits conducted by 12 stakeholders serving 15 states. Visits were held between May 15, 2007, and July 17, 2007. Each visit lasted between five to seven hours during which stakeholders received an overview of the quitline processes, listened to “live” calls, and were given an opportunity to debrief and dialogue with staff. After the site visit, each stakeholder was asked to complete an online survey within one week of their visit to record observations and impressions obtained during the visit.

## KEY INFORMANT INTERVIEWS OF STAKEHOLDERS AND THEIR ORGANIZATIONAL LEADERS

NAATEN collaborated with the Tobacco Technical Assistance Consortium (TTAC) to develop a 12-item interview guide designed to gather in-depth perceptions that may not have been captured by stakeholders in their online survey responses. The team also sought to interview additional key informants in leadership positions in each organization.

Following approval of the key informant interview protocol by Emory University’s Institutional Review Board, NAATEN provided Emory’s TTAC team with contact information for identified key informants. Twenty key informants were contacted by phone to schedule a telephone interview. Eight NAATEN stakeholder representatives and five leaders from the identified organizations were interviewed, yielding a 65% response rate.

Two TTAC team members conducted key informant interviews. During the interview, the TTAC team reviewed consent information and obtained verbal permission from the key informant participants.

## FACILITATED DISCUSSION

To clarify recommendations made by participants during the key informant interviews, TTAC convened a meeting with NAATEN representatives and their organizational leadership. The aim of this facilitated discussion was to garner specific recommendations regarding: 1) ways to promote quitline services in the African American community, 2) specifics on why cultural competency training components are necessary for quitline counselors/coaches, 3) what stakeholder organizations are willing to do to promote the quitline, and 4) how stakeholder organizations can serve as the link between quitlines and the African American community. Eleven stakeholders participated on the teleconference and either eliminated and/or clarified the questions.

## FINDINGS - PART ONE

### The Story About State Quitline Data

The findings of this assessment are divided into two sections: one on the data and one that focuses on the perspectives of the stakeholders about various aspects of quitlines after their experiences visiting a quitline.

#### PREVALENCE RATES

Using adult prevalence data from the Centers for Disease and Prevention’s “Sustaining State Programs for Tobacco Control, Data Highlights, 2006,” there are 10 states in our sample that have higher prevalence rates for African Americans than for Whites. The five states with lower prevalence rates for African Americans are all deep-South states with large populations of African Americans [Alabama, Florida, Georgia, Louisiana, and Mississippi].

#### SOMETHING TO PONDER

What is happening in these Southern states in relation to cessation in the African American community? Were rates always low or has there been a significant decline in prevalence due to targeted programs or marketing? It appears counter intuitive ... are there lessons to be learned?

#### CALL VOLUME

According to NAQC’s 2005 “Annual Survey of Quitlines in North America,” quitlines are reaching between 0.01 - 4.28 percent of all U.S. smokers. It is important to note that a quitline’s reach is directly linked to its capacity to provide services, as well as the funding dedicated to quitline promotion. Balancing

the frequency of promotion with the capacity of the quitline to respond to a sudden or prolonged increase in call volume is difficult, yet essential. All of this suggests that the primary limiting factor in quitline utilization, or reach, is funding – both for promotion and operations.

We asked states to provide us with the percentage of African American tobacco users among all tobacco users in their state. Unfortunately, this number was difficult to obtain. And while we intended to use the statistic to draw conclusions about utilization, we simply did not have the expertise or resources necessary to complete such a thorough analysis. However, we were able to learn about success in California and glean some insight from the states that were able to provide us with the requested data.

According to the 2005 “California Tobacco Survey,” African Americans accounted for 13.9% of callers to the California Smokers’ Helpline during the survey time period. In comparison, they accounted for 9.0% of smokers in the state. These data indicate that the quitline is reaching African American tobacco users in that state and, in fact, African Americans have been “over” represented among Helpline callers since the California Smokers’ Helpline was established in 1992.

Only California and three other states reported percentages indicating whether the state’s tobacco users were African American. By measuring the call volume in these states,

State’s Region*	% of African American tobacco users among all tobacco users in the state	% of quitline calls from African Americans	% of quitline calls from Whites
Northeastern state	14.5%	1%	51%
Southeastern state	19%	28%	29%
Midwestern state	15%	1%	62%
Southwestern state	2%	1%	78%

*\*Because this was not meant to be a quantitative evaluation of quitlines we are not reporting data for specific quitlines. Instead, we have reported on the region in which the quitline is located. It is coincidental that the four states reporting percentage of African American tobacco users among all tobacco users in the state happen to represent each of the four regions.*

we found that three of the states were not as successful in reaching this population when compared with the White population while one state appears to be very successful.

### WHY THE STORY IS IMPORTANT

What we often heard from states during the course of this project was that African Americans are calling quitlines in direct proportion to their percentage of representation in a particular state's population. For example, "African Americans make up only three percent of our state's population and five percent of our callers!" However, this is troubling, as it does not tell the true story of utilization. The true story of utilization is told when a state first determines the percentage of African American tobacco users among all tobacco users in their state and then compares that percentage to the percentage of African American tobacco users who call the quitline. For example, "African Americans make up 2% of our smoking population, but account for 3.6% of calls to our quitline."

What is the percentage of African American tobacco users among all tobacco users in your state? African Americans account for what percentage of calls to your quitline?

These numbers should be similar.

*"[States need to be] disseminating data to reflect what really is going on and also [have] a two-way street as far as the outreach just like NAATEN reached out," said one stakeholder.*

### QUIT RATES

Ten of the 15 quitlines reported quit rates by race/ethnicity. In four of these states, African Americans had higher quit rates than those reported for White callers. In five of these states, quit rates for African Americans were lower. One state reported no significant difference between African American and non-African American outcomes.

### WHY THE STORY IS IMPORTANT

While on the surface these results seem somewhat promising, as we worked through the data, issues related to data collection methods seemed to become more important. While 10 of the 15 did report outcomes by race, we know that for most of these quitlines, outcomes are not typically calculated and reported by race. One quitline noted that, prior to this project, evaluation follow-up data had never been broken out by race.

We are aware that there are various research studies and

evaluation reports that show positive results for African Americans using quitlines as a way to quit tobacco use. We believe it is important to also collect, analyze and report state-level outcome data specific to African American callers to support these studies. Stakeholders were concerned that states may be telling the African American community that quitlines work for African American tobacco users when they do not actually know to what degree this is true in their particular state.

Because of the historic, heinous crimes carried out by government in the name of healthcare, there is a strong distrust in the community of data, "science," and the government itself. Thus, if a quitline claims success in reaching out to, and obtaining positive outcome, among African American tobacco users, it must make certain that it has impeccable data to prove this to be true.

Additional stakeholder comments:

*"I know that there is data, but I don't believe one bit of it. Statistics can be manipulated."*

*"How do we know that it is the real quit rate for my people?"*

*"I am still not completely sold on the effectiveness of quitlines. State agencies and quitline operators are willing to say that they are more effective than they have proven to be, especially in communities of color."*

*"While informative, the day was rather staged... they did differentiate between data from their private clients and their public/state tobacco control programs."*

### SATISFACTION

More than half (53 percent) of the quitlines in our sample did not report satisfaction rates according to race or ethnicity. One state did report satisfaction for African American callers, but did not include the satisfaction rates for White callers. While the total number of quitlines able to respond to this question was disappointing, the partnership was impressed with the numbers on satisfaction that were reported.

This is a positive story. Based on the data above, African Americans seem to be satisfied with the services they receive from quitlines. However, it was difficult for us to determine whether or not these rates are routinely calculated, reported and reviewed or if these calculations were completed specifically for this project.

State	Satisfaction among White callers	Satisfaction among African American callers	Measure used
1	84%	84.4%	Not included
2	45.39%	49.65%	% Excellent
3	7.7	7.8	# out of 10
4	58.45%	58.31%	% Very satisfied
5	92.7%	92.1%	% Very satisfied
6	91.5%	91.2%	% Agree
7	47.01%	49.06%	% Excellent

### TAILORED PROTOCOLS

None of the quitlines in our sample used tailored counseling protocols for African American tobacco users. Instead, most reported that “tailoring” is done at an individual level with protocols that are easily adaptable to clients from a wide range of backgrounds. Many service providers reported that they did provide extensive training to their counseling staff on issues related to cultural competency, community-specific cessation strategies and client-centered counseling approaches.

### WHY THE STORY IS IMPORTANT

When NAATEN stakeholders were first told that quitlines rarely use tailored protocols, they were immediately turned off. What they heard in that response was that quitlines did not believe that there are specific issues related to the African American community that needed to be addressed during the counseling intervention. While efforts were made to communicate the philosophical underpinnings of delivering “client-centered” interventions and to explain that an individually-tailored counseling approach is ultimately the most culturally competent intervention, it remained difficult to build stakeholders’ confidence in quitlines. We knew early that, if we were to improve the stakeholders’ opinions on counseling providers, and potentially change this perception, we needed to get these stakeholders out to see the quitline counselors in action — providing an opportunity for them to hear what it means to deliver an individually tailored counseling intervention and to make an informed assessment.

### TAILORED SELF-HELP MATERIALS

Nearly all (87percent) of the quitlines in our sample reported that they do not provide self-help materials tailored for African American callers. The CDC’s Pathways to Freedom is being used by the two quitlines that do use tailored materials. One quitline reported that materials are designed to complement the counseling protocol and are therefore not specific to race.

Another reported that materials were designed to appeal to all of the state’s residents. The remaining 13 quitlines offered no explanation.

### WHY THE STORY IS IMPORTANT

This response to questions about self-help materials is often interpreted by members of the community to mean that the quitline provider does not believe there are African American-specific issues and barriers to quitting. Further, a commonly expressed perception is that the quitline service provider does not consider the need for culturally and linguistically tailored materials.

Given the fact that self-help materials developed specifically for African American tobacco users exists, the question must be asked why more quitlines are not offering these resources to callers who identify as African American. Moreover, there appear to be numerous community experts who can be resources for developing these materials...evidence-based practices can, and should be, working in tandem with community-based knowledge.

### QUITLINE PROMOTION

Again, 53 percent or more than half of the quitlines in the sample set are not currently using targeted strategies to promote the quitline to African Americans. The quitlines that do target African Americans report using the following strategies:

- featuring African Americans in TV, radio and print ads,
- highlighting African American-specific issues in promotion (for example, industry targeting),
- media placement with high African American viewership or exposure,

- use of focus groups to determine the most effective message,
- engaging the faith community in developing and implementing strategies, and
- hiring African American-owned public relations and media firms.

### WHY THE STORY IS IMPORTANT

As we know, utilization is directly tied to the amount of money that each state allocates for promotion. We also know that, for the African American community, it is as much about the message as it is about the messenger. This collaborative was surprised to learn that only one state from the sample engages community leaders, specifically pastors, to spread the word about cessation and the quitline. The importance of doing so simply cannot be overstated.

Some Stakeholder Comments:

*“Stay connected to those organizations, those grass roots community based organizations that are connected to the African American community.”*

*“I have some recommendations...one would be for the quitline to partner with some African American organizations and ask them to advertise to their constituents. Another thing is to have some accurate information about what the quitline does. So if you ask me to advertise for you, you need to prove to me that whatever I’m asked to advertise actually works. (Help organizations gain credibility when they refer people to the quitline.)”*

*“If the quitline or state could provide information to stakeholder organizations, they [the stakeholder organizations] would be willing to promote and advertise quitline services.”*

*“Engage NAATEN stakeholder organizations in a needs assessment so that they can understand the populations these organizations serve.”*

To resonate with African Americans, who are defined by distinct historical, cultural, contextual and geographical characteristics, communication strategies must consider issues of language, literacy, positive and salient imagery, multi-generations, and the diversity within the African American community (i.e. ethnicity, immigrant populations, religion, socio-economic status). All of

these issues, however, need not necessarily be addressed in developing campaigns.

The following is an excerpt from chapter six of NAQC’s “Quitline Operations: A Practical Guide to Promising Approaches.”

Before embarking on a targeted quitline outreach effort in a specific community, the following questions are important to consider:

- Are you willing to invest in the community over the long haul?
- Is the community ready to hear a cessation message, and if so, what message will resonate most with those who use tobacco?
- What relationship does your organization already have with that community? Are there historical barriers that will need to be overcome?
- If tobacco cessation is not a community priority, are you willing to invest time and energy in helping them to address what is a priority in order to establish relationships, trust and credibility? (Consider the possibility that helping a community to address underlying conditions that create a climate where tobacco use is acceptable or encouraged may be a valuable use of resources, although not typically a strategy found in our tobacco prevention and control “textbooks.”)
- While you may bring tobacco cessation wisdom to the community, your community partners carry expertise that you do not have. They know their membership. They know the likely advocates and the likely barriers. They are aware of the values and beliefs that will help or hinder your efforts. They also know how best to get things done. Are you ready to accept the expertise and leadership of community partners? Are you ready to engage in true dialogue in order to learn how best to promote the services of the quitline?

## REFERRALS TO COMMUNITY BASED RESOURCES

Sixty-seven percent of quitlines in our sample reported having no African American-specific referral resources in their referral database. The five states that did report having African American-specific, community based referral resources were referring to local entities funded by the state to provide community programs. In most cases, the survey that is administered to collect community based referral resources is only provided to state funded programs or local health departments. Many of these quitlines also reported using local health department staff to collect these resources.

## WHY THE STORY IS IMPORTANT

Clearly, there are limited referrals to community run assistance programs. It seems that much of the effective cessation work that is happening at the local level is being excluded, especially if that work is happening without state or local public health funds.

Even for quitlines that do not have African American-specific resources, the process by which the general community resources are collected and provided to the quitline seems scattered, unimportant, and not a focus of either the state

or the service provider. For all of the quitlines in the sample, the extent to which community based resources are routinely assessed was not clear to us and the degree of emphasis placed on finding cessation programs that fall outside of the mainstream public health community seemed minimal at best.

*“If they want us to assist them, it has to be a part of a greater strategy of getting culturally appropriate information out to the community. Not only do we need to provide referrals to the quitline, but what about the comprehensive piece... secondhand smoke, prevention...all of the services need to be integrated. The quitline needs to be viewed as an integral part of everything that’s done by the state.”*

*“...How does NAATEN reach a point of partnering [with quitlines]... once that’s identified, whether or not [a] quitline would go seeking it, which would take dollars from them or whether or not NAATEN as an organization sought them out. I think that once that could be recognized... then I think African American organizations can be that vehicle to contact and establish whatever lines of communication are necessary with the quitline.”*

## **FINDINGS - PART TWO**

### **NAATEN’s Story On Quitlines After Site Visit**

Stakeholders asked a variety of questions to gain an understanding of their perspectives about quitlines.

Nine stakeholders completed site visits, eight finalized key informant interviews (both stakeholders and their organizational leads), and 11 participated in the facilitated discussion. The data from each data source were tallied and transcribed (respectfully), coded, and analyzed separately.

Specific themes and perspectives emerged, including the following:

- Increased awareness and impressions of quitlines
- Capacity of quitlines to serve African Americans
- Referral of constituency to quitline services
- Linkages between quitlines and African American community based resources
- Quitline marketing and promotion in the African American community
- Partnerships between quitlines and organizations serving African Americans

#### **STAKEHOLDER IMPRESSIONS AFTER MAKING A QUITLINE SITE VISIT**

All visiting stakeholders reported being better informed about quitline operations and services after their site visits. It was evident that stakeholders generally appreciated being part of the assessment project and having had the opportunity to increase their awareness of quitlines. They reported being pleased with the comprehensive presentations, services that are provided and the overall caring and respectful attitudes that counselors exemplify towards callers. Stakeholders were asked to report on their comfort level when communicating with the quitline management team. Nearly 77% responded that they were very comfortable.

*“The provider discussed the start-up process, hiring decisions, training and daily operational processes. I learned details about quitlines that helped me understand the challenges.”*

*“The quitline team was very welcoming and accommodating to the visit.”*

Some noted surprise at the vastness and magnitude of quitline services as an intervention to help tobacco users, and the blending of technology, human touch and the overview of nicotine replacement therapies. Most of the visiting stakeholders used questions provided during the stakeholder training session to probe and guide their discussions with quitline staff.

#### **STAKEHOLDER PERSPECTIVES ABOUT QUITLINE CAPACITY TO MEET AFRICAN AMERICAN NEEDS**

##### **Counseling/Coaching Callers:**

Most stakeholders were able to listen to calls with African American tobacco users first-hand and expressed that they felt better able to make a more informed assessment about the quitlines’ capacity to serve African American callers, as well as to provide specific recommendations to enhance the services.

Stakeholders indicated that quitline services have the capacity to meet the needs of African American callers using appropriate counseling protocols. None of the stakeholders felt that they were qualified to assess counseling skills, however, that was not the purpose of the observation. Most responded that quitline counselors are trained in overall competencies focusing on non-judgmental communication and respect for all cultures and backgrounds. One stakeholder who listened to a call from a non-Black caller felt that the counselor adapted her coaching based on the needs of the caller.

*“I would say that generally they’re meeting the needs. Because they talked about having a greater capacity to meet the needs...so I would think that just fundamentally they’re meeting the needs. Because they have all the tools to help people quit.”*

*“I think they’re doing a good job...based on the one I went to.”*

*“They [counselors] were empathetic and knowledgeable and were able to assist them in a way that they [people] felt they should be assisted and I have to agree with that.”*

Stakeholders reported that they felt recruiting African American quit coaches would improve the capacity to address African Americans’ cessation needs. Some suggested culturally based approaches, such as increasing cultural competence among quitline staff to raise their understanding of how to approach African American tobacco users. A few were concerned that African American tobacco users whom they “observed” were not having their needs met due to a lack of sensitivity demonstrated by the counselor, which suggested the need for cultural sensitivity training.

Stakeholders reported that the response to questions from several service providers was that they did not offer sensitivity training; others offered informal training and some refresher training.

*“[The needs of the caller] were superficially addressed. It was... an African American person it was very obvious to me that the caller was really stressed out about her impact on her grandchildren and I don’t think that the provider or the counselor could really speak to the social norms of that community because she wasn’t African American. She did the best she could.”*

*“Counselors have done this so often that they were robotic and they didn’t listen to the caller. They had already moved on to the next question before the person had completed their answer to the last. It’s important to be a good listener to be able to address the needs of the caller.”*

Many service providers expressed willingness to collaborate on increasing cultural competency training with the involvement of community experts.

Based on their observations, a few stakeholders indicated the need for quit coaches to understand the role of respect, what it means in the African American community, and how it can affect communicating with members of the African American community. Cultural humility was also a training component participants deemed important.

*“[They need] an understanding of what some of the issues are that the community faces. [Learn some] kind of the*

*history around tobacco and the African American community because there is a long history behind that. So I would say just really a general understanding of the community and the culture.”*

*“I think they pretty much have the same protocol for all callers. Even though I know that they do cultural competency trainings... and they did describe in detail that they do go into that. They don’t, I don’t think, train their counselors much beyond that on issues in the African American community.”*

*“I think there is awareness. I would say two words... awareness and a perceived willingness... I think with the right training, the quitline counselor can be fairly capable of counseling African American callers.”*

*“Cultural humility...called caller by the first name and I mentioned that culturally that was inappropriate...getting too friendly or too familiar too quickly. Respect and the need to get to know someone before we become familiar.”*

#### **Materials:**

Regarding community targeted cessation materials, most service providers did not offer tailored cessation resource material, nor did they provide a copy of the materials for stakeholders to view. A few service providers provided a copy of materials and resources sent to callers after the first contact when the stakeholder asked to review this information.

#### **Staff Diversity:**

Several stakeholders noted that they observed very few African American quit coaches. Stakeholders identified a need for increased diversity among the quitline staff to ensure adequate engagement of African American callers.

*“The director seemed open about his program, but a little guarded with regard to his staff and their training.”*

*“He [the director] stated his staff had not had any diversity training while working there. I feel some kind of diversity training for the Quitline counselors could help them counsel African American callers. They need to be as culturally competent as they can be.”*

#### **STAKEHOLDER PERSPECTIVES ABOUT PROMOTION AND REFERRAL OF CONSTITUENCY TO QUITLINES**

Based on their experiences, stakeholders reported that they are more likely to refer African American tobacco users to quitlines, 61% reported that they are highly likely to now make

these referrals. A third indicated that they were moderately likely to refer.

*“I will work with the quitline (if they desire) and refer African Americans as they increase their skills in meeting the needs of African American smokers.”*

*“I would definitely recommend the quitlines to users as a resource among additional resources, only if efforts are made to reach all ethnicity, if efforts are made to collaborate with community organizations that serve African Americans and if efforts are put forth to make sure that recommendations are incorporated.”*

Stakeholders also were asked if they would now promote the use of quitlines to the professional organizations they represent. Nearly 70% responded that they are highly likely to promote quitlines through national African American organizational leadership.

*“Prior to having an opportunity to tour a quitline, I was under the impression that the services were not receptive to assisting non-majority citizens. Now that I have completed a tour, I believe that more participation by the African-American community will result in improving the knowledge needed by counselors to serve all segments of the community. In the long-run, we can have a win-win situation.”*

*“I think the quitlines play a role in reaching both African American and low SES communities - but for now, they are primarily a ‘mainstream’ cessation resource. Establishing good working relationships with quitline providers is a first step in expanding their reach.”*

Almost half of the stakeholders indicated that they could incorporate advocacy into their programs. Moreover, nearly half of those who responded also cited the need for increased awareness about the tobacco burden in the African American community.

### **STAKEHOLDER PERSPECTIVES ABOUT LINKAGES BETWEEN QUITLINES AND AFRICAN AMERICAN COMMUNITY BASED RESOURCES**

Stakeholders indicated that there is no standard process for referring callers to community based cessation resources – no standard database. Stakeholders indicated that many of the providers would welcome assistance in developing a database and a mechanism for updating the information.

Stakeholders felt that churches, fraternal organizations, and professional organizations would benefit from the referral database.

*“... I would say again back to the centralized culturally appropriate local sites...or the community organizations...utilizing the community organizations, as well as the faith based organizations. A lot of times...and this may go across cultures...but, African Americans don’t normally talk over the phone with someone they don’t know. So I think that if it is brought to them, where they already trust an agency that they go to for some of their services, they are more apt to use quitlines services if it’s there and available at the site where they trust whoever they are working with.”*

*“The quitline programs need to be proactive in getting out into the community and let people know about the quitline program and its benefits.”*

### **STAKEHOLDER PERSPECTIVES ABOUT QUITLINE MARKETING AND PROMOTION IN THE AFRICAN AMERICAN COMMUNITY**

Most stakeholders indicated that African Americans are generally unfamiliar with quitline services and that this needs to be addressed with tailored marketing strategies sponsored by both state and service provider resources. Some responded that African Americans are being reached effectively, however, most felt that outreach is ineffective. Most stakeholders believe that higher quitline visibility in the African American community is necessary.

*“...there seems to be a cultural divide in the use of quitlines by African Americans.”*

When asked how NAATEN stakeholders and other African American community agencies could help with marketing, identifying community resources and engaging community partners, quitline providers were very open to developing a relationship and to receiving assistance in this area.

*“Need to use better advertising and non-conventional ways to reach African Americans...”*

*“They [advertisements] could be more targeted in terms of structure...those billboards, I don’t think can do it.”*

*“Increase information about quitlines in the African American community.”*

## STAKEHOLDER PERSPECTIVES ABOUT IMPROVING PARTNERSHIPS BETWEEN QUITLINES AND ORGANIZATIONS SERVING AFRICAN AMERICANS

The theme of collaboration clearly emerged from service providers, who hope to increase awareness of quitlines among African American tobacco users, recruit African American quit counselors, help create (or review) culturally appropriate materials, and provide training. Many stated that they want to explore opportunities for collaboration.

Regarding ongoing relationships with African American organizations, three of the stakeholders reported that quitline staff said that they have partners in the African American community, but did not elaborate. Others noted their partnership with NAATEN, state tobacco control programs and a faith-based organization. Yet others noted that they did not have relationships with African American organizations. When asked how their partnerships were maintained, the quitline staff reporting that they do have partnerships, provided various responses, ranging from input on protocol to including partners in research projects.

Quitline staff had a number of suggestions about how community partners could compliment services for the African American community, including leveraging and expanding on resources with community based cessation, faith-based efforts, marketing and promotion.

*“Community partners are a significant contributor to the use of quitlines by African Americans...community partners can enrich follow-up to African American callers.”*

*“... [Our focus is] advocating for better infrastructure in communities of color. So we work with our public health clinics, work with the hospitals and the network, work with community based providers.”(sic)*

*“So at the end of the day, it’s making sure that the health needs of the African American community are addressed and that the appropriate resource and interventions are provided within African American communities.”*

*“... We have an epidemiology department that can crunch the numbers when the numbers from the BRFSS and the state surveys come out. So we can get countywide interpretations of the numbers that come out statewide. I think that may be something they might find useful.”*

*“We’re actually doing a couple of pilot projects right now identifying community zip codes that have the lowest SES in the community. Those are based on some of the other indicators we have and going door to door...”*

## RECOMMENDATIONS

NAATEN and their stakeholders have developed a series of recommendations as a result of assessment activities. These are intended primarily for use by state tobacco control programs and quitline service providers. The recommendations are offered as first steps that, if implemented, we believe, can move African American communities towards a positive perception of quitline services, increase the reach of these services within the community and ultimately improve the effectiveness of quitline services for African American tobacco users. Recommendations are categorized by intended audience and further delineated by the area of quitline operations that each will affect.

### STATE TOBACCO CONTROL PROGRAMS:

#### Funding and administration

- Increase funding for targeted quitline promotions to African American tobacco users who want to quit.
- Collaborate with a broad ranged African American organization, such as NAATEN, to identify partners at the local, state and national level to assist in developing the Requests for Proposals (RFP) expectations and scopes of work for quitline service providers to ensure that they:
  - Require that service providers regularly invite community agency staff to make site visits to the service provider to strengthen community relations and explore further partnership opportunities.
  - Leverage the continuum of available cessation resources available to African American communities, by expanding cross referrals.(For example, increase community level referral to quitlines and quitline referral to community based cessation resources.)
  - Expand and enhance community cessation referral resources to include a mechanism for regular updates with linkages to community based cessation services that may not be formally linked to the tobacco control field.
  - Require that quitline service providers train counselors on the African American experience in this country and the specific barriers to cessation.

- Require that states’ disparity plans include quitline related objectives that will:
- Establish baseline utilization rates and benchmarks for improved reach.
- Establish service quality and promotions within African American communities.
- Increase referrals from community based organizations (particularly safety net providers).
- Develop a process to identify state specific quitline barriers in the African American community and develop strategies to address those barriers.
- As stated previously, institute policy changes that will increase the capacity of quitlines to address disparities.
- Develop and maintain a clearinghouse of quitline promotional resources and ensure that local and state community based organizations have access to these resources.

#### Evaluation

- Implement additional priority population evaluation strategies. For example, funding with local African American community based organizations and/or NAATEN stakeholders to implement a “secret shopper program.”
- Allocate funds annually to evaluate utilization rates, quit rates and satisfaction by race/ethnicity and socio-economic status using agreed upon standard methodologies.
- Develop an annual report inclusive of these data sets (see above) and disseminate to African American stakeholders, NAATEN and other local, statewide/national tobacco control coalitions, as well as other interested organizations and integrate results into state tobacco program evaluation report.

## QUITLINE SERVICE PROVIDERS:

### Promotion

- Leverage the existing community and tobacco control capacity of NAATEN stakeholders and their expansive constituencies (Black Greek associations, youth mentoring organizations, incarcerated advocacy organizations, faith-based organizations, healthcare providers, LGBT, etc.) and provide support to develop quitline related promotions and materials.

### Tailored materials

- Train quit counselors about the available culturally and linguistically tailored self-help cessation materials and community based prevention tools and their potential appropriateness for African American callers. For example, Be Free Indeed: Tobacco Prevention Tools for the African American Church (HEC/NAATEN, 2005), Pathways to Freedom (CDC, 1998) and Breathe Free (National Association of African Americans for Positive Imagery (NAAAPI, 2000).

If one is not convinced that using tailored self-help materials would improve outcomes or satisfaction among quitline callers in a specific community, try it! Engage in a small pilot study to see if those who received tailored materials show significant differences in their quit rates and/or satisfaction with the service. Most of the materials are free and would give one the opportunity to evaluate.

### Partnerships

- Collaborate with NAATEN to identify and leverage the capacity of national African American healthcare provider associations such as the National Dental Association, National Medical Association, National Black Nurses Association, and the National Black Cardiologist Association to increase awareness about quitline services for their constituents.
- In collaboration with community organizations, regularly review and assess counseling protocols to determine their sensitivity to cultural norms commonly understood by African Americans such as:
  - personal privacy
  - use of jargon and therapeutic terms by providers
  - disrespectful, premature familiarity
- Engage NAATEN or other African American-serving organizations in recruiting African American counselors and staff.

## CONCLUSION

The bottom line is that African Americans do use quitlines. But, is it at a rate similar to, or greater than, their state percentage of African American tobacco users? That depends upon the state and the degree to which the numbers are analyzed and monitored. Further, whether or not increased use of quitlines by African Americans leads to increased quit rates, still needs to be determined. After this assessment project, are stakeholders more inclined to promote quitlines to their constituents? The answer is yes. And, they are willing to work with states to implement recommendations that ultimately will increase the reach and effectiveness of these services for African American tobacco users.

The participating stakeholders were satisfied with this opportunity to learn more about the quitline service providers. Some changed their negative perceptions of the quitlines and others indicate a readiness to work with the quitlines to increase the awareness and sensitivity of quitline counselors to the issue of disparity and its accompanying distrust. After being convinced that the glass was half empty, participating

stakeholders began to understand that, perhaps, the glass is half full. The stakeholders and the quitline service providers see that there is great opportunity to continue collecting meaningful data, as well as an opportunity to collaborate to bring improved services to African Americans and others.

### NEXT STEPS

NAATEN and other African American community organizations have opened the door to greater cooperation and, thus, better services to African Americans and other non-White populations. It is critical to keep this line of communications open and to investigate how to continue (or begin) working together to develop more targeted quit materials, a resource directory, advertising, marketing and promotion, and to develop and institute the training that will make the promise of this assessment reality. This is not the end of an assessment that clearly met its objectives, but the chance to make the changes that will make quitlines equally effective for everyone.

# APPENDIX

## DETAILED TRAINING AGENDA

### Overview of Project: Why Are We Here?

Emphasis was on clarifying to stakeholders the aims of the project and their role. Forty-five minutes was allotted for this agenda item to provide grounding in the big picture that we thought was necessary.

### Introduction to the Quitline Community:

Who is Who?

It was important for stakeholders to be well informed about quitline infrastructure and operations so they would feel prepared to dialogue with service provider management and counseling staff. We provided an overview of NAQC's mission, highlighted funder and service provider roles and responsibilities, described the types of services available through quitlines, and the types of data collected from callers.

### Our Sampling Methodology

In a continuing effort to provide background to stakeholders on how the work of the collaborative had evolved over time, we felt that it was important for stakeholders to have some sense of how states were selected in our sample. This provided further explanation of the types of service providers throughout the U.S. and detailed the other selection criteria used to arrive at our sample.

One of the most important intended outcomes for this training topic was for stakeholders to understand that we were not in the business of evaluating quitlines or measuring the "success" of certain quitlines over others. Instead, we were pursuing an assessment of quitline services to African American tobacco users.

### State Quitline Data Review and the Emerging Issues

Since stakeholders were primarily responsible for the site visit portion of the project, we did not spend significant time on the data-mining component. We did provide an overview of the big picture of the data issues uncovered.

## Identified Issues Related To Data Addressed at the Training

1. Satisfaction and outcomes data are rarely broken out or reported by race.
2. There are a variety of definitions and calculations of "quit" rates.
3. The use of Tailored vs. targeted promotion.
4. Lack of African American-specific referral resources.

### Site Visit Protocol and the Observation Tool

It was our intention during this agenda topic to ensure that stakeholders understood how this piece of the project fit with all of the others. We also wanted to prepare stakeholders for what would happen when they walked through the quitline service providers' doors for their daylong visit. In partnership with participating service providers, we developed a very general outline of the day, offering limited structure.

A second objective was to review the observation tool developed by the partnership for use upon completion of the site visit.

### Logistics

Each stakeholder received the names and locations of service providers with whom they would be meeting, contact information for emergencies while traveling, and other necessary paperwork to prepare for travel.

### Why This Training Matters

In the final half hour of the training, we reiterated the site visit objectives, plans for deliverables based on the outcomes of the project, roles in developing recommendations for the quitline community and gathered their input on possible next steps. This training was essential if stakeholders were to be prepared to dialogue with service provider management and counseling staff.

### Training Debrief

Post-training, each member of the collaborative was asked to provide feedback on the training.





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