Tobacco Quitlines: Evolving Innovations

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I have no potential or actual conflicts of interest to declare

Tobacco Quitlines

- Largest network of tobacco use treatment services in the US
  - Residents in all 50 states, the District of Columbia, each U.S. territory, all 10 Canadian provinces and two territories have access to public quitline services
  - Asian Smokers' Quitline
  - Veteran's Quitline
  - Health insurance plans, employers, etc.
  - National portal links callers to local state-sponsored quitlines
    - 1-800-QUIT NOW

Tobacco Quitlines

- Quitlines are effective vehicle to deliver evidence-based treatment
- Traditional services include proactive, reactive coaching, referrals, mailed materials, free nicotine replacement therapy (NRT)
- Media campaigns have been key to driving reach
- Unprecedented reach for over 20 years

Year	2009	2010	2011	2012	2013	2015	2018	2019	2020
Overall Reach*	1.19%	1.09%	0.98%	1.04%	1.08%	0.90%	0.88%	0.92%	0.78%

*Results from NAQC annual survey published in the annual progress updates. Proportion of individuals who receive treatment from quitlines out of the number of cigarette smokers in the US.

Tobacco Quitlines

- Quitlines are funded by contracts between individual states or other entities and quitline venders

NEW YORK STATE | Department of Health

Request for Proposals

Specific requirements for services (State legislatures are involved in many states.)

Multiple Venders Apply

Strong competition Multi-year, multi-million $ contracts

Review

Multiple criteria

Opportunities for Innovation

- Most notable innovation Minnesota's QUITPLAN Services providing a "menu" of service options in 2014 (Dreher 2015; Keller 2016)
  - With promotion of new services "No Judgements, Just Help"
    - Increased treatment reach 480% (year before vs year after initiation)
  - Success of this approach replicated in the Oklahoma Tobacco Helpline and Florida's Quit Your Way program (2015-2016; Keller 2020)
    - Increased treatment reach 50.62% in Oklahoma
    - Increased treatment reach 66.88% in Florida

Opportunities for Innovation

- **Novel media campaigns – eliminating stigma from anti-tobacco campaigns**
- **Online NRT enrollment – ensuring safety and effective use**
- **Text messaging support – testing theory-based and tailored approaches**
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- **Email support programs - tailoring**
- **Webchat – grab the attention of folks visiting the quitline website**
- **Text-based or web-based coaching – addressing limitations**
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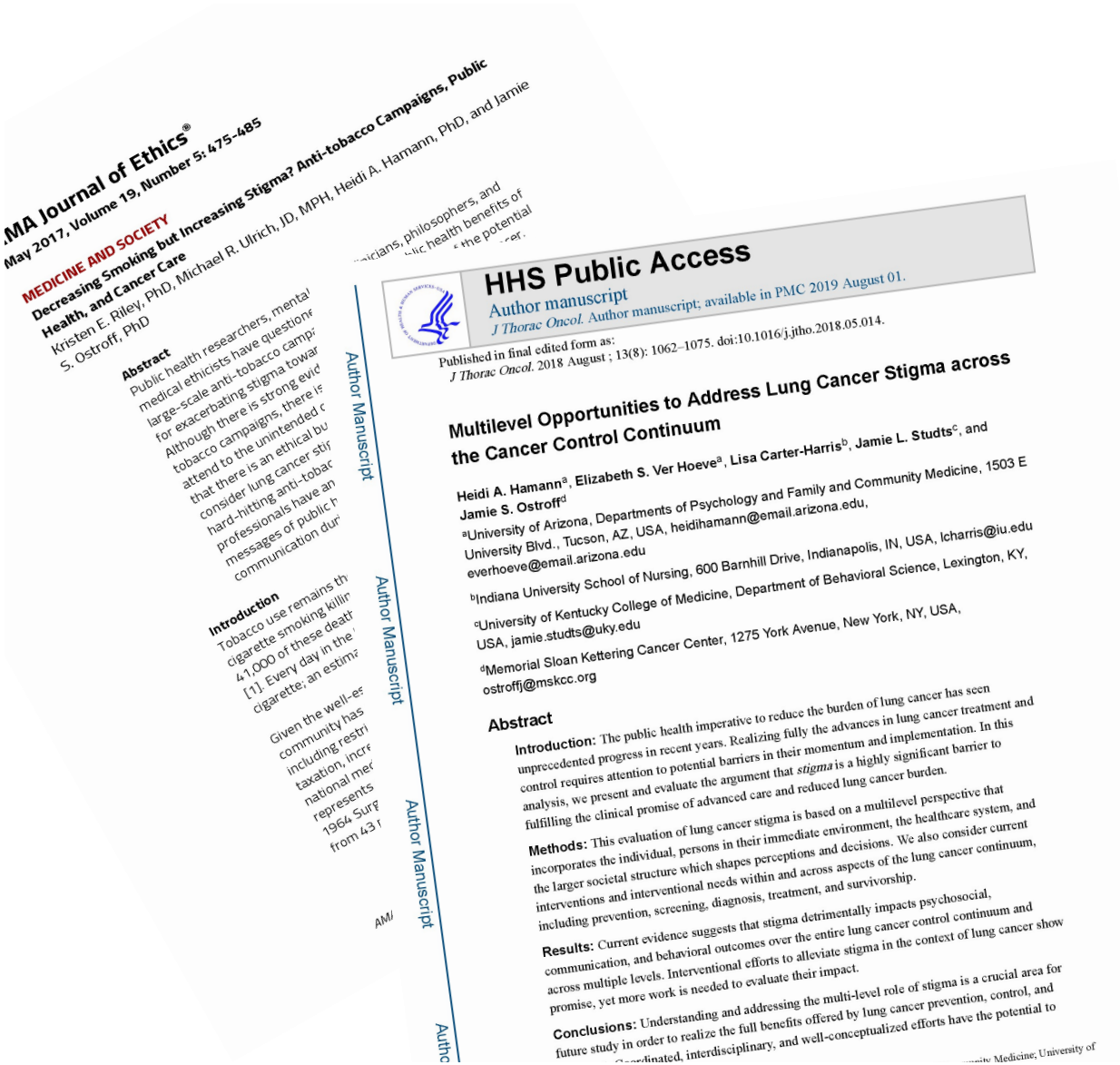

AMA Journal of Ethics®
May 2017, Volume 19, Number 5: 475-485

MEDICINE AND SOCIETY

Decreasing Smoking but Increasing Stigma? Anti-tobacco Campaigns, Public Health, and Cancer Care

Kristen E. Riley, PhD, Michael R. Ulrich, JD, MPH, Heidi A. Hamann, PhD, and Jamie S. Ostroff, PhD

Abstract

Public health researchers, mental
medical ethicists have question
large-scale anti-tobacco campa
for exacerbating stigma towar
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that there is an ethical bu
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Introduction

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J Thorac Oncol. Author manuscript; available in PMC 2019 August 01.

Published in final edited form as:

J Thorac Oncol. 2018 August ; 13(8): 1062–1075. doi:10.1016/j.jtho.2018.05.014.

Multilevel Opportunities to Address Lung Cancer Stigma across the Cancer Control Continuum

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Abstract

Introduction: The public health imperative to reduce the burden of lung cancer has seen unprecedented progress in recent years. Realizing fully the advances in lung cancer treatment and control requires attention to potential barriers in their momentum and implementation. In this analysis, we present and evaluate the argument that *stigma* is a highly significant barrier to fulfilling the clinical promise of advanced care and reduced lung cancer burden.

Methods: This evaluation of lung cancer stigma is based on a multilevel perspective that incorporates the individual, persons in their immediate environment, the healthcare system, and the larger societal structure which shapes perceptions and decisions. We also consider current interventions and interventional needs within and across aspects of the lung cancer continuum, including prevention, screening, diagnosis, treatment, and survivorship.

Results: Current evidence suggests that stigma detrimentally impacts psychosocial, communication, and behavioral outcomes over the entire lung cancer control continuum and across multiple levels. Interventional efforts to alleviate stigma in the context of lung cancer show promise, yet more work is needed to evaluate their impact.

Conclusions: Understanding and addressing the multi-level role of stigma is a crucial area for future study in order to realize the full benefits offered by lung cancer prevention, control, and coordinated, interdisciplinary, and well-conceptualized efforts have the potential to

Medicine; University of

[23] In 2016, only 8% of high school students smoked cigarettes.[24] Unfortunately, these tobacco control gains have not benefited all individuals equally such that cigarette smoking remains high among individuals with low income and education, certain racial and ethnic minorities, those with serious mental illness, physical disabilities, sexual and gender minorities, rural communities as well as other vulnerable subpopulations.[25] Not only have some communities not benefited as substantially, aggressive tobacco control messages may be engendering harm as an unintended consequence, reducing empathy for dependent tobacco users, and creating an oppositional and contentious environment between tobacco users and non-tobacco users.[26]

Current disparities in smoking prevalence, particularly among various subpopulations, likely contribute to the declining social acceptance and stigmatization of current smoking. The tobacco industry's practice of targeting marketing to certain racial and ethnic groups is thought to further contribute to social discrimination and stigmatization of smokers.[25] International evidence suggests that smokers' perceived and internalized stigma is universal, and not only has a negative impact on mood and self-esteem, but may also inhibit smoking cessation efforts through concealment and social withdrawal.[14,26–30] Smokers often report self-blame, guilt, and awareness of their marginalization as smokers. In a recent intervention trial, low income smokers who reported higher levels of baseline stigma were less likely to engage in a smoking cessation intervention.[31] Stigma has been associated with misreporting of smoking status to health care providers, particularly in hospitalized smokers and those with chronic medical conditions.[30,32] These findings highlight the importance of gaining a greater understanding of the role of stigma as a barrier for smoking cessation including a focus on tailoring cessation interventions to optimize engagement and cessation outcomes.

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In the context of *lung cancer screening*, evidence suggests that stigma is a powerful barrier to effective early detection with LDCT of the chest.[33] Compared to uptake of other types of cancer screening at the same implementation stage, LDCT screening of eligible patients remains very low (approximately 4%).[8,34] Of equal importance is that only 10% of screening-eligible patients have engaged in a discussion with their healthcare clinician about the option of screening.[35] In qualitative interviews of screening-eligible individuals, Carter-Harris et al[33] identified patient-reported stigma as a significant hindrance to lung cancer screening; patients described concerns about being judged and blamed by health care clinicians as limits to engaging in screening. In terms of *intrapersonal interventions*, recent work has focused on developing patient-focused lung cancer screening decision aids,[36,37] including those that address the role of stigma.[38] In particular, tailoring screening messages by smoking status has the potential to decrease stigma in former smokers who are eligible for lung cancer screening and are engaging with such a decision aid.[38] Although more work

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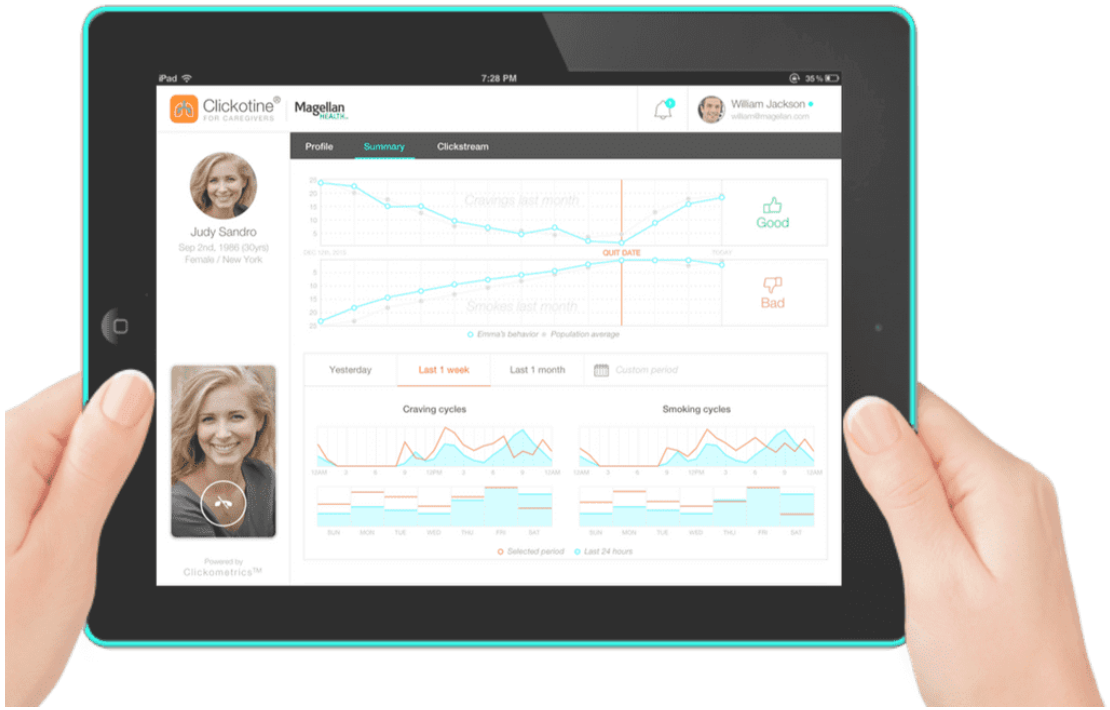
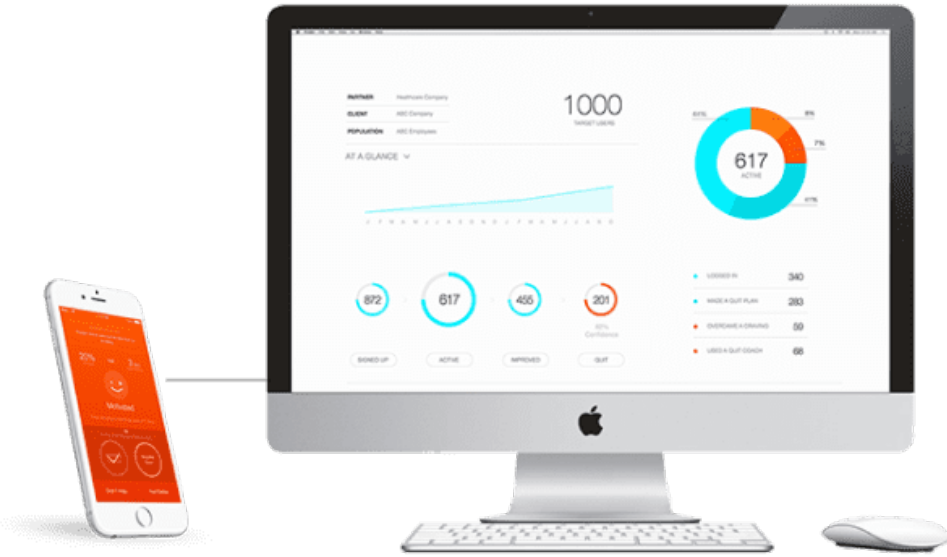
Iacoviello et al 2017

Clickotine®

Web-based analytics portal for sponsors to understand how impacts users real-world behavior and estimates savings within a care population





Comes with an Artificial Intelligence augmented program that integrates the elements help patients gain insight into what is working and what is not

Opportunities for Innovation

- Other theory-based digital therapeutics to improve outcomes
  - Remote delivery of Episodic Future Thinking
  - Remote delivery of Future Thinking Priming

- Methods to address diminishing engagement with text messaging and other technology
  - Contingency management
  - Remote use of personal CO monitors
  - Quizzes with rewards (points, other reinforcement)
  - Increased interactivity, monitoring