Creating a Perfect Storm to Increase Consumer Demand for Wisconsin's Tobacco Quitline

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Background: Telephone quitlines are a clinically proven and cost-effective population-wide tobacco-dependence treatment, and this option is now available in all 50 states. Yet, only 1% of the smoking population accesses these services annually. This report describes a series of policy, programmatic, and communication initiatives recently implemented in Wisconsin that resulted in a dramatic increase in consumer demand for the Wisconsin Tobacco Quitline (WTQL).

Intervention: In 2007, the Wisconsin legislature voted to increase the state cigarette excise tax rate by $1.00, from $0.77/pack to $1.77/pack effective January 1, 2008. In preparation for the tax increase, the Wisconsin Tobacco Prevention and Control Program, the University of Wisconsin Center for Tobacco Research and Intervention, which manages the WTQL, and the state's quitline service provider, Free & Clear, Inc., collaborated to enhance quitline knowledge, availability, and services with the goal of increasing consumer demand for services. The enhancements included for the first time, a free 2-week supply of over-the-counter nicotine replacement medication for tobacco users who agreed to receive multi-session quitline counseling. A successful statewide earned media campaign intensified the impact of these activities, which were timed to coincide with temporal smoking-cessation behavioral patterns (i.e., New Year's resolutions).

Results: As a result, the WTQL fielded a record 27,000 calls during the first 3 months of 2008, reaching nearly 3% of adult Wisconsin smokers.

Conclusions: This experience demonstrates that consumer demand for quitline services can be markedly enhanced through policy and communication initiatives to increase the population reach of this evidence-based treatment.

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Background

Telephone tobacco-cessation quitlines have consistently been identified as an effective, population-wide treatment option for tobacco dependence.[1,2] Yet, the population penetration of this option remains modest, reaching only about 1% of smokers annually.[3,4] A variety of strategies, including media campaigns to raise awareness and free nicotine-replacement medication to eliminate financial barriers, have been shown to increase consumer demand for quitline services; however, these strategies are typically limited by funding constraints.[5–8] This brief report describes a series of policy and communication initiatives recently implemented in Wisconsin that were associated with a dramatic increase in consumer demand for quitline services.

Intervention

The Wisconsin Tobacco Quitline (WTQL), a service provided to Wisconsin smokers by Free & Clear, Inc., was initiated in 2001. From 2002 to 2007, it provided cessation services to approximately 10,000 tobacco users annually, reaching nearly 1% of adult smokers in the state each year. On October 4, 2007, the Wisconsin legislature voted to increase the state cigarette excise tax rate by $1.00 per pack, effective January 1, 2008. The tax increase

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from $0.77 to $1.77 per pack moved Wisconsin to the 11th-highest cigarette tax rate in the nation.[9] This increase prompted the Wisconsin Tobacco Control Program (WTCP) to partner with the University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI) and the WTQL to develop effective strategies to increase consumer demand for quitline cessation services, timing these initiatives to coincide with the tax increase.

This effort to increase consumer demand included four components. First, the effort was built on the extensive experience from other states demonstrating substantial drops in tobacco consumption following an increase in the price of tobacco.[10–12] Second, an extensive effort to generate earned media coverage (non paid media) was initiated with a statewide news conference held on December 15, 2007, and subsequent follow-up communications activities and news releases (e.g., general press releases and follow-up interviews). At these media events, the UW-CTRI highlighted the expanded WTQL services that would be available upon the implementation of the tax increase. Third, the WTQL began providing two new treatment services: (1) a free 2-week starter kit of over-the-counter nicotine replacement medications (nicotine patches, gum, or lozenges) to all tobacco users who called the quitline and agreed to participate in the counseling program; and (2) a new interactive web coaching service. This new service provides tobacco users with a personal tracking tool and web-based discussion forums moderated by WTQL counselors. These expanded quitline services, particularly the availability of free medication, were the focus of much of the earned media promotion and coverage. Finally, all of the activities were timed to coincide with the start of a new calendar year, a time associated with a temporal increase in WTQL interest and action.

Results

The four integrated components to enhance WTQL utilization were associated with a flurry of earned media coverage. Wisconsin media coverage of the expanded quitline services during the first quarter of 2008 included 15 TV stations, 15 radio stations, and 93 newspapers. In terms of the key outcome measure— quitline calls—the response was quite substantial. In contrast to the approximately 10,000 calls received annually from 2002 to 2007, during the first 3 months of 2008, the WTQL fielded a record 27,000 calls from Wisconsin residents (Figure 1), representing approximately 3% of adult smokers statewide. The expanded WTQL services and volume increased annual quitline expenses from approximately $670,000 in 2007 to $5.6 million in 2008.

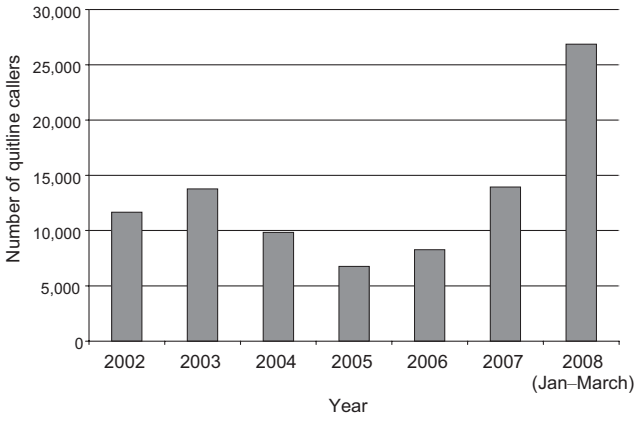

Figure 1. Wisconsin Tobacco Quitline: All inbound calls (smokers and proxy callers: intervention requested, request for material only, and general questions)

Discussion

The 3% population-reach of the WTQL during the first 3 months of 2008 demonstrates the potential of coordinated strategies designed to increase consumer utilization of a population-based tobacco counseling and treatment program. The UW-CTRI, WTCP, and WTQL worked collaboratively to implement a number of strategies recommended by the U.S. Public Health Service (USPHS) and the Task Force on Community Preventive Services to increase use of this population-wide treatment option.[1,13,14] In particular, the initiative seized on the potential of a substantial cigarette excise tax increase to drive consumer demand.

The Wisconsin experience is notable for several reasons. Population reach of quitlines has been modest, typically attracting about 1% of smokers annually and rarely exceeding 3%. A number of state programs, including those in California, Colorado, Maine, Minnesota, New York, Ohio, Oklahoma, and Oregon have successfully employed similar innovative strategies to drive consumer demand for quitline services.[5,6,15–18] Substantial increases in state tobacco control expenditures directed at NRT give-aways and/or substantial paid media campaigns have been associated with increased population reach.[5,6,15–18] Other strategies to increase quitline utilization have included clinician education, collaboration with local tobacco control programs, and school systems.[7,15] For example, Maine's tobacco control program has been an exemplar in providing comprehensive tobacco-cessation services. To do this, the program is funded at 151.2% of the minimum recommended by the CDC's Best Practices, ranking Maine first in the nation in per capita tobacco control expenditures.[8,14,19] In contrast, Wisconsin's tobacco control program is funded at 48.1% of the minimum recommended by the CDC's Best Prac-

Table 1. WTQL: Disparate population reach (%)

Population	Represented among Wisconsin tobacco users 2008	WTQL callers 2008 (*n*=25,384)
Uninsured	22.4	29.1
Medicaid	12.1	13.9
Pregnant women	1.0[a]	4[a]
African Americans	9.0	11.2
Native Americans	2.0	1.7

[a]2007 data reported as 2008 figures are not available.
WTQL, Wisconsin Tobacco Quitline

tices and ranks 22nd in the nation in tobacco control expenditures. Related to funding, the substantial increase in reach of the WTQL in early 2008 was achieved without paid media. Further, the provision of medication was limited to a 2-week course, rather than the 6–8 weeks recommended by the USPHS due to WTQL funding restrictions. The WTQL continues to successfully reach several disparate populations (Table 1, 2008 Wisconsin data). Lastly, the WTQL experienced a 14% increase in requests for an intervention and a 13% increase in multicall program enrollment during the first 3 months of 2008, compared to the same period in the prior year.

This brief report has limitations. First, this is an observational study, and it is not possible to conclude that the increased WTQL call volume is directly attributable to the four policy changes implemented. Second, it describes only a "snapshot in time" and underscores the need for policy changes to be innovative and ongoing in order to result in sustained impact. Because these policy changes occurred simultaneously, it is impossible to disaggregate their relative impact. Third, the earned media campaign was not controlled and therefore could not be targeted in a specific way. Lastly, this report exclusively describes strategies to increase the **utilization** of WTQL services and does not include quit rates. Consumer demand resulting from such policy changes may or may not achieve quit rates similar to those reported by the USPHS and in the Cochrane reviews.[1,2]

Conclusion

This simultaneous implementation of a statewide policy initiative ($1.00 per pack cigarette excise tax increase); temporal smoking behavioral patterns (tobacco users resolving to quit with the beginning of a new year); an aggressive, successful statewide earned media campaign; and enhanced quitline services (barrier-free access to NRT) produced optimal conditions for a "perfect storm" for treating tobacco dependence in Wisconsin. Following these initiatives, the WTQL fielded 27,000 calls during the first 3 months of 2008, almost a threefold increase from its prior annual call volume. This experience demonstrates the potential to dramatically increase the population use of telephone quitlines through the coordination of a series of statewide policy, programmatic, and communication strategies.

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