Simplicity Sells
Making Smoking Cessation Easier

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Abstract: Toll-free telephone quitlines are successful alternatives to direct clinician contact. In 2004, the U.S. Department of Health and Human Services created a national quitline number, 1-800-QUIT-NOW. This enabled states without quitlines to establish them, giving free access to cessation services to every smoker in the U.S. It also created a new mechanism for national quitline marketing, employing simplified and streamlined approaches.
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This commentary highlights how the Smoking Cessation Leadership Center (SCLC) addressed marketing 1-800-QUIT-NOW, creating a tool that made smoking cessation simple and marketing the toll-free number via a simple wallet card. Modeled after the California Smokers' Helpline card, the 1-800-QUIT-NOW card is similar in size to a credit card and offers language encouraging smokers to call the quitline. The SCLC deliberately chose not to brand or copyright this card but encouraged others to do so, thus creating partner groups to promote the card even more. Associations such as the American Academy of Family Physicians have customized the card for its smoking-cessation initiative, Ask and Act.

Brokering large orders and making the card available at cost has allowed the SCLC to reduce the price per card to $0.13 and pass the savings on. In a 2008 survey sent to purchasers, 85% said the card streamlined their organization's ability to provide tobacco-cessation assistance, and 80% said it increased the number of patients who receive tobaccocessation advice. Four million strong, the card is a key weapon in the fight against tobacco.

Introduction

Continually bombarded with information, both smokers and clinicians have too often been impervious to life-saving health messages. Despite the fact that quitting smoking is the single most important step for health and longevity, the smoking-cessation message has been lost in a multitude of competing issues. Recent successes in persuading smokers and health providers to change behavior featured simplicity, a key element in successful marketing strategies.[1] Making smoking cessation seem easier and the steps involved in cessation more concrete requires basic, commonsense marketing principles designed to increase the number of smokers who try to quit.

The Consumer Demand Roundtable reached consensus on six core strategies for building demand among smokers for tobacco-cessation products and services. These were: (1) involving smokers as consumers to gain fresh perspectives, (2) redesigning to meet consumers' needs, (3) priority population target marketing, (4) seizing breakthrough opportunities such as policy changes that increase treatment use and quit attempts, (5) frequent impact measurement, and (6) combining and integrating as many of these strategies as possible for maximum impact.[2] One example of an effective marketing approach combines all of these and then some. This is a card that markets the national quitline number, 1-800-QUIT-NOW.

Toll-free telephone quitlines have emerged as successful alternatives to direct clinician contact as a way to help smokers quit.[3] Smokers can contact quitline counselors at their own convenience and in the safety of anonymity. In 2004, as quitlines were gaining popularity, the U.S. Department of Health and Human Services led an initiative that created 1-800-QUIT-NOW.[4] This toll-free number is a single access link to the national network of tobacco-cessation quitlines. Callers are automatically routed to their state's quitline. This national effort also enabled the few states still without quitlines to establish them, giving access to free cessation services for every smoker in the U.S. It also created a mechanism for efficient national marketing of quitlines. One problem, though, was that at the outset the initiative came with almost no funding for marketing.

Recognizing the importance of 1-800-QUIT-NOW and the principle of seizing breakthrough opportunities, the Smoking Cessation Leadership Center (the SCLC) at

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the University of California, San Francisco, a national program office of the Robert Wood Johnson Foundation, assumed the task of quitline marketing. The SCLC's work with multiple health professional groups had revealed that most were reluctant to urge their members to become more expert in the details of smoking cessation, but were enthusiastic about an alternative model—Ask, Advise, Refer—in which clinicians would ask about smoking, advise quitting, and refer smokers to a quitline for a customized cessation plan. Here the consumer perspectives of both smokers and clinicians were recognized—the need for a simple, concrete approach that could be used efficiently. But without a central resource for quitline contacts, the SCLC felt handicapped in marketing this strategy to health professionals.

The SCLC staff had already identified an effective tool used by the California Smokers' Helpline—the Take Charge Gold Card (Figure 1). This eye-catching plastic wallet card, similar in size and feel to a credit card, lists the California quitline number directly and offers language to motivate users to call. To adopt this card for a national audience, the SCLC applied the Consumer Demand principles of redesign, including making the card attractive, inexpensive, and easy to use. Taking advantage of an offer to use a free standing Pfizer focus group, the SCLC created several versions of a national card, and the Blue Card was selected, based on the strong reported preferences of the focus group.

The SCLC deliberately chose not to brand this card, but rather encouraged others to do so, thus recognizing the need of partner groups to promote themselves. Brokering large print orders and making the card available at cost has allowed the SCLC to reduce the price per card to $0.13 and to pass the savings on to purchasers, who have included national organizations, individual hospitals, individual practices, and the Veteran's Affairs (VA) hospitals,

Figure 1. California Smokers' Helpline—Take Charge Gold Card

Figure 2. The 1-800-QUIT-NOW Blue Card

among others. The result is a card that everyone can own—the 1-800-QUIT-NOW Blue Card (Figure 2). This card embodies the Ask, Advise, Refer model, offering a simple, concrete way to help people quit smoking, appealing to both patients and clinicians.

With the Blue Card in hand, clinicians can take as little as 30 seconds to help smokers quit. They can merely ask, *Mr. Jones, do you smoke?* and advise—*You know quitting smoking is the single most effective thing you can do to improve your health and increase your life expectancy.* Finally, the clinician can refer—*Here, take this card and call the number on it. You will be referred to a trained cessation coach who can double your chances of successfully quitting. Depending on the state, the coach may offer free or discounted individual medications that are evidence-based. Alternatively, you may be referred back to your doctor for a prescription, or informed about over-the-counter nicotine replacement therapy. And if you are not yet ready to call, put the card in your wallet as a reminder for when you are.*

Since spring of 2005, over 4 million cards have been ordered and are now in circulation (Table 1). Versions of the card with different logos and looks have been adopted, generally varying in their identification of the sponsoring organization, such as specialty society or hos-

Table 1. Distribution of 4 million plus 1-800-QUIT-NOW cards ordered as of March 2009

Where distributed?	%	#
Health fairs	2	80,000
Hospitals	8	320,000
Healthcare provider initiatives	18	720,000
Research studies	1	40,000
Government (local, state, federal)	35	1,400,000
Dental offices	31	1,240,000
Other	5	200,000

pital. For example, working with the SCLC, the American Academy of Family Physicians (AAFP) has adopted a version that complements its Ask and Act project (www.askandact.org)—also designed to introduce simplicity and encourage behavior change. Evaluation shows family physician referrals to the quitline increased from 37% (2005) to 52% (2007) after the campaign was implemented.[5] The card fast became AAFP's number-one cessation catalogue order, with 500,000 ordered to date. The American Society of Anesthesiologists adopted a card tailored to pre-operative surgery patients, encouraging them to quit smoking for better healing. After 3 months, their Ask, Advise, Refer pilot study showed 58% of anesthesiologists referred patients to a quitline, up from 5%.[6]

A marketing effort employing simplicity and concreteness ideally would have been part of the implementation strategy of the national 1-800-QUIT-NOW effort. Because the marketing was so minimal, however, the Smoking Cessation Leadership Center undertook the creation of the card and has promoted it in a low-key manner. Its popularity illustrates both the soundness of the quitline concept and the need for a well-funded, ongoing marketing campaign. Most of all, it underscores the importance of conveying to smokers and providers that quitting smoking need not be complicated or overwhelming.

The majority of organizations have chosen to use the card as is. For example, the Kentucky Department for Public Health Tobacco Prevention and Cessation Program adopted the look of the card for a billboard and bus sign campaign. And still other groups, such as dental hygienists, pharmacists, emergency physicians, diabetes educators, and the Veteran's Health Administration designed their own successful campaigns using the card.

In 2008, the SCLC sent an online survey to all 144 groups that directly purchased cards. Of the 74 respondents, 85% said the card helped streamline their organization's ability to provide tobacco-cessation assistance to patients (moderately or extremely); 80% said it increased the number of patients who receive tobacco-cessation advice in their organization (moderately or extremely); and 78% said the plastic Quit Now card is more appealing to smokers than a paper card, remarking that *it seems more official* and *a patient would be less likely to throw it away*. Others surveyed found the card to be *easy to understand, eye-catching, portable, sturdy* . . . . One individual from a VA facility in Louisiana wrote regarding a Quit Now card campaign: *This program really saved us; at a time when we had little else, it enabled us to keep some level of program going [after Hurricane Katrina]* . . . . Still another said, *my office distributes the cards at all our community education events. They are a wonderful teaching tool.*

Over the last few years, the Ask, Advise, Refer model has become an accepted way of implementing the U.S. Public Health Service Clinical Practice Guideline,[7] and the 1-800-QUIT-NOW card has entered the mainstream of cessation efforts. More than 15 different organizations of health professionals currently use the approach and the card to support their cessation initiatives.

Looking ahead, some questions remain. Will the production and dissemination of the quit card find a permanent home, such as the CDC? Will we be able to document that there is increased volume of calls to quitlines and an associated increase in successful quitting? Will clinicians' attitudes about cessation become more positive when they know about the ease of referral? Can the quality and convenience of quitlines be maintained in the face of state budget crises? And can quitlines adequately serve special needs populations who have high smoking rates, such as those with mental illness or substance abuse disorders?[8] These uncertainties notwithstanding, our experience with the Blue Card demonstrates how a simple, consumer-directed strategy can be used to address a vital public health concern.

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