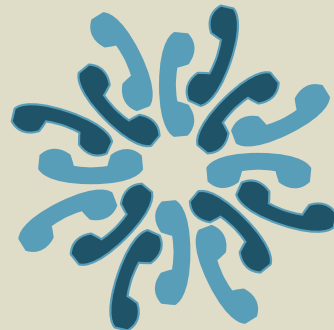


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### About the North American Quitline Consortium (NAQC)

NAQC is a nonprofit organization that strives to promote evidence based quitline services across diverse communities in North America. By bringing quitline partners together, including state and provincial quitline administrators, quitline service providers, researchers and national organizations in the United States, Canada and Mexico, NAQC helps facilitate shared learning and encourages a better understanding of quitline operations, promotions and effectiveness to improve quitline services.

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## Case Study: Colorado

### Maximizing the Cessation Benefit from State Policy Changes

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*This project is made possible through a two-year grant from the Robert Wood Johnson Foundation to strengthen the linkages of quitlines and other tobacco control policy efforts.*

## I. Abstract

The North American Quitline Consortium (NAQC) is a nonprofit organization that strives to unite state and provincial quitline administrators, quitline service providers, researchers and national organizations in the U.S. and Canada. By bringing these quitline partners together, NAQC helps facilitate shared learning and encourages a better understanding of quitline operations, promotions and effectiveness to improve quitline services.

NAQC staff members are working with quitlines and partners to develop a Web repository of case studies on states or provinces that implemented new clean indoor air laws from 2004-2007. Information collected from case studies will be used to create a playbook which will include strategies to help states maximize cessation attempts through the use of quitlines and will suggest an ideal approach to accomplish this goal. Project materials will be easily accessible on NAQC's Web site and will be used as mentoring tools to assist quitlines in states or provinces with future policy changes.

The case studies will focus on describing quitlines' experiences providing cessation services during the implementation of new

statewide smoke-free policies. Each case study will highlight the main issues, opportunities, challenges and lessons learned by quitlines and their partners. These case studies will assist other states with their plans to promote their quitlines during policy implementation by providing information about implementation strategies and approaches and the potential impact on quitline services. As part of NAQC's efforts to strengthen the linkages of quitlines and other tobacco control policy efforts, the case studies will foster networking and idea exchange among the tobacco control and cessation communities.

The content of state-specific case studies and the playbook will include:

- Quitlines' role in cessation during policy implementation
- Collaboration and partnership strategies
- Diverse approaches to promoting quitlines
- Suggested action steps and materials
- Issues and challenges
- Lessons learned and key opportunities
- The impact on quitline calls ◆

## II. Introduction: Project Background and Funding

As summarized in the NCI Monograph: *Population Based Smoking Cessation*, more tobacco users attempt to quit following the passage of smoke-free policies.<sup>1</sup> An increase in smoke-free laws is driving a growing need for easy access to effective cessation treatments for tobacco users who want to quit. As more states are poised to pass tobacco-control legislation, telephone-based cessation services (quitlines) offer a unique and cost-effective opportunity to provide cessation support to a broad and diverse population of tobacco users.

Committed to strengthening the linkages of quitlines and other tobacco control policy efforts and recognizing the impact of smoke-free policies on quitline usage, NAQC has launched the project, *Maximizing the Cessation Benefit from Policy Changes*. The project’s focus is on how to increase quit attempts through the use of quitlines following the passage of smoke-free policies. This project is made possible through a two-year grant from the Robert Wood Johnson Foundation. ♦

## III. Background

Reducing exposure to secondhand smoke and promoting cessation are two strategies cited by the Centers for Disease Control and Prevention (CDC) that can contribute to a reduction in the disease, disability and death related to tobacco use.<sup>2</sup> Combining these strategies presents an opportunity to implement a public health approach to cessation to ultimately reach more tobacco users and help them quit. When smokefree laws are passed, easy access to cessation services is essential to connect tobacco users who are ready to quit to evidence-based programs and to reduce the risk of appearing punitive.<sup>3</sup> These programs can increase a tobacco users chances of successfully quitting tobacco in synch with their workplaces and communities going smokefree. Furthermore, both the National Tobacco Cessation Collaborative (NTCC) and the Tobacco Cessation Leadership Network (TCLN) have stressed the importance of integrating tobacco cessation and tobacco control policy initiatives to capture the increased demand for services resulting from policy changes.<sup>4,5</sup>

The Campaign for Tobacco Free Kids (CTFK) has documented the positive impact smokefree laws have on increasing quit attempts and successful quits in a 2007 fact sheet.<sup>6</sup> As described in this fact sheet, many key reports and studies have consistently documented reductions in tobacco use prevalence and consumption

following the implementation of smokefree policies and restrictions. Furthermore, in New Zealand, researchers were able to document an increase in registrations in their national free phone Quitline Service as a result of their smokefree law suggesting a ripe opportunity to promote quitlines.<sup>7</sup> In Canada, researchers found workplace smoking bans to be associated with quitting when analyzing data collected annually for the National Population Health Survey.<sup>8</sup>

Quitlines are a service that offer telephone support for people who want to quit using tobacco and are “well-suited to lead the cessation component of a comprehensive tobacco control program.”<sup>3</sup> The service involves providing information and counseling. Some quitlines offer additional services such as medications, online cessation information and programs and referral to community-based cessation programs. Research has shown that quitlines are an effective way to deliver tobacco cessation services. The 2000 *Public Health Service Clinical Practice Guideline* recommends quitlines due to the evidence showing increased success rates over quitting cold turkey. Telephone counseling through quitlines can provide multiple, person-to-person contacts, which, according to the Guideline, contribute to effective treatment.<sup>9</sup> The draft update to the Guideline, released September 2007, includes several

continued on next page →

## Background (cont'd from page 2)

recommendations related to quitlines restating their effectiveness and the importance of access and promotion.<sup>10</sup>

Quitlines are poised to help accomplish the national tobacco control goals and objectives presented in the following key documents.

Document	Quitline-related Goal or Recommendation
<i>Healthy People 2010</i>	12% smoking prevalence by the year 2010.
<i>Preventing 3 Million Premature Deaths and Helping 5 Million Quit: A National Action Plan for Tobacco Cessation from the Interagency Committee on Smoking and Health</i>	16% quitline reach to smokers each year.
CDC’s updated “Best Practices” (due Fall 2007)	Expected to include a target quitline reach of 10 to 15% of smokers in every state, every year, including a recommendation that medications (2 weeks or a full course depending on the funding level of the quitline) be provided as well.
The Institute of Medicine report, <i>Ending the Tobacco Problem A Blueprint for the Nation</i>	Stable funding for the national network of quitlines and state tobacco control agencies working with partners to increase demand for cessation services.

The number of states and provinces in North America offering quitline services for smokers and other tobacco-users has increased exponentially in the last decade. Today, residents in all ten Canadian provinces, all 50 states, the District of Columbia, Puerto Rico, Guam, American Samoa, the Federated States of Micronesia, the Northern Mariana Islands and Mexico have access to

quitline services. The dramatic growth in the number of these services has led to an increased awareness of the important role quitlines play in helping tobacco users quit and how they contribute to comprehensive tobacco control programs. Quitlines can provide cessation services to large numbers of tobacco users in an efficient, cost-effective and accessible manner.<sup>3</sup> ♦

## IV. Overview of Colorado’s Tobacco Control Landscape

Colorado implemented the Colorado Clean Indoor Air Act (CCIA), its statewide smokefree law, on July 1, 2006. The law was passed with the purpose of preserving and improving the health, comfort and environment of Colorado residents by limiting exposure to tobacco smoke.

Overall, adult cigarette use in Colorado has gone from 20.1% of the adult population in 2004 to 17.9% in 2006.

The median for all states in 2006 was 20.2 percent. Quit attempts, defined as current smokers who quit smoking for one day or more, increased in Colorado from 2004 to 2006 going from 42.4% in 2004 to 47.5% in 2005 and in 2006, to 50.7%.<sup>11</sup>

Colorado’s 2006 report card from the American Lung Association rated the state highly on its Smokefree Air

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Overview of Colorado’s Tobacco Control Landscape *(cont’d from page 3)*

and Tobacco Prevention and Control Spending. Colorado is one of the few states funding its program within the CDC Best Practices guideline.<sup>12</sup>

The State Tobacco Education and Prevention Partnership (STEPP) leads Colorado’s fight against tobacco-caused death, disease and economic burden by mobilizing organizations and individuals to work together to support tobacco free lifestyles and environments. STEPP and its partners provide programs and policies that are comprehensive, evidence-based, culturally appropriate and cost effective. STEPP’s goals are to prevent youth from starting tobacco; help people quit who use tobacco; assist in the reduction of and protection from secondhand smoke; and reduce tobacco use among groups that are disproportionately affected and/or at high risk. STEPP is administered by the Colorado Department of Public Health and Environment.

Colorado’s tobacco control community includes many partnerships and collaborations which include the Colorado Tobacco Education and Prevention Alliance (CTEPA), the American Lung Association of Colorado (ALAC), the American Heart Association (AHA), The American Cancer Society (ACS), The Group to Alleviate Smoking Pollution (GASP) of Colorado, Colorado Medical Society, Padres Unidos, Colorado Public Health Association, the Colorado Public Interest Research Group (COPIRG), citizen volunteers and community coalitions.

At the time of implementation of the CCIA, 59 of the 64 Colorado counties received STEPP funding for tobacco programming. Programs are administered by the local health departments and nursing services. These Local Health Agencies serve as the local conduit to community members, businesses, restaurants, bars and others affected by the burdens of tobacco.

The Colorado QuitLine (1-800-QUIT-NOW) is a completely free, over-the-phone service for anyone calling from a Colorado area code. With QuitLine, callers can receive up to eight weeks of the patch for free as they work with trained coaches who create a personalized quit plan. Support and tools include



individual guidance; information about quit techniques; suggestions for coping with stress, cravings and weight gain; relapse prevention techniques; and scheduled calls from a Quit Coach. To be eligible for the nicotine patches, callers need to meet a few cautionary medical requirements and be at least 18 years old. In 2005, the Colorado QuitLine reached 8.6% of smokers trying to quit.<sup>13</sup>

Numerous Colorado communities enacted their own smokefree workplace policies prior to the statewide law, which drove the introduction of a statewide law. These were: Alamosa, Arvada, Avon, Boulder, Boulder County, Breckenridge, Broomfield, Dillon, Eagle County, Frisco, Firestone, Fort Collins, Greeley, Longmont, Louisville, Montrose Pueblo, Silverthorne, Snowmass Village, Steamboat Springs, Summit County, Superior and Timnath. These communities represent approximately 19% of the population.

Colorado’s cigarette tax per pack is currently at \$0.84. The tax was increased in November 2004 from \$0.20 with the revenue from the tax dedicated to increasing access to health care for Colorado families; preventing, detecting and treating cancer, heart and lung disease and funding a comprehensive statewide tobacco prevention and cessation program. No additional tax increase was implemented with the Colorado Clean Indoor Air Act. STEPP receives 16% of the tobacco tax revenue, which equates to approximately \$25 million annually. As mentioned, Colorado is one of three states meeting the minimum CDC funding recommendation. ♦

## V. Colorado Clean Indoor Air Act (CCIA)

The Colorado smoke-free law was signed by the governor on March 27, 2006 and starting July 1, 2006, required most public places and workplaces including restaurants, bars and gaming halls to become smoke-free. The only exemptions at the time were casinos, cigar-tobacco bars and tobacco shops and the smoking lounge at the Denver International Airport. Starting January 1, 2008, casinos will no longer be exempt from the law. A 2007 amendment to the law exempts areas of assisted living facilities that are designated for residents that are fully enclosed and ventilated and to which access is restricted to the residents or their guests. This went into effect in August 2007.

The law is enforced by local authorities (city police and county sheriffs) with fines of \$200 for the first violation per calendar year, \$300 for the second violation and \$500 for every violation after that per calendar year. ♦

## VI. The Campaign to Pass the Smokefree Law

The Colorado Tobacco Education and Prevention Alliance (CTEPA) lead the advocacy effort in support of the Colorado Clean Indoor Air Act. CTEPA is the oldest existing statewide tobacco control coalition in the U.S. and consists of organizations and individuals committed to reducing tobacco use and exposure to secondhand smoke throughout Colorado. CTEPA was originally created by the American Heart Association, the American Lung Association of Colorado and the American Cancer Society, but has since grown to encompass dozens more member organizations. CTEPA serves as a resource on tobacco prevention issues and works with groups at the state, local and grassroots levels across Colorado. CTEPA focuses particularly on making workplace air clean and healthy by promoting smoke-free laws and ensuring the productive use of funds from Amendment 35, the tobacco tax.<sup>14</sup>

STEPP operates the Colorado QuitLine. Because STEPP is a state agency and receives funding from the state’s tobacco tax, STEPP staff members are prohibited from lobbying. Therefore, neither the quitline funder nor quitline staff members were involved in the campaign to pass the smokefree law.

As is customary, the potential cessation benefit from the smoke-free law was not incorporated into the campaign to pass the law. The campaign stayed focused on the health benefits of breathing smoke-free air. This kept the message on health and averted criticism from opponents who have been known to reframe mixed messages as “anti-smoker “or infringing on “smoker rights.” Given this focus, neither cessation nor quitline data were used to support the campaign. ♦



## VII. Preparing for Implementation

Once the law was passed and the focus shifted towards implementation, the State Tobacco Education and Prevention Partnership (STEPP) staff members became actively engaged in the implementation effort. Prior to the bill's passage, STEPP requested approval of funding from the Tobacco Education, Prevention, and Cessation Program Review Committee and the Board of Health for the implementation effort contingent on the bill being passed and signed into law. This allowed for work to begin almost immediately following signing of the bill, providing three months to prepare. The quick formation of a statewide committee set the stage for consistent messaging and secured buy-in from Local Health Agencies, who embraced the effort and customized it for their communities rather than embarking on their own campaigns.

The implementation effort was led by a 40-person committee, which included a steering committee and four sub-committees. The Smoke-Free Committee was formed one-week after the bill was signed and the committees met weekly for three months leading up to the implementation of the law. The committee was chaired by the Executive Director of CTEPA and the Director of SecondHand Smoke Initiatives at the State Tobacco Education and Prevention Partnership (STEPP). The committee included representatives from the Colorado Department of Health and Environment State Tobacco Education and Prevention Partnership, Local Health Agencies, enforcement agencies, the Colorado Tobacco Education and Prevention Alliance, American Lung Association, American Cancer Society, American Heart Association, Group to Alleviate Smoking Pollution, the Colorado Medical Society, Padres Unidos, the Colorado Public Research Group, community partners, non-profit organizations, disparate population groups and citizen volunteers.

The Smoke-Free Colorado Committee included four sub-committees focused on training and education, media, outreach and enforcement. These sub-committees met at least weekly to focus on their specific tasks and reported to the Steering Committee.



Several contractors also contributed to the effort. Public relations, media and market research firms provided expertise and developed materials.

The primary campaign message was focused on “Good Health is Good Business.” Colorado’s educational campaign was clearly centered around reducing exposure to secondhand smoke, not on getting tobacco users to quit.

### Promoting the Quitline

Led by STEPP and CTEPA, the Smokefree Colorado task force created an implementation and communications action plan. This plan guided the development, creation and launch of a proactive, comprehensive statewide education campaign to inform the general public, businesses, local health and law enforcement agencies and key constituents throughout Colorado about the Clean Indoor Air Act.<sup>15</sup> Key components of the plan included:

- Quantitative research study of consumers and bars/restaurants
- 24/7 call center to answer questions about the law, requirements and enforcement
- Web site with information about the law including educational and campaign materials
- Public relations
- Business direct mail campaign with signage and educational materials
- Print, radio and television ads

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### Preparing for Implementation *(cont'd from page 6)*

- Training and outreach programs for Local Health Agencies, enforcement agencies, chambers of commerce and other communication partners
- Fact sheets
- Toolkits for bars/restaurants, Local Health Agencies and enforcement agencies

The primary objective of the campaign was to increase awareness of the Smoke-free Colorado law. Increasing awareness of how to access Colorado’s free cessation resources – QuitLine and QuitNet – was a secondary objective. Market research helped determine the need to take this more passive approach to promoting cessation. The QuitLine was framed as another available resource for those who wanted to quit. To be consistent with this passive approach, the committee decided, with a few exceptions, to promote the Smoke-free Colorado Web site where, if they wanted, Coloradans could find more information about the QuitLine.

This approach to promoting the QuitLine was taken due to concerns about aggravating those who did not support the new law. The law was not passed to force people to quit, but rather to move smoking outside to reduce exposure to others to secondhand smoke. The QuitLine budget was another concern given the recent implementation of free NRT in December 2005 and the law’s timing with the new fiscal year. Managing annual QuitLine budgets requires constant monitoring of monthly call volume to ensure adequate funding for the entire year. The committee felt that the law alone would sufficiently increase call volume without additional, proactive promotion of the QuitLine. Therefore, the paid media campaign did not include QuitLine information or the phone number. Again, people were asked to visit the Smokefree Colorado Web site for more information on quitting.

The quitting message, when included in materials, was framed as, “If you or your employees want to quit smoking, then we have free resources for you,” rather than actively encouraging people to quit because of the law. Active promotion of the QuitLine ceased during the period leading up to the implementation date. Local

Health Agencies – which are instrumental in promoting the QuitLine through outreach to health care providers, child care facilities and through earned media – were asked to put their promotion efforts on hold to prevent overloading the QuitLine.

No information was added to the QuitLine’s printed materials regarding the law. Also, the state’s ONE Step campaign, which focuses on reducing children’s exposure to secondhand smoke was put on hold during the period leading up to and following the new law. Again, this was done to keep the message about the law’s purpose separate from individual-level approaches such as home and car policies.

The goal for the QuitLine during the implementation of the Smokefree Colorado law was to generate a minimal increase (10 to 20%) in calls given budgetary concerns and timing (i.e. July 1 fiscal year start and ongoing NRT provision). The QuitLine funder determined the feasibility of this increase based on previous call experience and the quitline’s annual budget. This goal and political concerns greatly influenced the low-key promotion of the QuitLine phone number in implementation materials.

No specific plan to evaluate the impact of the law on QuitLine calls was developed given this was not a primary goal of the campaign. The QuitLine service provider added a response option to the “Reasons want to quit” question to reflect those who were quitting due to their workplace going smokefree or difficulties finding a place to smoke. Call volumes continued to be tracked and reported to STEPP staff. Tracking call volumes is standard practice in Colorado and is used to inform QuitLine marketing and promotions efforts. In addition, QuitLine coaches and staff were trained on the components of the law so they could respond to participant’s inquiries. ♦



## VIII. Implementation

The Smoke-Free Committee chose to incorporate the secondary cessation message in some campaign components for those who might be looking for information on quitting. The brochure created for the restaurants and bars included a section on “Resources to Help Your Employees Quit Smoking” and included market research results that found two-thirds of smokers between ages 25 and 34 intended to smoke less once the law was implemented and that one third intended to quit.

Although the primary messages included in press releases centered on a component of the educational campaign such as the launch of the 24/7 call center and Web site and the release of the market research results, press releases included the following cessation message near the end of the release:

*Other surveys of Colorado smokers have found that 85% of them want to quit. The Colorado QuitLine, 1-800-QUIT-NOW (1-800-784-8669), is a free telephone counseling service that supports smokers through the quitting process and offers up to eight free weeks of the patch. Telephone coaching with the patch shows a 40-42% success rate, versus only 3% for Colorado smokers quitting on their own.*

Although neither idea was implemented, the public relations firm proposed a feature story following the progress of a reporter who decided to stop smoking in the weeks before the law’s effective date including his/her use of the QuitLine. The firm also proposed releasing a story about the law’s impact on statewide cessation including QuitLine trends after the law went into effect.

The Smokefree Colorado call center included a prompt for resources to help you quit smoking. This prompt was placed as the second option after information on the smokefree law. Once selected, callers were told about the free resources available to them through the QuitLine and QuitNet. In addition, call center Q & A included a response for



those who called for information on quitting. Callers were referred to the QuitLine and Colorado QuitNet.

As mentioned, the media plan focused on placing ads to promote the Smokefree law. No QuitLine ads ran during this time.

No additional funds were added to cover the cost of answering calls generated as a result of the law. The law went into effect at the start of the fiscal year, so the budget was created to cover a slight increase in calls. Call volumes were already accelerated at this point given the popularity of the free NRT offer. The QuitLine service provider did increase customer service staffing slightly to maintain a high service level.

### Quitline Calls and Quit Attempts

In July 2006, Colorado did not experience its normal drop in calls to the QuitLine. June and July are usually slower months, but in 2006, call volumes basically remained steady. The following summary of call volumes surrounding the implementation of the smokefree law is being reported to demonstrate the QuitLine’s experience with minimal promotion of the QuitLine. It is important to note other factors that could have generated calls during this time. These factors are described on the following page.

*continued on next page →*

### Implementation *(cont'd from page 8)*

Tobacco Users Calling for Self			
	2005: Year Preceding Implementation (no NRT)	2006: Implementation Year (NRT)	2007: One Year Anniversary (NRT)
July*	205	3026	2399
August	487	2769	2197

The number of tobacco users registering for the counseling program followed the same trend as overall calls. The numbers of fax referrals from health care providers did not change much leading up to and following the implementation. Several months after the introduction of NRT in December 2005, fax referrals increased and stayed at an average of 580 referrals per month for the rest of 2006 and first half of 2007.

Weekly call volumes offer another way to assess impact on call volumes. The following table provides data showing the influx of calls the week preceding the law’s effective date of July 1, 2006.

Tobacco Users Calling for Self by Week		
Week of:	2006	2005
June 4/5	715	110
June 11/12	634	101
June 18/19	717	65
June 25/26	1332	101
July 2/3*	771	45
July 9/10	851	53
July 16/17	725	68
July 23/24	831	67
July 30/31	831	77

*\*Implementation was on July 1, 2006*

Other factors that could have potentially impacted calls to the QuitLine leading up to the July 2006 implementation date and following include:

- NRT started in December of 2005 and was still being provided in July 2006. The impact on call volumes was significant. The QuitLine received 744 calls from tobacco users in November 2005 and 6511 in December 2005. This increase was sustained for about three months and then calls averaged out at about 2800 per month leading up to the July implementation of the law.
- The STEPP Colorado Web site continued to include the QuitLine phone number as did the Smokefree Colorado site.
- Paid media focused on the new law directed Coloradans to the Smokefree Colorado Web site but did not include the QuitLine phone number.
- Press releases included the QuitLine number, which could have resulted in stories listing it as a resource. An account of the number of QuitLine mentions was not available.
- Fax referrals from health care providers continued to consistently contribute about 550 referrals per month.

The percent of callers reporting the reason for quitting due to their workplace going smokefree increased slightly from 1 to 2% for both June and July, 2006. The percent of callers selecting this response went back down to 1% after the law was implemented.

As reported in the Behavioral Risk Factor Surveillance System (BRFSS), quit attempts in Colorado – defined as current smokers who quit smoking for one day or more – increased in Colorado from 2004 to 2006 from 42.4% in 2004 to 47.5% in 2005 and to 50.7% in 2006.<sup>11</sup> 2007 data are not yet available. ♦

## IX. Lessons Learned

As previously mentioned, Colorado's QuitLine funder decided to passively promote the QuitLine during the implementation of the smokefree law. Upon reflection, several lessons surfaced related to this decision and the approach taken:

- Convene a committee or task force with statewide representation. To ensure a consistent message throughout the state, all partners should convene early and agree to a uniform message and approach and agree to use the same materials.
- Clarify each committee's role and objectives at the start of the planning effort. Be sure each knows the scope of their work and the timeline.
- Include a law enforcement representative on the steering committee. This proved to be valuable for developing materials related to enforcement of the law.
- Conduct market research prior to the development of an educational campaign. Understanding the public's attitude towards the law can guide campaign messaging.
- Hire a public relations firm to help ensure consistent and accurate messages are distributed about the law and cessation.
- Determine if calls to the QuitLine will increase enough during policy implementation without additional promotions. Consider the ongoing impact of providing free NRT and the law's timing with the start of the fiscal year.
- Place all information and resources on one, central Web site to help maintain consistent, accurate messaging.
- Keep partners informed through communications and trainings to gain buy-in and ensure consistency. Local Health Agencies are natural partners for promoting smokefree laws and cessation resources. They can communicate with key players in their communities and keep the general public informed through earned media opportunities and events.

- Provide quitline staff members with information and training on the smokefree law and establish protocols for how to handle calls related to the law.
- Keep quitline staff members well informed about promotion plans including earned media opportunities that may result in calls to the QuitLine.
- Streamline contract relationships if possible by engaging one agency to manage unique tasks related to implementation (e.g. call center, fulfillment, public relations, materials development, etc.).
- The one-year anniversary of the smokefree law offers a good opportunity to continue promoting the health benefits of the statewide law, communicate changes to the law and share information about the QuitLine services. ♦



## X. Case Study Contributors

NAQC would like to thank the following people for contributing to this case study. They shared valuable information and time to help tell Colorado's story.

- **Debbie Montgomery, MPH, RD**  
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- **Chris Sherwin**  
*Vice President, Advocacy*  
American Heart Association  
Pacific/Mountain Affiliate
- **Cindy Haugland**  
*Quit Line Client Manager*  
National Jewish Medical and Research Center ♦

## XI. Additional Resources

The following resources were used to develop this case study. Most of these materials can be found on the Web sites listed below. For additional information, contact NAQC at 602.279.2719. NAQC staff can connect you with the appropriate Colorado representative to answer your questions.

### State-specific Web sites

- [www.smokefreecolorado.org](http://www.smokefreecolorado.org)
- [www.steppcolorado.com](http://www.steppcolorado.com)

### Data sources

- State Tobacco Activities Tracking and Evaluation (STATE) System (<http://apps.nccd.cdc.gov/statesystem/index.aspx>)
- Americans for Nonsmokers' Rights ([no-smoke.org](http://no-smoke.org))
- American Lung Association ([lungusa.org](http://lungusa.org))
- Campaign for Tobacco Free Kids ([ctfk.org](http://ctfk.org))

### Smokefree Colorado Campaign Materials

- Toolkits
- Press releases
- Consumer research
- Media and public relations plans and results
- Call center scripts
- Training materials including PowerPoint presentations
- Informational brochures
- Advertisements (print, television and radio) ♦