

IQI Final Report

1. [Abstract](#)
2. [Purpose](#)
3. [Scope and Methods](#)
4. [Results](#)
5. [List of Publications and Products](#)

International Quitline Institute: Accomplishments, Challenges, and Lessons Learned

Abstract

The International Quitline Institute (IQI) was established in 2011 to help low and middle-income countries develop accessible, evidence-based quitlines. This opportunity evolved from Free & Clear, the pioneer of telephone quitlines and largest provider of quitline services in the US, in partnership with the World Health Organization and the University of WA in Seattle. It was inspired by the FCTC article 14 Guidelines and the development of technical resources and training packages. The idea of IQI was conceived at the WCTOH tobacco treatment pre-conference workshop in Mumbai, which led to our Free & Clear team receiving consultation requests from Ministries of Health and Tobacco Control Programs from several participating countries. The IQI was and formed to provide training for countries ready to build or improve national quit lines, to address the O in MPOWER.

The inaugural IQI training held in Seattle in 2011 was offered as the first effort to meet the demand for a comprehensive Quitline development training. This 5 day program leveraged experts from local, national and international organizations using the newly developed WHO Quitline Manual. The 5-day Seattle institute was followed by a series of trainings events to support the development of National Quitline including workshops at WCTOH in Singapore (2012) and Abu Dhabi (2015) and trainings in Uruguay (2014), China (2014, 2015), Turkey (2016) and Sri Lanka (2017).

In summary, we learned a lot about delivering quitline trainings in the international setting: Quitline readiness is essential, effort must be made to minimize the language barrier with professional interpreters, the environment and attitudes about tobacco cessation are important and champions are needed.

Purpose

Smoking is the number one cause of preventable death and disease in the world today, yet less than 10% of the world's population has access to comprehensive treatment for tobacco use and dependence. Tobacco telephone quitlines have been shown to be an effective tool for increasing the reach of evidence-based treatment and augmenting the benefits of tobacco control policies. The aim of this project was to help smokers to quit, primarily in low and middle income countries, who have the greatest burden of tobacco related disease and death. Quitlines increase the rate of quit attempts and cessation and are often more feasible to implement in a rapid and cost-effective manner compared to

creating a network of face-to-face treatment services. They can also be linked directly to primary care settings for referrals.

Quitlines offer an easily accessible cessation resource that complements other WHO-recommended tobacco control policies. This project accomplished our goals by helping countries without quitlines develop them, including providing technical assistance for building quitline infrastructure and training smoking cessation counselors, managers and other health care providers.

The International Quitline Institute (IQI) was established in 2011 to help low and middle-income countries develop accessible, evidence-based quitlines. The target audience for the IQI trainings included representatives from health departments, ministries of health, and other government or health care organizations that have direct responsibility for developing and implementing national or regional quitlines or tobacco control policies in their country, as well as medical directors and other health care providers who are in a position to enact clinical systems change for treatment of tobacco dependence.

Scope and Methods

From 2011-2017, the IQI project has convened smoking cessation and tobacco quitline development trainings, symposia and workshops in six countries, involving an estimated 900-1000 individual health care providers, ministry of health officials, public health practitioners and managers from 36 countries. Approximately a third of the trainees were physicians, with the rest consisting of nurses, pharmacists, or smoking cessation counselors, both in person or for telephone quitlines.

Inaugural IQI Workshop

The inaugural IQI training held in Seattle in 2011 was offered as the first effort to meet the demand for a comprehensive Quitline development training. This 5 day program leveraged experts from local, national and international organizations using the newly developed WHO Quitline Manual, which was co-authored by Dr. Fu and Tim McAfee, with contributions from others experts in the field. We collaborated closely with WHO and got support from several key organizations listed on the slide. The result was a well-crafted curriculum; a dream team of trainers and faculty, with global representation by 26 attendees from 16 countries and all six WHO regions. Attendees were actively engaged in the training, which included ample Q&A and small group discussions. Faculty and panelists provided opportunities for attendees to hear how different quitlines approach the entire range of operational and technical issues, from funding and promotion of quitlines to service delivery models and protocols. An interactive tour of our Seattle call center was a highlight. Our biggest challenge was an unexpected legal concern raised by Free & Clear's new corporate owner Alere, regarding the Foreign Corrupt Practices Act, which could have derailed the whole project, but the Center for Disease Control Foundation stepped in as a 3rd party scholarship administrator. In the end, we provided 17 out of 20 trainees with full or partial scholarships; the other three were able to find funding on their own. The size of the group was perfect; large enough to have a group "dynamic" and small enough to give each attendee the attention they needed. We

invited two attendees from each country, a way to build in support for each other to continue their work when they returned home.

Uruguay

The 5-day Seattle institute was followed by a series of trainings and workshops. The Tobacco Quitline Counselor Training Package, including a published manual, trainer and trainee workbooks, slides, and other materials was published in 2014 and translated into Spanish to be piloted in Uruguay. The package includes a full 4.5 day curriculum and recommendations for delivering a shorter, condensed 3-day training as well. A 5-day morning-only training, with professional simultaneous translation was conducted for two organizations together; the Uruguay National Drug Line, and the Ministry of Health Info Line, covering 10 of the 14 training modules. While the training delivery was successful and well received by the participants, Uruguay wasn't ready to launch either quitline; protocols were not in place and needs were not clearly defined. A second issue is that learners were not able to immediately implement skills and knowledge. We learned that to deliver an effective training, the Quitline staff have to be hired and the call center must be ready to go, or already operating. From this experience, we designed a pre-training checklist and now conduct an assessment to assess quitline readiness, including protocols, quit medication availability, and previous counselor training, before committing to deliver the training.

Beijing China

In October 2014 the IQI delivered an intensive 5-day training in Beijing in partnership with WHO and China CDC. The training was delivered to 21 trainees from the Public Health Hotline 12320 and 24 trainees representing various healthcare and educational organizations. While the 12320 hotlines were already available in most provinces, up until this time, there were no interventions for tobacco prevention or treatment available to caller. The hotline made referrals to doctors, many of whom were probably not trained in tobacco cessation treatment. This was the first full WHO counselor training. Dr. Jiang Yuan, Director of the Tobacco Control Program for China CDC, who also attended the Seattle IQI training, became a champion for the quitline and the champion for this training, and throughout China. The participants were engaged and actively participated in discussions and activities. Our main challenge was the language barrier. While all the materials had been translated into Chinese, we did not have professional simultaneous interpretation; instead China CDC employees, many of whom had been students in the US and spoke English provided the interpretation. The training is largely based on role plays and small group discussion, so both the trainers and learners were at a disadvantage. So, as trainers, we had to break after each piece of the material was spoken, remember to stop for the translator to repeat in Chinese, and avoid jargon or slang. Thus, a lot of the discussion was lost in translation. Simultaneous translation would've saved time and allowed for deeper grasp of the material.

Shanghai China

The IQI returned to Shanghai China in August 2015 as a follow-up to the course held in Beijing. This target audience for this training was managers, rather than counselors. The objective was to provide knowledge and skills in the areas of protocols, training and promotion for over 100 QL managers from

most of the provinces in China. The Trainees were a mix of Public Health Hotline 12320 managers and government officers/policymakers with the Chinese Health & Family Planning Commission. The training was significant for the Chinese tobacco control movement because it brought together such a large number of quitline managers to learn from international experts and build plans for their quitline growth and improvement. In addition to the manager training in Shanghai, the IQI supported WHO and China CDC in Changsha, by contributing to a training for 80 quitline counselors from Hunan and surrounding provinces to work on the 12320 Health Line. For many of the counselors, it was the first exposure to tobacco education content. The main challenge was time; the Shanghai training was delivered in 3 full days with a curriculum that included lectures, panel discussions and interactive lessons. Trainees gave a favorable evaluation of the training, but commented that the schedule was too tight, and requested more time for discussion.

Again Dr. Jiang was instrumental to this training.

While the Beijing training focused on counselors, this training broadened the scope in China by including managers. These new competencies will help managers support counselors as well as expand the program.

Tekirdag Turkey

The IQI training in Tekirdag Turkey was held in April 2016. This time the WHO/IQI team delivered a train-the trainer curriculum.

We used the National Quitline Counselor Training Manual and the train the trainer curriculum developed for the WHO training package - Strengthening Tobacco Treatment Dependence in Primary Care. Most of the 50 trainees were MDs, were women, and delivered tobacco cessation treatment in the clinic setting.

We had the opportunity to learn about the Turkish Ministry of Health QL during a tour of the quitline Call center, in a formal presentation delivered by QL managers and a visit to an MD smoking cessation clinic the day before the training.

Compared to the trainings in China, it was much easier to communicate with those participating in the training in Turkey. Many of the participants were fluent in English and we had the services of professional translators who delivered simultaneous translation.

Trainees were also more experienced and knowledgeable than anticipated. While they were already skilled in delivering tobacco cessation interventions because of their work in the Clinics they reported that the training taught them the theoretical underpinnings for the practical skills they were using in their treatment. As a result, trainees reported they felt better prepared to train counselors. Like the Shanghai Manager training, this training had a tight schedule with only 2 ½ days to deliver a condensed counselor course and a train the trainer curriculum.

There are differences between quitline operation in Turkey compared to the US. The Turkish quitline experiences higher call numbers; more callers who are ready to quit are referred to MD's; the tobacco

environment is different than the US. Turkey is the first country to meet the MPOWER guidelines, but tobacco use is more normalized in the country; prevalence is still high (daily smoking = 39% men; 14% women) and the culture is more supportive of cigarette smoking and hookah use; in fact 17% of MDs smoke. China also faces similar environmental barriers. When the environment is challenge training on motivational interviewing skills is essential.

Sri Lanka

In collaboration with WHO, and supported by the Sri Lankan Ministry of Health, the IQI conducted a 5-day training in Columbo, Sri Lanka June 12-16, 2017.

It was a large training with about 50 individuals from a range of disciplines from the Ministry of Health staff, including public health inspectors, psychiatrists and one or two expert counselors. An additional 12 counselors from two NGOS (Siripodawessa and Mithruwela) also participated in the training. There was diversity of disciplines and level of education among the trainees. This made the training a challenge due to the fact that the attendees were trying to insert the concepts on treating tobacco use and dependence into their existing care framework.

Pre-training assessments indicated that QL call volumes were low and that counselors did not have specific treatment protocols to implement as needed. Call structure was minimal, with counselors listening to the callers, asking open ended questions to help develop confidence and to understand the issues, and then taking them through a set of questions and discussions. The QL was not making follow-up calls to those who had called the QL for assistance. QL managers did not feel the service was comprehensive enough to optimally support smokers who wanted to quit.

The assessment of services indicated that participant phone numbers were not routinely collected for follow-up limiting opportunities for ongoing proactive support.

The primary objective of the training was to increase the skills and confidence of QL counselors by helping them develop and implement treatment protocols. Examples of treatment protocols covered in the training included setting a planned quit date, increasing self-efficacy among callers, quit date follow-up treatment including relapse prevention, crisis protocols, and helping callers make an informed decision on pharmacotherapy options in Sri Lanka.

The 5-day 14 module curriculum was based on the WHO National Quit line Counselor Training Manual. And like other IQI trainings provided trainees with opportunities to discuss the subject matter and apply their newly learned skills in small groups. Trainers monitored the practice sessions and provided feedback to the trainees.

World Conference on Tobacco or Health (WCToH) Workshops

The IQI team participated in WCToH conferences in Singapore in 2012 and Abu Dhabi in 2015 by offering all day pre-conference workshops and separate main session symposia with other quitline champions.

The workshops were delivered in partnership with WHO and included an invited panel of international quitline experts. The workshop featured both short presentations and facilitated, hands-on small group roundtables.

The Singapore pre-conference workshop focused on the nuts and bolts of building or improving national tobacco quitlines. Topics included: Balancing reach with effectiveness, Service Delivery Models, Funding and budgeting to meet service demands, Behavioral & Pharmacological Protocols, and QL Promotion and Evaluation Procedures. All training materials, including presentations, are available on the IQI website. The workshop in Abu Dhabi focused on counselor training and development of two protocols: One for telephone counseling and one for use of pharmacotherapy.

Participants of both workshops received the *WHO manual on developing and improving national toll-free quitline services*, and the *WHO training package: Training for tobacco quitline counsellors: telephone counselling*. These WCToH workshops allowed us to provide follow-up trainings for the participants in the initial Seattle training, to help them take their next steps and build greater capacity. Seven of 17 original IQI participants attended the 2012 Singapore workshop, where they acquired new WHO and IQI resources. In addition to the WHO training packets, we expanded our website to include more recorded talks, training PowerPoint slides, and protocol templates, launched in conjunction with WCTOH 2015. During the conference we met with tobacco control leaders who helped identify additional training opportunities.

Results

Summary of Knowledge & Skills Assessments from Beijing China

Knowledge/Skills

Results from the pre-training and post-training knowledge/skills assessments demonstrated that the trainees came to the training with only a basic understanding of tobacco use and nicotine dependence and treatment, but left with greater knowledge of the vocational skills that they need to perform their jobs as tobacco cessation telephone counsellors.

Thirty-three (73%) of the trainees completed both the pre-training and post-training assessments. The mean and median score (in terms of percent of questions answered correctly) on the pre-training assessment was 54%. The minimum and maximum scores were 34% and 66%, respectively. The standard deviation from the mean was 8.6%, or questions, and there were no clear outliers.

All of the 33 dually-assessed trainees scored higher on the post-assessment than they did on the pre-assessment. The greatest absolute increase in score was +34%, while the lowest absolute increase in score was +6%. Approximately half of the trainees showed score increases between 17-26%. Overall, the trainees demonstrated knowledge acquisition in all of the training topic areas. Three times the number of questions (18 vs. 6) were answered correctly at least 80% of the time in the post-training assessment than in the pre-training assessment.

At the same time, approximately 60% fewer questions (9 vs. 22) were answered correctly by less than two-thirds of trainees in the post-training assessment than in the pre-training assessment. Of these, three of the four questions with the lowest percentages of correct responses were more difficult, multiple-answer, multiple choice questions. One single-response, multiple-choice question remained particularly problematic, and was answered correctly by only 15% of trainees. The question asked for the term that describes callers' "self-motivating statements." The correct answer is "change talk," but most trainees either selected "evocative question," or "reflective statements. The trainers suspect that a language and/or cultural barrier caused confusion around the most commonly-selected (yet incorrect) answer to this question in the post-training assessment, ("help change the way the caller feels about the situation").

Trainee Satisfaction

Thirty-seven of the 45 trainees (82%) provided feedback about their satisfaction with the training. Overall, trainees thought that the training was good; seventy-eight percent reported that it was "very good," with the remaining 22% reporting it as simply "good." There was 100% agreement that the training was useful for their work, with only 8% who did not strongly agree. Eighty-nine percent strongly agreed that the training facilitators had "good knowledge of the subject," while the remaining 11% simply agreed that this was the case. All but one respondent said that they feel more confident in providing telephone counselling services to tobacco users as a result of the training, with approximately three out of four trainees strongly agreeing with this sentiment. Eighty-six percent of respondents reported that the training was neither too easy nor too difficult, but of the five trainees who answered differently, four said that the training was difficult (only one said that it was too difficult). No respondents reported the training being too easy. The general consensus was that the balance of time spent between presentation and practice was good, with 86% of trainees directly agreeing with this statement, and only two of the remaining five selecting the response "too much practice." As could be expected, the English-Chinese language differences proved to be a somewhat of a barrier to learning; while only 68% of trainees strongly agreed that they were able to clearly understand what the training facilitators were saying, either directly or through the translation provided, another 27% agreed and only one disagreed. Language barriers aside, 81% of trainees strongly agreed that the training facilitators had good skills for conveying the subject matter, with just one individual dissenting and another selecting a neutral rating

Conclusions

- The implementation of the first full-scale WHO Quitline Counsellor TTS training was a success; trainees absorbed much of the training content and enjoyed the training, overall, and the trainers discovered ways in which they can improve the delivery of the training.
- Future evaluation work needs to assess how trainees' application of the training content into their counselling practices is translating into the intended outcomes of the IQI activities.

Summary of Knowledge & Skills Assessments from Shanghai China

At the request of China CDC, WHO held a quitline managers training workshop in Shanghai during August 3-5, 2015. Quitline experts from the Asia Pacific Region were invited to give lectures on setting up quitlines, managing and evaluating quitlines as well as sharing their experience in running quitlines. About 120 Health Hotline managers and government officers attended this 3-day workshop.

A short evaluation was conducted after the workshop. Sixty-three out of 100 evaluation form was filled and gave back to the organizer. Among the trainees, 96.8% thought the workshop is good/very good (very good: 32, 50.8% vs good: 27, 46%). All trainees found the training using, including 33 trainees who thought the materials very useful.

About the trainers' training skill, 61 of 63 trainees agreed that the trainers mastered their topics; all of the 63 trainees agreed that the trainers well delivered the topics; and almost everyone (62) could understand their trainers' message.

The trainees were also asked if the topics in the workshop will be used in their future workshop. Almost everyone was confident that what was shared in the workshop would be used in their future work (proportions who were confident were 100% for topic about the rationale and benefits of quitline, 96.8% for topic about advice for developing quitline, 98.4% for topic about creating demands for quitlines, 93.7% for topic about monitoring and evaluation, 98.4% for topic of making action plan.)

About timing of the workshop, 71.4% of trainees thought that the time for lecture as well as the time for discuss were suitable; another 25.4% thought the time for lectures was too much, 23.8% thought the time for discuss was too little.

About the difficulty of the training, 10 trainees thought it was difficult, 50 trainees thought it was easy or suitable.

The trainees gave some suggestion for future improvement. For example, someone suggest that the organizer might think about sharing more best practices from other part of the world, sharing more counseling cases. About organizing workshops, some of the suggestions include: more time for discussion, less tight schedule (too much information for 3-day workshop), time for rest at noon). Chinese people keep a habit of short naps at noon, especially in the summer), including field visit, adapting simultaneous interpretation, etc.

Summary of Knowledge & Skills Assessments from the Turkey Training

There was very little change in the knowledge and skills assessment; the average score increased from 83% to 87% from pre- to post-assessment (see excel spreadsheet). This was due to the fact that almost all of the trainees (45/48) were physicians (plus two nurses and a psychologist). All of them had a good deal of experience treating tobacco dependence. We didn't realize this in advance; we thought the trainees would include more nurses and other health professionals. If we had known, we would have chosen a subset of the survey questions that were more relevant for the physicians who would be training the quitline counselors.

There were only three questions that revealed areas for improvement; one about agenda setting, another about motivation interviewing, and the third about risks of bupropion for patients with a history of depression.

Summary of Knowledge & Skills Assessments from the Sri Training

Thirty-four participants completed the satisfaction survey following the training. Overall, feedback was clearly positive, but not overwhelmingly so; 53% rated the training as 'very good' and 21% rated the training as 'excellent.' The open-ended responses provide some insight into why this was perhaps the case, as well as how future trainings can be improved.

All but one participant (97%) agreed that the training was useful for their work, with the majority (56%) of all participants 'strongly' agreeing. Approximately three quarters of participants (74%) strongly agreed that the facilitators had good knowledge of the subject matter, with the remainder agreeing to a lesser extent. Almost nine out of ten participants (88%) agreed that they were able to clearly understand the facilitators, though most of this group (57%) did not respond in strong agreement; the remaining 12% neither agreed nor disagreed on this measure. Toward the end of the survey, seven participants (21%) took the time to suggest more/better translation of the training content. At least three other participants (9%) mentioned that the training could be improved if it were more culturally relevant.

Language and cultural barriers aside, all but two participants (94%) agreed that the facilitators conveyed their knowledge well, with only a small majority of this group (53%) not responding in 'strong' agreement. Perhaps most indicative of the project's intended outcomes, however, is that most participants (52%) 'strongly' agreed that the training left them 'more confident' to provide telephone counseling services to tobacco users; only two participants (6%) responded neutrally to this statement.

When asked to select the training sessions that were most helpful to participants' quitline counseling skill development, at least half selected five out of the 11 sessions. By far, the most commonly-selected session was that of counseling strategies used to treat tobacco dependence, which garnered three quarters of participants' (76%) favor. The four other relatively helpful sessions were:

- Assessments, information collection for treatment planning (56%)
- Role of quitline counselor (53%)
- Collaborative relationships, rapport between counselor and caller (50%)
- Ongoing support, problem-solving for relapse prevention (50%)

With one more participant's selection, tobacco use/dependence etiology and application to education and motivation to quit (47%) would also have been included in the above list. Treatment plan development was selected by 41% of participants. The only session that was clearly not useful to the group, as a b, was documentation of participant records (9%).

Nobody reported the training being difficult, though 38% felt that it was at least 'easy'. About eight out of 10 participants (79%) reported experiencing an optimal balance of presentation and practice time, but the other 21% were essentially split about the 'a little too much' presentation (12%) or 'a little too

much' practice (9%). However, six of the participants who indicated an optimal presentation-practice balance commented that more time for interaction, notably role-playing, would help improve the training. Meanwhile, at least three others suggested increased video utilization for the training. Nevertheless, when asked for any further comments, one in three participants specifically requested follow-up and/or additional training in the future.

Follow-up with quitline champion Dr. Palitha indicated that many of the trainees did not go on to work on the Quit Line, but instead found other jobs. Those who did go on to work at the QL demonstrated a modest level of competency (5 – 8 on a scale from 1-10) in delivering the protocols. Follow-up calls have reportedly been added to the services provided by the QL.

Those in charge of the Sri Lankan QL have developed a model where the QL is integrated into a range of services that include medical care and mental health treatment. This provides callers to the QL with the opportunity of attending a clinic for further help.

Lastly, the Sri Lankan QL has expressed a desire to keep improving the skill levels of the counselors, but lack accomplished trainers. They have inquired whether the International Quit line Institute might be able to return to do a train the trainer workshop. Since IQI funds have been used up it is unclear how this would be resourced.

Observations

As a result of delivering six IQI trainings we learned a lot about delivering quitline trainings in the international setting: It takes a village to deliver an effective training

Quitline readiness is essential. The training is effective only when the Quitline is up and running or ready to operate.

Do everything you can to minimize the language barrier – use simultaneous translation and professional translators when possible. It also helps to have a trainer who is fluent in both languages

Environment and attitude about tobacco use is important. In China and Turkey the attitude toward tobacco use is very different than in the US. Quitline leaders, managers and counselors are working in an environment where tobacco use is the norm. In this case motivational interviewing is an essential skill.

Champions are needed to successfully launch or expand quitline services – you can't provide quitline training or operate a quitline without a champion.

List of Publications

McAfee, T., Fu, D. "Developing and improving national toll-free tobacco quit line services"
A World Health Organization manual

http://www.who.int/tobacco/publications/smoking_cessation/quit_lines_services/en/

November 2011, ISBN: 978 92 4 150248 1

Short, E, Wassum, K, "**Training for Quit line Tobacco Treatment Specialist: Telephone Counseling,**"
Trainer Manual, Trainee Workbook, World Health Organization 2014,

<http://apps.who.int/iris/handle/10665/113145>

ISBN 978 92 4 150726 4 (print), ISBN 978 92 4 069280 0 (Epub), (NLM classification: WM 290)

Wassum K, Short E., **Strengthening health systems for treating tobacco dependence in primary care.**

Chapter 2: smoking cessation; training for primary care providers: brief tobacco interventions; and,

Chapter 4: **Training for future trainers.** World Health Organization training package publication, 2013.

http://www.who.int/tobacco/publications/building_capacity/training_package/treatingtobaccodependence/en/index.html. Published July 2013. Accessed July 12, 2013. ISBN 978 92 4 150541 3 (NLM classification: HD 9130.6).