Beyond the 5 A's: Improving Cessation

Interventions through Strengthened Training

A Collaborative, Multidisciplinary and Multi-Accredited

Educational Conference Proposed by:

National Jewish Health

and

The North American Quitline Consortium

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1. *Overall Goal & Objectives*

Beyond the 5 A's: Improving Cessation Interventions through Strengthened Training reflects a growing body of evidence and practice related to designing, delivering, and monitoring tobacco cessation training to healthcare professionals and the importance of translating this growth in information and expertise into improved practice. While the *5 A's* and *2 A's and an R* remain at the heart of our work, we have learned a great deal about the needs of specific populations, specific healthcare settings and specific types of healthcare providers that will shape our training design and delivery efforts into the future. Additionally, there are emerging training technologies such as web-based skills training that have proven successful in several healthcare settings that cannot be ignored in light of diminishing public health funding for robust academic detailing and provider training programs.

The overarching goal of *Beyond the 5 A's* is to improve the frequency and effectiveness of smoking cessation interventions provided by health professionals by improving the quality of training delivered to them on this critical topic. *Beyond the 5 A's* will bring those who are currently designing and delivering smoking cessation provider education programs together with public health tobacco cessation experts, systems decision-makers, healthcare providers and researchers to translate recent advances in both evidence and practice into action that will improve the frequency and effectiveness of smoking cessation interventions. Participants from across the U.S. will include representatives from the 39 existing Pfizer smoking cessation grantees (already hard at work on tobacco cessation education programming for healthcare providers), The North American Quitline Consortium (NAQC) members and partners, The Smoking Cessation Leadership Center (SCLC) partners, community physicians and allied health professionals, and national partners. We anticipate 120-150 conference participants to come together at the Tempe Mission Palms Hotel and Conference Center (or comparable location) in Phoenix, Arizona on November 13 (2012 grantees only), 14 and 15, 2013. In addition to the live meeting, we will reach those who cannot attend the meeting through virtual engagement strategies.

Beyond the 5 A's objectives include:
- To discover.
  - Reflect on progress made by the 39 grantees to improve cessation-related healthcare professional training and practice
  - Translate lessons-learned into recommendations for quality training design and delivery
  - Consider future strategies that may transform current practice (i.e., emerging technology)

- To connect.
  - Facilitate networking across the various systems to better share the expertise represented at the conference
  - Foster shared-learning between the 39 grantees and other conference participants
  - Build collaborative efforts to create new and improved practices
- To disseminate.
  - Strengthen participants' knowledge and application of best and promising practices
  - Create an environment of learning that is informative and educational to an interdisciplinary and multidisciplinary audience
  - Share successful approaches, strategies and techniques for improving the effectiveness and quality of cessation training for healthcare providers

2. *Conference Design and Methods*

This section describes how National Jewish Health (NJH) and NAQC will use a participatory model to engage the Smoking Cessation Leadership Center and the 39 existing grantees in planning the conference. The conference will be designed to bring together: a) on day one, the 39 existing grantees to strengthen their ties, reflect on their progress and challenges, and foster shared-learnings; and b) on days two and three, the 39 existing grantees and a broader audience of health care provider training/educational professionals to discuss and make recommendations for improving provider training and education on tobacco cessation.

A. **Target Audience**. The target audience for this conference is professionals who are currently designing and delivering smoking cessation provider education programs, public health tobacco cessation experts, systems decision-makers, medical and behavioral health care societies, health care providers and researchers. In order to ensure that the "right" people attend *Beyond the 5 A's,* the planning team will employ the following targeted marketing and engagement strategies:

- Developing a list of the target audience: We will compile a list of the target audience from pre-existing meeting/conference lists possessed by NAQC, NJH, SCLC and the existing grantees. Partners will also be tapped for additional names. We also may buy access to some lists from medical societies and health/medical educators. The list will include provider educational program professionals, tobacco cessation experts, systems decision-makers, medical and behavioral health care societies, health care providers and researchers from organizations who have an existing relationship with NJH, NAQC, SCLC, the 39 existing grantees, CDC's Tobacco Control Network, ATTUD, American Lung Association, American Cancer Society, American Heart Association, state medical

provider associations, Behavioral Health Forum, Consortium of National Networks to Impact Tobacco-Related and Cancer Health Disparities, and National Association of Community Health Centers.

- Save-the-date announcement: delivered via email to the target audience list. We also will ask partners (i.e., the 39 existing grantees, NAQC, SCLC, the Tobacco Control Network, ATTUD, American Lung Association, American Cancer Society, American Heart Association, state medical provider associations, Behavioral Health Forum, Consortium of National Networks to Impact Tobacco-Related and Cancer Health Disparities, National Association of Community Health Centers, state public health offices and associations with tobacco prevention programs, and other relevant organizations and societies that represent the target audience) to promote the conference to their members and partners through email blasts and newsletters.
- *Beyond the 5 A's* Web site: will include an online registration feature and will be highlighted in save-the-date email. Partners will be encouraged to promote the conference page through links in their own publications and on their Web sites.
- *Beyond the 5 A's* LinkedIn event page: when someone registers s/he will be encouraged to join the conference LinkedIn event page as a way to engage immediately with others who will be attending the conference (we will restrict the page to only those registered). The page will feature regular updates from the planning team, content-related questions posed by the planning team to the group for discussion, and allow conference participants to set up networking meetings while at the conference and keep in touch after the conference.
- *Register NOW!* Announcement: will be delivered via email to list above.

B. **CME/CE Certifications**. The three-day conference will be CME/CE certified (including multiple allied health professional certifications). In support of improving patient care, NJH is accredited with commendation by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. NJH is also accredited by the Accreditation Council for Pharmacy Education (ACPE), and the California Board of Registered Nursing (CBRN) to provide continuing education for the healthcare team. In addition to these certifications, NJH will submit applications to provide Certified Health Education Specialists (CHES) certification. The number of credit hours is to be determined.

C. **Pre-Conference Planning.** In consultation with SCLC, NAQC and NJH will utilize the experience and expertise of the 39 existing grantees by dividing them into three learning communities (population, health care setting, and provider type) and engaging each learning community in four monthly strategy huddles via conference call. The purpose of the strategy huddles will be to:

- Offer opportunity for sharing lessons learned and shared problem-solving of challenges (July-September);
- Seek guidance in the development of the conference track objectives for days two and three of the conference (July – September); and

- Seek input in the development of the focus for day one of the conference (August);

- Synthesize critical recommendations for improving practice that each learning community will present at the closing session of the conference (September-October).

Strategy huddles will be approximately one hour in length. The heart of the project design is ensuring that the 39 existing grantees serve as both teachers and learners. The learning communities will encourage the existing grantees to take on the role of teachers, sharing their lessons-learned, helping to identify the learning objectives for their respective conference tracks, preparing to host poster presentations, and collaborating to develop recommendations for improved training to share with the full conference.

In collaboration with SCLC and grantees, NAQC and NJH will ensure a conference agenda that reflects principles of adult learning theory, including sessions that emphasize a collaborative and interactive approach and underscore the value of sharing between "experts" and learners. We will employ technology in order to maximize interactivity throughout the three-day event.

- **Conference day one.** Day one of *Beyond the 5 A's* will only be open to the 39 existing grantees. The emphasis for day one will be on interactive discussion of grantee projects, celebrating successes and strategizing solutions to common barriers/challenges. The planning team will seek input from the grantees (during the learning community strategy huddles in July) on how to most effectively focus and structure the day to maximize the time together. Each learning community will present recommendations for improving practice based on work conducted during the strategy huddles in August and September. Day one will incorporate the "World Café Method of Facilitation" (http://www.theworldcafe.com), an effective and innovative approach used by NAQC to foster meaningful and cooperative dialogue among conference participants, with the intended purpose to think and innovate collaboratively and arrive at new visions and possibilities for solutions and future action.

- **Conference days two and three.** Days two and three of *Beyond the 5 A's* will highlight presentations by invited and selected sessions in three tracks (population, setting, provider type) using the following formats: invited panel presentations with facilitated and technology-based Audience Response Systems (ARS), drill-down strategy and skill-

building breakout sessions, and an interactive poster session. We will ask each presenter to close his/her presentation by identifying three key recommendations for improved practice. Objectives for each track will be developed in collaboration with each of the learning communities and the existing 39 grantees (together with SCLC, NAQC and NJH) will be encouraged to recommend speakers and topics for the invited sessions.

Invited panel presentations

There will be three invited panel presentations – two on day two of the conference and one on day three. These will be plenary sessions in which all conference participants will be encouraged to attend. A session moderator will be responsible for facilitating the ARS systems throughout the sessions, in collaboration with presenters. The ARS will allow presenters to poll the audience and tailor their discussion around the audience's interests and needs. In addition, the ARS allows for interactivity and engages the audience throughout the presentations. Each panel presentation will reflect one of the track topics (populations, settings and type of provider) and may address issues such as the changing demographics and needs of tobacco users; emerging tobacco products and the impact on cessation interventions; the impact of the Affordable Care Act and Meaningful Use on comprehensive tobacco cessation coverage and treatment; and using emerging technologies to improve training design and delivery.

Drill-down strategy and skill-building breakout sessions

The planning team will develop and implement a process to call for and select sessions that focus on strategies to improve practice and skill building among participants within each of the conference tracks. There will be opportunity for participants to attend four breakout sessions over the two days. A total of 12 sessions that best meet selection criteria and offer innovative design and delivery will be offered. We plan to offer four sessions for each of the three tracks – population, health care setting and provider type.

Interactive poster session

A hosted-poster reception will be held in the evening of day two of the conference. Each of the 39 existing grantees will be asked to produce a poster that highlights their work to-date and the reception will offer them the opportunity to share their lessons learned with the broader conference audience. In order to ensure attendance of, and interactivity during, the session, we will provide light cocktail appetizers and a cash-bar, encourage grantees to develop poster submissions in both the traditional (paper) and non-traditional (multimedia or other) form, and work with grantees to develop ways to develop an interactive poster display (e.g., different colored post-it notes where people can leave comments or questions on specific items within the poster).

D. Dissemination and Reach

Although we expect 120-150 participants at the conference, we aim to reach the broader target audience with information through a variety of dissemination strategies.

Enduring Conference Website
In order to extend the reach of the conference, we will develop an interactive website to recap the highlights of the conference for those who were not able to attend the conference, as well as a variety of activities, including:
- Video recordings of the Day 1 presentations from the 39 existing grantees
- Video recordings of all conference invited panel discussions
- "Virtual" poster sessions of all grantee posters
- A post-conference roundtable discussion from key presenters and experts on the conference recommendations and take-aways (accredited activity)
- An online interactive question and answer forum that will be managed by the conference principal and co-investigators. Questions will be fielded to the appropriate expert and answers will be posted for all website users to view.
- Posting of the three post-conference newsletters
- An enduring recording of the post-conference webinar
- Posting of the final outcomes report

Post-conference e-newsletters (accredited activities)
NAQC and NJH, in partnership with SCLC and the 39 existing grantees, will produce three e-newsletters – one for each track focus – that will include project updates, lessons learned to-date and a review of evidence linked to the topic. The e-newsletters will be distributed to the email distribution lists identified for the conference registration marketing, conference participants, posted on the LinkedIn events page and the conference web page. In addition, the newsletters will be posted on the conference enduring website.

Post-conference webinars
At least one webinar will be convened after the conference to share the learnings with a wider audience of public health and health education professionals. In addition, the webinar will be posted as an enduring activity on the conference website.

Beyond the 5 A's: Improving Cessation Interventions through Strengthened Training is an innovative and interactive conference that will allow professionals to learn from each other's experiences and share valuable lessons. Through its unifying theme of improving training to providers on addressing tobacco use with their patients, the conference will engage participants in new knowledge and discovery related to cessation interventions with specific

populations, cessation delivery within specific health care settings and cessation delivery among specific types of providers. The multi-method format will offer multiple learning styles through live, web-based, and print education.

E. Evaluation Plan

Multiple methods of evaluation will be used to measure the effectiveness of the activity. In addition to pre and post-conference tests and post-conference evaluations, participants will also be asked to take their reflection a step further and complete "intent-to-change" documents at the completion of the conference. The purpose of this activity is for participants to reflect upon what they've learned, and set real goals for their practice. The participants will be asked to complete the form, seal it in a self-addressed envelope, and turn it in to conference staff before they leave. In 30-45 days, participants will receive their envelope via US mail. This activity will reinforce the participants' intentions and goals, allow them to reflect on whether or not they have changed their practice for the better, and if not, provide a friendly reminder to do so. In a following email questionnaire, we will ask participants to reflect on their "intent-to-change" goals, and report on their progress. These evaluation activities will allow us to measure knowledge, competence and self-reported performance level outcomes.

Learning Objectives and Measurable Outcomes:

Learning Objectives - *To discover:*
- Reflect on progress made by 39 grantees to improve cessation-related healthcare professional training and practice
- Translate lessons-learned into recommendations for quality training design and delivery
- Consider future strategies that may transform current practice (i.e., emerging technology)

Core Competencies addressed with these objectives:
- Professionalism
- Medical Knowledge
- Interpersonal and communication skills
- Systems-based Practice

Measureable Outcomes for these objectives:
- A roundtable presentation of experts reflecting on the outcomes of the program, including the 39 grantee projects, will be produced.
  - *Strategy to assess measurable outcome*: available on program website

- At the close of the conference, a set of three recommendations for quality design and delivery will be identified.
  - *Strategy to assess measurable outcome*: available on program website and in newsletters
- 50% of participants will report that they have changed or improved their practice based on lessons learned from the conference.
  - *Strategy to assess measurable outcome*: emailed survey following the "intent-to-change" letter distribution to participants.

Learning Objectives -***To connect:***
- Facilitate networking across the various systems to better share the expertise represented at the conference
- Foster shared-learning between the 39 grantees and other conference participants
- Build collaborative efforts to create new and improved practices

Core Competencies addressed with these objectives:
- Professionalism
- Interpersonal and communication skills
- Systems-based Practice

Measurable Outcomes for these objectives:
- 75% of participants will report that they have developed new relationships with colleagues at the conference.
  - *Strategy to assess measurable outcome*: post-conference evaluation
- 75% of participants will report that they discussed new ideas or strategies with colleagues for improved programs/practices
  - *Strategy to assess measurable outcome*: post-conference evaluation

Learning Objectives - ***To disseminate:***
- Strengthen participants' knowledge and application of best and promising practices
- Create an environment of learning that is informative and educational to an interdisciplinary and multidisciplinary audience
- Share successful approaches, strategies and techniques for improving the effectiveness and quality of cessation training for healthcare providers

Core Competencies addressed with these objectives:
- o Professionalism
- o Medical Knowledge
- o Interpersonal and communication skills
- o Practice-Based Learning and Improvement

Measurable outcomes for these objectives:
- o Participants' knowledge and competency on the subject matter will improve by 20%.
  - ▪ *Strategy for measuring outcome*: Pre and Post-test questionnaires.
- o 95% of participants will indicate that the learning environment is informative and educational.
  - ▪ *Strategy for measuring outcome:* Post-conference evaluation
- o 95% of the participants will report that the learning environment fostered sharing of ideas and strategies.
  - ▪ *Strategy for measuring outcome*: Post-conference evaluation.
- o A website with educational resources, video clips from the conference, expert roundtable discussions, recommendations for improving smoking cessation efforts, and a question and answer forum will be available and disseminated to a broad audience of health care providers and professionals.
  - ▪ *Strategy for measuring outcome:* Website traffic
- o Number of grantees who participated in conference and in post-conference activities
  - ▪ *Strategy for measuring outcome:* Conference roster and Website traffic
- o Number of "others" who participated in the conference and in post-conference activities
  - ▪ *Strategy for measuring outcome:* Conference roster and Website traffic

F. Detailed Work plan and Deliverables

This section includes a narrative description of the work plan and deliverables. A table follows the narrative.

In the first month of the grant, the focus will be on establishing the planning team and learning communities. The planning team, comprised of representatives from NJH, NAQC and SCLC, will meet early in the month to coordinate logistics and identify critical communication processes in order to ensure effective workflow and clear roles and responsibilities. The planning team will

identify appropriate members of each learning community, and the learning communities will be engaged to host their first strategy huddle late in the month. NAQC has had success in using this strategy to plan for their annual conference. At this point, the conference date and location will be finalized, the list of the target audience will be developed, and the save-the-date notice will be developed and delivered to the target audiences. The web site and LinkedIn event page will both be built and running by the time the save-the-date notice goes out.

In the second month of the grant, the planning team will host their monthly planning meeting and the learning communities will host their second strategy huddles. The goal of the huddles will be to generate learning objectives for each of the conference tracks and to gather input on invited session speakers. The planning team will develop the call for abstracts process, along with a review committee for selected sessions. Topics and speakers for the invited sessions will be determined and invitations extended. Work will begin on building the conference registration process and tool.

The third month of the grant will focus primarily on selecting sessions and opening registration. The planning team will continue their monthly meeting and the third round of strategy huddles will be hosted. The focus of this month's huddles will be to seek input on the focus and structure of day one of the conference and to begin a process with each learning community in which they will synthesize critical recommendations (which will be discussed by all participants at the conference) for improving practice based on their work so far. Each learning community will present these recommendations in the closing session of the conference. The call for abstracts will close mid-month and the review committee will determine successful sessions by the end of the month. Communication to successful and unsuccessful applications will take place. Registration will open at the end of the month with a fairly detailed agenda available online. The registration page will encourage participants to join the LinkedIn event page and visitors to the page will be met with the first of a series of thought-provoking questions on topics that will be addressed during the conference. Questions will be posted on the LinkedIn page weekly. Also in the third month, the evaluation materials will be developed and presented to the planning group.

Work in the fourth month of the grant will include a planning team meeting, the fourth and final round of strategy huddles focused on finalizing each learning community's presentation, making final changes to the agenda and evaluation materials, and continued facilitation of discussion on the LinkedIn event page.

The fifth month of the grant will include the final planning team meeting before the conference and focus heavily on ensuring final logistical details are arranged. Registration closes at the very beginning of the month and final tallies on food, rooms and AV needs are confirmed. Travel

arrangements for invited guests are confirmed and speaker presentations and posters are due to the planning team for posting to the conference web site. Agendas and other conference materials are printed and packaged. The conference is held mid-month.   The evaluation plan will be implemented.

The month following the conference will focus on writing and distributing the conference summary. During the monthly planning team meeting, follow-up tasks related to the conference will be identified and assigned. In addition to the conference summary, the evaluation results will be analyzed and reported to stakeholders. By the end of the month, the online version of conference proceedings will be available. The planning team will work together to promote the availability of the resource. Information on the website will be distributed via the LinkedIn conference page and other dissemination tactics.

The remaining months of the grant will focus on writing and distributing the three e-newsletters and the interactive live webinar. NAQC and NJH will invite SCLC and the existing 39 grantees to participate in these activities as their time and workloads allow. Distribution of the products will be scheduled in months eight, ten and twelve.

A final narrative and financial report will be developed by NJH and NAQC and submitted to Pfizer and SCLC at the close of the project.

Schedule of Deliverables

DATE	ACTIVITY	RESPONSIBLE GROUP
July	• Planning team meeting	• NAQC
	• Learning communities established (3)	• NAQC
	• Communication with learning communities to make introductions and determine huddle schedule	• NAQC
	• Strategy huddles hosted (3)	• NAQC
	• The conference date finalized	• NJH
	• Conference location determined and secured	• NJH/NAQC
	• Save-the-date notice developed and delivered to the target audiences	• NJH/NAQC
	• The conference web site and LinkedIn event page developed and live	• NJH
	• CME/CE certification process finalized	• NJH

August	• Planning team meeting • Strategy huddles hosted (3) • Call for abstracts process developed and opened • Review committee selected • Topics and speakers for the invited sessions determined and invitations extended • Travel arrangements for 39 existing grantees and other invited guests and staff made • Begin building the conference registration process and tool	• NAQC • NAQC • NAQC • NAQC • NAQC • NJH • NJH
September	• Planning team meeting • Strategy huddles hosted (3) • Call for abstracts process closes • Review committee meets and determines selected sessions • Communication to successful and unsuccessful proposals • Detailed agenda developed and posted online • Registration opens • Questions posted to LinkedIn event page (weekly) • Develop evaluation strategies and develop conference evaluation	• NAQC • NAQC • NAQC • NAQC • NAQC • NAQC • NJH • NAQC • NJH
October	• Planning team meeting • Strategy huddles hosted (3) • Final changes to agenda and evaluation • Develop additional conference packet materials • Questions posted to LinkedIn event page (weekly)	• NAQC • NAQC • NAQC & NJH • NAQC • NAQC

November	• Planning team meeting	• NAQC
	• Registration closes	• NJH
	• Final tallies on food, rooms and AV needs confirmed with hotel	• NJH
	• Travel arrangements for invited guests confirmed	• NJH
	• Speaker presentations and posters due and posted to conference site	• NAQC
	• Printing of conference packets, name badges and other necessary signage	• NJH
	• Conference hosted	• NJH/NAQC
	• Questions posted to LinkedIn event page (weekly)	• NAQC
	• Collect and assess post-conference evaluations	• NJH
December	• Planning team meeting	• NAQC
	• Conference summary written and posted	• NAQC
	• Evaluation results analyzed and reported to stakeholders	• NJH
	• Online version of conference proceedings posted and promoted to partners	• NJH
	• Questions posted to LinkedIn event page (weekly)	• NAQC
January	• Questions posted to LinkedIn event page (weekly)	• NAQC
	• Writing copy for e-newsletter, review and comment by partners, revisions and layout	• NAQC
	• Intent to Change letters mailed to participants	• NJH
February	• Questions posted to LinkedIn event page (weekly)	• NAQC
	• First e-newsletter published and	• NAQC

	distributed	
March	• "Intent-to-change" email questionnaire sent • Questions posted to LinkedIn event page (weekly) • Writing copy for e-newsletter, review and comment by partners, revisions and layout	• NJH • NAQC • NAQC
April	• Questions posted to LinkedIn event page (weekly) • Second e-newsletter published and distributed	• NAQC • NAQC
May	• Questions posted to LinkedIn event page (weekly) • Writing copy for e-newsletter, review and comment by partners, revisions and layout	• NAQC • NAQC
June	• Questions posted to LinkedIn event page (weekly) • Third and final e-newsletter published and distributed	• NAQC • NAQC
July	• Final outcomes narrative and financial report to Pfizer	• NJH/NAQC

3. Organizational Detail:

A. Leadership and Organizational Capability:

NJH will serve as the lead organization for this project and will work in partnership with NAQC to plan, support, facilitate and execute a conference that aims to improve the quality of training on tobacco cessation delivered to health professionals. To ensure a successful conference the NJH-NAQC team will furnish a rich, unique and complementary set of attributes, including expertise, reputation and a track record in 1) exceptional CME program development and execution (NJH); 2) high quality membership services and cessation conference planning and management (NAQC); 3) award-winning health care delivery, publications and leadership (NJH);

4) serving as a neutral convenor for multi-sector initiatives and programs (NAQC); and 5) establishing leading-edge programs to best engage professionals in peer-to-peer learning and advancement (eg., learning communities and participatory program development, NJH and NAQC). Both organizations are well-experienced in conference and program management. As a team, NJH and NAQC have well-honed skills in building collaborations and partnerships between the health care and public health sectors. Since neither NJH nor NAQC is an existing grantee, our role can be to support and give voice to the important work that is underway among the 39 existing grantees.

NJH is the #1 respiratory hospital in the U.S., a leader in research related to the effects of tobacco and tobacco cessation as well as the second largest provider of quitline services, and a nonprofit multidisciplinary accredited provider of medical education. NJH is accredited with commendation by the ACCME, as well as accredited by the ACPE, and CBRN. NJH's Office of Professional Education employs seven full-time staff experienced in implementing hundreds of local, regional, national and international activities, including live, web-based, print, multimodal, and performance and quality improvement CME activities.

NJH serves twelve states and multiple health plans and corporations with tobacco cessation services. Since beginning our QuitLogix program in 2002, we have assisted over 800,000 people with their quit attempts, and have consistently achieved quit rates of between 30 and 40 percent (or an average of 75 people every single day) across the full spectrum of demographic groups, geographic cultures, education levels and socioeconomic classes. Health Initiatives regularly provides tobacco cessation training to healthcare providers who are working to help their patients quit tobacco. As a not-for-profit, non-sectarian academic medical center, we are committed to using evidence-based guidelines for treatment and for continuing to advance research and education in the field of tobacco cessation services. Our coaching protocols, online services and support materials have been developed by NJH based on the U.S. Department of Health and Human Services *Clinical Practice Guideline, 2000* and *2008 update*, the Center for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs*, additional recommendations from recent scientific and clinical publications, and the North American Quitline Consortium (NAQC).

NAQC is an international, non-profit membership organization that seeks to promote evidence-based quitline services across diverse communities in North America. It is comprised of over 400 members that include quitline funders, service providers, researchers and national organizations. NAQC members span the 50 states, the District of Columbia, Puerto Rico and Guam. NAQC prides itself on serving as a neutral convener who can bring together professionals from multiple sectors to advance a common agenda.

Since 2004, NAQC has spearheaded program development that advances the reach and quality of quitlines, partnerships, funding/sustainability and more recently, integration of quitlines into medical and behavioral health care. NAQC's programs are responsive to member needs as well as to changes in the national health landscape. Through its programs, NAQC has developed relationships with many of the national organizations at the forefront of cessation training and education for the healthcare and public health workforces. NAQC has convened four national conferences as well as annual seminar/webinar series and numerous topic-specific meetings. NAQC programs have been designed with a strong focus on partnerships that enhance promotion of and referral to quitlines by medical and behavioral health care providers as well as community-based organizations. For nine years, NAQC has been engaged in developing best practices and measuring progress on cessation.

As a partner in this project, NAQC will provide support for convening the planning group and the learning communities, staffing the strategy huddles, developing and finalizing the conference agenda, inviting speakers, developing and overseeing the abstract review/selection process, staffing the LinkedIn page, developing and overseeing the plan for poster presentations, developing the e-newsletters, convening post-conference webinar(s) and supporting NJH in its work. (Please see table of deliverables).