

QUITLINE

ANNUAL REVIEW 2012/2013



The Quit Group (which operates as Quitline) is an incorporated charitable trust which was established in 1999. We are committed to helping all New Zealanders quit smoking, with a particular focus on Māori and Pacific Peoples – because of the high smoking prevalence among these populations – and pregnant women.

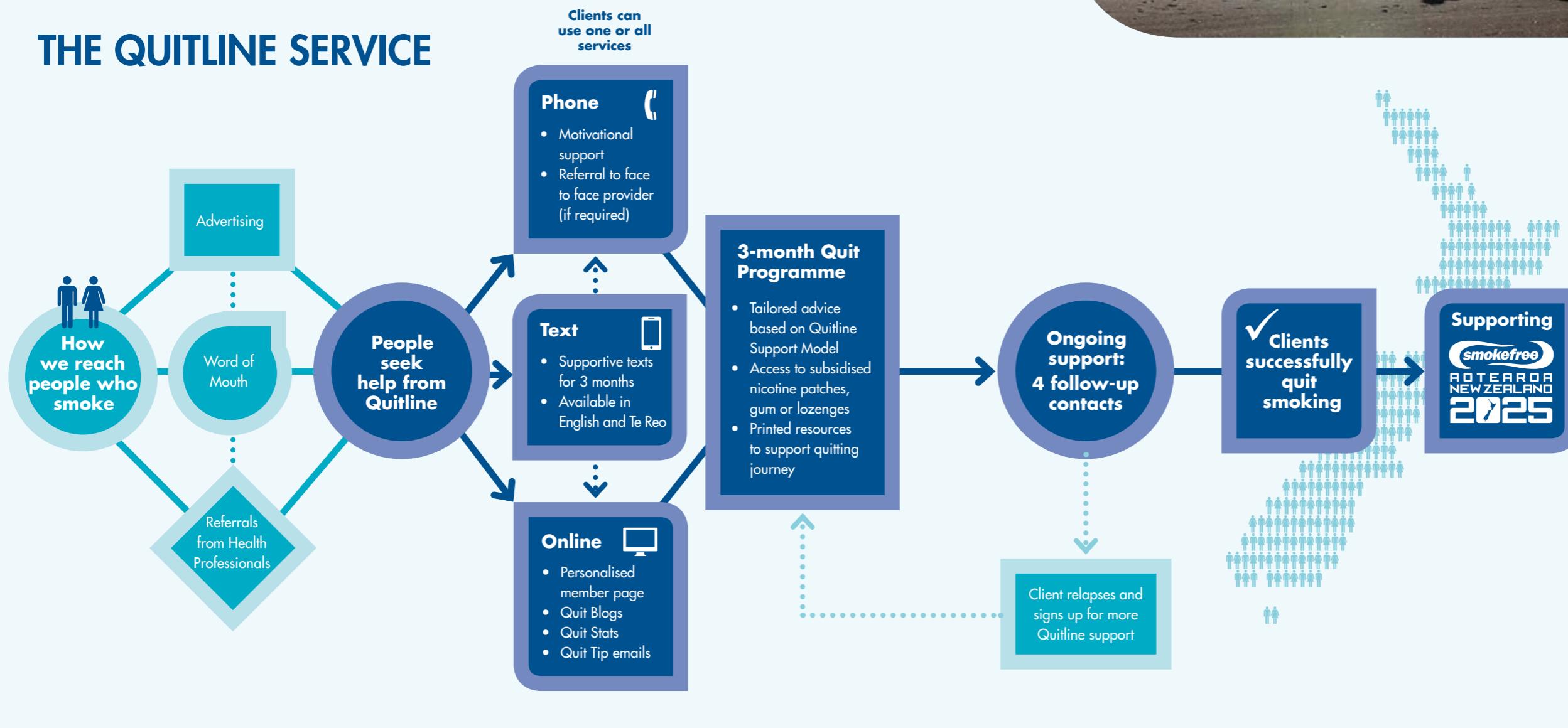
Our Vision:
A smokefree Aotearoa

Kaupapa/Mission:
To provide a collaborative national cessation support service that enables all New Zealand smokers to quit and stay quit, to drive towards less than 5% smoking prevalence by 2025.

Whakatauki:
Me mutu, hei oranga mo te whānau
Let's quit, for the wellbeing of the family.



THE QUITLINE SERVICE



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CHAIRPERSON'S REPORT



After 13 years as Chair of the Quitline board, this is my last report. It is always good for any organisation to have fresh input, and while I feel sadness at leaving, I have complete confidence in the Board which is now chaired by Professor Chris Cunningham.

Quitline has gone through so many changes since its inception. The beginnings were so very humble: three Quit Advisors and considerable volunteer effort to establish that there really was a need to offer anyone wanting to quit smoking free advice and informed support.

The Quitline has grown to 39 Advisors using a sophisticated telephony and customer relationship management system to meet the needs of every one of the people who call in. The range of options has grown too. From initially being a phone service, to now being able to offer a suite of options: telephone, website, joining the blog community, signing up for a texting service or any combination of the above. Everyone who is quitting smoking walks an individual path, and one of the exciting things about the technology available, is being able to offer a range of options so each person registered can use the options which work best for them.

The growth of Quitline has not been a smooth trajectory, rather its history is marked by significant periods of considerable growth. One of the first of these came with the introduction of subsidised nicotine replacement therapy (NRT) in 2000. As soon as it was announced, the phones went wild and the team worked extraordinary hours to answer the thousands of calls. Similar periods of heightened activity came when taxation increases were announced and in the wake of the smokefree environments legislation of 2000 and 2007, which significantly affected the places where people could smoke. All of these measures are important catalysts for many of the 80% of smokers who want to quit, taking the next step in that commitment.

During my time as Chair, I have been privileged to work with the most professional team of people who are utterly committed to supporting all New Zealanders to become smokefree. Every member of the team is inspired by the countless stories of changed lives as a result of success in beating the terrible scourge of smoking which robs individuals, whānau and society as a whole of money, time, health and life years. To achieve this, Quitline will continue to develop programmes and systems which support

successful quitting. Quitline will continue to provide detailed analysis of what works and what doesn't so it can improve the service and share that information with other providers, locally and internationally. Quitline will continue to develop tools to improve the chances of success for quitters. I also wish to also express my very deep gratitude to the Trustees who have served over the years. The Board of Trustees continues to provide a broad range of expertise in the governance role.

I am immensely proud of what Quitline has achieved, and am certain that with the expertise within the team, the organisation will continue to give every New Zealander the very best opportunity to quit smoking.

Kia kaha

Annette Milligan

CHIEF EXECUTIVE'S REPORT



When a person reaches out for help from Quitline, it is our job to ensure that we provide the type of support that person needs, when they need it. Our support can be used as often and for as long as it takes for our clients to become smokefree. This year we helped nearly 50,000 New Zealanders and I am proud to say we met the challenge laid down by Government for better and more efficient services. Not only has Quitline provided more intensive and customised support to New Zealanders wanting to quit, we have done so from a budget unchanged over four years.

A key focus of the 2012/2013 year has been to develop the Quitline Support Model into a systematic three-month treatment programme customised to the needs of our clients. Each plan includes a minimum of four follow-up contacts, with advice tailored to support clients through every step of their quitting journey. This approach has seen a 26% rise in outbound support calls from Quitline and an increase of more than 150% in existing clients contacting Quitline for additional support. We're confident that these trends will mean more successful quitters.

We have made changes to our service to ensure that it is fully consistent with the Ministry of Health's Smoking Cessation Services Tier Level One Service Specification. Although this is designed for face-to-face services, Quitline took the opportunity to enhance our phone, online and text channels to reflect the intent of the Specification. We've ramped up the support available online by making clients' personal pages more interactive and allowing them to build their own Quit Plan. We've also introduced the option of receiving texts in Te Reo from our Txt2Quit service.

Now, more than ever, we're proactively encouraging clients to use the maximum support available to them. Smoking is a difficult addiction to conquer but the more

services a person uses, the greater their chance of successfully quitting. Our research shows that more than one third of our clients who use phone, online and text support in combination are successfully quit at 6 months, whereas around one quarter of our clients who use phone-only support are successfully quit at 6 months.

Another important focus of 2012/2013 has been to increase collaboration with others in the health sector. We invested significant resource to enhance the Quitline referral form within the Medtech patient management system used by primary care. This is an effective way of aiding the Government's ABC initiative. Cessation support needs to be a simple extension of the 'Ask' and offer 'Brief Advice' approach. Our goal is to make it as easy as possible for any organisation who wishes to access our support for their people, to do that by referral so that support comes directly to the smoker. Along with receiving referrals from other organisations, Quitline now systematically offers clients a referral to a face-to-face provider in their community such as Aukati KaiPaipa.

Aligning IT systems and different ways of working is a complex business and we've got improvements to make to our referral systems, including better client status feedback information. We are committed to a process of continuous improvement and I was pleased to see in our annual Stakeholder Survey that 83% of all respondents agreed that Quitline was engaging effectively with their organisation (up from 58% in 2011/2012).

Quitline in New Zealand is now also being acknowledged for its effectiveness by our international counterparts. In July, I was asked to present at a workshop in Bangkok which aimed to support the development of new Quitlines around the Asia-Pacific region.

This trip was funded by the National Cancer Institute of Korea. As a result of this workshop we were asked to join a global group to peer review international training guidelines for Quitlines worldwide that is being developed by the World Health Organisation.

Quitline is proud of its value for money service and looks forward to putting this to the test in the 2013/2014 year, when the Ministry of Health have indicated they plan to seek Requests for Proposals (RFP) to deliver Tele-health services. As we understand it, this omnibus RFP will encompass a range of services of which Quitline is one. It will be an opportunity to perhaps expand our offering to clients and to collaborate even more with similar services to improve the access of all New Zealanders to health care and support.

In the year ahead we will be putting in place a framework to provide more tailored and intensive phone support for pregnant woman. We will also continue to develop niche marketing campaigns targeted to hard-to-reach smokers and do everything we can to ensure our service works for Māori and Pacific Peoples. This is where the greatest gains are to be made to reach the Smokefree Aotearoa 2025 goal.

I'd like to end with a proverb, which sums up the spirit of the collaboration we need:

Nāku te rourou, nāu te rourou, ka ora ai te iwi

With your basket and my basket the people will live

Paula Snowden

QUITLINE'S NEW CHAIRPERSON

Professor Chris Cunningham has been appointed the new Chairperson of Quitline's board. He is very familiar with the organisation, having served as a Quitline board member for the last 11 years.

Professor Chris Cunningham, of Ngati Toa and Ngati Raukawa Iwi, is Professor of Māori Health and has been Director of the Research Centre for Māori Health & Development at Massey University's Wellington Campus since 1996. He has a strong background in both policy development and research. He has worked as a policy analyst with the Ministry of Māori Affairs and Education Review Office. He was also Senior Advisor, Māori Health with the Ministry of Health for six years.

He has been significantly involved in governance of publicly funded organisations, being a Director of the Health Research Council of NZ and the Hutt Valley District Health Board. He is also Deputy Chair of the NZ Cancer Control Trust and Chair of the Hepatitis Foundation of NZ, a former member of the Bioethics Council of NZ, and former Chair of the NZ Drug Foundation. He currently serves on the Lottery Health Distribution Committee and chairs the Māori Knowledge and Development Panel of the Performance Based Research Fund (PBRF).



HELPING NEW ZEALANDERS TO QUIT SMOKING

Quitline's Results 2012/2013

Around **8%** of the smoking population seeks our support. Compared to other Quitlines around the world, this is an enviable rate of penetration.

Demand for Quitline's services

As New Zealand's national smoking cessation service, Quitline continued to help high volumes of people to quit in 2012/2013. More than 50,000 attempts to quit smoking were made with the help of Quitline's services. This equates to around **8%** of the smoking population seeking our support. Compared to other Quitlines around the world, this is an enviable rate of penetration. For example, in the state of Victoria, Australia, **2.2%** of the smoking population use their Quitline¹ and in the United States the average rate is just **1%**².

In 2012/2013, while there was a small decrease in inbound phone calls to Quitline from the previous financial year (down by **13%**), there was a substantial increase in outbound phone calls (up by **26%**) as more intensive follow-up support was provided to clients. Each client is contacted at least four times as part of a three month programme of support and can use Quitline's services as much as they need.

A snapshot for the month of February showed that each Quitline Advisor registered an average of nine new clients per day and supported an additional 27 existing clients through inbound or outbound calls. Existing clients are increasingly phoning in for additional support – there was an increase in inbound support calls of more than **150%** in 2012/2013. Quitline welcomes this trend, which suggests clients value the support provided by Advisors and are reaching out when they feel at risk of relapse.

It was also pleasing to note the increased use of Quitline's online and text services. Logins by clients to Quitline's website increased by **81%** in 2012/2013. Clients login to the website to access their member page, which displays personalised information such as their 'Quit Plan' and quit smoking statistics. Use of Quitline's text service increased by **32.1%** from 2011/2012.

Clients are also making use of the multiple Quitline services available to them and using a combination of phone, online and text support. In 2012/2013 more than half of clients used two or more services. Quitline actively encourages this as research indicates that clients who use more services are more likely to successfully quit (see section: Effectiveness of Quitline's service).

¹ Data provided in March 2013 by Lance Manuele, Data Analyst for Quit Victoria

² Cummins, Bailey, Campbell, Koon-Kirby, Zhu (2007). Tobacco cessation quitlines in North America: a descriptive study. Tobacco Control, 16, pp. 9-15.



Overall results

- In 2012/13 Quitline supported 50,297 Quit Attempts. A Quit Attempt is recorded when a person who wishes to quit smoking registers with Quitline's three month programme.
- Māori clients made 10,748 Quit Attempts with Quitline, or **22%** of total Quit Attempts. Māori are one of Quitline's priority groups due to high rates of smoking.
- Pacific clients made 2,716 Quit Attempts with Quitline, or **6%** of total Quit Attempts. Pacific Peoples are also one of Quitline's priority groups due to high rates of smoking.

There were **103,319** outbound phone calls made by Quitline
UP 26%
on the previous year

Phone results 0800 778 778



- There were 61,255 inbound phone calls into Quitline, down **13%** on the previous financial year.
- There were 103,319 outbound phone calls made by Quitline, up **26%** on the previous financial year.
- Overall around **76%** of clients used the phone service.³

Online results www.quit.org.nz



- There were 81,623 logins into the Quitline website, up **81%** on the previous year.
- There were 93,678 blogs and comments on blogs on the Quitline website, up **61%** on the previous financial year.
- There were 122,930 unique visitors to the Quitline website, down **5%** on the previous financial year.
- Overall around **61%** of clients used the online service.

Quitline continued to help high volumes of people to quit in 2012/2013

Text results Txt QUIT to 3111



- Around 12,000 clients used Txt2Quit an increase of **32%** from the previous year.
- Overall around **24%** of clients used the text service.

There were **81,623** logins into the Quitline website

UP 81%
on the previous year

³ The rates of service use for phone, online and text equate to more than 100% as most clients use more than one service channel.

HELPING NEW ZEALANDERS TO QUIT SMOKING

Quitline's Results 2012/2013

Effectiveness of Quitline's service

Quit smoking success rates are the litmus test showing the effectiveness of any smoking cessation service.

To measure this Quitline engaged Gravitas Research and Strategy Limited to conduct an independent longitudinal survey of clients which was completed in November 2012. A sample of Quitline clients were contacted at 4 weeks, 6 months and 12 months after they had sought help from Quitline. From an initial sample of 1251 Quitline clients at 4 weeks, Gravitas was able to re-contact 881 participants at 6 months and 615 participants at 12 months.

The Quit Services Evaluation showed:

- At 6 months **24.2%** of clients had successfully quit smoking.⁴
- Clients who used multiple Quitline service types were more likely to succeed. At 6 months the quit rate for clients who had used:
 - phone support was **20.9%**
 - online support was **26.6%**
 - phone and online support was **33.46%**
 - phone and online and text support was **37%**
- There was a relatively low relapse rate between 6 months and 12 months. At the 12 month survey, **20.9%** of clients had successfully quit smoking.

As the success rate for people who quit without support is estimated to be just **4%**, Quitline's services dramatically increase a person's chances of quitting.



At 6 months **24.2%** of clients had successfully quit smoking



⁴ Six months is the internationally recognised standard for determining the effectiveness of a cessation service.

The 4 week result for the May 2013 cohort of clients was promising, with **44%** of those who were able to be contacted having successfully quit. However, as those who were not able to be contacted must be counted as 'still smoking', this equates to a quit rate of **30%** for the whole client group. In the year ahead, Quitline will continue to invest in its tracking systems to ensure the 4 week and 3 month quit rates can be reported as accurately as possible.

Client Satisfaction

In 2012/2013 Quitline rated highly in terms of client satisfaction. In April, a survey of more than 600 Quitline clients was conducted by Gravitas Research and Strategy Limited. The survey showed:

- **93.2%** of clients surveyed were satisfied with the service they had received.
- **97.2%** of Māori clients surveyed were satisfied with the service they had received.
- **94.6%** of Pacific clients surveyed were satisfied with the service they had received.
- **97.8%** of clients surveyed found Quitline Advisors to be friendly.
- **92.3%** of clients surveyed said they would consider using Quitline services again in the future.

The sample was spread across users of different services offered by Quitline and by ethnicity (**37%** of the sample were Māori and **8%** were Pacific Peoples). While the overall satisfaction levels were high, it was good news that Quitline's priority populations reported the highest satisfaction levels. This reflects the efforts by Quitline to provide the best possible service to these groups.

93.2% of clients surveyed were satisfied with the service they had received.

Quitline's Return on Investment

In 2012/2013 Quitline offered a Return on Investment of \$65:1.

The methodology for calculating this is based on research from O'Dea and Thomson⁵ which estimated the cost of the service set against the direct and indirect benefits to New Zealand from supporting a significant number of people to quit smoking.

In previous years the calculation used was based on a 12 month client quit rate of **10.9%** from Quitline's 2003 service evaluation. In 2011/2012 this resulted in a return on investment of \$38:1. This year the calculation was updated using the result of the 2012 Quit Service Evaluation with an improved 12 month client quit rate of **20.9%**, resulting in a Return on Investment of \$65:1. This means for every \$1 invested in Quitline, estimated cost savings of \$65 were generated for New Zealand.

In any terms, this Return on Investment level reflects a significant net gain from the resources invested in Quitline as a national, high volume, smoking cessation provider.

⁵ O'Dea, D. & Thompson, G. (2007). Report on Tobacco Taxation in New Zealand, Vol. 2.



In 2012/2013 Quitline offered a return on investment of

\$65:1



INNOVATION

Improvements, developments & research

Enhancements to Quitline's service

In 2012/2013 Quitline made significant enhancements to its service. This was in part to meet the requirements of the Ministry of Health's Smoking Cessation Services Tier Level One Service Specification (The Tier One Specification). The Tier One Specification outlined a mandatory base set of requirements for all publicly-funded cessation services, including Quitline.

Quitline viewed the Tier One Specification as an opportunity to further develop its service. The organisation focused not only on compliance, but also how the implementation of the Tier One Specification could be extended to improve a client's experience via phone, online and text. This work resulted in the following key changes:

- Clients who register with Quitline are now signed up to a 3 Month Quit Programme.
- Over the course of the 3 Month Quit Programme clients now receive a minimum of four follow-up contacts.
- Tracking systems were created to assess clients' quit status at four weeks and three months.
- The Support Model underpinning Quitline's service was redeveloped to align with the 3 Month Quit Programme.
- The redeveloped Quitline Support Model was mapped across Quitline's three service channels – phone, online and text. The channels now offer a single integrated smoking cessation support programme, creating a seamless experience for clients.
- Client interaction and outcomes via each service channel are now recorded in a single Customer Relationship Management System.

Quitline Support Model

Quitline redeveloped its Support Model so advice can be best tailored to meet the needs of clients at different stages of their quitting journey. The Quitline Support Model views change as a process rather than a one-off event. This provides a framework to deliver the most appropriate advice during the follow up contacts Quitline now provides. Key features of the Quitline Support Model include:

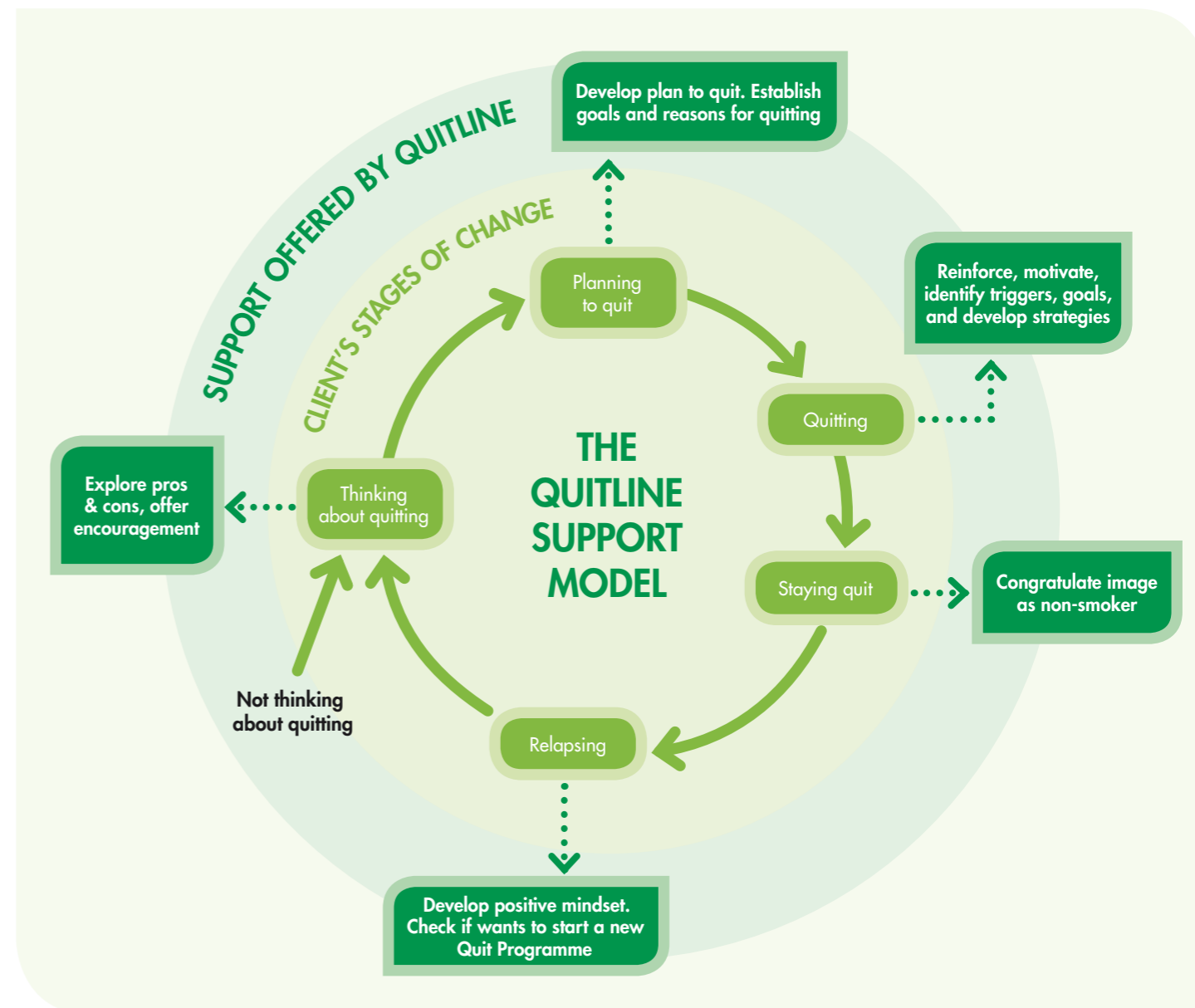
- **Steps to change** – Clients are supported through the steps required to become a non-smoker. These are: thinking about quitting; planning to quit; quitting; staying quit; relapsing (in some cases).
- **Motivational interviewing** – Clients are helped to make change through Advisors expressing empathy, supporting client empowerment, and working through a client's current smoking behaviour and future smokefree goals.
- **Behaviour therapy** – Clients are prompted to reflect on their behaviour around smoking, including reasons why they smoke and triggers. Clients are encouraged to adopt new behaviours to replace their smoking behaviour.
- **The three parts of addiction** – Clients are helped to understand the parts of their addiction: chemical - the body's need for nicotine; habitual - routines people have built up around their smoking; emotional – the emotions that drive people to smoke such as stress.

In 2012/2013 Quitline actively sought to increase collaboration with others in the health and smoking cessation sector. A wide range of engagement activities were carried out with health professionals around New Zealand.



Phone

- New call processes and scripts were developed, followed by extensive training for Advisors. This included refresher training in motivational interviewing techniques and alignment of appropriate advice with clients' needs on the 3 Month Quit Programme. As a result, Quitline Advisors are now better able to customise support to clients within clear best-practice disciplines.
- To enable the minimum four follow-up calls, scheduled during the 3 month programme, processes and IT systems were streamlined to allow Quitline to make more outbound calls with a similar level of resource.



Online

- This 'information and tools' site was redeveloped to offer a more interactive experience where the client is 'coached' through their 3 month Quit Programme on their personal page. The client is given appropriate advice based on their stage of change, level of confidence and other key parameters, mirroring the call process and scripts used in the Quitline phone service.

- Clients are able to request additional support via emails or text messages, and can update their own Quit Plan online, as they progress through their Quit Journey. Pages are personalised with a culturally appropriate greeting that is based on ethnicity choice when clients sign-up. Additionally, clients can choose a Māori or Pacific-theme for their member page (in addition to Quitline's default theme).

Text

- The former stand-alone Txt2Quit offering was relaunched in December as a fully integrated Txt2Quit service based on the Quitline Support Model and the 3 Month Quit Programme. Clients are now able to register and start a Quit Programme by text.
- The texts are available in English and Te Reo by client preference.

INNOVATION

Improvements, developments & research

83% of all respondents consider that Quitline is contributing significantly to the Smokefree Aotearoa 2025 goal

Increasing collaboration and driving referrals

In 2012/2013 Quitline actively sought to increase collaboration with others in the health and smoking cessation sector.

A wide range of engagement activities were carried out with health professionals around New Zealand. The focus of these was to establish collaborative relationships, build awareness of Quitline's services, develop trust and confidence, and increase referral activity levels.

Health sector groups engaged with included: Plunket, New Zealand College of Midwives, Salvation Army, smokefree networks, cessation clinics, DHBs, pharmaceutical companies, PHO organisations and networks, and government agencies such as the Department of Corrections.

This work complemented that of the Māori and Pacific Strategies team. This team continued to engage with Iwi, Māori and Pacific health providers and other community groups. The aim of this engagement was also to increase visibility, build trust and confidence, promote wrap-around support and generate stronger referral flows.

The results of Quitline's annual stakeholder survey reflected the effort being invested by Quitline in stakeholder relationships. Key results included:

- **83%** of all respondents consider that Quitline is contributing significantly to the Smokefree Aotearoa 2025 goal
- **83%** of all respondents agree that Quitline is engaging effectively with their organisation (up from 58% last year)

- **82%** of Māori respondents agree that Quitline is engaging effectively with their organisation (up from 50% last year)
- **92%** of Pacific respondents agree that Quitline is engaging effectively with their organisation (up from 63% last year)

Comments from stakeholders included:

"I commend them for recognising the importance in working together and working closely with a range of other Pacific and Māori services."

"We are in this together and I applaud Quitline's new inclusive approach"

Referrals

One of the goals of health sector engagement is to significantly increase referral flows from the health sector to Quitline for cessation support. In this way, Quitline can add value to the overall ABC programme by making cessation support within easy reach for health professionals to refer people for free support.

In 2012/2013 Quitline received a total of 5,695 referrals. Quitline makes three attempts to contact referred clients and was able to contact **66%**. Of those who were contacted, **42%** agreed to begin a Quit Programme.

Since March 2013, Quitline has also offered all clients a referral to a face-to-face provider for additional cessation support in order to provide the client with the best cessation support for them, particularly for Māori and Pacific clients. Feedback from cessation providers such as Aukati KaiPaipa Kokiri Marae and Te Ohu Auahi Mutunga has been positive.

Work has been in progress to develop the back-end systems to enable systematic reporting on clients' quit status to referrers. Feedback is now provided on a quarterly basis to DHBs and in August 2013 this information will be available for PHOs using the Medtech system. Other referrers will also be able to receive systematic reporting in 2013/2014.



INNOVATION

Improvements, developments & research



Research

In 2012/2013 Quitline continued to carry out in-house evaluations as a means to identify trends in client behaviour and inform service development. Of particular note were the Lost to Follow-Up Evaluation, Relapse Evaluation and Pacific Effectiveness Evaluation.

Lost to Follow-Up Evaluation

The Ministry of Health requires Quitline to follow up all of its clients at four weeks in order to determine the overall quit rate. Under this requirement, all clients who were lost to follow-up must be counted as smoking, even though they might not be.

This evaluation found the number of clients successfully re-contacted at four weeks was increasing (currently at around **70%**). The younger clients were, the more likely they were to be lost to follow-up. There was also evidence that men (vs. women) and Māori (vs. non-Māori) were slightly more likely to be lost to follow-up.

The evaluation recommended that Quitline should seek to continually improve its re-contact rate, bearing in mind that independent researchers Gravitas Research and Strategy Limited found 25% of clients to be unreachable despite an intensive calling schedule, and that calling clients more than five or six times is unlikely to be an effective strategy. Also, Quitline's multiple channel approach (phone, online, text) represents an opportunity to re-contact as many clients as possible by the channel of the client's preference. The evaluation concluded Quitline should consider building a system to accurately track the effectiveness of the different channels.

Relapse Evaluation

The purpose of this evaluation was to understand the characteristics and experiences of clients who relapsed during their 3 Month Quit Programme. This information will help Quitline to identify which clients have a higher risk of relapse, and what Quitline might do to

help those clients be more successful in their future quit attempts.

The following factors were associated with higher risk of relapse:

- Gender: females were more likely to relapse than males
- Level of addiction at registration: people who had a cigarette within 30 minutes of waking were more likely to relapse than people who had a cigarette 60 minutes or more after waking
- Use of nicotine replacement therapy (NRT): people who did not use NRT were more likely to relapse than people who used NRT at some point during their quit programme
- Age at uptake: the younger the person was when they took up smoking, the more likely they were to relapse

The evaluation concluded that most of the factors that were associated with a higher risk of relapse are beyond Quitline's control (e.g. gender, level of addiction). However, if a client has these 'risk factors' when they register, Quitline Advisors can note that this person might need more intensive support during their Quit Programme.

There were some 'risk factors' that Quitline can try to act upon. For example, one of the main predictors of relapse was not using NRT. As such, Quitline will continue to encourage its clients to use NRT and to do so correctly. The evaluation concluded that Quitline needs to strongly encourage clients to reach out for help when they are experiencing difficulty in their Quit Attempt, rather than just waiting for Quitline to contact them (by which point they might have already relapsed).

Pacific Effectiveness Evaluation

Pacific Peoples are one of Quitline's target populations, with **26%** of adults (approximately 54,000 people) currently smoking.⁶ The purpose of this evaluation was to provide Quitline with information it could use to improve cessation outcomes for its Pacific clients.

The evaluation found there are a number of similarities between Quitline's Pacific and non-Pacific clients. Both groups have similar gender distributions, quit rates, reasons for relapsing, rates of Quitline service use (with the exception of the Quit Blog), levels of addiction, rates of ordering NRT, and rates of beginning to use NRT.

There are also some key differences between Quitline's Pacific and non-Pacific clients: Pacific clients are younger, have a higher rate of Quit Blog use, have higher levels of socioeconomic deprivation, and are less likely to still be using NRT four weeks after quitting.

Usual Quitline care is effective for Pacific Peoples, with both Pacific and non-Pacific clients achieving similar quit success rates at four weeks, six months, and twelve months after quitting.⁷

The results of the Pacific Effectiveness Evaluation showed that providing Pacific clients with a Pacific-specific phone service (which included tailored NRT advice and interacting with Pacific Advisors) and non-Pacific phone service achieved similar cessation outcomes. Therefore, Quitline is continuing to work to ensure its mainstream service is as effective as possible for all clients, including Pacific Peoples.



Quitline care is effective for Pacific Peoples, with both Pacific and non-Pacific clients achieving similar quit success rates.



⁶ Ministry of Health (2012). The Health of New Zealand Adults 2011/12: Key findings of the New Zealand Health Survey.

⁷ Gravitas Research and Strategy Limited (2012). The Quit Group Service Longitudinal Client Survey.

WHAT OUR CLIENTS SAY

Client Testimonials

It's so nice to see more and more people becoming a part of this awesome site, I wish you all the best with your quit journey, I know this site has been a huge part of my success!
- From the Quit Blog

Your support is fantastic, I highly recommend you to anyone I speak to who is a smoker. There's no-one else out there who helps us smokers like Quitline does.
- Phone call from Maria McKean

It is hard and the cravings just suck big time. If it is getting to desperation time ring Quitline, they will talk you through. When I was getting to the point of cracking, blogging and Quitline got me through it... you can beat this and you will.
- From 'Northland Nana' on the Quit Blog

I have been watching your blogs and from time to time offering some thoughts. However I have not posted myself for a while as I have been waiting for another significant way point to arrive.

Now it has. Today marks the saving of \$2000 from not smoking and that in 155 days. I am stunned that in past years I have thrown away those amounts of money month after month and had nothing to show for it but a slim wallet and a nasty cough. As an exercise I have estimated with a fair degree of accuracy the amount I have spent in a lifetime of smoking. About 150K and that does not include lighters and matches nor the many pipes I bought in days past.

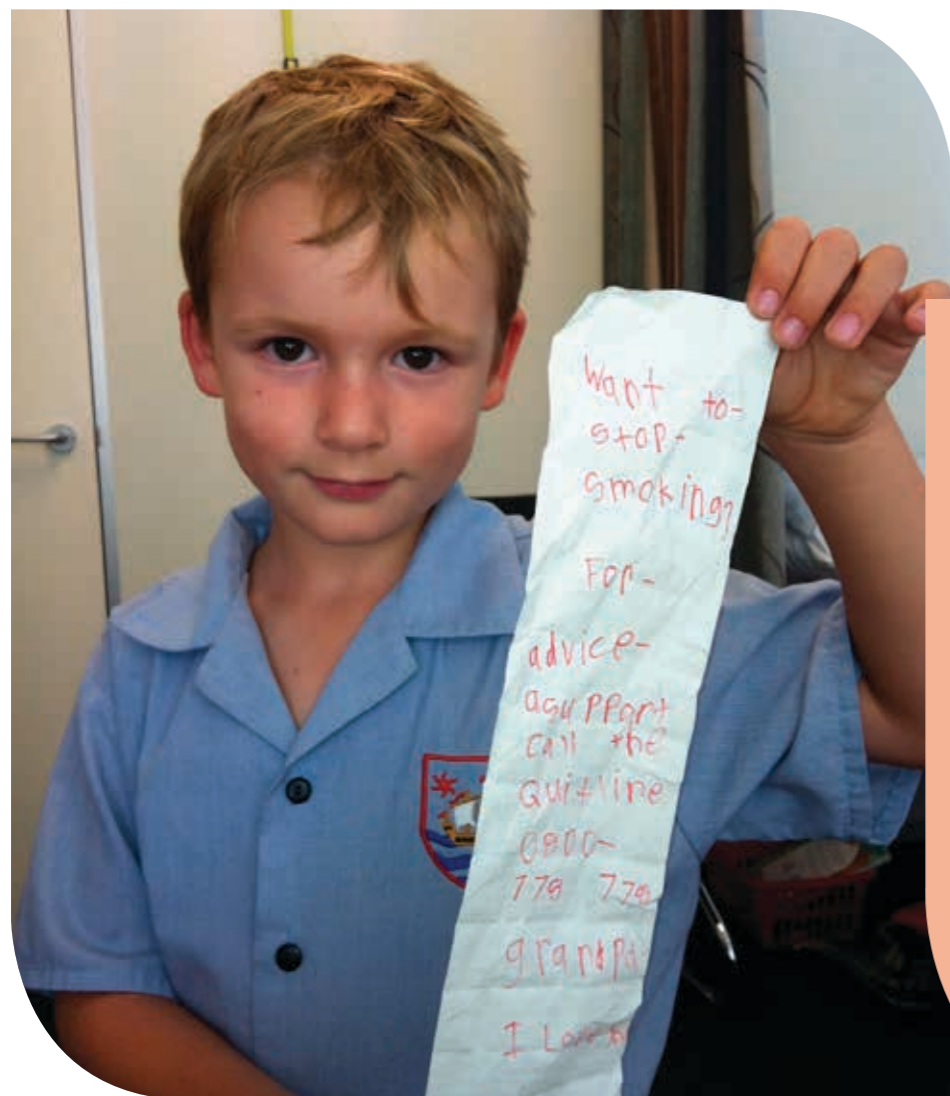
Like all of us there are times when I think a smoke would be nice but now I really have no problem in resisting. I do not have cigs in the house and as there is no one else here I can't bludge. The idea of driving to the shop is just too much of an effort.

I have just had my annual full medical check and the Dr was greatly impressed by my stopping and, shaking my hand, expressed his congratulations. All the tests and examinations are as good or better than previous years so it looks like I will be here for a while yet.

Finally, as always, my profound thanks to Quitline and all of you who have believed in me and seen me through good times and bad. To the newbies I say you can all get to where I am and further on too.

Now I must work out the next marker and until then, cheers to all.

- From 'gomots' on the Quit Blog



5-year-old Luke encourages Grandpa to quit

Quitline was delighted to hear about the efforts of a 5-year-old to help his Grandpa to quit. His mother sent in this email and photograph:

On a recent visit to our family GP my 5 yr old son, Luke saw one of your posters. He was very insistent "Mum, please can I have a piece of paper, I need to write this down for Grandpa". All I had in my handbag was a till receipt (luckily it was a pretty long one!!!) He diligently wrote out the poster word for word, proudly making his "present" for his Grandpa. He showed it to our GP who took this picture that is going up on their notice board. We thought it was too cute not to share with you too!!!

Kind regards
Jessica Lowson

I am so proud of myself:) 13 days without a cigarette after so very long smoking. The Quitline method really does work and I'm so grateful for the help and support - it is enabling me to be Smokefree.
- From 'ex smoker after 40 years' on the Quit Blog

Hey - thanks for supporting me to quit. I know I'm just one person but this has changed my life! It is excellent. Cheers.
- Email from Madeleine

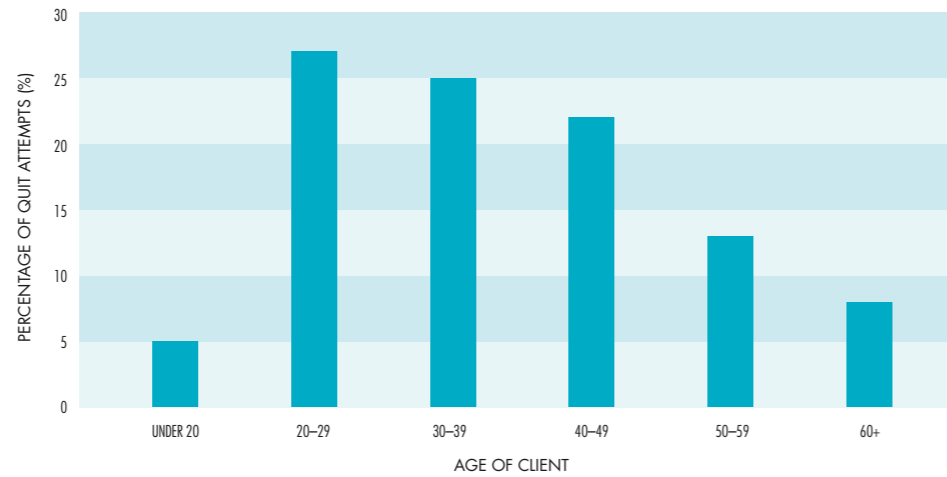
Stats Update: 279 days Smokefree. I couldn't have done it without the support of the others on here and their inspirational stories, it really is the way to go having an outlet like this. It is nice to have somewhere non-judgemental to go where everyone is in the same boat. I am looking forward to hitting the one year mark!
- From 'Matrix' on the Quit Blog

WHO QUITLINE HELPS

Client Demographics

Age profile of clients

The majority of Quit Attempts in 2012/2013 were made by clients aged between 20 and 49 years old (74%). This matches the age profile of the majority of New Zealand smokers.



Priority populations: Māori and Pacific clients

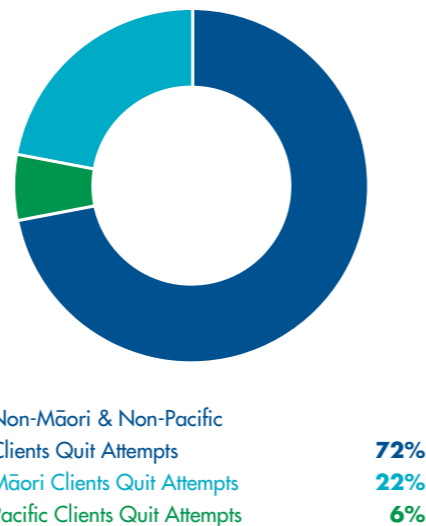
Given the high smoking prevalence amongst Māori and Pacific Peoples, reducing smoking rates in these communities is a high priority for Quitline.

Māori

- In 2012/2013 Māori clients made 10,748 Quit Attempts with Quitline, or **22%** of total Quit Attempts.
- The majority of Māori registered by the phone service (**63%**) rather than the online service (**37%**).
- Māori clients were predominately female (**60%**) and under 40 years old (**63%**).
- The quit success rate for Māori at six months was **18.7%**

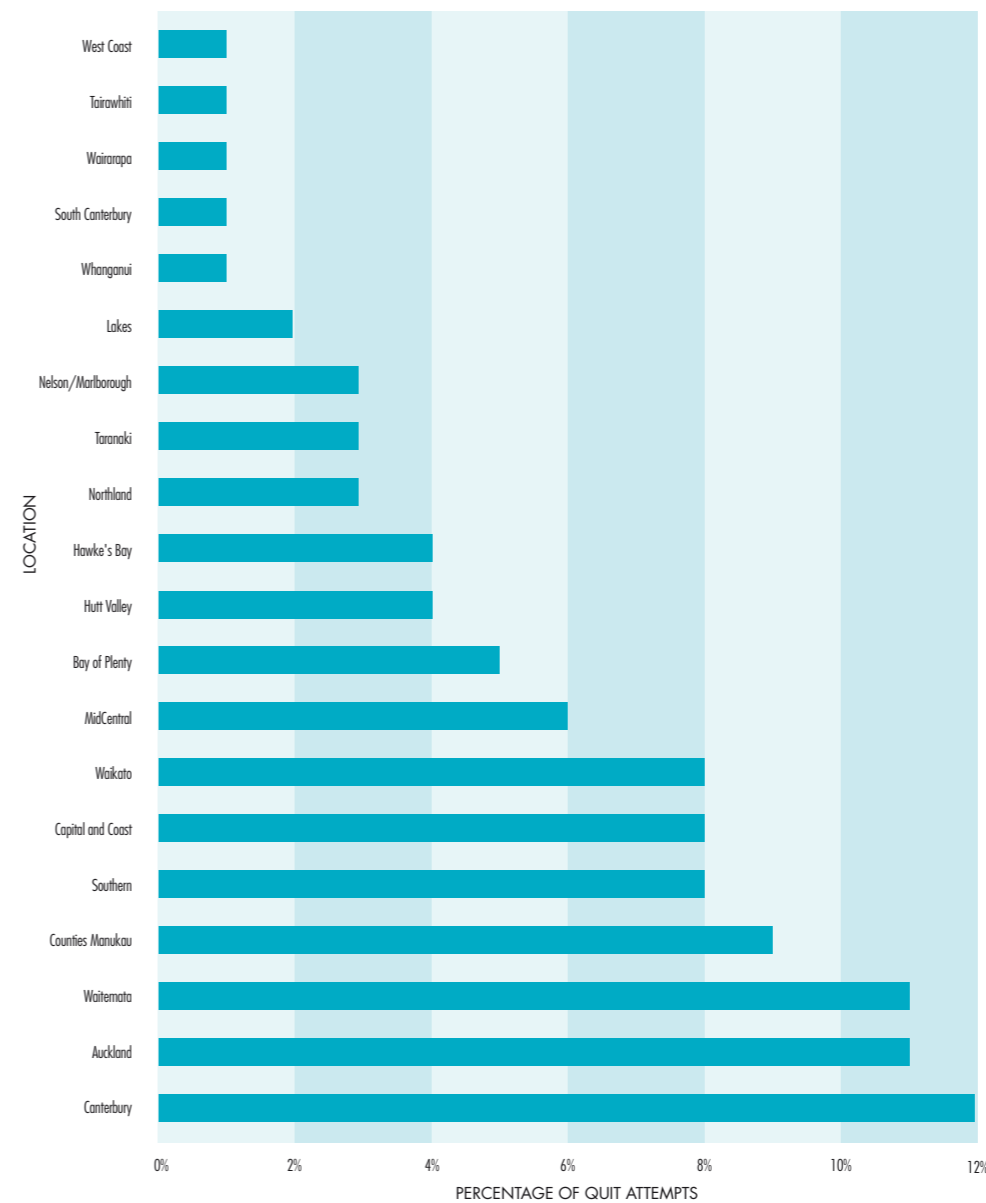
Pacific

- In 2012/2013 Pacific clients made 2,716 Quit Attempts with Quitline, or **6%** of total Quit Attempts.
- The majority of Pacific registered by the phone service (**66%**) rather than the online service (**34%**).
- Pacific clients were 50/50 male and female, and mostly under 40 years old (**74%**).
- The quit success rate for Pacific clients at six months was **22.6%**



Breakdown of Quit Attempts by DHB region

Quit Attempts by Quitline clients are recorded by the District Health Board region they belong to. In 2012/2013 the regions with the highest number of clients were Canterbury (12%), Auckland (11%), and Waitemata (11%).



Gender of clients

Quit Attempts in 2012/2013 were almost evenly split between males and females, with females making slightly more.

- Males made **47.5%** of total Quit Attempts
- Females made **52.5%** of total Quit Attempts

HOW QUITLINE REACHES SMOKERS

Marketing and Communications

Reach into the smoking population is good with over 8% of smokers using Quitline's service for cessation support.

Advertising

Television advertising is a central component of Quitline's marketing strategy. Quitline data shows that about one third of all calls to 0800 778 778 are a direct result of television advertising. Quitline maintains a year-round advertising presence on television, except for December when audience receptivity to quit-smoking messages has been found to weaken. Television advertising is complemented by other activities. These include online advertising and 'out-of-home' advertising, such as TV plasma screens at retail outlets like The Warehouse.



Chad Chambers performs at Quitline's Matariki Event

The New You campaign

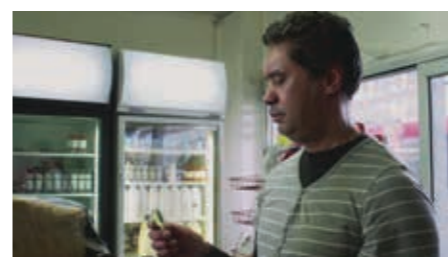
The New You Campaign ran from April 2012 to May 2013. Unlike previous campaigns, the New You Campaign used a direct 'call to action' approach and focussed on highlighting Quitline's services. The advertisements showed a number of Quitline clients using Quitline's phone, text and online channels. Focus group testing was conducted at regular intervals and in October 2012, the campaign was refreshed to feature the stories and messages that resonated best with the target audience.

Internal research conducted in May 2013 assessed the durability of the campaign. This study found that the campaign was particularly effective at stimulating demand for both Quitline's phone and online service in the first three months of air time. For example, online registrations rose by 35% during this period.

Māori TV Campaign featuring Chad Chambers

Throughout 2012/2013, Quitline followed and supported Homai Te Pakipaki winner Chad Chambers as he quit smoking. During the year Chad recorded a number of video diaries talking about his journey and the support he was receiving from Quitline. These video diaries were broadcast across Māori Television from May 2012 to June 2013. Chad also created a jingle for the campaign called "One thing important to ourselves is life".

The final advertisements, marking Chad's one year smokefree anniversary, included Quitline CEO, Paula Snowden. The campaign targeted Māori and Pacific smokers with Chad Chambers' messages promoting the connection of whānau and friends to support quitting activity. The campaign was tested through Māori Television's Māori Forum, which has 500 active participants, where it was compared to mainstream quit smoking advertisements. Overall, it received positive feedback and the audience liked it more than the mainstream advertisements they were shown.



Images from 'The moment I knew...' campaign

The Wait

The Wait is an advertisement which was created by Quit Victoria in Australia and was screened by Quitline in New Zealand during May and June 2013. It depicts a man sitting in a waiting room at a doctor's clinic, anxiously awaiting the results of his lung scan. He looks at a picture of his children on his phone and is unsure of what a 'shadow on the lung' could mean for his future. The advertisement encourages people to quit in order to avoid negative consequences for their health and family, which they could regret forever.

The end frames contain the message 'Don't wait until it's too late', followed by Quitline's contact details. The message is emotive and hard-hitting, and allowed Quitline to test this type of advertisement with a New Zealand audience. Anecdotal evidence showed it was well received. One client commented, 'I am 3 days Smoke Free and 'The Wait' ad REALLY hit home for me. It stays with me and motivates me to stay Smoke Free.'

'The moment I knew...' campaign

The development of a new advertising campaign began in May. The aim of this campaign is to generate high emotional impact and a simple, direct call to action for smokers to contact Quitline for help.

The idea behind this campaign was informed by both New Zealand-based and international research conducted in 2011 and 2012. This highlighted the need for smoking cessation advertisements to illicit an emotional response. The research found that the advertisements should be hard hitting and easy to understand with one simple message. They need to be realistic and people want to see 'people like them'. The use of children has been shown to be powerful.^{8, 9, 10, 11}

8 Hoek et al. (2012). Consumer Testing of Terminology and Key Messages for Smoking Cessation. A report commissioned by the Ministry of Health.

9 Durkin, Wakefield, & Spittal (2011). Which types of televised anti-tobacco campaigns prompt more Quitline calls from disadvantaged groups? Health Education Research.

Given the 'The moment I knew...' campaign's primary target audience was Māori smokers, Quitline decided to work directly with Auckland-based production company, Screentime and producer Kewana Duncan, both of whom have significant experience in working with Māori television and incorporating Māori values into their work. Production costs were kept to a minimum, offering value for money, which will allow Quitline to create more advertisements in 2013/2014.

The campaign focuses on the moment that smokers realise that it is time to quit. Real people who had quit smoking sharing their real 'moments', were used to give the campaign authenticity. The campaign went to air in July 2013.

10 Farrelly et al. (2012). Promotion of smoking cessation with emotional and/or graphic antismoking advertising. American Journal of Preventive Medicine.

11 Farrelly et al. (2011). Promoting calls to a quitline: Quantifying the influence of message theme, strong negative emotions and graphic images in television advertisements. Tobacco Control.

HOW QUITLINE REACHES SMOKERS

Marketing and Communications

Facebook

Quitline's Facebook page is an extension of Quitline's current online support and offers a social media vehicle for reaching out to people seeking help to quit. The primary aim of the page is to connect Facebook users with Quitline support. It also allows users to post their smokefree statistics and share quit smoking content with their friends.

The content on the page is changed regularly to reflect events such as World Smokefree Day or to promote advertising campaigns. Regular quit tips and quotes from Quitline's blog are also posted.

The page has over 3,000 likes and has a higher percentage of female followers (70%) than male ones (30%). The majority of followers are aged 18–44.

Events

Quitline attends events and festivals primarily as a way of reaching Māori and Pacific Peoples in a community environment. Event attendance serves to promote the Quitline brand and to increase awareness of its services among groups that might not otherwise be exposed to them. Quitline also registers clients at events.

Quitline attended twelve events in 2012/2013, including Ngati Kahungunu Iwi AGM and Sports Day, Pasifically Wellington, Ngati Kahungunu Sports Day (2013), Festival of the Elements, Ratana Pa Celebration, Waitangi Day Celebrations, Te Matatini, Iron Māori Triathlon, Pasifika Festival, ASB Polyfest, Te Ra O Kupe and Te Ra O Te Raukura.

Quitline attended some of these events in partnership with other organisations such as Pharmac as part of their heart checks programme.

Unlike in previous years, all 2012/2013 events were smokefree. Quitline changed its approach to engage people and their whānau in conversations about smoking and explain the help Quitline can offer.

Matariki 2013

Quitline hosted a Matariki event in June that brought together a broad cross-section of the health sector. The key theme was how collaboration will help achieve the Smokefree Aotearoa 2025 goal.

Speeches were made by: Whānau-ora champions Piriwiritua Rurawhe and Brendon Pongia; Sonya Rimene, General Manager Māori Health, Plunket; and Paula Snowden, CEO, Quitline. The event also featured kapa haka and waiata performances by four schools. Another highlight was a special guest appearance by singer Chad Chambers, whose journey to quit smoking has been recorded in a series of Quitline advertisements (see Advertising section on page 20).

The content of speeches centred around finding new approaches to helping Māori beat the addiction. This included organisations working in smoking cessation finding ways to collaborate, so that a person quitting smoking can benefit from as many services as they need.

Resources

In 2012/2013 Quitline maintained its suite of resources to help people quit smoking, including: The Quit Book, Me Mutu Tātou and Time to Quit.

In November 2012, following a survey of clients as to what sort of giveaway resource they would find valuable, Quitline created wristbands printed with anti-smoking messages. These included: No Butts – Stay Quit; Smoking is Teets – Me Mutu Tātou; Hongi me – I'm Smokefree; Handle da Jandal – Stay Quit.

In February 2013, Quitline developed a new bi-lingual promotional booklet specifically aimed at Pacific clients. This is available in Tongan and Samoan (with English translations).



The aim was to create an upbeat, positive resource that would provide: a call to action to use Quitline's services; positive messaging around quitting; encouragement to use NRT (research has shown low rates of use by Pacific smokers – sometimes due to misconceptions); and space for face-to-face providers to list their contacts.

Samoan and Tongan are the most common Pacific languages spoken by our clients. In time and budget allowing, Quitline hopes to be able to create versions of this booklet in other Pacific languages.

FINANCIAL OVERVIEW

2013

As at 30 June 2013
Quitline has 59 full-time equivalent staff, 39.5 of whom are directly working on promoting and supporting cessation.

Value for Money

Quitline has delivered cost effective cessation support services, as evidenced by the following two performance indicators:

1. The unit cost of securing and supporting a Quit Attempt for the full year is \$195.33 (down from \$240 three years ago).
2. The annual return on investment (ROI) has increased to \$65:1 (compared to last year which was \$38:1). ROI is calculated by comparing the cost savings for New Zealand of a person quitting smoking compared to the cost of the Quitline service (see Quitline's Return on Investment on Page 9 for further details).

Financial Highlights

Income for the year was approximately \$9.6 million, with the Ministry of Health providing the main source of funding.

Total expenditure was approximately \$9.8 million, of which \$2.3 million was spent on communication costs, and \$3.4 million on marketing and operations staff costs – these two expenditure items have the most direct impact on increasing quit attempts and quit success rates.

A small operating deficit was incurred to enable Quitline to advance development projects. The financial position at year end shows a balance of net assets of \$2.8 million, including a working capital of \$2.2 million net working capital. The bulk of the working capital is held as cash reserves.

Quitline has a contract with the Ministry of Health to provide a free, national smoking cessation service to 30 June 2014.

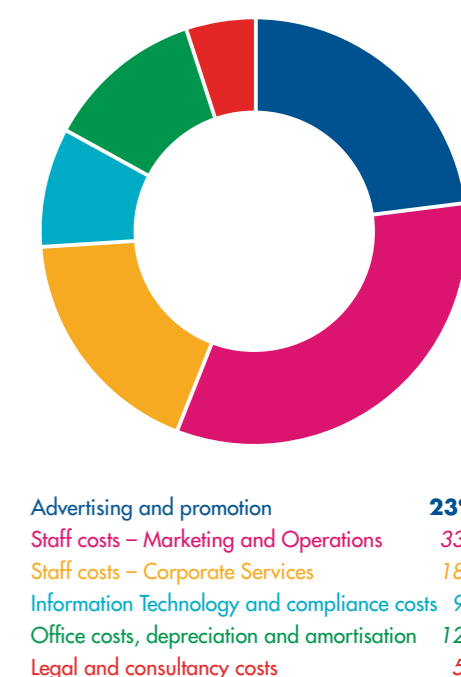
Statement of Comprehensive Income

For the year ended 30 June 2013
in New Zealand dollars

	2013 \$000
Income	
Ministry of Health	9,422
Other income	186
Total Income	9,608
Expenditure	
Advertising and promotion	2,304
Staff costs – Marketing and Operations	3,183
Staff costs – Corporate Services	1,775
Information Technology and compliance costs	911
Office costs, depreciation and amortisation	1,192
Legal and consultancy costs	459
Total expenditure	9,824
Deficit for the year	(216)

Note: These figures provide an unaudited financial summary as at 30 June 2013.

Analysis of Quitline Expenditure



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BOARD MEMBERS

Professor Chris Cunningham
(Chairperson)
Dr Janet Pearson
Andrew Jackson
Liz Hirst

QUITLINE

Paula Snowden – Chief Executive
Bruce Bassett – Director Strategy
& Communications
Jack Schierhout – Director Operations
& Corporate Services

Below top: Quitline's Senior
Management Team 2012/2013

Below bottom: Annette Milligan,
Paula Snowden and Professor
Chris Cunningham



Quitline
ME MUTU

