



January 7, 2019

Subject: Docket No. CDC-2018-0097 Public Comment and Recommendations

Dear Mr. Zirger:

ClearWay MinnesotaSM respectfully submits this comment in response to the Department of Health and Human Services Centers for Disease Control and Prevention request for comments on the National Quitline Data Warehouse (NQDW). ClearWay Minnesota is an independent nonprofit organization funded with 3 percent of Minnesota's tobacco settlement. Our mission is to enhance life for all Minnesotans by reducing tobacco use and exposure to secondhand smoke through research, action and collaboration.

ClearWay Minnesota has operated QUITPLAN Services, a statewide quitline for Minnesota, since 2001. After noticing declining service utilization, we redesigned QUITPLAN Services to better reach commercial tobacco users. This redesign challenged the traditional quitline definition of phone counseling plus nicotine replacement therapy (NRT) by allowing participants to choose from a suite of services including: a multi-session phone coaching program with NRT, 2-week NRT starter kits, email and/or text programs, and a printed quit guide. The redesign also emphasized improving the use of technology, including offering both web-based and telephone enrollment for all services.

Our comments about NQDW data collection are heavily influenced by the experience of evolving our quitline to best fit commercial tobacco users' needs as well as duplication of data collection efforts. In general, we feel that the NQDW Quitline Services Survey should be reevaluated to ensure it reflects the variety of ways states are now providing access to quitline services and to allow states to accurately report the breadth of services that are being offered. We also think that the amount and types of data collected need to be evaluated to ensure that they are still needed and are being used. Finally, the North American Quitline Consortium (NAQC) conducts an annual survey that addresses the similar goals of ongoing monitoring, reporting and evaluation of state quitlines. Ideally, the CDC would replace the NQDW Services Survey with data collected through NAQC's annual survey to reduce reporting burden on state quitline staff. At a minimum, we recommend coordinating with NAQC on data collection to reduce reporting burden.

We would like to highlight several key points for consideration in this review process:

Services offered: NQDW data collection has not advanced with the changing landscape of how states are providing services. Services offered by state quitlines now include a variety of options (e.g. texting, email, NRT starter kits, printed materials, web-based services), yet the survey still asks about telephone counseling only. Because of this, Minnesota has only been reporting on our Helpline (telephone counseling) participants yet this only represents approximately 12% of our enrollments. We recommend updating the questions to reflect an expanded definition of quitline

services to allow states to report on all cessation services. This would lead to a more accurate accounting of how state quitlines are helping commercial tobacco users quit.

Use of technology: In Minnesota and other states, participants can enroll by phone or web. Currently the NQDW data request only allows us to reflect phone enrollees, yet approximately 60% of our participants enroll by web. Web enrollments have contributed greatly to increased reach, and not including this entry method in the survey limits states' ability to provide a complete and accurate picture of their quitline services.

Use of NQDW data by CDC and others: The amount of data and specific data elements reported on both the NQDW Quitline Services Survey and the Quitline Intake and Administrative Intake Data should be assessed given CDC's specific monitoring, reporting and evaluation needs and changes to data collection at the quitline level. If the majority of states are no longer collecting certain data elements and/or CDC no longer has a use for them, we recommend removing them from the surveys. If feasible, we also recommend evaluating use of NQDW data through the STATE system to see whether these data are being used by others; if they are not, or if only specific elements are being used, we recommend considering whether the amount of data currently collected is needed.

Response burden: The current estimate provided for the Quitline Services Survey is an average of 20 minutes per response. For Minnesota, this estimate is fairly accurate when no database changes have been made or additional questions added to the survey. When either of these factors come into play, the time commitment increases until these new items are successfully incorporated into the process.

In addition, there seem to be different models for gathering and providing the requested data. In some cases, the quitline vendor responds on behalf of the states while for others, evaluators or state quitline staff are engaged. These different models require a range of resources (both staff and financial). In Minnesota, we are able to contract with our external evaluator to assist with data reporting, but in other states, similar resources may not exist potentially making it more time consuming for those not as familiar with data to complete the NQDW. DHHS should take the range of state quitlines' capacity and resources into account as part of this evaluation.

Reporting accuracy: Given the nature of the data requested and the different models for gathering and providing the requested data, it is possible that states or their representatives are inconsistently interpreting the requested items. Some of the questions leave room for a wide range of interpretation. A quality check or quality assurance process could contribute to increased validity and trust in the accuracy and utility of the data.

Reporting frequency: Given the project goals and how the data are used, we feel that reporting data twice per year rather than quarterly would reduce burden without compromising CDC's goals. The nature of quitline data is such that consistent patterns emerge and receiving data every six months would likely not compromise the utility of the information.

In closing, we feel that data quality, utility and clarity continue to be appropriate measures to drive the collection of data for the NQDW. A review of the requested data elements and

frequency with these principles in mind would help streamline the request to best reflect the current and future state of quitlines.

Thank you for considering our recommendations. We would be happy to answer any questions you might have related to this response.

Sincerely,

A handwritten signature in blue ink, appearing to read "David J. Willoughby".

David J. Willoughby, M.A.
Chief Executive Officer
ClearWay MinnesotaSM

Primary Contact:

Paula Keller, M.P.H.
Vice President
ClearWay MinnesotaSM
952-767-1410
pkeller@clearwaymn.org