



**ORIGINAL**

# Proposal to Offer

State of Nebraska, Tobacco Free Nebraska  
Statewide Tobacco Cessation Quitline Services  
Proposal for Contractual Services

RFP#: 6204 Z1



**National Jewish  
Health**  
Breathing Science is Life.®

Submitted: January 29, 2020  
By: National Jewish Health  
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303.728.6574

#1 in Respiratory Care

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## REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

### CONTRACTOR MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the bidder guarantees compliance with the procedures stated in this Solicitation, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that contractor maintains a drug free work place.

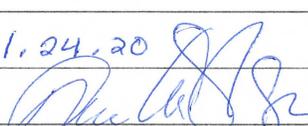
Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

NA NEBRASKA CONTRACTOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Solicitation.

NA I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

NA I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

### FORM MUST BE SIGNED USING AN INDELIBLE METHOD (NOT ELECTRONICALLY)

FIRM:	National Jewish Health
COMPLETE ADDRESS:	1400 Jackson St. S104
TELEPHONE NUMBER:	303.398.1855
FAX NUMBER:	303.270.2103
DATE:	1.24.20
SIGNATURE:	
TYPED NAME & TITLE OF SIGNER:	Alicia Christensen, Chief Compliance Officer

**Form A: Contractor Proposal Point of Contact**

**Form A  
Contractor Proposal Point of Contact  
Request for Proposal Number 6204 Z1**

Form A should be completed and submitted with each response to this solicitation. This is intended to provide the State with information on the contractor's name and address, and the specific person(s) who are responsible for preparation of the contractor's response.

Preparation of Response Contact Information	
Contractor Name:	National Jewish Health
Contractor Address:	1400 Jackson St. S102 Denver, CO 80206
Contact Person & Title:	Ann Vaughn, Executive Director
E-mail Address:	VaughnA@njhealth.org
Telephone Number (Office):	303.728.6574
Telephone Number (Cellular):	303.619.0521
Fax Number:	303.270.2103

Each contractor should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the contractor's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Contractor Name:	National Jewish Health
Contractor Address:	1400 Jackson St. S102 Denver, CO 80206
Contact Person & Title:	Ann Vaughn, Executive Director
E-mail Address:	VaughnA@njhealth.org
Telephone Number (Office):	303.728.6574
Telephone Number (Cellular):	303.619.0521
Fax Number:	303.270.2103



## A. Proposal Submission

### 1. Corporate Overview

#### a. Bidder Identification and Information (Table 1)

**Table 1**

Bidder	National Jewish Health
Bidder Name	National Jewish Health
Primary Address	1400 Jackson Street, S104 Denver, Colorado 80206
Ownership	501(c)(3) Not-for-Profit Corporation
State Incorporated	Colorado
Date Established	December 1899
Name Changes	1899 National Jewish Hospital for Consumptives 1925 National Jewish Hospital at Denver 1965 National Jewish Hospital and Research Center 1978 National Jewish Hospital/National Asthma Center 1985 National Jewish Center for Immunology and Respiratory Medicine 1997 National Jewish Medical and Research Center 2008 National Jewish Health
Primary Contact	Ann Vaughn, Executive Director Health Initiatives National Jewish Health 1400 Jackson Street, Room S104 Denver, Colorado 80206 303.728.6574 (phone) 800.262.6259 (fax) vaughna@njhealth.org
Person Authorized to Sign Contract	Christine Forkner, Executive VP & Chief Financial Officer National Jewish Health 1400 Jackson Street, Room S104 Denver, Colorado 80206 303.398.1004 (phone) 303.270.2202 (fax) forknerc@njhealth.org

#### b. Financial Statements

National Jewish Health is a financially sound 501(c)(3) nonprofit corporation currently generating more than \$202 million annually through patient care, research, philanthropy, and business initiatives such as our Quitline program. We have the financial capacity to supply and support all services described in this proposal and to perform and meet all requirements. **See Appendix A: Audited Financial Statements and Bank Reference.**

Table 2 provides information for our banking organization.

**Table 2**

Financial or Banking Organization	Contact Information
Banking Reference	Brian C. Grant, Treasury Sales Specialist UMB Banks 1670 Broadway Denver, CO 80202 303.839.2205 (phone) brian.grant@umb.com <b>See Reference Letter in Appendix A: Audited Financial Statements and Bank Reference.</b>

National Jewish Health does not know of any judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization.

#### c. Change of Ownership

National Jewish Health does not anticipate any change in ownership or control of the company during the twelve (12) months following the proposal due date. If such change does occur, we understand that we will be required to notify the State.

#### d. Office Location (Table 3)

**Table 3**

National Jewish Health	Location
National Jewish Health Primary Address	1400 Jackson Street, S104 Denver, Colorado 80206
Health Initiatives Department (Responsible for Quitline Services)	720 S Colorado Blvd, Ste 104A Glendale, Colorado 80246

#### e. Relationships with the State

National Jewish Health has not had any dealings and/or contracts with the State of Nebraska over the past five (5) years.

#### f. Bidder's Employee Relations to the State

National Jewish Health does not, nor do any of its subcontractors, have any employees who are or were an employee of the State within the past six (6) months.

#### g. Contract Performance

National Jewish Health has not, nor have any of its subcontractors, had a contract terminated for default during the past five (5) years.

#### **h. Summary of Bidder's Corporate Experience**

National Jewish Health is the nation's largest nonprofit provider of phone-based commercial tobacco cessation services, delivering evidence-based, personalized telephone and online coaching programs in 18 states and for more than 150 health plans, employer groups, and wellness companies. Since the development of our Quitline program in 2002, we have assisted more than 1.5 million people with their quit attempts. We leverage emerging research and some of the industry's most prominent thinkers to continually adapt and improve our program in order to meet the needs of our clients and participants.

Our 18 state clients vary in size and complexity, and we have established the facilities, equipment, staff, and expertise to accommodate a wide range of client requirements, budgets, and service packages. We pride ourselves on our ability to creatively work within a state's budget and remain responsive to the changing field of commercial tobacco control.

We are pleased to describe the many noteworthy achievements that make the Quitline at National Jewish Health an effective commercial tobacco cessation service, including:

- The Quitline is developed and operated by National Jewish Health, the nation's number one respiratory hospital, as ranked by *U.S. News and World Report* for 18 years. Our commercial tobacco cessation program builds on our 121 years of experience as a leading respiratory health center.
- As an academic medical center, National Jewish Health maintains a strong focus on the science of preventing and treating chronic disease and we have access to the most cutting-edge respiratory research. Our expertise is well-documented in developing and implementing special protocols to serve populations disproportionately impacted by commercial tobacco, delivering provider education, and building partnerships for Quitline sustainability.
- The Quitline program follows the best practices and industry standards published by the Centers for Disease Control and Prevention (CDC) and North American Quitline Consortium (NAQC). Our protocols are research- and evidence-based.
- The Quitline is staffed by more than 100 professionals who are devoted to commercial tobacco use prevention and cessation. Our Tobacco Cessation Coaches (Coaches) undergo rigorous training that enables them to tailor their coaching services based on participant needs using our proven-successful coaching model.
- Our processes have been established over the past 18 years to adeptly manage fluctuations in volume. We receive more than 100,000 referrals annually, field up to 25,000 inbound calls monthly, place up to 34,000 outbound calls monthly, and are well-equipped to increase these respective numbers.
- We operate under ambitious performance standards including 90% of calls receive a live answer and a 30-second answer time during regular business hours. Our commitment to quality is evident in client and participant surveys, staff training, client feedback, and third-party evaluation.

- We collaborate with some of the most prominent leaders across the country to advance understanding of effective commercial tobacco cessation strategies and we engage communities to bring new knowledge and best practices into our program.
- We offer health care system integration using fax, provider web, and electronic health record referrals (eReferral) with bidirectional feedback to the referring provider.

From the initial point of contact and throughout engagement with the Quitline, our intensively trained staff members focus on each caller as an individual, recognize the participant as the expert on their quit journey, and demonstrate respect for the caller's cultural position. Our Coaches use motivational interviewing and cognitive-behavioral techniques to personalize clinical interventions to the unique demographic or psychosocial factors that influence cessation success. At each step, our Coaches provide warm, empathic, non-judgmental support to people trying to quit using commercial tobacco. Participants are encouraged to personalize their Quitline services, forming a quit program from a menu of service options that works best for them. These services, offered individually and in combination, include phone coaching, personalized educational materials, text messaging, email support, an interactive website, and pharmacotherapy.

Our focus on continuous innovation is driven by the needs of our state partners and from our mission to integrate new research into practice. As new evidence and best practices emerge, we regularly enhance our Quitline services. Some examples of innovation include:

- In 2004, we added a nicotine replacement therapy (NRT) program to our phone program.
- In 2007, we launched a user-friendly website to solidify our commitment to 24/7 support and accessibility.
- In 2010, we created the first commercial tobacco cessation program dedicated to pregnant and postpartum women, effectively increasing cessation rates in this population.
- In 2013, we introduced email and text messaging supplemental support.
- In 2015, we developed the first dedicated American Indian Commercial Tobacco Program, which to date has served nearly 3,000 individuals.
- In 2015, we established the first fully bidirectional eReferral system.
- In 2016, we added customized chronic disease text messages, email, and print materials, and launched a completely redesigned interactive online program.
- Since 2017, we have managed a pilot program for callers with behavioral health conditions.
- In 2018, we developed on-demand eCoaching via chat, a participant re-engagement strategy, and a prescription cessation medication ordering process.
- Since 2019, in partnership with several of our state clients, we have been evaluating how best to support rural and LGBTQ+ Quitline callers.
- In 2019, in response to the surge in electronic forms of commercial tobacco use among teens, we launched *My Life, My Quit™*, a free and confidential cessation program designed just for teens who want support living nicotine free.

National Jewish Health provides FDA-approved pharmacotherapy for nicotine dependence treatment to participants. Partnering with GlaxoSmithKline (GSK) and Arrowhead Promotion and Fulfillment, we provide NRT cessation medication for both telephone and online coaching participants. We also partner with Ridgeway Pharmacy to fulfill prescriptions for all seven first-line FDA-approved cessation medications.

We provide a full suite of telephonic and web-based cessation services recommended by the CDC as best practices, and we continue to advance the field of commercial tobacco control by investigating and deploying new programs and services supported by research.

National Jewish Health is a legacy member of the NAQC, and all our key team members are active NAQC members. Our Clinical Director is a current member of the NAQC Advisory Council, and many staff members have served on workgroups and have published white papers and reviews. We work closely with NAQC to ensure our Quitline protocols follow best practices and recommendations. We strive to be excellent partners in delivering Quitline services, and our clients are enthusiastic about the services we offer.

Our call center is located within a secure building in Denver, Colorado, with 14,367 square feet of office space accommodating administrative, management, and support staff, more than 90 computer/telephony stations for intake and coaching staff, a dedicated training room, and three conference rooms. Approximately one-third of our staff work from home.

Our program uses state-of-the-art telephony systems to route incoming calls and place outbound calls to thousands of individuals every month. As such, our Avaya system can efficiently manage the volume of calls for TFN through the well-known 1.800.QUIT.NOW and 1.855.DEJELO.YA phone lines, as well as any TFN specific numbers. More than 20% of our staff is bilingual, allowing us to provide services in English and Spanish. We also leverage Language Line services to provide real-time translation in more than 200 additional languages. We utilize TTY technology and support video relay for hearing- and/or speech-impaired callers. Along with dedicated phone lines for telephone counseling, we maintain a dedicated fax referral telephone line to facilitate the referral process.

To enhance our Quitline program and better meet the needs of our participants and state clients, we developed a proprietary case management system (CMS), QuitPro®. This software, developed internally by our Information System Technology (IST) Team, allows for increased flexibility and speed in responding to the changing needs of our state partners. The online cessation program is fully integrated into QuitPro® and is hosted and managed by our internal IST Team. This facilitates rapid evolution of the online products and services offered to our clients.

One of the most noteworthy and well-received aspects of our Quitline program is our attention to priority populations. Our Coaches are trained to deliver services that recognize, affirm, and respond to cultural differences and to use motivational interviewing practices that place the participant as the expert in their coaching interactions. We look forward to partnering with Nebraska to identify priority

populations and tailor our services to meet their greatest needs. National Jewish Health has already developed specific protocols for several priority populations that we are pleased to offer to Nebraska.

A summary matrix of previous projects similar to this solicitation in size, scope, and complexity is provided in **Table 4**.

**Table 4: Summary Matrix of Previous Projects**

Quitline Iowa	
Contract Initiated	7/1/2013
Current Contract Term	7/1/2016 - 6/30/2022
National Jewish Health Responsibilities	Quitline services, including: Phone coaching Web enrollment, texting, email, online chat NRT Public/Private Partnerships Fax, online, and eReferrals Community resource referrals Educational materials Program reporting, including NAQC and CDC reporting Special protocols: American Indian, <i>My Life, My Quit</i> ™ (youth program), pregnancy and postpartum Pilot program involvement: Re-engagement Online training for health care providers (e.g. Physicians, Oncologists, Pharmacists, etc.) Secret shopper quality improvement Budget monitoring, forecasting, and spend down
Reference Contact Information	Jerilyn Oshel Division Director Division of Tobacco Use Prevention and Control - Iowa Department of Public Health 321 East 12th Street Des Moines, IA 50319 515.954.9092 (mobile) <a href="mailto:jerilyn.oshel@idph.iowa.gov">jerilyn.oshel@idph.iowa.gov</a>
Primary Contractor or Subcontractor	Primary Contractor
QuitNow New Hampshire	
Contract Initiated	07/01/2015
Current Contract Term	7/1/2015 – 6/30/2020
National Jewish Health Responsibilities	Quitline services, including: Phone coaching Web enrollment, texting, email, online chat NRT Mail order pharmacy, Ridgeway Pharmacy, is a state approved Medicaid provider Public/private partnerships Fax, online, and eReferrals

	Community resource referrals Educational materials Program reporting, including NAQC and CDC reporting Special protocols: <i>My Life, My Quit</i> ™ (youth program), pregnancy and postpartum, behavioral health Budget monitoring, forecasting, and spend down
Reference Contact Information	Teresa M Brown, BS, TTS Division of Public Health Services Tobacco Prevention and Cessation Program 29 Hazen Drive Concord, NH 03301 603.271.8949 Teresa.Brown@dhhs.nh.gov
Primary Contractor or Subcontractor	Primary Contractor
<b>Wyoming Quit Tobacco Program</b>	
Contract Initiated	7/1/2013
Current Contract Term	7/1/2016 – 6/30/2022
National Jewish Health Responsibilities	Quitline services, including: Phone coaching Web enrollment, texting, email, online chat NRT Prescription medications through mail order pharmacy, Ridgeway Pharmacy Reporting, including NAQC and CDC reporting Special protocols: American Indian, <i>My Life, My Quit</i> ™ (youth program), pregnancy and postpartum, behavioral health Public/private partnerships Fax, online, and eReferrals Community resource referrals Educational materials Budget monitoring, forecasting, and spend down Technical support for marketing collateral development (American Indian, pregnancy)
Reference Contact Information	Hannah Eck, MPH, CHES Tobacco Prevention Specialist Wyoming Department of Health 6101 Yellowstone Road, Suite 510 Cheyenne, Wyoming 82002 307.777.6541 (phone) hannah.eck@wyo.gov
Primary Contractor or Subcontractor	Primary Contractor

### **i. Summary of Bidder's Proposed Personnel/Management Approach**

#### **Key Personnel**

Below is a description of National Jewish Health departments and personnel that will contribute to the fulfillment of the State of Nebraska contract along with the number of staff and roles within each team.

We understand the request to include references for key personnel proposed to work on this project. The Colorado Statutes guiding the requirements for secure collection, storage, and release of non-public personally identifiable information (PII) require that we not include reference names, address, and telephone numbers for individuals in this RFP. We welcome the state to contact the project references listed in this document who can attest to the competence and skills of the team at National Jewish Health for fulfilling the terms of this project. **See Appendix B: Organizational Chart and Resumes** for additional information.

### ***Client Services***

The **Client Services Team** serves as the primary point of contact for our clients. They understand the expectations included in client contracts, relay information in a timely manner, gather requested information and reports, and manage communication between our clients and National Jewish Health.

- **Account Managers (2):** Responsible for client engagement and management from onboarding through renewal. Ensure contractual obligations are fulfilled and programs meet or exceed client expectations. Identify opportunities to improve services to clients, including new programs. Maintain regular communication with all assigned clients.
- **Katie Carradine, Account Manager,** has a background in health care and sterility practices through FDA regulations. Katie uses her experience in account management and retention to support the needs of each unique client. Katie has over 17 years of client service experience.
- **Jenna Sandomire, Account Manager,** has over 13 years of customer service and account management experience.
- **Business Coordinators (2):** Provide monthly reports, process invoices, and work with Account Managers to address any discrepancies in reporting or billing. Provide support for contracts, clients, and the department.
- **Lorena Rovero, Business Operations Coordinator,** brings two years of experience as a Tobacco Cessation Coach with National Jewish Health. She received her BA in Communication and Business from the University of Denver.
- **Meg Ornellas, Business Coordinator,** brings three years of specific experience as a Tobacco Cessation Coach with National Jewish Health and five years in the health care field. She received her BA in Psychology from the University of California, Santa Cruz.

### ***Coaching and Operations***

The **Coaching and Operations Team** supports eligibility, intake, and coaching as well as workflow management. The Operations Leadership Team provides oversight to the call center and monitors metrics and call volumes to ensure the center is staffed and aligned properly to provide the best experience for all participants and clients.

- **Tobacco Cessation Coaches:** Provide assessment, counseling, education, and behavioral intervention to tobacco users. Coaches must have a bachelor's degree with a preferred concentration in Psychology, Social Work, or another Human Services field.
- **Customer Care Representatives (CCRs):** Serve as the first point of contact for Quitline programs and obtain participant details to verify eligibility and provide program information to callers. CCRs must have a high school diploma or equivalent and a minimum of two years' experience in a customer service position.
- **Director of Operations (1):** Oversees the day-to-day operations of the Quitline. Monitors and assesses client call and transfer metrics, making adjustments as necessary.
- **Tom Barker, Director of Operations,** joined National Jewish Health following a 19-year career in the telecommunications industry. His responsibilities include developing operational support for new products, improving organizations, and developing custom support models for customers. Tom has a BA in Psychology and a master's degree in Business Administration.
- **Workforce Manager (1):** Responsible for the real-time monitoring, forecasting, and reporting for the call center.
- **Karen Logan, Workforce Manager,** has more than nine years of tenure at National Jewish Health and experience with workforce management software.
- **Operations Supervisor (1):** Oversees the Workflow Team and is responsible for managing call volume.
- **LeChelle Schilz, Operations Supervisor,** has more than 18 years of call center management and operations experience. She manages the predictive dialer and is dedicated to maximizing the efficiency of staff and call center operations.
- **Supervisors (6):** Supervise CCRs and Coaches, providing feedback, guidance, and direction.
- **Audrey Gonzalez, Jonathan Miles, Bill Todd, Felicia Hotchkiss, Lorllyana Olivas, (one open position):** Our Supervisor Team has more than 20 years of combined experience in call center management; they supervise and coordinate the daily operations for the Coaches and CCRs.
- **Training Coordinator (1):** Responsible for development and delivery of staff training.
- **Cara Messick, Training Coordinator,** has been with National Jewish Health since 2008 and has a broad range of experience delivering training to culturally and economically diverse populations. She received her BA in Psychology from the University of Puget Sound and her MS in Psychology from Western Washington University.

### **Data Management and Reporting**

The **Data Management and Reporting Team** enhances, manages, and provides meaningful health-related data for Quitline clients, operations, programs, and projects.

- **Technical Project Manager (1):** Delivers meaningful health-related data and analysis for operations, programs, and clients. Provides support in collecting, reviewing, appraising, managing, analyzing, reporting, and publishing health-related data and information.

- **Zohar Gilboa, Technical Project Manager**, has over 12 years of experience in health care, data analytics, and product and software development. He received his BSc in Physics and Mathematics from Tel Aviv University.
- This Team is also supported by: **Clinical Director; Director, Business Strategy; Manager, Clinical Operations; and IST.**

### **Research and Evaluation**

The **Research and Evaluation Team** supports the development and implementation of interventions and the evaluation of protocols, programs, projects, and activities. They also work with the third-party evaluator engaged by National Jewish Health.

- **Clinical Director (1)**: Responsible for developing and refining clinical program content, Coach training and development, leading and monitoring the development and assessment of the program's clinical quality assurance and quality improvement program, and directing research and evaluation initiatives including program outcomes. Serves as a subject matter expert in tobacco cessation and other clinical programs representing National Jewish Health within the industry.
- **Thomas Ylioja, PhD, Clinical Director**, is a Licensed Social Worker with 16 years of clinical and research expertise in medical social work, behavioral change in addictions, and tobacco control. He is a current member of the NAQC Advisory Council and a member of the Society for Research on Nicotine and Tobacco, the Association for the Treatment of Tobacco Use and Dependence, the Society for Social Work and Research, and the Council on Social Work Education. Dr. Ylioja is also an Assistant Professor of Medicine at National Jewish Health.
- **Manager, Clinical Programs (1)**: Responsible for executing the design and evaluation of clinical programs and services, training, and quality improvement activities in collaboration with the Clinical Director. Develops, executes, manages, and evaluates the systems that support clinical operations, policies, procedures, protocols, training, and stakeholder communication to ensure programs match clinical, compliance, regulatory, and operational standards.
- **Bobbi Sue Raber-Dessoulavy, Manager, Clinical Programs**, has been with National Jewish Health since 2010. She received her BFA from Colorado State University.
- This Team is also supported by: **Technical Project Manager; Westat Research** (third-party evaluator).

### **Product Development**

The **Product Development Team** supports the evolution of existing and development of new products and services.

- **Director, Business Strategy (1)**: Provides strategic direction and is responsible for developing, implementing, and measuring initiatives to increase department effectiveness. Responsible for

initiative prioritization, resource allocation, and providing operational guidance through data analysis, project management, and financial reporting.

- **Jenny Johnson, Director, Business Strategy**, has more than 15 years' experience in product development, operations, marketing, ecommerce, and finance. She holds a BS degree in International Business and Marketing from Texas Tech University.
- This Team is also supported by: **Executive Director; Clinical Director; Manager, Clinical Programs; Technical Project Manager; Operations Director; and other Team members.**

#### ***Executive Management and Other Key Team Members***

- **Ann Vaughn, MSW, Executive Director**, is an accomplished professional with expertise in market strategy, operations management, service delivery, and health care. Ann received a BA in Human Biology from Stanford University and an MSW from the University of Denver. As Executive Director, Ann is responsible for overall direction of the Quitline and for ensuring that all programs meet client and participant expectations for quality.
- **Dr. David Tinkelman, Medical Director**, is board certified in both pediatrics and allergy and immunology and brings more than 25 years' experience in providing medical direction and quality assurance for disease management, Quitline, and wellness programs. Dr. Tinkelman has authored more than 135 journal publications and book chapters, and co-edited four textbooks (all in respiratory disease). Dr. Tinkelman received his MD with Academic Honors from Hahnemann Medical College and his BA from Temple University.
- **Laszlo "Lots" Pook, Vice President and Chief Information Officer**, has more than 25 years of experience in information management in health care and non-health care industries, with an extensive background in structured database design, software development, and implementation. Lots has served as President of the Colorado Health Information Management Systems Society and is currently a member of the College of Health Information Management Executives and the Colorado CHIME CIO Committee. Lots oversees the implementation of the Colorado Telehealth Network and the Colorado regional Health Information Exchange.
- **Dr. Vanessa Bourgeois, Manager, IT Systems Development**, manages IT product development and support for the Patient Portal, Quitline, eCoach, web-based tools, reporting, and mobile applications. She has more than 11 years of experience as an adjunct professor working at multiple campuses and more than 25 years' experience in systems engineering and Department of Defense, Space Systems, NASA, Telecom, Cable, Cybersecurity, and Identity Management. She is a contributing member to the Academy of Management (AOM) and a yearly peer reviewer of the Annual AOM Conference. Dr. Bourgeois is a Project Management Institute (PMI) project manager professional and mentor with the PMI mentoring program. She is currently a professor at University of San Diego for graduate and undergraduate professional project management curriculum.

- **Mary Ehlert, MS, Marketing Manager**, previously worked as the Office Chief for Marketing and Communications for the Bureau of Tobacco and Chronic Disease at the Arizona Department of Health Services, where she built strong relationships with partners and created award-winning and effective advertising campaigns for both adult tobacco cessation and youth prevention. She presented Arizona’s tobacco program and the Arizona Smokers’ Helpline at a best practices session during the 2009 National Conference on Tobacco and Health (NCTOH). She also served on national and local planning committees for both the 2007 and 2009 NCTOH Conferences. With a background in nonprofits and government, she is skilled at developing effective marketing and media campaigns. Mary excels at developing and maintaining quality relationships with clients, media, agencies, vendors, stakeholders, advocacy groups, community members, and government officials within highly complex and political environments.
- **Additional staff and resources** are provided by National Jewish Health to support the Quitline including: **IST; Human Resources; Compliance; Finance; Web Services; and Marketing and Communications.**

**j. Subcontractors**

National Jewish Health subcontractor information is provided below in **Table 5, Table 6, Table 7, Table 8, and Table 9.**

**Table 5: GlaxoSmithKline (GSK) – Nicotine Replacement Therapy (NRT) Subcontractor**

Subcontractor	Arrowhead Fulfillment
Contact Information	Michael Conahan 5 Crescent Dr Philadelphia, PA 19112 908.625.8731 michael.c.conahan@gsk.com
Number of Personnel Assigned to the Project (full- and part-time)	Total personnel (14)
Tasks/Services	GSK provides the patches, gum, and lozenges that are sent to participants
Percent Performance Hours for Nebraska Contract	<b>Variable based on the number of NRT orders being shipped</b>

**Table 6: One Touch Point – Mail and Print Subcontractor**

Subcontractor	One Touch Point
Contact Information	Paul Deltoro 5280 Joliet St. Denver, CO 80239 303.200.5300 paul.deltoro@1touchpoint.com
Number of Personnel Assigned to the Project (full- and part-time)	Total personnel (5) Data Analyst (1) Project Manager (1) Fulfillment Associates (3)
Tasks/Services	One Touch Point prints and mails materials to participants
Percent Performance Hours for Nebraska Contract	<b>Variable based on the number of materials being printed and shipped</b>

**Table 7: Ridgeway Pharmacy – Prescription Medication Subcontractor**

Subcontractor	Ridgeway Pharmacy
Contact Information	Kelly Hendrickson 2824 Hwy 93 North Victor, MT 59875 406.642.6040 kellyh@ridgewayrx.com
Number of Personnel Assigned to the Project (full- and part-time)	Total personnel (23) Includes Customer Service Manager, Customer Service Technician, Production Manager, Production Technician, and Pharmacists
Tasks/Services	Ridgeway provides the prescription medications that are sent to participants
Percent Performance Hours for Nebraska Contract	<b>Variable based on the number of prescription medications being ordered</b>

**Table 8: Westat – Evaluator Subcontractor**

Subcontractor	Westat
Contact Information	Charles Carusi 1600 Research Blvd. Rockville, MD 20850 301.251.1500 charlescarusi@westat.com
Number of Personnel Assigned to the Project (full- and part-time)	Total personnel (20) Project Director (1) CATI Programmer (1) Operations Manager (1) Data Manager (1) Team Leaders (4) Interviewers (12)
Tasks/Services	Westat provides evaluation phone calls to participants that are interested in completing the follow-up survey
Percent Performance Hours for Nebraska Contract	<b>Variable based on the number of surveys to be completed</b>

**Table 9: LanguageLine – Translation Services**

Subcontractor	LanguageLine
Contact Information	Joseph Schwener One Lower Ragsdale Dr. Building 2 Monterey, CA 90940 800.752.6096 jschwener@languageline.com
Number of Personnel Assigned to the Project (full- and part-time)	Interpreters (9,000) Additional support personnel including IT, Customer Service, Account Management, and Finance
Tasks/Services	LanguageLine provides translation services for the Quitline
Percent Performance Hours for Nebraska Contract	<b>Variable based on the number of calls transferred</b>

## 2. Technical Approach

a. The technical approach of National Jewish Health is provided in the **Corporate Overview** and completion of **Technical Response, Attachment 1**.

## II. Terms and Conditions

### II. TERMS AND CONDITIONS

Contractors should complete Sections II through VI as part of their proposal. Contractor is expected to read the Terms and Conditions and should initial either accept, reject, or reject and provide alternative language for each clause. The contractor should also provide an explanation of why the contractor rejected the clause or rejected the clause and provided alternate language. By signing the solicitation, contractor is agreeing to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the proposal. The State reserves the right to negotiate rejected or proposed alternative language. If the State and contractor fail to agree on the final Terms and Conditions, the State reserves the right to reject the proposal. The State of Nebraska is soliciting proposals in response to this solicitation. The State of Nebraska reserves the right to reject proposals that attempt to substitute the contractor's commercial contracts and/or documents for this solicitation.

The contractors should submit with their proposal any license, user agreement, service level agreement, or similar documents that the contractor wants incorporated in the Contract. The State will not consider incorporation of any document not submitted with the contractor's proposal as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties.

If a conflict or ambiguity arises after the Addendum to Contract Award have been negotiated and agreed to, the Addendum to Contract Award shall be interpreted as follows:

1. If only one Party has a particular clause then that clause shall control;
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together;
3. If both Parties have a similar clause, but the clauses conflict, the State's clause shall control.

#### A. GENERAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
AC			

The contract resulting from this solicitation shall incorporate the following documents:

1. Request for Proposal and Addenda,
2. Amendments to the solicitation;
3. Questions and Answers;
4. Contractor's proposal (Solicitation and properly submitted documents);
5. The executed Contract and Addendum One to Contract, if applicable, and,
6. Amendments/Addendums to the Contract.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to the executed Contract with the most recent dated amendment having the highest priority, 2) executed Contract and any attached Addenda, 3) Amendments to solicitation and any Questions and Answers, 4) the original solicitation document and any Addenda, and 5) the Contractor's submitted Proposal.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

**B. NOTIFICATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
Me			

Contractor and State shall identify the contract manager who shall serve as the point of contact for the executed contract.

Communications regarding the executed contract shall be in writing and shall be deemed to have been given if delivered personally or mailed, by U.S. Mail, postage prepaid, return receipt requested, to the parties at their respective addresses set forth below, or at such other addresses as may be specified in writing by either of the parties. All notices, requests, or communications shall be deemed effective upon personal delivery or five (5) calendar days following deposit in the mail.

Either party may change its address for notification purposes by giving notice of the change, and setting forth the new address and an effective date.

**C. NOTICE (POC)**

The State reserves the right to appoint a Buyer's Representative to manage [or assist the Buyer in managing] the contract on behalf of the State. The Buyer's Representative will be appointed in writing, and the appointment document will specify the extent of the Buyer's Representative authority and responsibilities. If a Buyer's Representative is appointed, the Contractor will be provided a copy of the appointment document, and is expected to cooperate accordingly with the Buyer's Representative. The Buyer's Representative has no authority to bind the State to a contract, amendment, addendum, or other change or addition to the contract.

**D. GOVERNING LAW (Statutory)**

Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, state and federal laws, ordinances, rules, orders, and regulations.

**E. BEGINNING OF WORK**

The contractor shall not commence any billable work until a valid contract has been fully executed by the State and the successful Contractor. The Contractor will be notified in writing when work may begin.

**F. AMENDMENT**

This Contract may be amended in writing, within scope, upon the agreement of both parties.

**G. CHANGE ORDERS OR SUBSTITUTIONS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
Me			

The State and the Contractor, upon the written agreement, may make changes to the contract within the general scope of the solicitation. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the contract shall not be deemed a change. The Contractor may not claim forfeiture of the contract by reasons of such changes.

The Contractor shall prepare a written description of the work required due to the change and an itemized cost sheet for the change. Changes in work and the amount of compensation to be paid to the Contractor shall be determined in accordance with applicable unit prices if any, a pro-rated value, or through negotiations. The State shall not incur a price increase for changes that should have been included in the Contractor's proposal, were foreseeable, or result from difficulties with or failure of the Contractor's proposal or performance.

No change shall be implemented by the Contractor until approved by the State, and the Contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law.

In the event any product is discontinued or replaced upon mutual consent during the contract period or prior to delivery, the State reserves the right to amend the contract or purchase order to include the alternate product at the same price.

**\*\*\*Contractor will not substitute any item that has been awarded without prior written approval of SPB\*\*\***

Corrections of any deliverable, service or performance of work required pursuant to the contract shall not be deemed a modification. Changes or additions to the contract beyond the scope are not permitted unless required to ensure compliance with any applicable law, or unless, in DHHS's sole determination, such changes or modifications are essential to ensure maximum use of other resources consistent with the purposes of this RFP.

**H. VENDOR PERFORMANCE REPORT(S)**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
nk			

The State may document any instance(s) of products or services delivered or performed which exceed or fail to meet the terms of the purchase order, contract, and/or solicitation specifications. The State Purchasing Bureau may contact the Vendor regarding any such report. Vendor performance report(s) will become a part of the permanent record of the Vendor.

**I. NOTICE OF POTENTIAL CONTRACTOR BREACH**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
nk			

If Contractor breaches the contract or anticipates breaching the contract, the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

**J. BREACH**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
ML			

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party's discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time. In case of default of the Contractor, the State may contract the service from other sources and hold the Contractor responsible for any excess cost occasioned thereby. OR In case of breach by the Contractor, the State may, without unreasonable delay, make a good faith effort to make a reasonable purchase or contract to purchased goods in substitution of those due from the contractor. The State may recover from the Contractor as damages the difference between the costs of covering the breach. Notwithstanding any clause to the contrary, the State may also recover the contract price together with any incidental or consequential damages defined in UCC Section 2-715, but less expenses saved in consequence of Contractor's breach.

The State's failure to make payment shall not be a breach, and the Contractor shall retain all available statutory remedies and protections.

**K. NON-WAIVER OF BREACH**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
ML			

The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.

**L. SEVERABILITY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
ML			

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the provision held to be invalid or illegal.

M. INDEMNIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
AK			

1. GENERAL

The Contractor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all third party claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State for personal injury, death, or property loss or damage, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, Subcontractors, consultants, representatives, and agents, resulting from this contract, except to the extent such Contractor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

2. INTELLECTUAL PROPERTY (Optional)

The Contractor agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, trademark, or confidential information of any third party by the Contractor or its employees, Subcontractors, consultants, representatives, and agents; provided, however, the State gives the Contractor prompt notice in writing of the claim. The Contractor may not settle any infringement claim that will affect the State's use of the Licensed Software without the State's prior written consent, which consent may be withheld for any reason.

If a judgment or settlement is obtained or reasonably anticipated against the State's use of any intellectual property for which the Contractor has indemnified the State, the Contractor shall, at the Contractor's sole cost and expense, promptly modify the item or items which were determined to be infringing, acquire a license or licenses on the State's behalf to provide the necessary rights to the State to eliminate the infringement, or provide the State with a non-infringing substitute that provides the State the same functionality. At the State's election, the actual or anticipated judgment may be treated as a breach of warranty by the Contractor, and the State may receive the remedies provided under this solicitation.

3. PERSONNEL

The Contractor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker's compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel, including subcontractor's and their employees, provided by the Contractor.

4. SELF-INSURANCE

The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this agreement, Contractor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,829 - 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Section 81-8,294), Tort (Section 81-8,209), and Contract Claim Acts (Section 81-8,302), as outlined in Neb. Rev. Stat. § 81-8,209 et seq. and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

5.

The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.

**N. ATTORNEY'S FEES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
AK			

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Parties agree to pay all expenses of such action, as permitted by law and if ordered by the court, including attorney's fees and costs, if the other Party prevails.

**O. ASSIGNMENT, SALE, OR MERGER**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
AK			

Either Party may assign the contract upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Contractor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Contractor's business. Contractor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party or entity is involved in the transaction, the Contractor will remain responsible for performance of the contract until such time as the person or entity involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.

**P. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUB-DIVISIONS OF THE STATE OR ANOTHER STATE**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
AK			

The Contractor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. §81-145, to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

The Contractor may, but shall not be required to, allow other states, agencies or divisions of other states, or political subdivisions of other states to use this contract. The terms and conditions, including price, of this contract shall apply to any such contract, but may be amended upon mutual consent of the Parties. The State of Nebraska shall not be contractually or otherwise obligated or liable under any contract entered into pursuant to this clause. The State shall be notified if a contract is executed based upon this contract.

**Q. FORCE MAJEURE**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
AK			

Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party ("Force Majeure Event"). The Party so affected shall immediately make a written request for relief to the other Party, and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party's own employees will not be considered a Force Majeure Event.

**R. CONFIDENTIALITY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
AK			

All materials and information provided by the Parties or acquired by a Party on behalf of the other Party shall be regarded as confidential information. All materials and information provided or acquired shall be handled in accordance with federal and state law, and ethical standards. Should said confidentiality be breached by a Party, the Party shall notify the other Party immediately of said breach and take immediate corrective action.

It is incumbent upon the Parties to inform their officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (j)(1), which is made applicable by 5 U.S.C. 552a (m)(1), provides that any officer or employee, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

**S. OFFICE OF PUBLIC COUNSEL (Statutory)**

If it provides, under the terms of this contract and on behalf of the State of Nebraska, health and human services to individuals; service delivery; service coordination, or case management, Contractor shall submit to the jurisdiction of the Office of Public Counsel, pursuant to Neb. Rev. Stat. §§ 81-8,240 et seq. This section shall survive the termination of this contract.

**T. LONG-TERM CARE OMBUDSMAN (Statutory)**

Contractor must comply with the Long-Term Care Ombudsman Act, per Neb. Rev. Stat. §§ 81-2237 et seq. This section shall survive the termination of this contract.

**U. EARLY TERMINATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
AK			

The contract may be terminated as follows:

1. The State and the Contractor, by mutual written agreement, may terminate the contract at any time.
2. The State, in its sole discretion, may terminate the contract for any reason upon thirty (30) calendar day's written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. In the event of termination the Contractor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.
3. The State may terminate the contract immediately for the following reasons:
  - a. if directed to do so by statute;
  - b. Contractor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business;
  - c. a trustee or receiver of the Contractor or of any substantial part of the Contractor's assets has been appointed by a court;
  - d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Contractor, its employees, officers, directors, or shareholders;
  - e. an involuntary proceeding has been commenced by any Party against the Contractor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Contractor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Contractor has been decreed or adjudged a debtor;
  - f. a voluntary petition has been filed by the Contractor under any of the chapters of Title 11 of the United States Code;
  - g. Contractor intentionally discloses confidential information;
  - h. Contractor has or announces it will discontinue support of the deliverable; and,
  - i. In the event funding is no longer available.

V. CONTRACT CLOSEOUT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
AM			

Upon contract closeout for any reason the Contractor shall within 30 days, unless stated otherwise herein:

1. Transfer all completed or partially completed deliverables to the State;
2. Transfer ownership and title to all completed or partially completed deliverables to the State;
3. Return to the State all information and data, unless the Contractor is permitted to keep the information or data by contract or rule of law. Contractor may retain one copy of any information or data as required to comply with applicable work product documentation standards or as are automatically retained in the course of Contractor's routine back up procedures;
4. Cooperate with any successor Contractor, person or entity in the assumption of any or all of the obligations of this contract;
5. Cooperate with any successor Contractor, person or entity with the transfer of information or data related to this contract;
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.

Nothing in this Section should be construed to require the Contractor to surrender intellectual property, real or personal property, or information or data owned by the Contractor for which the State has no legal claim.

### III. Contractor Duties

#### III. CONTRACTOR DUTIES

##### A. INDEPENDENT CONTRACTOR / OBLIGATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
AK			

It is agreed that the Contractor is an independent contractor and that nothing contained herein is intended or should be construed as creating or establishing a relationship of employment, agency, or a partnership.

The Contractor is solely responsible for fulfilling the contract. The Contractor or the Contractor's representative shall be the sole point of contact regarding all contractual matters.

The Contractor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Contractor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

By-name personnel commitments made in the Contractor's proposal shall not be changed without the prior written approval of the State. Replacement of these personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

All personnel assigned by the Contractor to the contract shall be employees of the Contractor or a subcontractor, and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor or the subcontractor respectively.

With respect to its employees, the Contractor agrees to be solely responsible for the following:

1. Any and all pay, benefits, and employment taxes and/or other payroll withholding;
2. Any and all vehicles used by the Contractor's employees, including all insurance required by state law;
3. Damages incurred by Contractor's employees within the scope of their duties under the contract;
4. Maintaining Workers' Compensation and health insurance that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law;
5. Determining the hours to be worked and the duties to be performed by the Contractor's employees; and
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Contractor, its officers, agents, or subcontractors or subcontractor's employees)

If the Contractor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should be clearly defined in the contractor's proposal. The Contractor shall agree that it will not utilize any subcontractors not specifically included in its proposal in the performance of the contract without the prior written authorization of the State.

The State reserves the right to require the Contractor to reassign or remove from the project any Contractor or subcontractor employee.

Contractor shall insure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract.

The Contractor shall include a similar provision, for the protection of the State, in the contract with any Subcontractor engaged to perform work on this contract.

**B. EMPLOYEE WORK ELIGIBILITY STATUS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
AK			

The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Contractor is an individual or sole proprietorship, the following applies:

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at <http://das.nebraska.gov/material/purchasing.html>
2. The completed United States Attestation Form should be submitted with the solicitation response.
3. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
4. The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. §4-106.

**C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Statutory)**

The Contractor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Contractors of the State of Nebraska, and their Subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §48-1101 to 48-1125). The Contractor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Contractor shall insert a similar provision in all Subcontracts for goods and services to be covered by any contract resulting from this solicitation.

**D. COOPERATION WITH OTHER CONTRACTORS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
AK			

Contractor may be required to work with or in close proximity to other contractors or individuals that may be working on same or different projects. The Contractor shall agree to cooperate with such other contractors or individuals, and shall not commit or permit any act which may interfere with the performance of work by any other contractor or individual. Contractor is not required to compromise Contractor's intellectual property or proprietary information unless expressly required to do so by this contract.

**E. PERMITS, REGULATIONS, LAWS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
AK			

The contract price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Contractor shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the contract. The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items used to execute this contract.

**F. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
AK			

The State shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or obtained by the Contractor on behalf of the State pursuant to this contract.

The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Contractor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.

**G. INSURANCE REQUIREMENTS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
AK			

The Contractor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord Form (COI) verifying the coverage. The Contractor shall not commence work on the contract until the insurance is in place. If Contractor subcontracts any portion of the Contract the Contractor must, throughout the term of the contract, either:

1. Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor;
2. Require each subcontractor to have equivalent insurance and provide written notice to the State that the Contractor has verified that each subcontractor has the required coverage; or,
3. Provide the State with copies of each subcontractor's Certificate of Insurance evidencing the required coverage.

The Contractor shall not allow any Subcontractor to commence work until the Subcontractor has equivalent insurance. The failure of the State to require a COI, or the failure of the Contractor to provide a COI or require subcontractor insurance shall not limit, relieve, or decrease the liability of the Contractor hereunder.

In the event that any policy written on a claims-made basis terminates or is canceled during the term of the contract or within five (5) years of termination or expiration of the contract, the contractor shall obtain an extended discovery

or reporting period, or a new insurance policy, providing coverage required by this contract for the term of the contract and five (5) years following termination or expiration of the contract.

If by the terms of any insurance a mandatory deductible is required, or if the Contractor elects to increase the mandatory deductible amount, the Contractor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Notwithstanding any other clause in this Contract, the State may recover up to the liability limits of the insurance policies required herein.

**1. WORKERS' COMPENSATION INSURANCE**

The Contractor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contractors' employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Contractor shall require the Subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the Subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter. The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

**2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE**

The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any Subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Contractor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an occurrence basis, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury, and Contractual Liability coverage. The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory. The COI shall contain the mandatory COI liability waiver language found hereinafter. The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

REQUIRED INSURANCE COVERAGE	
<b>COMMERCIAL GENERAL LIABILITY</b>	
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal/Advertising Injury	\$1,000,000 per occurrence
Bodily Injury/Property Damage	\$1,000,000 per occurrence
Medical Payments	\$10,000 any one person
Damage to Rented Premises (Fire)	\$300,000 each occurrence
Contractual	Included
XCU Liability (Explosion, Collapse, and Underground Damage)	Included
Independent Contractors	Included
<i>If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.</i>	
<b>WORKER'S COMPENSATION</b>	
Employers Liability Limits	\$500K/\$500K/\$500K
Statutory Limits- All States	Statutory - State of Nebraska
USL&H Endorsement	Statutory
Voluntary Compensation	Statutory
<b>COMMERCIAL AUTOMOBILE LIABILITY</b>	
Bodily Injury/Property Damage	\$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
<b>UMBRELLA/EXCESS LIABILITY</b>	
Over Primary Insurance	\$5,000,000 per occurrence
<b>PROFESSIONAL LIABILITY</b>	
Professional liability (Medical Malpractice)	Limits consistent with Nebraska Medical Malpractice Cap
Qualification Under Nebraska Excess Fund	
All Other Professional Liability (Errors & Omissions)	\$1,000,000 Per Claim / Aggregate
<b>COMMERCIAL CRIME</b>	
Crime/Employee Dishonesty Including 3rd Party Fidelity	\$1,000,000
<b>CYBER LIABILITY</b>	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	\$10,000,000
<b>MANDATORY COI SUBROGATION WAIVER LANGUAGE</b>	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
<b>MANDATORY COI LIABILITY WAIVER LANGUAGE</b>	
"Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured."	

3. **EVIDENCE OF COVERAGE**  
The Contractor shall furnish the Contract Manager, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

Department of Health and Human Services  
Attn: TFN Program Manager  
Address P. O. Box 95026  
Lincoln, NE, 68509-0526

These certificates or the cover sheet shall reference the RFP number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Contractor shall be responsible for all reasonable costs properly attributable thereto.

Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

4. **DEVIATIONS**

The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers' Compensation, and the type of automobile coverage carried by the Contractor.

H. **NOTICE OF POTENTIAL CONTRACTOR BREACH**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
AM			

If Contractor breaches the contract or anticipates breaching the contract the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, and may include a request for a waiver of the breach if so desired. The State may, at its discretion, temporarily or permanently waive the breach. By granting a temporary waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

I. **ANTITRUST**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
AM			

The Contractor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

J. **CONFLICT OF INTEREST**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
AM			

By submitting a proposal, bidder certifies that no relationship exists between the bidder and any person or entity which either is, or gives the appearance of, a conflict of interest related to this Request for Proposal or project.

Bidder further certifies that bidder will not employ any individual known by bidder to have a conflict of interest nor shall bidder take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its contractual obligations hereunder or which creates an actual or appearance of conflict of interest.

If there is an actual or perceived conflict of interest, bidder shall provide with its proposal a full disclosure of the facts describing such actual or perceived conflict of interest and a proposed mitigation plan for consideration. The State will then consider such disclosure and proposed mitigation plan and either approve or reject as part of the overall bid evaluation.

**K. ADVERTISING**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
AK			

The Contractor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its goods or services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

**L. NEBRASKA TECHNOLOGY ACCESS STANDARDS (Statutory)**

Contractor shall review the Nebraska Technology Access Standards, found at <http://nitc.nebraska.gov/standards/2-201.html> and ensure that products and/or services provided under the contract are in compliance or will comply with the applicable standards to the greatest degree possible. In the event such standards change during the Contractor's performance, the State may create an amendment to the contract to request the contract comply with the changed standard at a cost mutually acceptable to the parties.

**M. DISASTER RECOVERY/BACK UP PLAN**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
AK			

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided upon request to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue delivery of goods and services as specified under the specifications in the contract in the event of a disaster.

**N. DRUG POLICY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
AK			

Contractor certifies it maintains a drug free work place environment to ensure worker safety and workplace integrity. Contractor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

**O. WARRANTY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
NH			

Despite any clause to the contrary, the Contractor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality consistent with generally accepted industry standards for the performance of such services and shall comply in all respects with the requirements of this Agreement. For any breach of this warranty, the Contractor shall, for a period of ninety (90) days from performance of the service, perform the services again, at no cost to Customer, or if Contractor is unable to perform the services as warranted, Contractor shall reimburse Customer the fees paid to Contractor for the unsatisfactory services. The rights and remedies of the parties under this warranty are in addition to any other rights and remedies of the parties provided by law or equity, including, without limitation actual damages, and, as applicable and awarded under the law, to a prevailing party, reasonable attorneys' fees and costs.

## IV. Payment

### IV. PAYMENT

- A. PROHIBITION AGAINST ADVANCE PAYMENT (Statutory)**  
Neb. Rev. Stat. §§81-2403 states, "[n]o goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency."
- B. TAXES (Statutory)**  
The State is not required to pay taxes and assumes no such liability as a result of this solicitation. The Contractor may request a copy of the Nebraska Department of Revenue, Nebraska Resale or Exempt Sale Certificate for Sales Tax Exemption, Form 13 for their records. Any property tax payable on the Contractor's equipment which may be installed in a state-owned facility is the responsibility of the Contractor
- C. INVOICES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
AM			

Invoices for payments must be submitted by the Contractor to the agency requesting the services with sufficient detail to support payment. Email invoice to [DHHS.TFN@nebraska.gov](mailto:DHHS.TFN@nebraska.gov). All required monthly reports (exhibit 5) or other deliverables must be submitted with adequate detail to support payment and must be approved by the State. The terms and conditions included in the Contractor's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract.

### D. INSPECTION AND APPROVAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
AM			

Final inspection and approval of all work required under the contract shall be performed by the designated State officials.

### E. PAYMENT (Statutory)

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
AM			

Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2403). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any goods and services provided by the Contractor prior to the Effective Date of the contract, and the Contractor hereby waives any claim or cause of action for any such services.

- F. LATE PAYMENT (Statutory)**  
The Contractor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408).
- G. SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS (Statutory)**  
The State's obligation to pay amounts due on the Contract for a fiscal years following the current fiscal year is contingent upon legislative appropriation of funds. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal year(s) for which such funds are not appropriated. The State will give the Contractor written notice thirty (30) calendar days prior to the effective date of termination. All obligations of the State to make payments after the termination date will cease. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit.
- H. RIGHT TO AUDIT (First Paragraph is Statutory)**  
The State shall have the right to audit the Contractor's performance of this contract upon a thirty (30) days' written notice. Contractor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract (Information) to enable the State to audit the contract (Neb. Rev. Stat. §84-304 et seq.) The State may audit and the Contractor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Contractor shall make the Information available to the State at Contractor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Contractor so elects, the Contractor may provide electronic or paper copies of the information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Contractor be required to create or maintain documents not kept in the ordinary course of contractor's business operations, nor will contractor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to contractor.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
AK			

The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds one-half of one percent (.5%) of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Contractor, the Contractor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety (90) days of written notice of the claim. The Contractor agrees to correct any material weaknesses or condition found as a result of the audit.

## V. Project Description and Scope of Work

### A. Project Overview

National Jewish Health looks forward to partnering with the Nebraska Department of Health and Human Services (DHHS), Tobacco Free Nebraska (TFN) Program to provide a proactive telephone-based tobacco cessation Quitline, Nicotine Replacement Therapy (NRT), and online training for providers. We understand the primary target audience for the Nebraska Tobacco Quitline is all Nebraskans who smoke cigarettes or use other tobacco products (including e-cigarettes) and have shown a readiness to quit.

#### 1. Purpose

National Jewish Health acknowledges that the DHHS would like to establish one contract to implement a free and convenient statewide telephone-based tobacco cessation Quitline to assist tobacco users. Our Quitline program follows the best practices and industry standards published by the Centers for Disease Control and Prevention (CDC) and North American Quitline Consortium (NAQC). Our protocols are research- and evidence-based.

Depending on each individual's readiness to quit, National Jewish Health will provide assessment, proactive follow-up counseling, screening, and recommendations related to the use of support materials and/or referrals to community-based cessation programs. For participants receiving counseling, National Jewish Health may offer NRT after screening the caller for medical contraindications.

As the top-rated respiratory academic medical center in the United States for 18 years, National Jewish Health shares the goals of the Nebraska DHHS TFN Program, including 1) Prevent the initiation of tobacco use among youth; 2) Promote quitting among youth and adults; 3) Eliminate exposure to secondhand smoke; and 4) Identify, reduce, or eliminate tobacco disparities through collaboration with other tobacco control initiatives in Nebraska as noted in the RFP. National Jewish Health is a founding member of the NAQC, has operated Quitline services since 2002, and has supported more than 1.5 million people in their quit journey.

### B. Project Environment

#### 1. Overview

National Jewish Health understands the significant impact tobacco has on Nebraska—not only is tobacco use the leading cause of preventable death among Nebraskans each year, tobacco costs the state nearly \$800 million in medical costs annually. We are confident our evidence based Quitline services can alleviate some of the burden tobacco places on the state of Nebraska and its residents.

#### 2. Ceremonial Use of Tobacco in American Indian Culture

National Jewish Health acknowledges the spiritual and ceremonial value that tobacco has in Native American culture. In collaboration with several state quitlines, members of the American Indian

community, and commercial tobacco control experts in several states, National Jewish Health launched the first dedicated Quitline program for American Indians in 2015. The American Indian Commercial Tobacco Program (AICTP) is the first, the largest, and the most established program of its kind, having engaged nearly 3,000 American Indians across multiple tribal cultures and varied traditions of tobacco use.

### **3. Quitline Media Campaigns**

National Jewish Health acknowledges that TFN or its media contractor will coordinate the development and implementation of media campaigns to promote the Quitline to the general public.

### **4. Promotion to Healthcare Systems**

National Jewish Health acknowledges that TFN will be responsible for promoting the Quitline throughout the health care delivery system.

## **C. Project Requirements**

If awarded the contract, National Jewish Health will support the 1.800.QUIT.NOW (1.800.784.8669) and the 1.855.DÈJELO.YA (1.855.335.3569) numbers. We will respond to incoming calls with immediate assistance and follow-up on initial contact with more comprehensive services through outbound calls. Our Quitline program offers TFN's requested services including intake, assessment, disposition, treatment, and follow-up, and adheres to evidence-based practices and principles of motivational interviewing as noted in **Attachment 1: Technical Response**.

## **D. Business Requirements**

National Jewish Health is the nation's largest nonprofit provider of phone-based commercial tobacco cessation services, delivering evidence-based, personalized telephone and online coaching programs for 18 state quitlines.

1. As a hospital, research institution, and contractor for state agencies, National Jewish Health maintains the highest levels of security and privacy to guard protected health information (PHI) and we are committed to complying with HIPAA regulations. National Jewish Health will enter into a Business Associate Agreement (BAA) with DHHS to facilitate transfer of data.
2. National Jewish Health will provide all reports to meet the requirements of the CDC Office of Smoking and Health and National Quitline Data Warehouse (NQDW) Quitline Services Survey and CDC TIPS Campaign.
3. National Jewish Health and our proposed subcontractors do not have a current, or within the past five years, contract or affiliation with tobacco companies. In addition, National Jewish Health and our subcontractors will not accept tobacco industry business during the duration of this contract. **See Appendix D: National Jewish Health Policies.**

4. National Jewish Health has provided state Quitline services since December 2002 and currently provides Quitline services to 18 state clients and over 150 health plans, employer groups, and wellness companies.
5. National Jewish Health is a legacy member of the NAQC and all key department personnel are members and active participants of the organization.
6. National Jewish Health has over 19 years of experience in tobacco cessation and serving diverse clients. Our Clinical Director is a current member of the NAQC Advisory Council, and many staff have served on workgroups and have published white papers and reviews. We work closely with NAQC to ensure our Quitline protocols follow best practices and recommendations. **See Corporate Overview for additional information.**
7. National Jewish Health staff will be available 8:00 a.m. to 5:00 p.m., Central Time, Monday through Friday, by phone and email throughout the course of this contract.
8. National Jewish Health will not use any funds paid through this contract for any direct contact with state legislators or their staff for purposes of influencing any legislative policies or funding decisions.
9. National Jewish Health affirms that it will be responsible for all packaging and postage necessary to provide NRT distribution to qualified participants.
10. As an academic medical center, National Jewish Health is an accredited provider of medical (CME), nursing (CNE), and pharmacy (CPE) continuing education to prescribing health care providers across the country. National Jewish Health will assist the state by providing any additional information that is needed to obtain continuing education units for other licensed health care professionals.
11. Within two weeks of the contract start date, National Jewish Health will affirm that TFN is the sole owner of the client database and that client data from the Nebraska Tobacco Quitline will not be used by National Jewish Health for any purpose other than the provision of Quitline services, administrative and management analysis for operational improvement, benchmarking, or similar activities without prior written approval of TFN.
12. National Jewish Health will work in close collaboration with the TFN staff and the TFN media Contractor to coordinate and adjust cessation media campaign efforts to assure call volume and staffing capacity align as much as possible.

### **E. Scope of Work (1-3)**

National Jewish Health will implement, at no-charge to the caller, a telephone-based tobacco use cessation Quitline to assist Nebraskans with quitting smoking or the use of other tobacco products. As appropriate to each individual's readiness to quit, National Jewish Health will provide screening, assessment, proactive counseling, distribution of NRT, and support materials to individuals seeking assistance from the Quitline. We will also provide referrals to community-based cessation programs. National Jewish Health will provide additional services, as requested by TFN, including web-based

coaching services, text messaging, and comprehensive online training on brief tobacco intervention techniques and best practices to help health care providers work with patients quitting tobacco.

**See Attachment 1: Technical Response for a summary of Quitline services.**

## **F. Contractor Requirements (1–13)**

Our 18 state clients vary in size and complexity, and we have established the facilities, equipment, staff, and expertise to accommodate a wide range of client requirements, including budgets, reporting, billing, technical assistance, provider training, evaluation, and service packages. We pride ourselves on our ability to creatively work within a state's budget and remain responsive to the changing field of commercial tobacco control.

**See Attachment 1: Technical Response for additional information.**

## **G. Counseling Technical Requirements (1–7)**

National Jewish Health protocols for all counseling interventions, both initial and follow-up, are based on research showing effectiveness for inducing behavior change utilizing motivational interviewing and a cognitive-behavioral approach to treating tobacco use. National Jewish Health revises protocols, as needed, to keep pace with research on effective telephone-based tobacco dependence treatment interventions.

**See Attachment 1: Technical Response for additional information.**

## **H. Nicotine Replacement Therapy (1–8)**

Our Coaches encourage using cessation medications to increase the likelihood of success in quitting commercial tobacco. Medication is offered to participants age 18 or older based on program and medical eligibility and is shipped directly to the participant at no cost. We work closely with state clients to ensure flexibility in medication offerings dependent on budget, priority populations, and eligibility criteria. Our print and online materials provide comprehensive information about medications for cessation, contraindications, instructions for use, and other information to guide medication selection.

**See Attachment 1: Technical Response for additional information.**

## I. Reporting (1–5)

National Jewish Health can provide the necessary weekly, monthly, quarterly, and annual report and data files requested by TFN. In addition, we collect and report on all data necessary for TFN to evaluate the cessation services provided and prepare data for upload to the CDC's NQDW, and for the NAQC annual survey. National Jewish Health will provide reports as documented in **Exhibit 4, Nebraska Tobacco Quitline Reporting Requirements** and **Exhibit 5, Nebraska Tobacco Quitline Reports** and data for the NQDW reporting guidelines in conjunction with TFN.

**See Attachment 1: Technical Response for additional information.**

## J. Deliverables (1)

National Jewish Health acknowledges that all prices, including but not limited to personnel, supervision, training, travel, administrative costs, materials, postage and handling, data collection and reporting, referral database, language, and system capability, must be included in the cost per client interaction completed. In addition, Quitline services must include day-to-day tracking and surveillance of interactions.

We understand that TFN will not pay for non-registered callers such as inquiries from the general public, out-of-state calls, prank calls, wrong numbers, hang-ups, voicemail, spambots, and robocalls. TFN will not pay for letters or calls made in an attempt to reach participants. We understand that reimbursement will be provided for each call after it has actually been completed.

**See Attachment 2: Cost Proposal for information.**

## K. Optional Services

### 1. Innovative Projects

Our Account Managers work closely with our state partners to monitor program budgets. Active budget monitoring enables us to engage our state partners in proactive discussions about how to address situations during which demand could potentially exceed the allotted budget and/or a state needs to spend-down funds. We conduct rolling monthly budget forecasting with projected annual spend for state budgets including NRT, services, and other program offerings based on year-to-date data. Forecasting is an essential step in ensuring we maintain high-quality services to participants, prioritize disparity populations, as well as identify where innovative projects can improve the Quitline program. We understand that changes or additions to the contract beyond the scope are not permitted unless required to ensure compliance with any applicable law, or unless, in DHHS's sole determination, such changes or modifications are essential to ensure maximum use of other resources consistent with the purposes of this RFP. We look forward to partnering with TFN to maximize resources and budget dollars to best serve Nebraskans.

## 2. Custom Evaluation

National Jewish Health has experience working with external program evaluators and conducting outcomes evaluations through our third-party vendor, Westat, to calculate seven-month quit rates as recommended by NAQC. When the evaluation contract is not with National Jewish Health, we will work with the state's selected third-party evaluator to provide the necessary data to complete the evaluation surveys.

We also have experience focusing evaluations on specific populations such as our recent work with state partners that provide tobacco cessation programs to large rural populations. To better understand the needs of rural residents who call the Quitline, National Jewish Health is conducting a mixed methods evaluation that will explore the experiences of rural callers in the standard coaching program. Results from this study will be available in early 2020. In addition, with the support of several state partners, we recently collaborated with LGBTQ HealthLink and LGBT Cancer Control Network to ensure our staff have the necessary training to create a welcoming experience for the LGBTQ+ community. We completed a comprehensive assessment of our program for LGBTQ+ people. Our evaluation highlighted how Coaches effectively engage LGBTQ+ individuals in supportive and culturally responsive coaching. We also heard from the community how better to reach LGBTQ+ people. This information will be shared with our state partners to inform next steps to address commercial tobacco use with this priority population. We look forward to partnering with TFN to determine additional evaluations that may be needed to further reach and satisfaction of Quitline callers and service offerings.

## 3. Website/Text Messaging

One of the most significant offerings of the Quitline is our eHealth products, which include:

- A mobile-optimized, interactive website
- Email and text messaging support
- Two-way chat features
- Online educational materials (also available in print)

Each product is available as a standalone service or in personalized combinations. Participants can choose an eHealth package that works for them: telephone coaching with selected eHealth services or standalone eHealth services for participants who may not want to use a telephone-based program. NRT ordering is an option available to participants through our client websites. TFN can decide on the amount and increments allowed, if made available. Participants are able to register for telephone-based and web-based services through the internet. We look forward to further discussing these product and service offerings with TFN.

**See Attachment 1: Technical Response for additional information.**

**L. List of Exhibits (1–6)**

National Jewish Health affirms receipt and review of **Exhibits 1–6 in RFP 6204 Z1.**

## VI. Proposal Instructions

National Jewish Health has followed the instructions provided in Section VI of the Request for Proposal (RFP) 6204 Z1. Subdivisions have been clearly identified and responses to specific requirements have been provided.





**Technical Response  
Attachment 1  
Request for Proposal Number 6204 Z1**

**Name:** National Jewish Health

Bidders should respond to the Bidder Responses using the format provided and must not change the order or number of the responses.

<b>Bidder Responses</b>	
<b>Description of Experience</b>	
1.	<p><b>Bidder to describe experience in managing a telephone-based tobacco cessation Quitline, including the provision of screening, assessment, proactive counseling, support materials referrals to community-based cessation services, and web-based coaching.</b></p> <p>National Jewish Health is honored to submit this proposal in response to the Nebraska Department of Health and Human Services (DHHS), Tobacco Free Nebraska (TFN) Request for Proposal (RFP) # 6204 Z1 for Statewide Tobacco Cessation Quitline Services. As the top-rated respiratory academic medical center in the United States for 18 years, National Jewish Health shares the goals of the Nebraska DHHS TFN Program, including: 1) Prevent the initiation of tobacco use among youth; 2) Promote quitting among youth and adults; 3) Eliminate exposure to secondhand smoke; and 4) Identify, reduce, or eliminate tobacco disparities through collaboration with other tobacco control initiatives in Nebraska as noted in the RFP. National Jewish Health is a founding member of the North American Quitline Consortium (NAQC), has operated Quitline services since 2002, and has supported more than 1.5 million people in their quit journey.</p> <p>National Jewish Health looks forward to providing a proactive, free, and convenient state-wide telephone-based tobacco cessation Quitline, Nicotine Replacement Therapy (NRT) program, and our continuing medical education (CME)-accredited online training program for providers who serve the primary target audience of Nebraskans who smoke cigarettes or use other tobacco products (including e-cigarettes) and have shown a readiness to quit.</p>

Through our Quitline program, we also work with states to help increase population reach among individuals who use commercial tobacco. Our multi-channel cessation program allows us to reach individuals seeking information and support to stop using commercial tobacco by phone, text and email messages, printed materials, a comprehensive online program, and eCoaching via chat. We are eager to partner with TFN to increase the reach of cessation services to Nebraskans who currently use commercial tobacco, in particular by engaging populations disproportionately impacted by commercial tobacco use.

One way to increase reach is through a robust provider referral program. In partnership with TFN, National Jewish Health can leverage its comprehensive and successful referral program to allow health professionals and community organizations to easily refer their patients and clients who use tobacco to the Quitline. Referrals can be made by fax, online, “live,” and through eReferral systems.

We believe that National Jewish Health is the right partner for TFN to facilitate increasing quit attempts among Nebraskans to reduce the prevalence of commercial tobacco use. With each person who reaches out to the Quitline for help, we immediately engage them in their quit journey to foster success, and our results demonstrate our proven track record. Our surveys, conducted by an independent third party across several states, show that on average individuals who receive our evidence-based coaching services and use cessation medications have a 39% long-term quit rate—one of the best quit rates in the nation.

Our Quitline program adapts to changes in the industry and to the changing face of commercial tobacco use. Alongside the rise in e-cigarette use among youth and young adults, we have evolved our coaching and medication protocols to address the growing need for treatment of overall nicotine dependence. We offer personalized coaching to address vaping and recommend cessation medications for all young adults ages 18-24 who use electronic nicotine devices. And, in response to the rapid rise in use of e-cigarettes among youth, we developed a dedicated youth vaping and commercial tobacco cessation program, *My Life, My Quit*™. This program is based on recent research, input from subject matter experts, and feedback from focus groups with youth under the age of 18. As your Quitline services vendor, the approximately 16% of Nebraska youth (2017 data) who use any tobacco will have access to a tailored program designed for youth with input from youth.

We strive to maintain Quitline services that are both cost-effective and efficient to produce maximum impact. Expanding the means by which individuals can receive cessation counseling services from phone to now include text, chat, or online helps our state partners expand reach into populations that may not otherwise contact the Quitline program for help with quitting. We maximize

our effectiveness by focusing our Coach training, continuing education, and program evaluation efforts on disparity populations, such as American Indians, LGBTQ+ groups, rural populations, and people who report behavioral health conditions. Our training, coaching, and program evaluation activities facilitate continuous quality improvement efforts to engage disparity populations.

As an example, with our state partners and the American Indian community, we established the first dedicated Quitline service that distinguished between commercial and traditional tobacco use and have the most experience operating tailored services for American Indians. Additionally, we were the first Quitline to offer a dedicated program for pregnant and postpartum women to improve engagement and cessation rates among this population. These initiatives are just two representative highlights of how we leverage our quality improvement efforts to increase the reach and effectiveness of Quitline services.

We closely monitor state Quitline budgets to ensure that services are maximized for priority populations, and to support participants through innovative service delivery methods. Our program model focuses on helping individuals progress along their quit journey using motivational interviewing techniques. We can also rapidly flex to offer brief interventions, such as a one-call program, when budgets are limited while maintaining an intensive four- or five-call program for populations when needed. We also work within states to engage Medicaid plans to help offset program costs related to pharmacotherapy by delivering medications through our mail-order pharmacy partner. In addition, we partner directly with state health insurance payors to develop independent relationships that reduce service barriers through a single-entry point for coaching services when services are limited to under-insured populations. National Jewish Health quitlines serve more than 100,000 individuals every year, and we efficiently adjust our staffing levels to accommodate variation in call volume such as during state and national media campaigns:

We believe rapid change toward commercial tobacco cessation is possible and offer coaching program enrollment to all-comers at *any* stage of readiness for change. Our evaluation results support doing so, as we have observed success with individuals who first call during the contemplative stage of change, through those who call for assistance with maintaining their current quit attempt. Motivational interviewing allows us to meet individuals at any stage of their quit journey to facilitate change. Quitline Coaches at National Jewish Health are among the best trained and most skilled commercial tobacco treatment providers available to support individuals during a quit attempt.

Our program model provides any single cessation resource or combinations of telephone coaching, cessation medication, self-help materials, a comprehensive online program, and text and email support. We always encourage telephone coaching based on

evidence showing this service is the most effective for improving cessation success. All our service offerings are accessible through a single point of contact to reduce barriers, whether initiated on the phone or through the web portal, for a seamless user experience. We offer referrals back to local community partners in each state to ensure each caller has maximum support along their quit journey.

We are committed to quality improvement in every aspect of our program, within each state, and across geographic regions for states experiencing similar concerns. We compare program utilization data between states to understand how program design can improve reach and engagement. Through our strategic data review, quality improvement, and innovation projects, we have developed a chronic disease education program; created a comprehensive online eHealth program; launched a re-engagement strategy; initiated eCoaching via online chat; and launched a dedicated youth cessation program. Each of these innovative projects first stems from reviewing our internal data, initiating conversations with stakeholders, and enlisting multiple state partners to support the development, evaluation, and refinement of the Quitline program. With each quality improvement initiative, we share results with our state partners to devise a strategy to implement worthwhile changes across all our Quitline programs.

Our staff represent a diverse perspective in life experience, lived identities, and spoken languages. We view our team's diversity as a strength and believe each staff member contributes to the success of our Quitline program including by offering coaching in English and Spanish, and more than 200 additional languages using translation services. All staff at National Jewish Health attend an institutional diversity and inclusion training, and for Quitline staff, we provide additional training on disparities during our Council for Tobacco Treatment Training Programs (CTTTP)-accredited new-hire training that provides an overview of cultural differences in communication and commercial tobacco use behaviors. We further provide ongoing continuing education training from external subject matter experts who represent disparity populations, such as LGBTQ+ groups, youth, and people who have behavioral health concerns. Our Clinical and Medical Directors are researchers and have expertise working with vulnerable people. And, our leadership in the field is demonstrated in our summary of recent research, articles, publications, and media interviews included with this proposal in **Appendix C: National Jewish Health Publications, Presentations, and Media**.

We are confident in our ability to meet the objectives and deadlines specified in the Nebraska RFP. We are equally confident in our ability to provide a timely, smooth, and effective transition of services, if selected as your Quitline service provider. We take pride in our partnership approach to account management and data reporting services that ensure the Quitline is responsive to changing

	<p>evidence and meets each state’s unique needs. We look forward to offering our services to Nebraskans who use commercial tobacco and to the opportunity for partnership with TFN to deliver a Quitline service that represents a best available resource.</p> <p>Please note that National Jewish Health is not affiliated with any tobacco company. <b>See Appendix D: National Jewish Health Policies for additional information.</b></p>
2.	<p>Bidder to describe quit rates and satisfaction rates achieved for a state Quitline as similar in size and scope to Nebraska as possible. Include quit rates for multiple call participants receiving counseling only and those receiving counseling plus nicotine replacement therapy and other cessation medications through the Medicaid Program. Provide both responder rates and an intent-to-treat quit rates at 7 and 13 months follow-up, following quit date. See Exhibit 2, <i>Reporting Quit Rates</i>, for a more complete description of quit rates and related information requested, including definitions for responder and intent-to-treat rates.</p> <p>National Jewish Health partners with an independent survey organization, Westat, to conduct phone-based follow-up surveys of participants when we provide outcome evaluation services. We use an independent agency in order to eliminate any possible bias in reporting outcomes. As recommended by NAQC, Westat surveys participants who have agreed to follow-up during intake, by phone, at seven months after their first contact. Depending on the budget allocated for evaluation, the evaluation survey population may be a census of Quitline callers, a random sample, and/or oversampled for priority populations to meet survey quotas. Our surveys closely follow NAQC guidelines and methodology for validity, and we calculate quit rates following NAQC guidelines as defined in their issue paper, “Calculating Quit Rates, 2015 Update.”</p> <p>We calculate and report two NAQC standard quit rates on an annual basis: one for cessation of conventional commercial tobacco only using the 30-day point prevalence measure defined in the Minimal Data Set (MDS); and a quit rate from both conventional commercial tobacco products and electronic nicotine delivery systems (ENDS). Because ENDS are considered a commercial tobacco product, we rely on the combined 30-day point prevalence quit rates to demonstrate success of the Quitline program. Using the collected follow-up data, our 30-day point prevalence quit rates at seven months are analyzed across multiple groups defined by demographics, priority population, health status, and commercial tobacco use characteristics for participants.</p> <p>We recommend conducting surveys on a monthly basis for sustained data collection across different times of the year, and both during and outside of mass media campaigns such as <i>Tips from Former Smokers</i>. Through our partnership with Westat, we can also</p>

survey at any additional time-points TFN would like to evaluate, such as 13 months after enrollment, to attain additional cessation outcomes.

In **Table 1** we highlight the most recent quit rates at seven months for our most similar state in size and geography to Nebraska (State A), with intakes from July 2018–June 2019. State A surveyed all callers who agreed to the follow-up (74%). Survey respondents compared to the survey pool were similar in level of education (88% high school, GED, or less), duration of tobacco use (89-92% >10 years), and Medicaid-insured (15%) as a proxy for income. Respondents represented demographic characteristics that both promote cessation (fewer uninsured [17% vs. 29%], more males [43% vs. 39%]) or are factors in lower success (mental health conditions [52% vs. 42%], older age [mean 50 years vs. 43 years]).

**Table 1: Seven-Month Tobacco Quit Rates for State Quitline Partner A (2019)**

Services Received	Total N	Follow-Up Survey Response Rate	Intent to Treat Quit Rate	Responder Quit Rate
<b>All Participants</b>				
Any Coaching	1,160	29%	8%	29%
Any Coaching with NRT	999	30%	9%	29%
Evidence-based Coaching (3+ calls)	443	42%	15%	36%
Evidence-based Coaching with NRT	421	41%	15%	36%
<b>Medicaid Participants Only</b>				
Any Coaching	288	23%	5%	20%
Any Coaching with NRT	238	24%	6%	23%
Evidence-based Coaching (3+ calls)	89	35%	8%	23%
Evidence-based Coaching with NRT	83	35%	8%	24%

Because our states have trended away from collecting 13-month quit rates, in **Table 2** we provide the most recent 13-month quit rates for the next-most similar state to Nebraska (State B). State B surveyed all callers who agreed to follow-up (87%), and offered Chantix through our Ridgeway pharmacy partner, demonstrating the increased success of offering the full range of pharmacotherapy benefits.

**Table 2: 13-Month Tobacco Quit Rates for State Quitline Partner B (2017)**

Services Received	Total N	Follow-Up Survey Response Rate	Intent to Treat Quit Rate	Responder Quit Rate
<b>All Participants</b>				
Any Coaching	1821	22%	7%	31%
Any Coaching with Medication	1592	23%	7%	32%
Evidence-based Coaching (3+ calls)	464	40%	16%	41%
Evidence-based Coaching with Medication	447	40%	16%	41%
<b>Medicaid Participants Only</b>				
Any Coaching	509	19%	6%	33%
Any Coaching with Medication	419	21%	6%	31%
Evidence-based Coaching (3+ calls)	94	36%	16%	44%
Evidence-based Coaching with Medication	87	38%	16%	42%

3. Bidder to describe experience in collaborating with the healthcare delivery system to promote effective tobacco dependence treatment and other effective tobacco policies or initiatives.

National Jewish Health understands that health system partnerships are critical and has developed, and continues to grow, expertise in connecting health systems with the Quitline, delivering technical assistance, and providing continuing education credits for providers to support implementation of best practices in tobacco control. As examples of our expertise in working with health systems, National Jewish Health staff have participated in developing the NAQC technical guide and have published medical journal articles on developing eReferral systems.

***Provider Referral***

One way to increase reach is through a robust provider referral program. In partnership with Nebraska, National Jewish Health can leverage its comprehensive and successful referral program to allow health professionals and community organizations to easily refer their patients and clients who use tobacco to the Quitline. Providers and community agencies can submit a referral through the secure web portal, download the state-approved fax referral form, and access information about the eReferral process. Only HIPAA-covered entities receive a faxback report on participant progress. All referral processes are further described below in responses to **Questions 4–7.**

***Continuing Medical Education***

As an academic medical center, National Jewish Health provides medical-, nursing-, and pharmacy-accredited continuing education to health care providers across the country. Our learning management system hosts both live webinar training and online education through a web-based platform. We can host existing modules on our website or create new content upon request. At this time, we offer a CME/CEU/CPE module on using *Ask-Advise-Refer/Connect, 5 A's* to treat tobacco use in clinical settings, and a Quitline 101 module for health care providers interested in learning more about Quitline services. We have additional content available on treating commercial tobacco use during cancer survivorship and vaping. We deliver a monthly report to our clients that summarizes individuals registering and completing the online training. In addition, we offer participants certificates which are used by allied health professionals to meet their continuing education requirements. We understand that Nebraska has additional provider education requirements and look forward to working with TFN to develop and deliver these modules. Provider education about commercial tobacco cessation is essential to increasing the reach and quality of treatment in priority populations.

	<p><b>Technical Assistance and Consultation</b></p> <p>Our Quitline staff are trained and qualified to provide technical assistance and advice to health care professionals seeking information about the availability of Quitline services, including NRT and how to make a referral to the Quitline. Coaches also provide information about tailored Quitline protocols to assist special populations. In collaboration with our state partners, we provide information about the availability of other tobacco cessation interventions available in the community. Our Technical Project Manager, Zohar Gilboa, manages setting up eReferral services and works closely with health systems to accomplish the implementation. In addition, Dr. Ylioja, our Clinical Director, and Dr. Tinkelman, our Medical Director, are available and regularly field informational and clinical guidance requests to further the treatment of tobacco dependence.</p>
<p><b>System Capabilities</b></p>	
<p>4.</p>	<p><b>Bidder's ability to accept referrals through an online form.</b></p> <p>National Jewish Health has implemented a comprehensive and successful referral program for our state Quitline clients to allow health care professionals and community organizations to easily refer their patients who use commercial tobacco. We have great success in having providers complete a participant referral form online. The secure provider web referral is received instantly and is automatically uploaded into our case management system (CMS), QuitPro®. We can upload Nebraska clinic and health system information into the web referral process to streamline the data entry for providers who access a drop-down menu.</p> <p>When a Quitline web referral is received, the participant's demographic information is entered directly into our CMS and a proactive call is made within 24 hours of entering the information to enroll the patient into the coaching program. At a minimum, three attempts are made at different days (one day, three days, and 10 days after the first attempt) and times to reach each participant until either the referred user is reached and/or a voicemail message is left (if indicated on the referral form by the participant). If the participant is reached, National Jewish Health will assess the individual's eligibility for Quitline services. If the participant is not eligible under DHHS guidelines, they will be referred to the correct service provider or resource.</p> <p>We provide feedback to the referring provider that is part of a HIPAA-covered entity at up to five instances throughout the fax back program, including:</p> <ul style="list-style-type: none"> <li>• When a web referral is received</li> <li>• At the time the patient enrolls in coaching (or if the patient is unreachable)</li> </ul>

	<ul style="list-style-type: none"> <li>• When the patient is shipped NRT</li> <li>• When the patient completes the program</li> <li>• When the patient dis-enrolls for another reason</li> </ul>
5.	<p><b>Bidder's ability to accept referrals through a secure email system.</b></p> <p><b><i>Secure File Transfer Protocol Site</i></b></p> <p>National Jewish Health can accept referrals through a Secure File Transfer Protocol (SFTP) site. National Jewish Health will work with Nebraska to develop the process to retrieve the referrals from the SFTP site. In most cases, we will write a query that will import the file nightly from the SFTP and upload the referrals into our CMS. The referral will then be called the next day to enroll the participant. We will work with the state on the file format and required fields to create a seamless process of receiving referrals.</p> <p>While we have the technical capacity to receive secure email referrals, we recommend providers use our web referral form to streamline information exchange and avoid duplicate data entry and errors.</p> <p><b><i>Provider Fax Referral</i></b></p> <p>National Jewish Health has also implemented a comprehensive and successful fax referral program for our state Quitline clients. We are able to accommodate the sample <b>fax referral form in Exhibit 7</b> or other form as needed. We will work with TFN to port or point an existing fax number and/or provide a fax number for provider referrals. Providers can fax a referral to this number that is monitored in real-time. We can accommodate fax referrals being sent directly to the fax phone line via standard fax or eFax technology. National Jewish Health will provide technical assistance to TFN regarding the development and utilization of a fax referral and other referral systems as a way to increase the number of health care providers who refer patients to the Quitline.</p> <p>National Jewish Health has been successful in significantly increasing qualified referrals to the Quitline through provider fax and web referrals, and we currently receive well over 100,000 referrals annually. We also accept referrals from non-providers if they are signed by the potential participant.</p>

6.	<p>Bidder's ability to handle "live referrals" when a provider contacts the contractor with the client or patient in the room, and then once connected turn the interaction over to the client/patient to complete intake and set a date for the first coaching call.</p> <p>National Jewish Health is able to and currently receives live referrals from providers. When a provider calls the Quitline with a client or patient in the room, upon being connected to a Customer Care Representative (CCR) or Tobacco Cessation Coach (Coach), the provider is able to turn the interaction over to the client or patient. From there, a CCR or Coach will facilitate the intake process and set a date for the first coaching call.</p>
7.	<p>Bidder's ability to accept an electronic health record referral (e-Referral). The State has a preference for bi-directional e-Referral that meets NAQC standards.</p> <p>National Jewish Health developed the first fully bidirectional eReferral using meaningful use standards and has taken a leadership role on behalf of our state clients to develop a national health care IT standard for Quitline eReferrals, working with NAQC and other Quitline service providers by leveraging Consolidated Clinical Document Architecture. A national standard creates a win-win situation for all parties—Quitline clients, health care providers, and Quitline service providers—as it has the potential to save millions of dollars in development costs that would otherwise be incurred. National Jewish Health has implemented the bidirectional eReferral system with more than 50 health care systems throughout the country. Our eReferral system enables providers to submit referral forms electronically for tobacco cessation services and to receive progress notes using standard clinical care documents that can be integrated into the electronic medical record (EMR), all within a highly secure information transfer process.</p> <p>On all attempts to reach an eReferred tobacco user, we leave an encouraging message, requesting the tobacco user to call the Quitline. We make the initial outbound call within 24 hours of receiving an eReferral. National Jewish Health follows the NAQC Guidelines for eReferral feedback. The first progress report is sent to the referring provider 20 days after the receipt of a referral, the second progress report at three months after enrollment in the program, and the third report at seven months' post-enrollment.</p> <p>Our team will work with TFN and health systems across Nebraska to develop eReferral programs and expand reach of the Nebraska Quitline. We have a unique advantage in implementing eReferral systems because we are both a Quitline service vendor and a health system with practicing physicians. We understand both perspectives and can provide technical insight into the workflow process of implementing Quitline referrals in clinical practice.</p>

	<p>National Jewish Health has a dedicated staff member who serves as the primary point of contact for eReferral implementation. This staff member helps our state partners identify and support health systems that may have the technical and organizational readiness to integrate eReferrals into their clinical processes. Facilitating communication, information, and education, this staff member works closely with the health system and the Information System Technology (IST) Department at National Jewish Health to ensure a coordinated, smooth, and timely eReferral launch.</p> <p>Implementing an eReferral system requires establishing and testing bidirectional communication between a health system's EMR and the Quitline, EMR workflow updates to allow the referral, and provider education on the new workflow. National Jewish Health can use national standards to implement eReferrals with any EMR using HL7 version 3. Specifically, National Jewish Health has experience implementing eReferrals with the following EMRs: Next Gen, GE Centricity, Epic, eClinicalWorks, MicroMD, Aprima, and AllScripts.</p> <p><b>See Appendix E: Fax, Online, and eReferral Forms.</b></p>
<p>8.</p>	<p><b>Bidder's ability to bill and receive reimbursement from all participating health plans and Medicaid for services provided.</b></p> <p>National Jewish Health strongly believes providing barrier-free care is best for individuals trying to stop their tobacco use, which is why we promote a single point of entry to care through the toll-free 1.800.QUIT.NOW telephone number in each state. State budgets are already maximized to provide best practice services to their entire smoking populations. To respond to fiscal constraints, National Jewish Health has pioneered work with states to engage insurance providers, health plans, brokers, and employer groups to provide Quitline services on individual contracts. Our Account Manager and other members of our team will work together with TFN to proactively identify, reach out to, and engage these groups.</p> <p>We know that capitalizing on the national move toward value-based medical purchasing is key to sustaining quitlines. Because health care systems, managed care organizations (MCOs), and other payors are increasingly concerned with preventable causes of health care costs, we contract directly with these partners to provide evidence-based tobacco treatment services under the 1.800.QUIT.NOW and 1.855.DEJELO.YA umbrella. We are actively building partnerships with MCOs in states to disseminate best practices for Quitline referrals to their network providers, and to build referral systems from chronic disease specialists within the MCO programs.</p>

NAQC and CDC literature about building private-public partnerships for sustainable quitlines describes our success in pioneering MCO partnerships. Our experience demonstrates that developing high-level state partnerships is essential to sustaining Quitline programs.

Because Medicaid has a disproportionate rate of tobacco use associated with the health disparities among the population served, this strategy also represents an essential path for delivering evidence-based treatment and reducing tobacco-related disparities with priority populations. These partnerships effectively address tobacco use disparities because they can influence multiple provider groups simultaneously and systematically through policy and reimbursement changes, and MCOs are motivated to provide tobacco treatment to improve health and reduce costs for insured members. In our experience, these statewide partnerships are among the most influential, cost-efficient, and sustainable strategies for tobacco cessation.

***Public/Private Partnerships***

National Jewish Health has substantial experience and will work with Nebraska and health plans and/or employer groups throughout the state to support Quitline services for their members and/or employees. National Jewish Health will lend expertise based on our extensive experience in other states with such collaborations. If requested, we will assist in developing public-private partnerships with Nebraska to provide Quitline services to members of third-party payors such as Medicaid, health plans, and employers through a direct contract with the payors.

National Jewish Health is able to support the Medicaid Process for Nebraska listed in **Exhibit 3 of the RFP**. For telephone coaching services, we consider three main scenarios for partnerships that can either replicate or expand on the current Nebraska Medicaid process. In the first scenario, the state elects to cover all participants and works with state Medicaid to obtain reimbursement for care provided. Here, National Jewish Health screens for insurance type and reports individual level insurance data to the state. National Jewish Health is able to collect the Medicaid ID over the phone and send a report to TFN with any information needed for reimbursement. We are currently doing this for several clients and are familiar with the level of reporting needed for Medicaid offices. In the second scenario, National Jewish Health contracts directly with the MCO to provide services and the state provides payment for any participant the MCO does not cover. National Jewish Health bills the MCO directly every month for any services or NRT provided to a participant covered by that MCO. In the last scenario, the state restricts eligibility for services and ineligible participants are referred to their MCO for tobacco treatment.

When National Jewish Health establishes a relationship with a partner, we collect information from participants to identify which callers qualify for services covered by that partner. Our comprehensive reporting and billing systems accommodate this procedure and we work closely with our state clients to ensure we provide the necessary reports and data extracts to support partnerships. This process can help expand services and reduce the Quitline program cost borne by Nebraska.

***Medicaid Medication Process***

National Jewish Health understands the importance of partnering with states to expand Quitline reach into Medicaid-insured populations. We partner with a mail-order pharmacy, Ridgeway Pharmacy, to become a state-approved Medicaid provider. Once approved, we provide participants any FDA-approved pharmacotherapy, and Ridgeway bills Medicaid directly for the prescribed medication. We are pleased to offer this option to TFN, and if selected as your vendor, we will work with Ridgeway Pharmacy to become a Nebraska-approved Medicaid provider. Through this partnership, we navigate the ordering process, including prior authorization and prescription requirements, and ship medication directly to the participant. This process removes the barrier of the participant having to travel to the pharmacy to fill and refill their cessation medication prescription. Often the prescription can also be obtained electronically, which eliminates the need for a participant to schedule an office visit. Our aim is to eliminate as many barriers as possible to ensure that all Quitline participants can access full tobacco treatment coordinated through a single resource.

We offer four scenarios for Medicaid member medication processing, that also either replicate or expand the current Nebraska process outlined in **Exhibit 3 of the RFP**. First, the state elects to cover all participants. Again, National Jewish Health provides reporting at the individual level on the volume of Medicaid member medication orders. Second, National Jewish Health partners directly with the MCO to pay for medication and the state pays for any participant not covered by the MCO. Third, Ridgeway becomes a state-approved Medicaid vendor and participants with Medicaid insurance receive all medications through Ridgeway, with the medication billed directly to the MCO. Fourth, if Ridgeway is not approved as a Medicaid provider and the state does not cover medications for Medicaid members, Coaches instruct participants on how to access their medication benefits through Medicaid.

	<p><b>Standing Order to Medicaid Participants</b></p> <p>Ridgeway can also hold a state-wide Medicaid Standing Order on record and automatically send NRT every two weeks or after every coaching call, depending on how the benefit is structured. Ridgeway will directly bill Medicaid, saving TFN budget dollars that can be put toward other projects or priority populations.</p>
<p><b>Business Operation Requirement</b></p>	
<p>9.</p>	<p><b>Bidder to describe the office environment and the organization's capability to accommodate staff, records, telephone lines, computer hardware and other operations.</b></p> <p>Our call center is located within a secure building in Denver, Colorado, and includes 14,367 square feet of office space accommodating administrative, management, and support staff, more than 90 computer/telephony stations for intake and coaching staff, a dedicated training room, and three conference rooms. Our facilities require magnetic badge entry in order to maintain security over confidential records, telephones, and computer systems. All Quitline Management and Client Support Team members have offices on the floor of the call center and, therefore, are in the immediate vicinity of on-site staff. This allows us to stay in close contact with the heart of our operations. Approximately one-third of our staff work from home.</p> <p>Our program uses state-of-the-art telephony systems to route incoming calls and place outbound calls to thousands of individuals every month. As such, our Avaya system can efficiently manage the volume of calls for TFN through the well-known 1.800.QUIT.NOW and 1.855.DEJELO.YA phone lines, as well as any TFN specific numbers.</p> <p>More than 15% of our staff is bilingual, allowing us to provide services in English and Spanish. We also leverage LanguageLine services to provide real-time translation in more than 200 additional languages. We utilize TTY technology and support video relay for hearing- and/or speech-impaired callers. Along with dedicated phone lines for telephone counseling, we maintain a dedicated fax referral telephone line to facilitate the referral process.</p> <p>To enhance our Quitline program and better meet the needs of our participants and state clients, we developed a proprietary CMS, QuitPro®. This software, developed internally by the IST Team at National Jewish Health, allows for increased flexibility and speed in responding to the changing needs of our state partners. The online cessation program is fully integrated into QuitPro® and is hosted and managed by our internal IST Team. This facilitates rapid evolution of the online products and services offered to our clients.</p>

***Call Volume Monitoring and Adjustments***

National Jewish Health utilizes Calabrio Workforce Management software and internal staffing metrics to support staffing levels, which helps us achieve a 90% live answer rate. The Quitline program regularly handles inbound monthly call volumes between 13,000 and 25,000 calls in addition to outbound call volumes between 27,000 and 34,000 calls, demonstrating our ability to adjust staffing levels in a flexible and responsive manner.

In addition, National Jewish Health utilizes the Avaya Outbound Dialer, a dialer system used to initiate outbound calls to maximize the efficiency of staff and call center operations. The outbound dialer initiates scheduled coaching calls, referral calls, and missed-appointment resets. When a participant answers a call, the Avaya telephony system immediately connects the call to a Coach or CCR. If an outbound call reaches the participant's voicemail, an automated message will let the participant know we attempted to contact them, and that they can call for further assistance. If the outbound call receives a busy signal or no answer, the system will initiate two new attempts before noting the caller was unreachable in our CMS. Results from these auto-dialer campaigns can then be fed back into Calabrio to further refine call volume forecasting. Avaya Contact Recorder records all inbound and outbound calls for training and quality assurance purposes and are retained for five years.

***Telecommunications System***

The telephony system used by National Jewish Health utilizes a suite of Avaya applications. Our automatic call distribution (ACD) system allows National Jewish Health to handle multiple, simultaneous incoming and outgoing calls with multi-lingual capability. The ACD system uses the participant input through menu selection to route calls to CCRs or Coaches within the call center based on their training and experience. Our Avaya telephony and Calabrio systems are used for accurate call analysis. These systems provide real-time and historical information on call volume, wait time for callers, abandonment rates, calls sent to voicemail, and calls received during times when a live answer is not available. Calabrio uses two data sources to generate forecasted call volumes and staffing needs: 1) historical call volume trends stored; and 2) real-time call volume feed from Avaya. Our dedicated Workforce Management Team can further adjust these projections based on internal staffing metrics and known events, such as state or federal media campaigns that increase call volume.

***Responsive Phone System***

Avaya Communication Manager is designed as an open, scalable, and highly reliable telephony solution; it effectively scales from under 100 users to as many as 36,000 on a single system and to more than one million users on a clustered network configuration.

The Avaya Call Management System is an integrated analysis and reporting program offering real-time monitoring, historical reporting, custom reporting, task scheduling, exception notification, and threshold warning, configuration, and long-term data storage.

Real-time reports can be updated as often as every three seconds and summarized as often as every 30 minutes. Historical reports are available in various intervals using daily, weekly, and monthly summaries. Integrated reports include data for a specified start time in the past 24 hours, up to and including the moment the report is generated. Reports can be run on demand or scheduled and can be displayed on a PC, saved to a file, or exported to HTML formats.

With the Avaya Call Management System, our Workforce Management Team views live, real-time information and sees the immediate results of adjustments. They also use historical reports to analyze trends, establish performance benchmarks, and plan new marketing or customer service campaigns. The combination of access to real-time and historical reports helps the Workforce Management Team effectively manage the performance of their personnel.

***Call Queues***

The Avaya Call Management Systems allows for continuous monitoring of call volume and Coach and CCR status. When call volume is extremely high, the Operations Team will determine the cause for the increase in volume, while modifying existing processes to answer and respond to as many callers as possible. Our Operations staff will work with TFN to change voice message prompts, modify processes, redirect participants to the state's website, or make other operational changes within our staffing model, using data from our state-of-the-art call center software. Our Operations Team acts quickly to isolate the cause for the volume increase to minimize the impact to other state clients. These processes are used for both English and Spanish callers. If it is determined the high call volume will continue, we will work with staffing agencies to quickly increase staffing levels. With adequate notice about media events and marketing campaigns, including national campaigns for 1.800.QUIT.NOW, we will increase staffing to accommodate the anticipated increased number of callers.

	<p><b>Database</b></p> <p>Our proprietary CMS, QuitPro®, drives both our telephone coaching and online databases, allowing for collection, storage, security, and access of participant data for all parties who require access, whether for staff on a call or for reporting purposes. Using our custom QuitPro® system allows the flexibility to create software that directs all efforts toward successful tobacco cessation.</p> <p>QuitPro® is a browser-based information management system housed on a secure proprietary platform developed and maintained by National Jewish Health. The QuitPro® web platform uses load-balanced, virtualized web servers and a clustered SQL database. We use leading-edge technology including Microsoft .NET Framework 4, SQL Server, and SQL Server Integration and Reporting Services. The system is flexible and customized, allowing for quick and easy updates to meet client specifications.</p> <p>As a hospital, research institution, and contractor for state agencies, National Jewish Health maintains the highest levels of security and privacy to guard protected health information and we are committed to complying with HIPAA regulations.</p>
10.	<p><b>Bidder to describe how and when the applicant will notify and coordinate with the National 1-800-QUIT-NOW (1-800-784-8669) and the 1-855-DEJELO-YA (1-855-335-3569) numbers to assure calls to that number are routed to you as the provider for Nebraska.</b></p> <p>National Jewish Health will notify the National Cancer Institute (NCI) in writing of the change in vendor and request that NCI redirect the national numbers, 1.800.QUIT.NOW and 1.855.DEJELO.YA, to a dedicated Nebraska number owned by National Jewish Health at the time of transition. Typically, this process can be accomplished with 10 days' notice. However, to ensure a seamless changeover for Nebraska residents, our transition plan has communication with NCI occurring 30 days prior to the transition date with follow-up contact at transition date minus 15 and three days. This ensures there will be no issues and National Jewish Health will start taking calls and providing support on the transition date. National Jewish Health will provide a fax number for TFN to provide Nebraska clinics or route existing fax numbers owned by Nebraska to our systems.</p>

11. Bidder to describe service availability for screening and initial counseling, including “live” response hours of operation per week, during the days and times specified in this Request for Proposal. Include description of how peak times for calls will be monitored and staffing modified to meet peak volume times.

***Hours of Operation***

National Jewish Health provides Quitline services 24/7 with few exceptions: the Quitline is closed Thanksgiving and Christmas Day and operates 7 a.m. to 5:30 p.m. MST on Memorial Day, Independence Day, Labor Day, the day after Thanksgiving, and Christmas Eve. The website is available in English and Spanish 24 hours a day, 365 days a year and is accessible from common search engines.

Nebraska residents calling outside of the hours of operation are given the opportunity to listen to QuitFacts, leave a voice message, and/or register for services online. National Jewish Health strives to return all voice messages within one business day. QuitFacts topics are available in both English and Spanish and cover:

- Smokeless Tobacco
- Preparing to Quit
- How to Manage a Craving
- Nicotine Replacement Therapy
- What Increases Your Chances for Quitting
- Encouragement to Enroll Online

National Jewish Health understands that holiday coverage may be revised by mutual agreement after the first year of the contract and completion of a call volume analysis.

***Peak Times and Staffing***

With a large staff providing services to multiple state quitlines, National Jewish Health is ready to adjust to rapid changes in call volume that result from planned marketing, announcements of new services, media coverage, state and/or federal policy changes, or a combination of these factors. Our Account Mangers work closely with the Program Managers for each Quitline and we make best efforts to coordinate any large marketing campaigns across clients.

Our suite of Avaya applications and our ACD system allows us to handle multiple, simultaneous incoming and outgoing calls with multi-lingual capability. Our Avaya telephony and Calabrio Workforce Management software systems are used for accurate call analysis. These systems provide real-time and historical information on call volume, wait time for callers, abandonment rates, calls

	<p>sent to voicemail, and calls received during times when a live answer is not available. Calabrio uses two data sources to generate forecasted call volumes and staffing needs: 1) historical call volume trends stored; and 2) real-time call volume feed from Avaya.</p> <p>If required, we employ our “all hands on deck” approach at any time by engaging and leveraging all trained staff, including Supervisors and Quality Assurance Team members. We also offer unlimited overtime to CCRs and Coaches, evaluate and prioritize our skilling and disbursement of calls, and redeploy all non-call taking functions from Coaches and CCRs. Per diem staff is scheduled for extra hours and permanent staff is offered overtime, when needed. In addition, we work with staffing agencies if we need to quickly increase staffing levels for longer periods of time.</p>															
12.	<p><b>Bidder to describe how call standards listed in Request for Proposal will be monitored and achieved, and provide evidence of current call standard levels.</b></p> <p>Call standards are monitored in real-time and reported on monthly. Our Avaya telephony and Calabrio workforce systems are used for accurate call analysis. These systems provide real-time and historical information on call volume, wait time for callers, abandonment rates, calls sent to voicemail, and calls received during times when a live answer is not available.</p> <p>At the smallest time unit, our Workflow Team monitors minute-by-minute the inbound and outbound call volume and adjusts call flows to maximize the coaching resources and meet our call handling standards. Data collected during call flow handling are aggregated by week and month and then matched to our staffing forecasts for ongoing adjustments. This facilitates a nimble and rapid response to staffing, including offering overtime to Coaches.</p> <p><b>Table 3 and Table 4</b> provide a description of our existing call standard levels.</p> <table border="1" data-bbox="279 1079 1862 1291"> <thead> <tr> <th colspan="3" data-bbox="279 1079 1862 1128">Table 3: FY2019: January 1, 2019–June 16, 2019</th> </tr> </thead> <tbody> <tr> <td data-bbox="279 1128 861 1169">Calls Answered</td> <td data-bbox="861 1128 1155 1169">38,197</td> <td data-bbox="1155 1128 1862 1169">95.29%</td> </tr> <tr> <td data-bbox="279 1169 861 1209">Calls Abandoned More Than 30 Seconds</td> <td data-bbox="861 1169 1155 1209">1,541</td> <td data-bbox="1155 1169 1862 1209">3.84%</td> </tr> <tr> <td data-bbox="279 1209 861 1250">Voicemail</td> <td data-bbox="861 1209 1155 1250">345</td> <td data-bbox="1155 1209 1862 1250">0.86%</td> </tr> <tr> <td data-bbox="279 1250 861 1291">Calls Answered within 30 Seconds</td> <td data-bbox="861 1250 1155 1291">32,466</td> <td data-bbox="1155 1250 1862 1291">81.00%</td> </tr> </tbody> </table>	Table 3: FY2019: January 1, 2019–June 16, 2019			Calls Answered	38,197	95.29%	Calls Abandoned More Than 30 Seconds	1,541	3.84%	Voicemail	345	0.86%	Calls Answered within 30 Seconds	32,466	81.00%
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Table 4: FY2019: January 1, 2019 – June 16, 2019

Calls Live Answered	95.3%
Average Speed to Answer	0:23
Calls Abandoned More Than 30 Seconds	3.8%
Self-help Materials Sent within One Business Day of Registration	99.5%
Voicemail Returned within One Business Day	96.8%
Availability for Callers to Speak to Quitline Specialist After Completing Registration	100%
Reach Participants within the Schedule Time	97.3%
Contract Fax Referrals within 24 Business Hours	92.2%
Call to Participants within 48 Hours of Quit Date	93.5%
Calls Answered within 30 Seconds	81.0%

National Jewish Health will strive to meet the call standards as noted in the RFP, including the standards outlined in **Table 5**.

**Table 5: Performance Standards**

Measure	Performance Standard
a. Percent Live Answer	90% of all calls shall be answered live within 30 seconds during hours of "live" answer, 24 hours per day, seven days per week with the exception of five selected holidays. Response: National Jewish Health will strive for 90% of calls answered live within 30 seconds. National Jewish Health will commit to answering 80% of all calls within 30 seconds.
b. Average Speed to Answer	Average live answer speed is 30 seconds.
c. Abandonment Rate	Less than 5% abandonment for calls waiting greater than 30 seconds following the initial client queue message.
d. Self-help Materials	100% of self-help materials sent within one day of registration. Response: National Jewish Health will send 100% of self-help materials within one business day of registration.
e. Voicemail	95% of voicemail messages shall be initiated for return within one day. Response: National Jewish Health will initiate 95% of voicemail messages within one business day.

f. Speaking with a Tobacco Cessation Coach	70%-80% of callers interested in speaking with a Quitline Tobacco Cessation Coach shall be transferred directly after completing registration. The remaining 20%–30% will be contracted within the time frame that the participant requests.
g. Attempt to Reach	Reach or document attempt to reach 90% of multiple call participants during the established appointment time for all intervention calls.
h. Fax Referrals	Attempt to contact all fax referrals within 24 hours. Response: National Jewish Health will attempt to contact all fax referrals within one business day.
i. Quit Date Call	70% of multiple call participants receive a time-sensitive quit date call within 48 hours of their quit date.
j. Calls Answered	80% of calls during airing of federal campaigns are answered within 30 seconds.
13.	<p><b>Bidder to describe holiday coverage, and how calls will be handled outside "live" hour coverage.</b></p> <p>National Jewish Health provides Quitline services 24 hours per day, seven days per week with few exceptions:</p> <ul style="list-style-type: none"> <li>• The Quitline is closed Thanksgiving and Christmas Day</li> <li>• The Quitline operates 7 a.m. to 5:30 p.m. MST on Memorial Day, Independence Day, Labor Day, the day after Thanksgiving, and Christmas Eve</li> </ul> <p>The website is available in English and Spanish 24 hours per day, 365 days per year and is accessible from common search engines.</p> <p>Nebraska residents calling outside of the hours of operation are given the opportunity to listen to QuitFacts, leave a voice message, and/or register for services online. National Jewish Health strives to return all voice messages within one business day. QuitFacts topics are available in both English and Spanish and cover:</p> <ul style="list-style-type: none"> <li>• Smokeless Tobacco</li> <li>• Preparing to Quit</li> <li>• How to Manage a Craving</li> <li>• Nicotine Replacement Therapy</li> <li>• What Increases Your Chances for Quitting</li> <li>• Encouragement to Enroll Online</li> </ul>

14.	<p>Bidder to describe how a regularly updated referral resource database of community services will be operated in collaboration with TFN.</p> <p>National Jewish Health, with our state partners, maintains a referral database of community resources local to the participant that contains useful services to assist along their quit journey, such as organizations that provide face-to-face tobacco treatment. This database will be sorted by county and additions or revisions can be made at any time by TFN. We will include the information requested by TFN such as the type of service offered, hours of operations, costs, and specialized services. Resources can also be uploaded to the Quitline website for individuals seeking assistance online.</p>
15.	<p>Bidder to provide an assessment of your organization's strengths and weaknesses in addressing the scope of work described in this Request for Proposal.</p> <p>National Jewish Health has operated its Quitline since 2002. In this time, our program and services have evolved to meet the greatest needs of our state clients, and ultimately, those seeking assistance with quitting tobacco. As a result, individuals who receive our coaching services and cessation medications have a 39% long-term quit rate on average—one of the best quit rates in the nation. There are numerous strengths of our Quitline, some of which are listed below, and our team is continuously identifying and responding to potential areas of weakness to maintain our position as a best-in-class provider of tobacco cessation services.</p> <p><b>Proven Strengths:</b></p> <ul style="list-style-type: none"> <li>• Ability to leverage National Jewish Health system and resources, including access to industry thought leaders</li> <li>• Create effective client partnerships</li> <li>• Provide flexibility in service provision to meet state needs</li> <li>• Adapt and respond quickly to client requests</li> <li>• Partner with clients to innovate and evaluate</li> <li>• Support and promote a client centric service environment</li> <li>• Listen well to all key stakeholders</li> <li>• Use data driven decision making</li> <li>• Effectively monitor and forecast state budgets to inform decision making</li> <li>• Focus on populations with greatest need</li> <li>• Accredited TTS training program and robust continuing education program for Coaches</li> <li>• Accredited CME/CNE/CPE environment to deliver provider education</li> </ul>

	<p><b>Identified Weaknesses:</b></p> <ul style="list-style-type: none"> <li>Continuing to leverage the necessary resources to provide innovative cessation services can be challenging. To address this, we regularly partner with our state clients to help fund innovation and evaluation activities.</li> </ul>
<b>Work Plan and Timeline</b>	
16.	<p>Bidder to provide a detailed work plan including a timeline of activities to guide the implementation of the Quitline from date of award to “go live” date. Indicate responsible party, milestones and specific date estimates. Include a narrative description of the individual items or the timeline as a whole, as needed. Subsequent work plans may be developed in collaboration with TFN when protocols change or other service adjustments are needed.</p>
<p><b>Transition of Services</b></p> <p>National Jewish Health will provide TFN a seamless transition from the current Quitline contractor to National Jewish Health Quitline services, with a focus on minimizing disruption to participants during their quit attempt. In the past few years, we have successfully transitioned several state clients to our program from other organizations. We have also completed an exit transition for one state client that opted to create and run their own Quitline through the Department of Health. Our Management Team is dedicated to excellent customer service and we will provide a transparent and smooth transition for Nebraska Quitline participants and TFN staff if awarded the contract.</p> <p>Below is an outline of general transition activities and responsibilities. We look forward to partnering with TFN to ensure all activities, processes, timelines, and transition requirements are identified, documented, and met.</p> <p><b>Transition Team</b></p> <p>Immediately upon notification of award of the contract, National Jewish Health will assemble a Transition Team of knowledgeable and experienced staff members. We will partner with designated TFN officials to ensure the successful changeover of services. The primary contacts from National Jewish Health will be the Director of Operations, the Implementation Manager, and the Account Manager. We will begin regular planning meetings to move swiftly through the project plan to launch Nebraska services by June 1, 2020.</p> <p>The Transition Team will employ Backward Planning methodology, which begins with clearly defined goals and moves through the planning process to create precise tasks and deadlines to ensure all services are operational by the established transition date. We</p>	

will partner with TFN to understand your specific needs and challenges, and devise the solutions and processes required to ensure an efficient and effective transition of your tobacco cessation program. Members of the Transition Team will create a mutually agreeable project plan including timelines, task owners, and a milestone tracker.

The Statement of Work and Contract will be negotiated during this time, and all required signatures and forms, including the Business Associate Agreement (BAA) will be completed. Concurrently, we will also gather all Nebraska-specific logos and colors.

***Requirements Review***

National Jewish Health will work in partnership with TFN to define participant eligibility, standard protocols, special program and protocol availability, incentives, and NRT parameters. We will work with the TFN staff to review the NRT protocol and protocol scripting used by our Coaches during this time. Together, we will determine all reporting requirements, create new reports if needed, and establish a reporting distribution list as noted in **Exhibit 4, Nebraska Tobacco Quitline Reporting Requirements and Exhibit 5, Nebraska Tobacco Quitline Reports.**

National Jewish Health will work with TFN to determine if all Nebraska Quitline participants should finish their current Quitline program with your current vendor, or as of the launch date, move all participants to the National Jewish Health program. We have successfully transitioned new state Quitlines using both methods. Regardless of the method used to transition existing participants using your current contractor's Quitline, all new callers as of the launch date will begin with the National Jewish Health Quitline intake and will be offered all coaching and follow-up calls from National Jewish Health. All educational materials will be sent to Nebraska Quitline participants upon re-enrollment in QuitPro®.

Nebraska Quitline participants receiving text messages can enroll online to continue receiving text messages or our CCRs can add text messaging when they complete a new enrollment.

Current online users will re-register on the new website and we will work with TFN to develop, build, and implement your new website. We will provide clear and concise messaging for your current online users and direct them through the online enrollment process to continue their quit journey on the new site.

***Program Development***

TFN will also have the opportunity to review and approve program self-help and education materials. Once approved, the Transition Team will work with our print vendor to create Nebraska Quitline-branded materials, define mailings, and prepare to implement both print-mail and electronic delivery for participants enrolling in the Nebraska Quitline. Branded provider fax referral templates will be made available for distribution through the website, and branded fax-backs will be created that provide information to providers on the status of fax referrals.

A dedicated IST Team at National Jewish Health will build the Nebraska program in our CMS, QuitPro®, using the MDS and customized intake questions. We will provide a list of current supplemental intake questions across our current clients for selection, and then create new questions as necessary.

Our dedicated IST Team will manage the development of the stand-alone website services in both English and Spanish. The Nebraska URL will be created and made available for Nebraska participants. TFN may link these newly developed websites to the existing Nebraska homepage. A provider web referral will be available in the provider section of the Nebraska branded website. Online NRT ordering capabilities will be built in accordance with program parameters, if requested.

National Jewish Health will work with TFN to ensure the interactive online training for health care providers meets the content requirements as outlined in the RFP and is available on the website at the agreed upon time.

***Resources/Training***

A detailed volume assessment will identify the required number of Coaches and CCRs needed to support Nebraska participants. Additional Coaches and CCRs to support volume will be hired and trained as needed. Specific Nebraska client guidelines training will be developed and completed by all Quitline staff.

***Program Launch***

The NCI will be notified in writing of the change in vendor and instructed to redirect national 1.800.QUIT.NOW and 1.855.DEJELO.YA to the dedicated Nebraska number owned by National Jewish Health at the time of transition to ensure a seamless changeover for Nebraska residents. National Jewish Health will work with TFN to port or point their existing fax number and/or provide a fax number for provider referrals.

Our Transition Team will work with TFN to identify the health systems that refer participants to the Quitline using eReferrals. Once identified, the Team will reach out to the systems and help them redirect their EMR systems to the domain at National Jewish Health. Development of eReferrals will be built in accordance with guidelines from both National Jewish Health and TFN, and the NAQC technical guides for eReferrals.

Once the program has launched, our partnership does not end. National Jewish Health and TFN will continue to meet and review the program, ensuring expectations are being met, and quickly making improvements when needed. **See Appendix F: Transition Plan for more information.**

**Counseling Technical Requirements**

17. Bidder should provide a description of the proposed Counseling System

1. Protocols for the first contact during live hours.
2. Protocols to triage the caller's need for services.
3. Protocols to assess a tobacco user's readiness to quit. For the caller ready to quit, detail how the following will be provided:
  - a. Registration for services
  - b. Initial counseling for successful quitting
  - c. Provision of self-help materials or other resources
  - d. Assessment of caller's interest in proactive cessation counseling
  - e. Assessment of caller's insurance status including Medicaid and Medicare and feedback to the caller about the availability of tobacco dependence treatment coverage through their health insurance.
  - f. Describe how comprehensive, proactive follow-up cessation counseling will be provided. Provide evidence that counseling is based on protocols that research in randomized trials has demonstrated to be effective in supporting people as they cease the use of tobacco products and in preventing relapse.
  - g. Describe how cessation counseling will be provided to educate on nicotine replacement therapy options, how the caller will be screened for medical eligibility and how the proper nicotine replacement therapy will be selected for the caller.

National Jewish Health protocols for all counseling interventions, both initial and follow-up, are based on research showing effectiveness for inducing behavior change utilizing motivational interviewing and a cognitive-behavioral approach to treating tobacco use. We will have TFN review and approval all protocols prior to implementation. National Jewish Health also revises protocols, as needed, to keep pace with research on effective telephone-based tobacco dependence treatment interventions.

***Coaching Model and Availability***

Our coaching model utilizes all our Tobacco Cessation Coaches to provide support to our participants and ensures a Coach is readily available whether for a scheduled appointment or when urgent assistance is needed. We see each call as a “moment in time,” and our Coaches begin each interaction by working to understand the caller’s current readiness for change, motivation level, and current tobacco use status. Callers experience the same evidence-based support on each call and are assisted with moving along their quit journey even when having a different Coach. Our evaluation results demonstrate that more than 90% of callers are satisfied with not having the same Coach for each call. In fact, many participants remark that having a different Coach provides a different perspective and helps with finding new strategies to successfully quit.

For special populations, where long-term rapport is key to the program, as in our Pregnancy and Postpartum Program, we offer the same Coach for the program duration. In this program, a new Coach is assigned if the participant needs to schedule a different time that no longer aligns with their assigned Coach’s shift, or if the assigned Coach resigns or is reassigned. In this case, the newly assigned Coach conducts the next scheduled call and explains the change to the participant.

***1. Protocols for the first contact during live hours.***

***First Contact Inbound Calls***

We answer each call by asking how we can help, and screen for informational and support person calls. For callers seeking service for themselves, we congratulate them for reaching out for support to stop using tobacco. We believe rapid change is possible and encourage every caller, regardless of their stage of change, to enroll in the Quitline program. Our experience is that success in quitting is possible no matter where the caller initially falls on the quit spectrum, from highly ambivalent callers at one end, to callers in the maintenance and relapse stages at the other. During the first and every subsequent coaching call thereafter, our Coaches

screen Quitline callers to gauge their current tobacco use along with their current motivation and readiness to change. We end each call by scheduling the next coaching call until the participant completes the program.

**2. Protocols to triage the caller's need for services.**

Registration and Eligibility Screening

During registration, our staff welcome callers, collect information to register the caller and determine eligibility, and describe all services for which each caller is eligible. While we will customize the eligibility process to fit the needs of TFN, our standard intake and enrollment process is as follows:

- When a person who uses tobacco wants to enroll in telephone coaching, we complete a registration and eligibility assessment based on the state's Quitline requirements. We offer phone, online, texting, and email support to each individual when offered by the state program.
- We partner with insurance plans or employer groups to offer a single point of entry to cessation services that reduces barriers to tobacco treatment and capitalizes on the high brand awareness of the 1.800.QUIT.NOW toll-free number. We typically ask callers for the name of their employer, insurance provider, and/or insurance type for our state client reporting purposes. For states with partners who provide their own cessation coaching, we triage the caller to the most appropriate cessation resource and will facilitate a transfer of those callers to the Quitline service for which they are eligible. We also provide callers with information about additional services for which they may be eligible through their health plans as well as community-based resources.

We provide personalized coaching to increase motivation for change based on the caller's place along the quit journey using a cognitive-behavioral approach. Coaches discuss options for cessation medication that may increase the participant's likelihood of success.

**Table 6** shows our approach to all types of general inbound calls answered by our Quitline.

**Table 6: Call Types**

Call Type	Description
General Public Caller Seeks Information Only	1. Provide a brief informational response. 2. Email or mail personalized educational information, if appropriate.
Proxy Caller Seeks Information for Friend or Family	1. Email or mail personalized educational information which includes, "Want to Help Someone Quit," if appropriate.

	<ol style="list-style-type: none"> <li>2. Provide information on all tobacco cessation program options including local cessation programs.</li> <li>3. Direct the caller to the Friend/Family section of the Quitline website.</li> <li>4. Encourage the caller to have the tobacco user call the Quitline or register for the online program.</li> </ol>
Caller Not Eligible for State Program	<ol style="list-style-type: none"> <li>1. After completing eligibility, if a caller is not eligible for state Quitline services, check if they are eligible for any other client services.</li> <li>2. If ineligible for all services, provide instruction to call insurance provider. Offer transfer to provider if contact information available.</li> </ol>
Caller Not Ready to Quit in Next 30 Days	<ol style="list-style-type: none"> <li>1. Provide motivational messages and encourage him or her to enroll in the program at the ambivalent stage, with the goal of helping to resolve ambivalence and make a quit attempt. Explain and offer all tobacco cessation program options including local cessation programs.</li> <li>2. Email or mail personalized educational information based on data obtained in the intake.</li> <li>3. Encourage the caller to call back or explore online if they are not yet ready to enroll.</li> </ol>
Caller Ready to Quit	<ol style="list-style-type: none"> <li>1. Congratulate and encourage the caller.</li> <li>2. Determine eligibility and explain and offer all tobacco cessation program options.</li> <li>3. Email or mail personalized educational information and interactive workbook based on data obtained at intake.</li> <li>4. Complete the first coaching call assisting the caller to develop a quit plan.</li> <li>5. Discuss the use of NRT and other cessation mediations and provide any resources available. If enrolled in coaching, screen the participant for medical contraindications and order NRT/medications when eligible.</li> <li>6. If the caller is a Medicaid member, educate them on the state Medicaid pharmacotherapy benefit and process for eligibility.</li> <li>7. Refer the caller to local cessation services and online, email, and text messaging program options, as appropriate.</li> <li>8. Request approval for an evaluator to call them at seven months' post-enrollment to confirm tobacco use status.</li> <li>9. Send a completion certificate at the end of the fifth call.</li> </ol>
Caller Recently Quit Tobacco	<ol style="list-style-type: none"> <li>1. Congratulate and encourage the caller.</li> <li>2. Determine eligibility, explain and offer all tobacco cessation program options.</li> <li>3. Email or mail personalized educational information and interactive workbook based on data obtained at intake.</li> </ol>

	<ol style="list-style-type: none"> <li>4. Complete the first coaching call assisting the caller with a focus on relapse prevention.</li> <li>5. Refer the caller to local cessation services and online, email, and text messaging program options, as appropriate.</li> <li>6. Request approval for an evaluator to call them at seven months' post-enrollment to confirm tobacco use status.</li> <li>7. Send a completion certificate at the end of the fifth call.</li> </ol>
Caller Recommended to Use NRT	<ol style="list-style-type: none"> <li>1. Screen the caller for medical contraindications.</li> <li>2. Discuss previous pharmacotherapy use.</li> <li>3. Refer to provider for medical consent, if required.</li> <li>4. Participant and Coach work together to define most appropriate type and dose of NRT.</li> <li>5. Order patches, gum, or lozenges to be sent to the caller's home.</li> <li>6. Discuss combination therapy, if approved by the state.</li> <li>7. Ensure limits for NRT distribution according to state offering.</li> <li>8. Always provide Quitline NRT benefits; even if the participant has other benefits, encourage use of all benefits.</li> </ol>
Caller Recommended to Use Chantix or bupropion	<ol style="list-style-type: none"> <li>1. Screen the caller for medical contraindications.</li> <li>2. Discuss previous pharmacotherapy use.</li> <li>3. Collect provider information for medical consent.</li> <li>4. Participant and Coach work together to define the most appropriate type and dose of medication.</li> <li>5. Notify Ridgeway pharmacy of enrollment.               <ol style="list-style-type: none"> <li>a) Ridgeway to arrange Rx from participant's provider.</li> <li>b) Ridgeway to collect co-pay, if appropriate.</li> </ol> </li> <li>6. Ridgeway to invoice insurance companies when appropriate.</li> <li>7. Ensure limits for medication distribution according to state offering.</li> </ol>
Youth Callers	<ol style="list-style-type: none"> <li>1. Follow youth protocol.</li> <li>2. Participants will work with a Youth Coach Specialist.</li> </ol> <p><i>Note: Incentives are available if client approved.</i></p>
Pregnant Callers	<ol style="list-style-type: none"> <li>1. Follow pregnancy/postpartum protocol.</li> <li>2. Participants will work with a dedicated Pregnancy Postpartum Coach with specialty training.</li> </ol> <p><i>Note: Incentives are offered if client approved.</i></p>
American Indian Callers	<ol style="list-style-type: none"> <li>1. Follow the American Indian protocol.</li> </ol>

	2. Participant will work with a designated American Indian Coach Specialist with additional training and knowledge of American Indian tobacco use and communities.
Medicaid Callers	1. Provide information on the Medicaid benefits for NRT. 2. Encourage participant to use Medicaid NRT/medication benefits in addition to Quitline benefits.
Health Care Professionals	1. Provide technical assistance and consultation on a variety of effective tobacco dependence treatment issues. 2. Encourage providers to refer their patients to the Quitline. 3. Describe the electronic referral program, when available, and the web provider form and fax form. 4. Provide printed materials for their tobacco using patients.

**3. Protocols to assess a tobacco user's readiness to quit. For the caller ready to quit, detail how the following will be provided:**

**a. Registration for Services**

***Intake and Enrollment***

During registration, our staff welcome callers, collect information to register the caller, collect information to determine eligibility, and describe all services for which each caller is eligible. We offer phone, online, texting, and email support to each individual when offered by the state program. For states with partners who provide their own cessation coaching, we triage the caller to the most appropriate cessation resource and will facilitate a transfer of those callers to the Quitline service for which they are eligible. We also provide callers with information about additional services for which they may be eligible through their health plans as well as community-based resources.

- Once confirmed eligible for services, our staff follow a scripted intake process using the NAQC-defined MDS of questions to support reporting standards for the CDC and National Quitline Data Warehouse (NQDW), and state-specific intake questions.
- At the conclusion of intake, participants receive a print or electronic *Welcome Package* with personalized educational materials and our self-help *My Quit Journey*® book.
- If a CCR completes the intake, the participant is transferred immediately to a Coach to complete the first coaching call. If the participant is not able to complete the coaching call at that time, an appointment is set within a specific date and range of time within which the session might be scheduled.

Our highly adaptable intake process (**depicted below**) covers all tobacco product types and allows states to provide supplemental and/or remove questions very efficiently. We work with our clients to understand the information they want to obtain and suggest wording and placement of questions in the intake call flow. We pride ourselves on our ability to make modifications quickly to intake questions to meet our clients' changing needs. We also conduct regular reviews of intake questions with our clients to ensure we minimize barriers and can quickly engage with tobacco users.

*b. Initial Counseling for Successful Quitting*

*Coaching*

Our Quitline coaching uses three empirically proven approaches as the foundation of our behavioral change interventions: 1) motivational interviewing; 2) stages of change; and 3) cognitive-behavioral therapy. Based on the participant's readiness level, motivation, and goals, Coaches facilitate movement throughout the change process. Our Quitline staff use a standardized, unscripted, and conversational process for calls, ranging from informational through special protocols. Our programs are research-based as defined in the NAQC paper, "Quitline Services: Current Practice and Evidence Base."

Our five-call coaching model effectively promotes a high degree of coaching content and support on each call, with the initial calls including the most content around setting a quit plan and developing strategies to become tobacco free. While each call successively adds content, such as additional strategies to prevent relapse, the goal is always to meet the needs of each participant at their current readiness for change. Importantly, our protocols are adaptable to all types of tobacco products, whether cigarettes, pipes, cigars, smokeless, electronic, or new tobacco products that may enter the commercial marketplace.

*Motivational Interviewing*

Our Coaches demonstrate the spirit of motivational interviewing in each Quitline encounter. The process begins with the Coach acknowledging the caller's unique ability for change and that they need compassion throughout the change process. Our Coaches collaborate with callers to develop a change plan and use motivational interviewing techniques such as reflective listening, empathic responding, open questioning, and providing feedback to help callers move through contemplation, preparation, and action into a successful quit.

Coaches integrate action-oriented interventions such as cognitive-behavioral therapy, problem solving, and developing coping skills once ambivalence toward change is resolved, and they facilitate progress toward the change goal. Our coaching calls are unscripted

to allow for maximum flexibility as the Coach and participant collaboratively decide on the focus of the call. Our motivational interviewing model also allows us to match participant needs during every call, such as in a single-call intervention or as one part of the more intensive and successful multiple call intervention.

*Stages of Change*

Clinical evidence supports the use of stages of change readiness interventions for smoking cessation to determine a participant’s readiness to engage in behavior change. This model suggests individuals adopting a new behavior move through a series of five stages: pre-contemplation, contemplation, preparation, action, and maintenance.

Our Coaches assess each caller’s readiness for change using the stages of change model and tailor clinical interventions based on their identified readiness to quit, as well as demographic and psychosocial factors that may impact cessation. In every coaching call, our Coaches help each individual explore their personal history with tobacco use, thoughts about quitting, previous quit attempts, their level of motivation and readiness to quit or stay quit, and their current stage of change. We know change is not linear and we provide additional support to individuals who request it after the standard five proactive coaching calls are completed.

*Cognitive-behavioral Coaching*

Each coaching session incorporates exploring the relationship between a participant’s thoughts, feelings, and behaviors. This enables the Coach and participant to identify patterns influencing their tobacco use and allows the development of new healthy patterns. Our Coaches work with each caller to develop a personalized quit plan based on their circumstances and readiness for change.

*Quitline Coaching Sessions*

An outline of our typical coaching sessions is displayed in **Table 7**.

**Table 7: Coaching Sessions**

Call Type	Coaching Process
<p><b>Intake and First Coaching Session</b> Intake calls are used to assess readiness for change and collect participant demographic data.</p>	<p>Sample coaching question: <i>“Tell me about why you are calling the Quitline today?”</i> Intake is completed by a CCR or Coach and includes a comprehensive set of questions approved by each client. The caller is encouraged to complete the first coaching session concurrently or as soon as possible after the intake call is complete.</p>

	<p>Using the stages of change model, the Coach assesses the caller's readiness to make a quit attempt.</p> <p>The Coach provides an appropriate evidence-based intervention depending on the participant's stage of change.</p> <p>Participants are encouraged to schedule a second coaching call at the end of the initial one.</p>
<p><b>Ambivalent Session(s)</b> Ambivalent calls are for participants who are feeling uncertain about quitting.</p>	<p>Sample coaching question: <i>"On a scale of 1 to 10, how important is it for you to quit?"</i></p> <p>The Coach creates rapport based on acceptance, collaboration, evocation, and compassion.</p> <p>The Coach assesses the participant's stage of change.</p> <p>Motivational interviewing is used to resolve ambivalence and increase motivation to quit.</p> <p>If quitting is not important, the Coach works with the participant to understand why.</p> <p>If confidence level is low, the Coach helps the participant build self-efficacy, set attainable goals, optionally discuss practice quit attempts, and a cut-down-to-quit approach.</p>
<p><b>Prepare Session(s)</b> Preparation calls are for participants who have committed to engage in the quitting process by taking small steps or are intending to quit.</p>	<p>Sample coaching question: <i>"Who could you ask to help support you during your quit attempt?"</i></p> <p>The Coach creates rapport based on acceptance, collaboration, evocation, and compassion.</p> <p>The Coach provides needed information to the participant.</p> <p>The Coach employs cognitive-behavioral therapy strategies to:</p> <ul style="list-style-type: none"> <li>• Explore past quit attempts or observations of others who have quit</li> <li>• Consider environmental and personal tobacco triggers</li> <li>• Explore current coping strategies</li> </ul> <p>The Coach implements cognitive-behavioral interventions to:</p> <ul style="list-style-type: none"> <li>• Explore thoughts about tobacco use</li> <li>• Identify behaviors related to tobacco use</li> <li>• Assess current coping skills</li> <li>• Discuss important elements to aid in preparing a quit attempt</li> </ul> <p>The Coach uses goal-setting interventions to:</p> <ul style="list-style-type: none"> <li>• Identify goals of the participant</li> <li>• Discuss pharmacotherapy</li> </ul> <p>The Coach utilizes relapse prevention interventions to:</p> <ul style="list-style-type: none"> <li>• Identify high-risk situations</li> </ul>

	<ul style="list-style-type: none"> <li>• Develop alternative plans to work through high-risk situations</li> </ul> <p>The Coach discusses and provides additional support to develop a personalized quit plan.</p>
<p><b>Support Maintenance Session(s)</b> Support calls provide encouragement and any additional support that is needed and identified by the participant.</p>	<p>Sample coaching question: <i>"How will you handle being in a social situation with other tobacco users?"</i></p> <p>The Coach creates rapport based on acceptance, collaboration, evocation, and compassion.</p> <p>The Coach implements cognitive-behavioral interventions to:</p> <ul style="list-style-type: none"> <li>• Identify problematic patterns of behavior</li> <li>• Evaluate how current coping is working</li> <li>• Develop additional or alternative coping skills as necessary</li> </ul> <p>The Coach utilizes relapse prevention interventions to:</p> <ul style="list-style-type: none"> <li>• Identify high-risk situations</li> <li>• Develop alternative plans to work through high-risk situations</li> <li>• Increase external support</li> </ul>
<p><b>Relapse Prevention</b> Relapse prevention is proactively covered from the beginning of the counseling process. However, if a participant slips or relapses, the Coach will review the relapse in detail.</p>	<p>Sample coaching question: <i>"Tell me about the situation that led you back to smoking. Describe the details."</i></p> <p>The Coach creates rapport based on acceptance, collaboration, evocation, and compassion.</p> <p>The Coach helps the participant use information from the relapse as a learning opportunity.</p> <p>The Coach provides support.</p> <p>The Coach reassess commitment to continue the quitting process.</p> <p>If the participant is committed, then the Coach:</p> <ul style="list-style-type: none"> <li>• Uses cognitive-behavior interventions to identify problematic patterns of behavior</li> <li>• Discusses problem-solving strategies</li> <li>• Assesses current coping skills</li> <li>• Uses goal-setting interventions to identify participant goals</li> <li>• Discusses pharmacotherapy</li> <li>• Discusses the availability of support from a Coach and/or continued use of eHealth product offerings</li> </ul> <p>If the participant is not committed, then the Coach delivers a motivational intervention to strengthen commitment to change or resolve ambivalence.</p>

c. Provision of Self-help Materials or Other Resources

Every registered Quitline participant is eligible to receive a *Welcome Package* containing the *My Quit Journey*® interactive workbook and educational materials on tobacco dependence and treatment, the dangers of secondhand smoke, and other tobacco-related information. Each package is customized based on the answers the participant provides during intake. Materials are sent immediately if a participant selects emailed materials, or if the participant selects printed materials, they are ordered to be shipped the following business day. **See Appendix G: Education Materials.**

d. Assessment of Caller's Interest in Proactive Cessation Counseling

Callers are offered all services for which they are eligible, including phone counseling. At the end of each coaching session, Coaches schedule the next available appointment based on participant availability. After five coaching sessions, the participant receives a completion certificate. Participants may continue to call and receive support as needed after the program is complete.

e. Assessment of caller's insurance status including Medicaid and Medicare and feedback to the caller about the availability of tobacco dependence treatment coverage through their health insurance.

As described above, we assess insurance status during eligibility screening to determine services for each registered caller. Callers are informed about the availability of additional tobacco treatment resources available for specific providers when requested by the state.

f. Describe how comprehensive, proactive follow-up cessation counseling will be provided. Provide evidence that counseling is based on protocols that research in randomized trials has demonstrated to be effective in supporting people as they cease the use of tobacco products and in preventing relapse.

Our Quitline proactive multi-session coaching protocols and associated cessation educational materials are based on research showing the effectiveness in randomized trials of motivational interviewing for inducing behavior change and a cognitive-behavioral approach to treating tobacco use. Our Quitline program and coaching methods are designed in accordance with Community

Preventive Services Task Force recommendations, NAQC, and the U.S. Public Health Clinical Practice Guideline on Treating Tobacco Use and Dependence: 2008 Update. Additional evidence-based guidelines and resources used for program development and implementation include:

- Best Practices for Comprehensive Tobacco Control Programs (CDC, 2014 and 2007)
- 2019 Cochrane review, Telephone Counselling for Smoking Cessation
- 2017 Cochrane review, Internet-based Interventions for Smoking Cessation
- 2016 Cochrane review, Mobile Phone-based Interventions for Smoking Cessation
- 2013 Cochrane review, Pharmacological Interventions for Smoking Cessation: An Overview and Network Meta-Analysis
- U.S. Public Health Service Clinical Practice Guideline on Treating Tobacco Use and Dependence: 2008 (DHHS, 2008) and Recommendation Statement (Annals of Internal Medicine, Oct 2015)
- Tobacco Dependence Treatment Handbook (Abrams, Niaura, Brown, Emmons, Goldstein, & Monti, 2007)
- Telephone Quitlines: A Resource for Development, Implementation, and Evaluation (Centers for Disease Control and Prevention, 2004)
- Social Cognitive Theory (Bandura, 1989)
- Cognitive Behavioral Therapy (Beck, 1993)
- Health Behavior Change (Rollnick, Mason, & Butler, 2007)
- Goal-Setting Theory (Locke, 1996)
- Transtheoretical Model of Change: Stages of Change (Prochaska & Velicer, 1997)
- Motivational Interviewing: Helping People Change, Third Edition (Miller & Rollnick, 2013)
- Relapse Prevention Theory (Marlatt & Gordon, 1985)
- NAQC Best and Promising Practices (2018)

g. Describe how cessation counseling will be provided to educate on nicotine replacement therapy options, how the caller will be screened for medical eligibility and how the proper nicotine replacement therapy will be selected for the caller.

Our Coaches encourage using cessation medications to increase the likelihood of success in quitting commercial tobacco. Medication is offered to participants age 18 or older based on program and medical eligibility and is shipped directly to the participant at no cost. We work closely with state clients to ensure flexibility in medication offerings dependent on budget, priority populations, and eligibility criteria. Our print and online materials provide comprehensive information about medications for cessation, contraindications, instructions for use, and other information to guide medication selection.

	<p>National Jewish Health partners with Arrowhead Promotion and Fulfillment to provide GSK-branded over-the-counter NRT. We provide 21-, 14-, or 7-mg patches, and 2- or 4-mg gum or lozenges in two-week increments. Coaches provide education on the different types and forms of pharmacotherapy, and review how to use any selected medication. Each participant works with a Coach to determine the appropriate NRT type, dose, and combination when permitted, based on tobacco use volume and level of nicotine dependence. Participants can track their shipment using the tracking number provided by text or email, through the web portal, or by calling the Quitline.</p> <p>Quitline Coaches are trained in the appropriate use of NRT based on clinical guidelines and regulatory updates, systematic reviews, and meta-analyses of clinical research, including “Treating Tobacco Use and Dependence” (2000/2008 Update); “Pharmacological Interventions for Smoking Cessation” (2013 Cochrane review); and “Different doses, durations and modes of delivery of nicotine replacement therapy for smoking cessation” (2019 Cochrane review). National Jewish Health assumes full responsibility for screening participants for NRT patch, gum, or lozenge eligibility and our Medical and Clinical Directors provide program oversight. Based on the medical screening during intake, we require medical authorization for any participant who is pregnant or breastfeeding or has been instructed to avoid nicotine products because of a medical condition. When required, a medical authorization form must be completed and returned directly from the participant’s physician. All medical screening for prescription medications is the responsibility of the prescribing provider.</p>
18.	<p>Bidder should describe any unique protocols or experience working with each of the following populations:</p> <ul style="list-style-type: none"> <li>a. Medicaid eligible</li> <li>b. Uninsured/Low Socioeconomic Status</li> <li>c. Pregnant women</li> <li>d. Senior adults</li> <li>e. Veterans</li> <li>f. Smokeless tobacco users</li> <li>g. Electronic Nicotine Delivery Systems (ENDS) users</li> <li>h. Behavioral health tobacco users</li> <li>i. Diverse ethnic, racial and cultural minorities, particularly Native Americans.</li> </ul>

One of the most noteworthy and well-received aspects of the Quitline program at National Jewish Health is our attention to priority populations. National Jewish Health has already developed specific protocols for several priority populations, a brief history of which is provided below.

- In 2010, we created the first commercial tobacco cessation program dedicated to pregnant and postpartum women, effectively increasing cessation rates in this population. In the past five years, we have served more than 3,200 pregnant women through our state Quitline programs.
- In 2015, we developed the first dedicated American Indian Commercial Tobacco Program, which to date has served nearly 3,000 individuals.
- In 2016, we added customized chronic disease text messages, email, and print materials and launched a completely redesigned interactive online program. In the past five years, we have served 130,457 chronically ill participants. Our Chronic Disease Program provides tailored information for participants who report tobacco-related health conditions such as heart disease, diabetes, COPD, or recent heart attack or stroke and need intensive support to quit tobacco use.
- Beginning in 2017, National Jewish Health conducted the largest pilot study of an opt-out protocol to address cessation with behavioral health populations. As a demonstration of our commitment to this disparity population, we are implementing lessons learned to enhance our protocol. In the past five years, we have served more than 160,000 individuals with behavioral health or chemical dependency concerns.
- We field-tested the NAQC standard questions for collecting sexual orientation and gender identity during intake. In the past five years, we have served 12,794 lesbian, gay, bisexual, and/or transgender persons. In partnership with several of our state clients, our recent evaluation of our Quitline programs highlighted that LGBTQ+ callers feel comfortable discussing their identity and believe they receive the right support from our Coaches. Nearly all (94%) would recommend our program to another LGBTQ+ person for help with quitting.
- In 2019, in response to the surge in electronic forms of commercial tobacco use among teens, we launched *My Life, My Quit™*, a free and confidential cessation program designed just for teens who want support living nicotine free.

National Jewish Health has significant experience working with many priority populations that will directly benefit Nebraskans. Over the past five years, we have provided cessation coaching to the following callers:

- 77,297 Medicaid eligible participants: We seek partnerships with Medicaid MCOs to ensure consistent service and can add tobacco cessation benefit mailers to help participants understand the full scope of services available under their Medicaid insurance plan.
- 35,499 uninsured participants: We advocate for guideline-based treatment with a minimum of five coaching calls and six to eight weeks of pharmacotherapy for this vulnerable population.
- 19,223 dual e-/combustible cigarette users and 1,397 e-cigarette only participants: We recommend setting a quit date, enrolling in coaching, and switching to proven cessation medications for individuals who report e-cigarette use.
- 13,809 smokeless tobacco users: Our coaching protocols are adaptable to all tobacco types, including smokeless tobacco and other novel forms that may enter the market.

We offer personalized participant education for several racial, ethnic, and cultural communities among other groups. Over the past five years we have served:

- 46,710 African Americans
- 14,986 American Indians/Alaska Natives
- 1,780 Asians
- 670 Native Hawaiians/Pacific Islanders
- 17,290 multiracial participants
- 18,358 English-speaking Hispanics
- 3,223 Spanish-speaking Hispanics
- 13,918 young adults age 18-24
- 12,524 participants who reported being deaf or hard of hearing. We offer TTY, video relay, and comprehensive eHealth services for participants with difficulty engaging in audible conversation.

*a-b. Medicaid-eligible, Uninsured, and Low Socioeconomic Status*

National Jewish Health Quitline staff have provided cessation coaching to Medicaid-eligible and low socioeconomic populations in all states served. Telephone coaching is an effective method to reach low socioeconomic populations, as it provides a means for treatment without the barriers of group or face-to-face counseling, including travel, missed work, and any costly fees. Our Coaches work diligently with this population to schedule telephone sessions at a convenient time. In addition, our self-help and participant

education materials are written at a fifth grade reading level to meet the general needs of Medicaid-eligible commercial tobacco users. Our Quitline staff inform the caller of NRT benefits for Medicaid participants in each state and encourage the participant to use NRT.

c. Pregnancy and Postpartum Program

During intake, pregnant callers learn about our Pregnancy and Postpartum Program (PPP) which provides longer-term support to achieve cessation and prevent relapse after giving birth. PPP-enrolled women work with a dedicated female PPP Coach Specialist who has received additional training and continuing education in working with pregnant and postpartum participants. Training includes information about how tobacco use can increase the risk of pregnancy complications, low birth weight, stillbirth, and sudden infant death syndrome (SIDS). Coaches provide psychoeducation, with permission, about the health impacts of tobacco smoke while providing support for cessation.

Participants receive five coaching sessions during pregnancy and an additional four coaching sessions postpartum. Coaches maintain a non-judgmental stance, with sensitivity around smoking during pregnancy to avoid shaming or blaming, while enhancing motivation for cessation. Coaches discuss creating smoke-free spaces and partner support with cessation to improve cessation success and infant health. Two weeks prior to a participant's due date, a Coach will either send a text message or call the participant to check-in and remind the participant to restart the program two weeks' postpartum. All coaching sessions are facilitated by the same Coach with whom the participant originally established rapport and are scheduled at one- to two-week increments. Urgent inbound support calls are routed to an available PPP Coach.

PPP Coaches conduct medical screening to determine any potential contraindications for available NRT products provided by the state and obtain medical authorization for participants who want to use cessation medications. In addition to specialized telephone coaching and NRT, a participant can choose to receive customized text and email messages and enroll in the online program for added support during pregnant and postpartum stages.

Participants receive their personalized *Welcome Package* with two publications that address the benefits of quitting and the harms of continuing to use commercial tobacco. Coaches also offer state-specific pregnancy referral resources, such as WIC or maternal health benefits, if available. Participants may receive a financial incentive to engage in cessation calls, ranging from \$5-20 per call

during pregnancy and \$10-30 per call postpartum, depending on state budget and preference. Our incentive monitoring data suggest that higher value incentives improve overall retention in the program.

d. Senior Adults

Senior adults make up a sizeable proportion of Quitline callers. Many of these callers experience chronic physical health problems related to tobacco use and benefit from our Chronic Disease Education Program described below. Our Coaches are trained to work with callers of all ages, and easily adapt their style of communication to each caller. With senior adults, Coaches may speak slower or louder to ensure an effective exchange of information. Seniors may also require additional support beyond the five-call program and are encouraged to call the Quitline if they need additional support.

e. Veterans

Veterans are eligible for standard and special protocols as determined by state eligibility. Coaches may offer a veteran, if interested, additional support through the VA Quitline.

f. Smokeless Tobacco Users

Quitting strategies for those who use commercial smokeless tobacco, such as spit, snuff, and/or snus, are similar to strategies for quitting smoking. Our Coaches work with the participant to set a quit date, change their routine and behaviors, or reduce the number of dips per day. We encourage the participant to use oral substitutes such as sunflower seeds, hard candy, or gum. We also recommend oral exams by the participant's dentist and the use of NRT to reduce cravings and manage withdrawal. Individuals who use commercial smokeless tobacco also receive tailored education materials as part of their *Welcome Package*.

g. Electronic Nicotine Delivery Systems (ENDS) users

National Jewish Health does not recommend ENDS products or other alternative commercial tobacco products, such as the newly released iQOS system, for cessation and provides coaching and NRT to help individuals who report ENDS use to become nicotine free. In our reported cessation outcomes, we do not consider individuals who report ENDS use as being free from commercial tobacco. Our position is based on the FDA designation of ENDS as commercial tobacco products, the lack of evidence of effectiveness for cessation, and the body of evidence suggesting most ENDS users either continue to use or return to sole use of conventional commercial tobacco.

Our coaching protocols for both exclusive and dual use ENDS users include using motivational interviewing to understand the participant's nicotine abstinence goals. Coaches receive specific training on discussing ENDS with callers and are highly skilled at facilitating behavior change for any commercial tobacco product. We acknowledge FDA guidance on the harm continuum of nicotine-containing products with combustible commercial tobacco being the most harmful, and medicinal nicotine being the least harmful. If a participant frames ENDS use as a method to quit, our Coaches acknowledge and congratulate the user on trying to quit and for looking for ways to reduce the harms of smoking; they then recommend setting a quit date for all commercial tobacco products. Our Coaches assess the reasons and patterns of use, provide information with permission, and recommend NRT to anyone seeking to stop ENDS use based on their commercial tobacco use history.

*h. Behavioral Health Tobacco Users*

National Jewish Health has a long history of addressing cessation with participants who identify as having behavioral health conditions. Our continued focus on priority populations, collaborative research, and publications demonstrate our leadership in the important area of commercial tobacco cessation for the behavioral health population. We have collaborated with behavioral health experts at the University of Colorado to better understand the needs of this population by conducting research using our program data. Quitline staff held membership on the NAQC Behavioral Health Advisory Forum that developed the first behavioral health screening questions for the MDS. Our Coaches also receive extensive training in working with participants who report behavioral health conditions, both during their initial training and through our robust continuing education program.

Our data show more than half of all Quitline callers self-report a behavioral health concern, and we have uncovered a clear relationship between the perception of inability to quit because of a behavioral health condition and cessation success. Recognizing the unique needs of this population, we have developed a behavioral health protocol that delivers higher-intensity treatment focused on managing mood, adding two coaching calls to the standard five to support longer-term cessation and prevent relapse, and a minimum of eight weeks of pharmacotherapy to support a quit attempt. We are continuing to evolve our protocol with additional features based on chronic disease management principles.

In the pre-quit call, participants are encouraged to uncover the connection between their emotions and behaviors and their inability to quit commercial tobacco for good, as well as to track their mood and commercial tobacco use to help develop coping skills that prevent relapse. During the preparation call, the participant and Coach work together to solidify commitment to a quit plan, practice new coping skills, and order NRT. The Coach schedules a quit date call to review triggers and coping skills, appropriate use of

medication, and establish relapse prevention techniques. The final calls are scheduled at 30 and 60 days after the fifth call. They are designed to provide sustained support to participants, reorient them to their quit plan, further emphasize relapse prevention, and help them plan for long-term abstinence. Additional print and online resources are available to participants enrolled in the behavioral health protocol.

We pilot-tested our specialized behavioral health protocol from 2017–2019. In that time, we worked with nearly 2,000 individuals across eight states, representing a wide variety of cultures and geographic areas. The evaluation of this pilot demonstrated that the protocol better engaged participants with behavioral health conditions in evidence-based counseling (coaching calls) and guideline-based treatment (coaching calls and pharmacotherapy). We are now implementing several important lessons learned from the pilot to improve our overall protocol, with a relaunch planned for winter 2020.

*i. American Indian Quitline*

National Jewish Health, in collaboration with several state quitlines, members of the American Indian community, and commercial tobacco control experts in several states, launched the first dedicated Quitline program for American Indians in 2015. The American Indian Commercial Tobacco Program (AICTP) is the first, the largest, and the most established program of its kind having engaged nearly 3,000 American Indians across multiple tribal cultures and varied traditions of tobacco use. Our evaluation results show that half of AICTP-enrolled participants complete at least three coaching calls; double the rate of American Indians who do not participate in the dedicated program.

The AICTP developed out of an internal review of how well Quitline programs addressed cultural traditions of tobacco to reach and engage American Indian communities in cessation. We hosted multiple Listening Circles to engage the expertise of tribal members and individuals who provide health care services to American Indians across several states. The AICTP is designed to meet the needs and cultural sensitivities of American Indians who use commercial tobacco products in a cross-cultural way.

By listening to American Indians who use commercial tobacco, we heard clear messages about how to provide a trusted service for addressing commercial tobacco use. AICTP Coaches are trained as Tobacco Treatment Specialists but also have a sound understanding of the barriers to cessation for American Indian people and deep knowledge about cultural healing practices that include the ceremonial uses of tobacco. In addition, we heard that harm reduction rather than total abstinence was important due to

the high prevalence and accessibility of tobacco use, particularly on reservations. While we ask about cessation, we also ask about reduction in commercial tobacco use over time.

The goals of the AICTP are to improve the reach and engagement in cessation services for American Indians and to lessen the burden of commercial tobacco on this disproportionately impacted population. Many AICTP participants want to reduce or eliminate their use of commercial tobacco, and our coaching protocol meets this objective.

Our remote workforce will allow us to hire American Indian Program Coaches from the state of Nebraska to continue our reputation of representing a broad range of culture and tobacco traditions.

AICTP participants receive:

- Up to 10 coaching calls with a dedicated American Indian Tobacco Cessation Coach. This allows ample time for the participant and Coach to build a trusting relationship while quitting.
- A minimum of eight weeks or more of NRT with combinations as the recommended option.
- A personalized *Welcome Package* including culturally tailored educational materials and the industry renowned *My Quit Journey*© workbook.
- Customized intake and coaching protocols sensitive to cultural differences in communication styles and Coaches who understand and discuss the differences between commercial and ceremonial tobacco. Our Coaches are also sensitive to the multiple health and socioeconomic issues that these tobacco users face that make cessation difficult.
- A suite of eHealth services to supplement telephone coaching including motivational email messages and interactive online resources from the dedicated AICTP website.

Additional Unique Protocols

*Youth Smoking and Vaping Cessation Program*

Recognizing the unique needs of youth, including the rapid rise in use of ENDS, National Jewish Health redeveloped our youth coaching protocol into a stand-alone program. To inform program development, we collaborated with a nationally recognized youth commercial tobacco control researcher, and we convened several youth focus groups in Denver, Colorado, where youth commercial tobacco prevalence has been the highest in the country.

In 2019, we launched *My Life, My Quit™*, a free and confidential service designed just for teens who want help living nicotine free.

The program's features include:

- A dedicated toll-free number youth can call or text (855.891.9989).
- A youth-oriented cessation website and online enrollment form (mylifemyquit.com).
- Tailored, developmentally appropriate educational and self-help materials for teens.
- Information for parents, educators, health care professionals, and community leaders.
- A toolkit of posters and social media posts state and local partners can use to spread awareness.

Youth participants work with a Coach who has received additional training on developmentally appropriate methods for engaging youth, the social influences of commercial tobacco use, self-efficacy for behavior change, and working with mandated callers. Each coaching session can be conducted by phone, chat, or text message, and is supplemented with vaping-tailored text messages and the online program.

Coaching begins by establishing rapport and developing trust with callers who are under the age of 18. An abbreviated, youth-oriented intake assessment helps inform coaching content. We use motivational interviewing, an evidence-based strategy for working with youth to change substance use behaviors such as commercial tobacco use, to engage participants, develop goals, and facilitate change.

Coaches work with youth callers to explore healthier alternatives for expressing individuality, learning to ask for help, how to avoid and manage triggers using behavioral techniques, healthy ways of managing anxiety and stress, overcoming fear of gaining weight, overcoming fear of being rejected by their peers, practicing refusal skills, and gaining control of their lives. We ensure confidentiality for youth who seek help in accordance with state laws. Incentives are offered based on state interest and funding availability.

While only recently implemented, early results from the *My Life, My Quit™* program demonstrate that a dedicated program with promotion can increase reach among youth who use commercial tobacco products, and that youth use multiple channels to engage with a Coach. Our monthly average enrollment for youth in 15 states increased 400%, and Coaches completed more than 80 coaching calls, 170 text message interactions, and 140 online chat sessions in the first 90 days after the program launched. Cessation outcomes are being collected and will be reported when sufficient data are available.

*Chronic Disease Education Program*

Approximately 40% of our callers report having at least one chronic disease caused or worsened by tobacco use. As many of our clients face the challenge of reaching this population of tobacco users who are living with chronic illnesses, we have developed an educational program utilizing text, email, and print messaging that focuses on the relationships between tobacco use and specific chronic illnesses. The Chronic Disease Education Program supports participants who report having one or more of five chronic diseases: heart disease, COPD, asthma, diabetes, and/or high blood pressure.

This Chronic Disease Education Program is available in conjunction with other services to increase the success of our comprehensive tobacco cessation program. Text messages and emails focus on the effects of smoking on each of the five chronic diseases. These messages also provide Quitline participants with information about the benefits of tobacco cessation related to the prevention or reduction of the symptoms of these disease states. Messages are sent weekly to any participant who identifies with one or more of these diseases and opts-in to the text message and/or email programs.

*Developmentally Disabled*

Our Quitline CCRs and Coaches receive training on working with populations that have higher prevalence of tobacco or tobacco-related health conditions, as well as populations that have additional barriers to cessation. Our patient education and self-help materials are easy to read with many graphics rather than textual content to ensure usability by populations with lower levels of education and as part of our new hire and continuing education curriculum, we deliver training on working with individuals who have differences in developmental or intellectual ability. The primary concepts addressed in training include awareness of differences, using people-first and identity-first language, social inclusion, dignity, and respect for autonomy. These concepts align well with our humanistic model of motivational interviewing to support behavior change.

*Rural Populations*

Rural residents have higher rates of tobacco use than people who reside in urban areas, and therefore represent a commercial tobacco-use disparity group. Ensuring reach of the Quitline program into rural areas is important for delivering evidence-based commercial tobacco treatment, and engaging callers in the standard coaching program is essential for cessation success. National Jewish Health collaborates with state partners that provide tobacco cessation programs to large rural populations. Over the past year, we have facilitated discussions with several state clients on best practices for rural Quitline callers. Quitlines are well-positioned

to serve rural populations by reducing access-to-care barriers such as distance, travel, and availability of specialist providers. To better understand the needs of rural residents who call the Quitline, National Jewish Health is conducting a mixed methods evaluation that will explore the experiences of rural callers in the standard coaching program. Results from this study will be available in early 2020.

#### *LGBTQ+*

National Jewish Health is a leader in providing LGBTQ+ affirming care to Quitline participants. Our Clinical Team developed and field-tested the questions included in the NAQC MDS to collect LGBTQ+ identity and to provide tailored education materials. The LGBTQ+ intake questions we field-tested in all our states have proven successful in creating a sensitive measure for LGBTQ+ communities.

We have collaborated with LGBTQ HealthLink and LGBT Cancer Control Network to ensure our staff have the necessary training to create a welcoming experience for the LGBTQ+ community. Our Clinical Director, Dr. Thomas Ylloja, has specific expertise working with LGBTQ+ populations on commercial tobacco control and provides ongoing support and training in this area. Coaches deliver personalized coaching that attends to the unique aspects of commercial tobacco use in this community, such as discussing social situations, homophobia, gender transition stress, and coming-out concerns, if the participant is open to discussing these stressors.

We recently completed a comprehensive assessment of our program for LGBTQ+ people. Our evaluation highlighted how Coaches effectively engage LGBTQ+ individuals in supportive and culturally responsive coaching. We also heard from the community how to better reach LGBTQ+ people. This information will be shared with our state partners to inform next steps to address commercial tobacco use with this priority population.

#### *African Americans and Hispanic/Latino Populations*

Our new hire and continuing education curriculum addresses tobacco-related health disparities and cultural differences for African American and Hispanic/Latino Quitline callers. Our coaching model is highly personalized to address the unique circumstances and social position of every caller, including race and ethnicity. Through our continuing education program, we provide opportunities for staff to learn how to address menthol tobacco use among African Americans, including the influence of tobacco marketing to this community. We also provide coaching services in Spanish for callers who indicate Spanish as their preferred language. Additionally, our participant education materials include specialized content for African Americans and Hispanic populations.

<p>19.</p>	<p><b>Bidder should describe how services will be provided to callers with limited English proficiency.</b></p> <p><b>Languages</b></p> <p>Our Quitline call center is staffed to answer English and Spanish calls seven days a week. Spanish speakers may also call 1.855.DEJELO.YA to be directly connected to a Spanish-speaking Coach or CCR. Spanish-speaking Coaches are available 5:00 a.m. to 11:00 p.m. MST and translation services are available from 11:00 p.m. to 5:00 a.m. MST. National Jewish Health uses LanguageLine to connect a Quitline Coach or CCR, interpreter, and non-English speaker within seconds for real-time, three-way telephone interpretation. This service is available at no cost to the participant. More than 200 foreign languages are offered as well as American Sign Language through video interpretation for hearing- or speech-impaired callers. Translation services via LanguageLine are available during all hours of operation. Callers who are hearing- or speech-impaired can also receive services through the TTY phone number, 1.888.229.2182, and easy-to-use video relay service. National Jewish Health transfers callers who speak Cantonese, Mandarin, Korean, and Vietnamese to the Asian Smokers Quitline operated by the University of California San Diego. <b>See Appendix H: Languages – Language Line.</b></p>
<p>20.</p>	<p><b>Bidder should provide recommendations for managing the funds available under this contract should call volume exceed, or not meet expectations.</b></p> <p><b>Managing Funds</b></p> <p>Our Account Managers work closely with our state partners to monitor the program budget. Active budget monitoring enables us to engage our state partners in proactive discussions about how to address situations during which demand could potentially exceed the allotted budget and/or a state need to spend-down funds. We conduct rolling monthly budget forecasting with projected annual spend for state budgets including NRT, services, and other program offerings based on year-to-date data. Forecasting is an essential step in ensuring we maintain high-quality services to participants, prioritize disparity populations, as well as identify where innovative projects can improve the Quitline program.</p> <p><b>Spend-down Opportunities</b></p> <p>In our experience, state interests and priorities combined with spend-down opportunities lead to enhancing existing and developing new services. When opportunities for innovation arise, we work to find multiple state partners who are interested in supporting development, enabling us to increase the overall financial support for larger product development efforts rather than exhausting a</p>

single state budget on one project. Other opportunities are specific to a single state, such as increasing medication offers short-term or evaluating program outcomes for priority populations. Our most recent examples include:

- Ten state partners supported the development of our recently launched *My Life, My Quit™* youth program. Development and implementation were completed in five months.
- Seven state partners supported expanding eCoaching in our eHealth product suite. Initial phases of this program were developed within five months.
- Four states partnered with National Jewish Health to evaluate Quitline services for rural residents. We partnered with an external evaluator for this project.
- One state partnered with National Jewish Health to evaluate Quitline services for LGBTQ+ callers. An external partner completed the evaluation, provided recommendations, and identified service enhancements within three months.
- One state expanded their cessation medications to include Chantix for a limited time offer.

We collaborate with our state partners on the state spend-down assessment. We first evaluate the timeline, spend amount, and the internal capacity or need for external contractors. Next, we review the following to assess the opportunity and determine interests, requirements, and needs:

- Program Eligibility: Are there any changes to participant eligibility that would help increase state spend? For example, can program eligibility be expanded to serve more participants?
- NRT Offering: Can the state expand NRT offerings to more participants?
- Evaluations: Is the state interested in increasing the number of completed outcome surveys?
- Special Populations: Is there a priority population about which the state wants to learn? Are there materials or services that can be refined or developed?
- Enhancement of Existing Services: Can we evaluate an existing service and make enhancements to increase reach or effectiveness?
- Collective Interest: Are there common interests across clients for a large project that would help address a need or interest?
- Industry Trends: Are there trends in the industry that we can identify, evaluate, or address in a short period of time?

***Demand Begins to Exceed Available State Budget***

Similar to above, our active budget monitoring enables us to project increased demand for services that may strain a state budget. In these situations, we proactively communicate the budget forecast with our state partner. We provide multiple scenarios and recommendations to address the potential budget shortfall based on the state program goals and objectives. We efficiently

	<p>implement and manage the agreed upon service solutions and provide weekly (and sometimes daily) reporting to track impact. As part of this process, we review the following to assess service revisions:</p> <ul style="list-style-type: none"> <li>• Program Eligibility: Are there any changes to participant eligibility that would decrease state spend? For example, can program eligibility be reduced to serve select populations such as the underinsured? Is a one-call program required for the remainder of the budget year?</li> <li>• NRT Offering: Can the state decrease the NRT offering to serve fewer participants and/or select populations?</li> </ul> <p>Through our process, we have helped many clients effectively spend their budget and/or make their budgets last longer given significant influx of participants. We look forward to working with TFN on this process.</p>
21.	<p>Bidder should describe how insured callers will be linked to their healthcare system to access a tobacco dependence treatment benefit, if available, or to their healthcare professional for prescription cessation aids or other medical follow-up as appropriate.</p> <p><b>Insurance Triage Services</b></p> <p>National Jewish Health, through our proprietary CMS, QuitPro®, collects and reports information on health insurance for callers. Within QuitPro®, algorithms determine eligibility for services and NRT based on state criteria. In addition, our CCRs and Coaches are well-versed in describing eligibility requirements to participants. We have implemented protocols with several of our state clients to screen for Quitline eligibility based on insurance provider, and to triage with an immediate transfer for callers who have cessation benefits through their insurance provider.</p> <p><b>Medicaid-insured</b></p> <p>We also partner with Ridgeway Pharmacy to fulfill prescription medication requests (prescription NRT, Chantix, or generic bupropion) for Medicaid-insured individuals. The pharmacy can provide all seven first-line FDA-approved cessation medications. Ridgeway Pharmacy obtains an electronic prescription from the participant’s provider and confirms enrollment in the coaching program with National Jewish Health. Ridgeway ships a one-month supply of medication directly to the participant’s home. Our data demonstrate that providing prescription medication results in higher call volume, increased participant engagement, and higher quit rates.</p>

22.	<p><b>Bidder should describe protocols for referral to community-based services.</b></p> <p>Every caller who enrolls in Quitline services is offered a referral to community-based services to assist in their quit attempt. National Jewish Health collaborates with our state partners to compile and maintain a database of resources. Resources are sorted by county when available to find an appropriate resource local to the participant. The resource list can also be included on the state Quitline website for easy access by participants and the public at any time.</p>
23.	<p><b>Bidder should describe coaching services and how they will utilize technology (e.g. web-based coaching, app, text messaging) included in this project and made available to all Nebraska tobacco users.</b></p> <p>One of the most significant offerings of the Quitline at National Jewish Health is our eHealth products, which include:</p> <ul style="list-style-type: none"> <li>• A mobile-optimized, interactive website</li> <li>• Email and text messaging support</li> <li>• Two-way chat features</li> <li>• Online educational materials (also available in print)</li> </ul> <p>Each product is available as a standalone service or in personalized combinations. Participants can choose an eHealth package that works for them: telephone coaching with selected eHealth services or standalone eHealth services for participants who may not want to use a telephone-based program. NRT ordering is an option available to participants through our client websites. TFN can decide on the amount and increments allowed, if made available. Participants are able to register for telephone-based and web-based services through the internet.</p> <p>We follow best practices as outlined in the 2017 Cochrane review (“<i>Can Internet-based interventions help people to stop smoking?</i>”) that found interactive and tailored web-based cessation programs are effective at increasing smoking cessation with or without supplemental behavioral support. Our online program includes several interactive tools such as a commitment quiz and cost of smoking calculator that participants use to explore their motivation for quitting. Additional tools guide participants in designing a personalized quit plan. Forums are available to interact with other web program participants to increase social support activities while quitting. The program is tailored to each stage of change to further personalize the web-based intervention. Upon log-in, participants are prompted to provide readiness for change information that alters the content in their personal dashboard.</p>

National Jewish Health actively reviews, researches, and monitors technology-based developments and assesses and offers interactive cessation tools and other innovative technology-based platforms as needed to further expand Quitline services and reach. Our focus is always on offering participants the most effective resources to support them in their quit journey. This emphasis on incorporating research- and evidence-based solutions has proven successful—we consistently achieve one of the highest quit smoking rates in the country.

An example of National Jewish Health utilizing only the most effective technology is our decision not to introduce a mobile application at this time. Because research evidence has not yet shown them to be effective for smoking cessation, and the science and technology of mobile applications for smoking cessation is unsettled, we do not currently support a mobile application. The most recent Cochrane review (2019) examining efficacy of smartphone applications found they did not improve cessation compared to minimal support interventions. In addition, survey data suggests that while approximately half of mobile phone users download health related apps, nearly half stop using the app due to data entry burden, loss of interest, or hidden costs (Krebs and Duncan, 2015, JMIR mHealth uHealth). Rather than commit substantial resources to maintaining a potentially ineffective intervention, our suite of eHealth services instead offers a mobile-optimized web program that is integrated with our text, chat, and phone platforms. A separate Cochrane review (2017) reported that interactive and personalized web-based programs have demonstrated effectiveness for improving cessation.

**Website**

National Jewish Health offers a client-branded website with customizable interface options, available to the public 24 hours per day, 365 days per year. Participants can enroll in the program on the website. Our website provides an engaging user experience to assist tobacco users on their quit journey through a personalized web experience that supplements our coaching process and follows the best available evidence for participants.

The website's aesthetic is casual, conversational, encouraging, and nonjudgmental and features English or Spanish content. Visitors can view infographics, interactive calculators, fact sheets, and links to current state-approved resources. The website offers a "Just Looking" option for individuals who use tobacco, family, or friends, with specific links to tobacco-related content, activities, social media, and a testimonial board. Chat functionality is available on the public website which quickly connects interested individuals to

live Quitline staff for answers to their general questions and real-time technical assistance to users needing help with the registration process during operating hours.

Additional resources are available to health care providers, including information about the Quitline, what resources are available to patients, and Continuing Medical Education-accredited offerings (in select states). Providers can submit a referral through the secure web portal, download the state-approved fax referral form, and access information about the eReferral process.

Based on a participant's readiness to quit, the website suggests the appropriate evidence-based intervention for cessation. For individuals ready to take steps toward quitting, the website promotes enrollment in the web program and provides access to additional interactive content, community forums, and a dashboard to develop and track their personalized *Quit PLAN*. It also provides information about their next scheduled coaching appointment and any medication orders.

During the enrollment process, participants can also select telephone coaching, or any combination of the eHealth products. Throughout the entire online program, the participant can easily reach a Coach by phone at 1.800.QUIT.NOW or via our website chat functionality.

Based on clinical evidence, cessation medications are effective when used alone and more effective when combined with coaching. Therefore, we partner with state clients to offer NRT online for eligible participants. The website enrollment program includes screening for age and medical eligibility and, if necessary, requests a medical consent form from the participant's provider. Participants can track both phone and online NRT medication orders through the online portal.

As part of our commitment to continuous quality improvement, we recently completed an evaluation of participant-viewed webpage data, surveys, and focus group feedback to gain a better understanding of their use patterns. We are currently using this feedback to update the website functionality and navigation, as well as to maintain the site's dynamic and up-to-date content. **See Appendix I: Website.**

#### ***eCoach Chat***

National Jewish Health delivers an eCoach chat program as an optional eHealth product. This feature allows participants to contact a Coach after enrollment on the website. Coaches host online chat sessions with participants and the coaching content mirrors phone

coaching sessions. Chat functionality is mobile-optimized and easy to use by clicking the chat link on the website. The eCoach chat functionality provides participants another avenue to support their quit journey.

***Email and Text Messages***

The email and text message programs are both fully integrated into our telephone and web coaching programs or are available as standalone eHealth products. Participants can opt-in or opt-out of the text and email programs at any time. During the enrollment process, information gathered on demographics, tobacco use, and medical conditions automatically generates individually tailored text or email messages.

Our text messaging cessation tool was developed based on the evidence demonstrating that automated and interactive text message-based interventions are effective alone or in combination with other cessation interventions, as outlined in the 2019 Cochrane review (*“Mobile phone text messaging and app-based interventions for smoking cessation”*). The email intervention is one-way, based on psychoeducation and motivational principles, and is evidence informed. We follow best practices and regulations for email. Our text message interventions are interactive, evidence based, and follow best practices and regulations for text messaging, including the Telephone Consumer Protection Act (TCPA).

Participants receive an average of one motivational email and two to three text messages per week. We send additional emails and texts as triggering events occur such as appointment reminders, quit date changes, and shipment of NRT. Each participant may receive congratulatory anniversary messages and relapse prevention messages for up to one year from enrollment. Two-way text messaging sends text messages when participants text response key words such as “CRAVE,” “SLIP,” or “MOOD.”

Text messages and emails are sent both before and after the participant’s quit date and are automatically modified if a quit date changes. Participants who have not yet set a quit date can still participate in the program, with messages generated based on enrollment/registration date and triggered on call completion or other benchmarks. **Table 8** provides an overview of messaging types.

**Table 8: Messaging Types**

Message Type	Purpose
Motivational Message	Weekly messages that contain dynamic motivational content tailored to each participant. We base our content on the participant's tobacco use, stage of change, demographics, type of participation (such as web-only, phone-only, pregnancy program), and other information.
Informational Messages	Messages sent after certain program and system events. They include notifications of NRT shipments (with the package tracking number), coaching call appointment reminders, disenrollment notifications, and more.
Re-engagement Messages	Messages targeted to participants who become unreachable during their enrollment and may or may not have quit. The messages encourage the participant to re-engage with the cessation program.
Quit Anniversary Messages	Messages based on the participant's quit date, sent at the 1-, 2-, 3-, 6-, and 12-month anniversaries. The messages congratulate the participant for reaching these important milestones and motivate the participant to stay tobacco-free.

National Jewish Health offers specific messaging programs for callers who identify with any of five chronic diseases: heart disease, uncontrolled high blood pressure, asthma, diabetes, and/or COPD. We also offer specific text programs for pregnant and postpartum women, American Indians, and youth callers. Our focus is on providing services to populations most affected by tobacco, and we are currently concentrating on callers with behavioral health concerns and the LGBTQ+ communities. As we learn more about the needs of these communities, we may develop additional text and message content to supplement these existing programs. We continually evaluate our program effectiveness and look forward to partnering with TFN to refine our programs to meet changing consumer demands and utilization patterns.

**Online NRT Ordering**

NRT ordering can be made available through our client websites. Based on clinical evidence showing that cessation medications are effective when used alone, we partner with state clients to offer NRT online for eligible participants to use during a self-guided quit attempt. Participants complete the online enrollment form, select the web or web-phone program, verify their age, and provide

	<p>medical screening information. The web program requests a medical consent form from the participant's provider when necessary. Participants enrolled in the online program can track both phone and online NRT medication orders through the online portal.</p> <p>Our standard protocol for online NRT ordering is as follows:</p> <ul style="list-style-type: none"> <li>• Participant reviews online information on available cessation medications.</li> <li>• Participant completes a medical screening form to identify need for medical authorization and any contraindications.</li> <li>• If medical authorization is required, an email with an MD Consent form and instructions on the process is sent to the participant to obtain authorization from their physician.</li> <li>• If eligible, participant completes a brief screen on tobacco use.</li> <li>• Based on information from the medical and tobacco use screens, a list of recommended products and dosage options is generated.</li> <li>• Participant selects the NRT product(s) they would like to order.</li> <li>• Participant confirms shipping address and submits order.</li> <li>• NRT order is logged into the CMS and can be tracked by the participant online or using a tracking number delivered by text or email. Ninety-five percent of NRT orders are shipped to the participant within two business days.</li> </ul>
24.	<p>It is important that Nebraska callers feel that when they reach the Nebraska Tobacco Quitline, they have found meaningful help, and that the Quitline staff will go the extra mile to assure that their needs are met—whether for information and referral, immediate counseling assistance, linkage to a healthcare professional or health plan for tobacco dependence treatment benefits, or just reassurance that this is a difficult and important step and the Quitline's professional staff are capable of facilitating them through a quit process that will lead to success.</p> <p>Describe how your organization will assure that this quality is conveyed in each call when dealing with Nebraska callers and provide examples.</p> <p>Bidder to provide two audio files of calls/counseling sessions on either CD_ROM, or DVD format for each of the following call types (for a total of six (6) recorded sessions):</p> <ol style="list-style-type: none"> <li>1. Initial call and registration for services</li> <li>2. Initial counseling/assessment call</li> <li>3. Follow-up counseling call</li> </ol>

Audio copies of actual calls are preferred; however, a role-played session is acceptable. Please indicate whether the recordings provided are actual sessions or role-played calls.

From the initial point of contact and throughout engagement with the Quitline, our intensively trained staff members focus on each caller as an individual, recognize the participant as the expert on their quit journey, and demonstrate respect for the caller's cultural position. Our Coaches use motivational interviewing and cognitive-behavioral techniques to personalize clinical interventions to the unique demographic or psychosocial factors that influence cessation success. At each step, our Coaches provide warm, empathic, non-judgmental support to people trying to quit using tobacco. Participants are empowered to select from a combination of Quitline services, forming a quit program that works best for them. These services include phone coaching, personalized educational materials, text messaging and email support, online chat, and pharmacotherapy.

***Participant Satisfaction***

We value customer service and strive to attain a participant satisfaction rate of 90% or higher. We work with Westat to obtain data on satisfaction rates for Quitline participants in states for which we conduct outcomes evaluations. Our surveys are informed by NAQC and CDC guidelines and methodology to attain statistical validity and assess overall satisfaction with program services. In our most recent survey, 92% of participants were satisfied with Quitline services; 97% with materials; and 93% with Coaches.

***Coach and CCR Quality Assurance and Training***

Our Coach quality assurance methods use research-validated tools for assessing fidelity to motivational interviewing technique as a service standard. Our Quality Analysts provide bi-monthly feedback reports to each Coach using the MITI-3 instrument and provide narrative feedback on how to improve the quality of service. The Quality Assurance Team conducts quarterly calibration sessions on using the MITI instrument to ensure continuous improvement and consistency in delivering high quality services. Feedback covers multiple components of performance including data entry, customer service, compliance with priority population protocols, compliance with HIPAA and other regulatory requirements, implementation of motivational interviewing techniques, and individualized tobacco cessation support. CCRs and Coaches receive time off the phone to review the call recording along with the written feedback provided. Supervisors use quality feedback information with individuals in bi-monthly one-on-one meetings to drive quality improvement. In addition, Supervisors conduct 'live listen' sessions and provide real-time feedback to CCRs and Coaches at the close of a call.

The quality assurance program supports and informs our continued development of training curriculum to maintain best practices that align with evidence-based tobacco cessation. An open path of communication between frontline staff and leadership provides a conduit to facilitate discussion regarding general or specific call-handling expectations. Ideas and recommendations are encouraged and considered key elements to continuous improvement.

Our Quality Assurance and Training Teams work closely together to monitor patterns in staff knowledge and coaching skills. Quarterly planning meetings pull together themes in CCR and Coach quality feedback that inform refining new-hire training and the development of continuing education content. Quality, Training, and Operations Teams meet semi-annually to discuss trends across the call center and generate ideas for new educational content. Coaches also conduct annual self-assessments in the Tobacco Treatment Specialist (TTS) core competencies and their customer service skills, and along with their Supervisor, they develop a learning plan to improve their knowledge and skills in tobacco treatment. Continuous monitoring and ongoing educational opportunities for CCRs and Coaches are essential to ensuring our cessation program is of the highest quality.

***Coach and CCR Training and Experience***

Coaches must have a bachelor's degree with a preferred concentration in Psychology, Social Work, or another Human Services field. CCRs must have a high school diploma or equivalent and a minimum of two years' experience in a customer service position.

Our Supervisor to CCR and Coach ratio is 1:13. Supervisors are available to CCRs and Coaches to help complete difficult calls and to improve overall communication. Our Clinical and Medical Directors are also available to provide staff training and technical assistance, answer questions, and provide guidance throughout the coaching process. About one-third of our CCRs and Coaches work from home and are provided needed supervision and training as home-based workers.

National Jewish Health invests significant time and energy into appropriately training each team member who holds a position at the Quitline. In 2016, our training program was accredited by the Council on Tobacco Treatment Training Programs (CTTTP) for TTS training. Content in our intensive training program follows the CTTTP standards and the Association for Treatment of Tobacco Use and Dependence (ATTUD) core competencies.

We collaborate with our state partners and offer cultural competency training to all staff from experts in various fields. This includes, for example, National LGBT Cancer Network with Dr. Scout, University of Colorado; Behavioral Health and Wellness with Dr. Chad Morris; and Adolescent Cognitive and Psychosocial Development with Dr. Bonnie Halpern-Felsher. As part of this curriculum, our

staff receives comprehensive training for priority populations such as American Indians, pregnant and postpartum women, Hispanics/Latinos, youth, and LGBTQ+ communities.

Our core curriculum provides our staff the opportunity to receive didactic training, live role-plays, side-by-side training, and observation of current staff on the phones. Training includes the principles of motivational interviewing for inducing behavioral change using the cognitive-behavioral approach. In addition, training includes in-depth knowledge on all pharmacotherapies for tobacco cessation, and how to provide culturally sensitive coaching to many different populations. The Quitline program at National Jewish Health uses principles of adult learning and cognitive psychology. Our training is also based on new research in social and e-learning methodologies and is effective with all learning styles.

Our quality assurance program supports and informs our continued development of training curriculum to maintain best practices that align with evidence-based tobacco cessation. In addition, our bilingual Coaches and CCRs undergo pre-employment language screening with an independent third party that certifies their ability to provide culturally and linguistically appropriate services in Spanish. Bilingual Spanish-English Coaches receive quality feedback on Spanish language calls each month, receive their feedback in Spanish, and are assigned to a bilingual Supervisor who conducts the one-on-one in Spanish. Bilingual training staff provide quarterly continuing education sessions in Spanish as well. **See Appendix J: Orientation, Training, and Continuing Education.**

#### ***Complaint Calls***

The process used by National Jewish Health for handling complaint calls can be found in **Appendix K: Complaint Calls.**

#### ***Secret Shoppers and Call Recordings***

Many of our state partners employ “secret shopper” methodology to evaluate the consistency and quality of our services, in addition to our internal quality assurance measures. When we are notified that a secret shopper has used the Quitline, we extract and review all of the relevant calls and documentation from the participant’s profile. We also share the information with the state for their records. We partner with the state to identify both positives and areas for improvement and provide a written response to any quality concerns.

**Account Manager and Customer Service**

National Jewish Health will assign an Account Manager to the TFN account. Our Account Manager serves as the main point of contact for the state. The Account Manager will work in partnership with the staff in Nebraska to ensure the program is meeting quality standards set forth. They participate in all regularly scheduled conference calls with TFN and will engage other team members as necessary to share ideas and/or address concerns. National Jewish Health Account Managers are readily available from 8:00 a.m. to 5:00 p.m. Central Time, Monday through Friday, and are accessible by telephone and email.

Please find two audio files of calls/counseling sessions in a separate envelope for each of the following call types:

- Initial call and registration for services
- Initial counseling/assessment call
- Follow-up counseling call

See Appendix L: De-Identified Recorded Client Calls.

**Technical Assistance for Health Care Professionals**

25. Bidder to describe how the Quitline will provide technical assistance and consultation to TFN staff working with healthcare professionals on a variety of effective tobacco dependence treatment issues.

Our Quitline staff are trained and qualified to provide technical assistance and advice to health care professionals seeking information about the availability of Quitline services, including NRT and how to make a referral to the Quitline. Coaches also provide information about tailored Quitline protocols to assist special populations. In collaboration with our state partners, we provide information about the availability of other tobacco cessation interventions in the community. For providers interested in innovative referral systems, our Technical Project Manager, Zohar Gilboa, manages setting up eReferral services and works closely with health systems to accomplish the implementation. Our Account Managers work closely with our state clients and providers in the community to educate and inform about the use of fax and online referrals to the Quitline. In addition, Dr. Ylioja and Dr. Tinkelman are available and regularly field informational and clinical guidance requests to further the treatment of tobacco dependence, including implementation of in-office procedures, assistance on complicated patient case management issues, brief tobacco intervention techniques, and best processes to help health care providers work with patients quitting tobacco.

26.	<p>Bidder to describe the medical director's role in working with the Quitline staff and healthcare professionals to resolve complex issues.</p> <p>Our Medical and Clinical Directors work closely with Quitline Coaches to ensure pharmacotherapy and behavioral coaching guidelines are current with best practices and evidence updates. Our Clinical Director directly oversees the training and quality assurance teams and provides frequent updates to maintain best practices. Coaches and Supervisors can contact our Clinical Team at any time for support and receive a rapid response in addressing complex participant concerns. In addition, Coach questions to the Clinical Team are added to the weekly team huddles for review and to facilitate consistent information across our entire coaching staff.</p> <p>Health care professionals in the community also frequently access our Clinical Team through Quitline staff to discuss complex issues surrounding tobacco treatment and pharmacotherapy as needed. Health care professionals are encouraged to review treatment issues first with Quitline Coaches. When a Coach is unable to resolve the treatment issue to the satisfaction of the health care professional or if the Coach is unable to address a complex question, Coaches offer to escalate the questions to our Clinical Team. The Clinical Director, in consultation with the Medical Director as needed, will respond directly to the health care professional by phone or by email. See <b>Corporate Overview, Summary of Bidder's Proposed Personnel/Management Approach, Item 1.i and Appendix B: Organizational Chart and Resumes</b> for additional information.</p>
27.	<p>Bidder to describe how the Quitline will provide participant information with their healthcare provider and/or MCOs</p> <p>When the Quitline receives a referral from a health care provider and/or MCO via the online provider web referral or fax referral form, the feedback reports will be sent via fax. We provide feedback to the referring provider that is part of a HIPAA-covered entity up to five times throughout the fax back program.</p> <ul style="list-style-type: none"> <li>• When a fax referral is received</li> <li>• At the time the patient enrolls in coaching (or if the patient is unreachable)</li> <li>• When the patient is shipped NRT</li> <li>• When the patient completes the program</li> <li>• When the patient dis-enrolls for another reason</li> </ul>

	<p>When the Quitline receives an eReferral from a provider, a progress note will be sent to the referring provider at 20 days after the receipt of the referral, 90 days after enrollment into the program, and seven months' post enrollment. If National Jewish Health is the evaluator for the program, the outcome is also included in the feedback to the provider.</p> <p><b>Patient Updates Through Secure Email</b></p> <p>National Jewish Health acknowledges that health care providers are looking to increase channels available to them to receive patient updates following referrals, while minimizing paper usage. In an effort to innovate and stay current with provider needs, National Jewish Health is in the process of adding the ability for providers to choose to receive patient updates through secure email or fax. A provider will have the ability through the online web referral form or the fax referral form to select if they would like to receive feedback reports through fax or via secure email. National Jewish Health is excited to offer this new solution to providers to allow them to get feedback on their referrals in an easier and more convenient way.</p> <p><b>Medicaid MCOs</b></p> <p>National Jewish Health will provide participant information with the MCOs that are under contract with the state of Nebraska to ensure continuity of care and seamless delivery of services. Our robust data systems allow customized data extracts for Medicaid MCO reporting. We will enter a BAA with the state to ensure coverage under HIPAA. We look forward to partnering with TFN staff to provide technical assistance and support to help further their work with health care professionals.</p>
28.	<p><b>Bidder to describe the online training for healthcare providers; how it will be developed, monitored, analytics tracked and reported, and continuing education will be processed/provided.</b></p> <p>As an academic medical center, National Jewish Health is an accredited provider of medical (CME), nursing (CNE), and pharmacy (CPE) continuing education to prescribing health care providers across the country. Our learning management system hosts both live webinar training and education units anytime through a web-based platform. We can host any existing modules on our website or create new content upon request. We have created CME, CNE, and CPE modules on using Ask-Advise-Refer/Connect as well as The 5A's to treat tobacco use in pharmacy and oncology clinical settings, and a Quitline 101 module for health care providers interested in learning more about Quitline services. The Quitline 101 video covers an overview of the program, how to refer patients through the fax or provider web referral process, how to conduct Ask-Advise-Refer, how clients can utilize the Quitline and its services, and</p>

	<p>special programs for priority populations. National Jewish Health is also in the process of developing an in-depth CME with a focus on vaping for a current client.</p> <p>Several clients have also submitted the online trainings to their state boards for additional accreditations such as Continuing Dental Education (CDE). National Jewish Health will assist the state by providing any additional information that is needed to obtain continuing education units for other licensed health care professionals. We can deliver a monthly report to Nebraska of individuals who register for and complete the online training. Each participant that completes a training receives a completion certificate.</p> <p>National Jewish Health works independently or with the state to create content for specific topics. The team at National Jewish Health will work with TFN to develop a project plan that outlines the scope, objective, deliverables, and timeline. The team can work with local experts from Nebraska for content development or National Jewish Health can provide their own experts. Once the content is finalized and approved by the Professional Education Department at National Jewish Health, the video is professionally recorded by a third-party production team. The training is hosted in a custom-built learning management system available on the website for individuals to earn their continuing education credits. Evaluation data is collected at the end of the training and all answers to the questions can be shared with the state.</p>
<b>Support Materials</b>	
29.	<p>Bidder to describe what resource materials are available for, or will be developed and will be provided to:</p> <ol style="list-style-type: none"> <li>a. Proxy callers</li> <li>b. Healthcare professionals</li> <li>c. Tobacco users, not ready to quit</li> <li>d. Tobacco users, ready to quit but not interested in ongoing counseling</li> <li>e. Specific populations (e.g. racial and ethnic minority groups, mentally ill, and rural populations).</li> </ol> <p>Every registered caller to our Quitline program, regardless of their readiness to quit or readiness to engage in ongoing counseling, is eligible to receive a <i>Welcome Package</i> of culturally competent educational materials related to tobacco dependence and treatment, the dangers of secondhand smoke, self-help techniques for both cigarettes and other forms of tobacco, and other tobacco-related information for the general population and for priority populations. Materials are distributed within two business days of request and are available in English, Spanish, and Arabic. <b>See Appendix G: Education Materials.</b></p>

Through our partnership, we will work with TFN to identify, develop, and distribute additional materials as needed. We understand TFN will approve all materials prior to implementation or distribution and the Nebraska Tobacco Quitline logo will be placed on the *Welcome Package* materials.

National Jewish Health has embraced the growing trend of consumer choice in health care. As more people take an active role in their care and choose how and what information they want to receive (print, mobile, or online) there is a greater expectation of a personalized experience. Mass-produced pamphlets and brochures on health issues are quickly being replaced by personalized health itineraries and recommended resources. National Jewish Health recognizes the need to provide personalized content via multiple communication channels to meet the needs of Quitline participants. To that end, we have designed customizable print-on-demand materials to create a unique, highly personalized informational *Welcome Package* for each participant. Along with their personal welcome letter, participants receive educational materials and are directed to resources that are specific to their situation and quit attempt. Support materials are available almost immediately by email, when selected, or shipped with 48 hours of request for printed materials.

Specific content has been developed for populations that are disproportionately affected by tobacco use, and for different situations associated with tobacco use. In addition to our *My Quit Journey*® interactive self-help workbook and online *Quit PLAN* program, Quitline participants receive evidence-based information and resources personalized for their needs based on particular populations, tobacco product used, and health topics (up to five different topics per packet), including:

- African Americans
- American Indians
- Latinos
- Youth
- Smokeless Tobacco
- Stress
- Asian Americans
- LGBTQ+ Communities
- Pregnancy
- Secondhand Smoke
- Support Persons (Proxies)

	<ul style="list-style-type: none"> <li>• Electronic Nicotine Delivery Systems (ENDS)</li> <li>• Behavioral Health</li> <li>• Chronic Disease</li> </ul> <p>Our educational materials meet Medicaid low literacy standards (fifth grade or lower reading levels) and use pictures and graphics extensively. Our Quitline content is tightly coupled to the clinical quit process that forms the foundation of our telephone Quitline program. We apply a cognitive-behavioral approach to treating tobacco use and inducing behavior change using evidence-based information on tobacco addiction and treatment. Our Medical and Clinical Directors author and update the content regularly based on best practices and the latest clinical research and program outcomes.</p> <p>In addition to our participant education materials, we have developed and email or mail educational information for proxy or support person callers, including “Want to Help Someone Quit” upon request. Proxy callers are informed about tobacco cessation program options including local cessation programs and are directed to the Friend/Family section of the Quitline website. We encourage the caller to have the tobacco user call the Quitline or register for the online program when they are ready. Additional online resources and information about the Quitline for health professionals, including a link to our Provider Web Referral, is available online under links for health care providers.</p>
30.	<p>Bidder to provide copies of all self-help and other support materials listed in Request for Proposal. Clearly label the materials to indicate the intended audience.</p> <p><b>See Appendix G: Education Materials.</b></p>
<b>Quitline Promotion</b>	
31.	<p>Bidder to describe how the Quitline will work with TFN to respond to calls generated as a result of paid media promotion, earned media promotion, and promotion through health systems.</p> <p>National Jewish Health will collaborate with TFN and its media contractor for effective coordination of media promotion and Quitline Services. Our Account Managers stay in constant communication with our state partners and will coordinate readiness for any large marketing campaigns. National Jewish Health is ready to adjust to rapid changes in call volume that result from planned media and marketing, announcements of new services, news media, state and/or federal policy changes, or a combination of these factors.</p>

	<p>The Avaya Call Management Systems allows for continuous monitoring of call volume and CCR and Coach status. When call volume is high, the Operations Team will determine the cause for the increase in volume, while modifying existing processes to answer and respond to as many callers as possible. Our Operations Team will work with TFN to change voice message prompts, modify processes, redirect participants to the state’s website, or make other operational changes within our staffing model, using data from our state-of-the-art call center software.</p> <p>Fluctuations in call volume are handled differently based on notice and projected volumes, as described below.</p> <ul style="list-style-type: none"> <li>• One to two months of notice: We will calculate staff based off projected volumes and call patterns and add staff accordingly to handle anticipated volumes.</li> <li>• One week to one month of notice: We will offer extra time to staff, reduce time off for staff, and implement an “all hands on deck” strategy. We will also evaluate and prioritize our skilling and disbursement of calls and redeploy all non-call taking functions from Coaches and CCRs.</li> <li>• Zero days to one week of notice: We will offer extra time to staff and implement an “all hands on deck” strategy. We will also evaluate and prioritize our skilling and disbursement of calls and redeploy all non-call taking functions from Coaches and CCRs.</li> </ul>
32.	<p><b>Bidder to describe how the Contractor can assist TFN or media Contractor to assure effective coordination with media promotion, promotion to healthcare professionals, and other tobacco control activities in Nebraska.</b></p> <p><b>Promotional Materials</b></p> <p>National Jewish Health works closely with our state partners to provide input and feedback to help inform promotional materials and campaigns. For some of our special populations, we also offer specific promotional materials that our state partners can use in their own communities. <b>See Appendix M: Sample Marketing Materials.</b> National Jewish Health looks forward to collaborating with TFN in updating and utilizing promotional materials that will be disseminated by TFN to health care professionals and systems.</p> <p><b>Presentations</b></p> <p>National Jewish Health looks forward to participating in up to two annual presentations at state conferences and/or training programs identified by TFN to educate and inform stakeholders and others about the Quitline and promote systems changes recommendations.</p>

**Reporting Requirements**

33. Describe the applicant organization's computerized tracking system to document Quitline activity, including the ability to tabulate discrete individuals, services provided, call patterns, caller demographics, and the analysis and reporting of data on a monthly, quarterly, and annual basis.

National Jewish Health can provide the necessary weekly, monthly, quarterly, and annual report and data files requested by TFN. In addition, we collect and report on all data necessary for TFN to evaluate the cessation services provided and prepare data for upload to the CDC's NQDW, and for the NAQC annual survey. National Jewish Health will provide reports as documented in **Exhibit 4, Nebraska Tobacco Quitline Reporting Requirements** and **Exhibit 5, Nebraska Tobacco Quitline Reports** and data for the NQDW reporting guidelines in conjunction with TFN.

Our Workflow Team uses the Avaya Call Management Solution to monitor minute-by-minute the inbound and outbound call volume and adjusts call flows to maximize the coaching resources and meet our call handling standards. Data collected during call flow handling (including ASA, percent of live calls answered, calls abandoned) are aggregated by week and month and then matched to our staffing forecasts, incorporating planned media campaigns, for ongoing adjustments. This facilitates a nimble and rapid response to staffing, including offering overtime for CCRs and Coaches.

All individual-level data and program activity is collected and stored in, and reported from, our custom CMS, QuitPro®, developed and maintained by our internal IST Team. In QuitPro®, each individual is identified by a unique participant identification number and a unique identifier is created for each enrollment. This facilitates linking participant records across multiple instances to track activity over time. Data for each participant enrollment comes from multiple sources, including telephone intake and coaching calls, online registration, provider referrals, and text or email support services. Individual-level data includes participant demographics, commercial tobacco use history and characteristics, medical screening information, program services received such as NRT shipments and coaching calls, along with the exact date and times of each activity.

Data are available to TFN electronically as raw data exports and as aggregated reports on a monthly basis (at a minimum). National Jewish Health engages in quality control processes to review all data before releasing it to our state clients, comparing multiple sources to ensure reporting accuracy. We have collaborated with our state clients to create a standard report library that contains

	<p>the data needed to manage state commercial tobacco cessation programs, and to respond to new requests for data collection and reporting. A National Jewish Health Account Manager will work with TFN to ensure we continue to meet all reporting requirements.</p> <p>We can efficiently add or change intake questions to collect and report on ad hoc data requests for special evaluation projects. Once a question is entered, changes are available in real-time to our Coaches, through their QuitPro® console, and to participants during online registration. We are proud of how our proprietary CMS facilitates agile reporting capability and rapid response to data requests. In addition to the standard reports outlined below, we are open to discuss additional data needs, can create custom reports when needed, and can respond to quarterly ad hoc data requests generally at no additional cost. While more intensive in-depth reports and/or analyses may incur costs, we will work with TFN to effectively balance data and budgetary needs. We understand that data collection requirements may change upon mutual agreement of TFN and National Jewish Health.</p> <p>All reports are available in Excel, CSV, and PDF format. Reports containing personal health information (PHI) or personally identifiable information (PII) are sent through encrypted methods in accordance with HIPAA regulations. All reports are provided with the TFN logo and nomenclature, except files in CSV raw data format. Data extracts detailing information by specific participants are available for all these reports, as well as filtered by specific populations or types of activity. As a hospital, research institution, and contractor for state agencies, National Jewish Health maintains the highest levels of security and privacy to guard PHI and we are committed to complying with HIPAA regulations.</p>
34.	<p><b>Describe precautions to ensure that files and programs can be re-created in the event of loss by any cause, including plan to safeguard data files (frequency of back-up copies, storage location, methodology for restoring from backup copies when activity has been processed in the interim.)</b></p> <p>In the event of an emergency situation, or if QuitPro® is down, we have an Incident Response Team to resolve any problems and return the system to productive use. The Incident Response Team is comprised of System Administrators, Security Analysts, Desktop/Workstation Technicians, Developers, and Quality Assurance Analysts as well as an Incident Response Coordinator.</p> <p>Each component of the information system is documented in our configuration management database, the system design documentation, system inventory databases, and system monitoring databases. The documentation includes the purpose of the information system, the hardware, the operating system software, application software, the data within the system, and the network equipment. The system restoration plan is also documented, and the plan is tested regularly.</p>

The current information system backup procedures include automated full backups that run nightly for all server and storage components through the enterprise backup system. The database engine service that provides the data for the information system is also incrementally and automatically backed up every hour into the enterprise backup system. The network file share used by the department is also incrementally backed up (using snapshot technology on the storage array) automatically every two hours. Production systems are replicated daily to the disaster recovery site.

The backups are currently stored within the data center for a period of 30 days. Backups that must be retained for more than 30 days are archived off to another storage location outside of the main data center at National Jewish Health. Replication of production systems is maintained at our disaster recovery site for three days prior to being archived off.

Data is recovered routinely every month into non-production development and testing environments and after data sanitization. They are validated before being used for further development of the information system.

The disaster recovery system is tested at least quarterly and verified by a full Incident Response Team.

The Quitline CMS is recovered in the data center at National Jewish Health. The system recovery time objective is set to have the system functional within four hours after an emergency requiring restoration of the system. In most cases, recovery time is within one to two hours depending on the emergency scenario.

The system recovery point objective is set to be able to recover with no more than one hour of data loss for the database component which contains the majority of all the data for the information system. The recovery point objective for the file share component is set to be able to recover with no more than two hours of data loss and for the web server components of the information system, no more than 24 hours of data loss.

35.	<p><b>Describe systems to ensure confidentiality of caller records.</b></p> <p>As a hospital, research institution, and contractor for state agencies, National Jewish Health maintains the highest levels of security and privacy to guard protected health information and we are committed to complying with HIPAA regulations.</p> <p>National Jewish Health has several systems in place to ensure the confidentiality of caller records. The Network Management Team employs firewalls, spam filters (with email encryption), data leak prevention systems, anti-virus, network access control measures, log management systems, central authentication systems, and secure file transfer systems. Locally we have policies and procedures in place to address all administrative, physical, and technical safeguards that are required by HIPAA regulations.</p>
36.	<p><b>Describe the organization's current process for issuing a Notice of Privacy Practices and obtaining permission from participants to be contacted for evaluation.</b></p> <p><b>Obtaining Permission</b></p> <p>Permission to contact participants for evaluation is collected during the intake process, both online and over the phone. Only contact information for participants who agree to follow-up is provided to the evaluator.</p> <p><b>Privacy Policy</b></p> <p>Participants are provided a copy of the Notice of Privacy Practices for National Jewish Health when they have completed their initial intake with the program. The privacy policy is available in standard mail and email versions. Participants are notified of the privacy policy being provided to them during the intake process and is included with the <i>Welcome Package</i>. If the <i>Welcome Package</i> is sent via standard mail, the participant will receive the packet and privacy policy within 7-10 business days. If the welcome packet is sent via email, the participant will receive the packet and privacy policy within 24-48 hours. <b>See Appendix P: Notice of Privacy Practices.</b></p>
37.	<p><b>Bidder to provide a sample of the monthly report, with definitions of each item contained in the report, with proposal response.</b></p> <p><b>See Appendix N: Monthly Reports (Samples).</b></p> <p><b>See Appendix O: Standard Data Extraction and Data Dictionary (Sample).</b></p>

38.	<p><b>Bidder to describe how data will be collected and provided on a monthly, quarterly and annual basis for data analysis to evaluate and improve services provided.</b></p> <p>Data is captured and stored using multiple systems corresponding to function within the Quitline program. Participant data collected through registration, intake, and coaching as well as pharmacotherapy orders and delivery is entered and stored in QuitPro®. Call management software collects data on call volumes and is added to our reporting systems. Our robust data monitoring and analytics processes can efficiently extract these stored data into standard reports, as well as for ad hoc reporting requests. Reports can be run as needed or on a regular basis, including weekly, monthly, quarterly, and/or annually. All standard reports are shared with each state by the Account Manager.</p> <p>National Jewish Health will submit the monthly, quarterly, and annual reports as noted in <b>Exhibit 4, Nebraska Tobacco Quitline Reporting Requirements</b> and <b>Exhibit 5, Nebraska Tobacco Quitline Reports</b> to TFN. These reports will be submitted electronically in order to receive payment for the reporting period. Quarterly reports and an annual summary of standardized reports that provide aggregate data by county will also be submitted in the same manner. The Account Manager will review the reports with TFN and coordinate additional calls with the Data Analyst when needed. We look forward to working with TFN to find innovative ways to improve services based on the program data.</p>
<b>Quality Assurance/Quality Improvement</b>	
39.	<p><b>Describe the mechanism by which current, science-based, high quality services are maintained, such as use of a Scientific Panel or Advisory Board. Provide a list of Advisory Board members, if applicable.</b></p> <p>National Jewish Health is a legacy member of the NAQC, and all our key team members are active NAQC members. Our Clinical Director is a current member of the NAQC Advisory Council, and many staff members have served on workgroups and have published white papers and reviews. We work closely with NAQC to ensure our Quitline protocols follow best practices and recommendations.</p> <p>Since 2002, our Quitline program has followed the best practices and the evolving industry standards published by the CDC and NAQC. Our protocols are research- and evidence-based. The Quitline is staffed by more than 100 professionals who are devoted to commercial tobacco use prevention and cessation. Our Coaches undergo rigorous training that enables them to tailor their coaching services based on participant needs using our proven-successful coaching model.</p>

	<p>Our Clinical and Medical Directors maintain current knowledge of trends in the tobacco control field and in the Quitline community through subscription to major tobacco control journals (e.g., Nicotine &amp; Tobacco Research, Tobacco Control). As a member of the NAQC Advisory Group, our Clinical Director, Dr. Ylioja, contributes to the direction of quitlines. As an academic medical center, we apply a systematic approach to developing new services and evaluating existing programs.</p> <p>Based on our internal data reporting and analysis, client reporting and needs, and program evaluations, we engage in continuous quality improvement activities using Plan-Do-Study-Act (PDSA). PDSA includes developing a project plan, conducting a pilot test of the plan, observing and analyzing the outcomes, and then implementing lessons learned. PDSA cycles are enacted from the level of user-testing through program and protocol development. Our program development is initiated with a review of available peer-reviewed literature and best practices, with information applied to the project concept. We seek stakeholder input that includes state partners, subject matter experts, and participant feedback on the proposed development. For large scale projects, we have used ongoing focus group feedback (e.g., youth program) and are currently assembling an advisory panel for our next phase of interventions for callers who report behavioral health conditions.</p> <p>Next, we implement a pilot project that is monitored and evaluated using short-term process (e.g., stakeholder feedback, participant satisfaction, operational requirements, and financial impact) and outcome measures (e.g., cessation initiation). Evaluation data then is used iteratively to inform the next phase of project development. We are committed to ongoing development and evaluation of our service delivery model, and closely monitor the impact on disparity populations where data are available.</p>
40.	<p><b>Describe the quality assurance plan as it relates to both Quitline operations and clinical service delivery. Provide a sample of a service performance report.</b></p> <p>Our priority at National Jewish Health is satisfied customers—both state clients and participants. We employ quality improvement and quality assurance activities as part of our institutional quality plan for all departments, including the Quitline.</p> <p>National Jewish Health has an organization-wide commitment to follow the principles of continuous quality improvement. At the department level, metrics relating to operation processes, outcomes, and satisfaction data are collected on an ongoing basis and reviewed by Quitline Management. We use multiple data sources to monitor the program at units as small as by the minute through to the level of annual reporting. Based on our internal data reporting and analysis, client reporting and needs, and program evaluations, we engage in continuous quality improvement activities using PDSA. PDSA includes developing a project plan,</p>

conducting a pilot test of the plan, observing and analyzing the outcomes, and then implementing lessons learned. PDSA cycles are enacted from the level of user-testing through program and protocol development.

***Call Center Operations***

At the smallest time unit, our Workflow Team monitors minute-by-minute the inbound and outbound call volume and adjusts call flows to maximize the coaching resources and meet our call handling standards. Data collected during call flow handling are aggregated by week and month and then matched to our staffing forecasts for ongoing adjustments. This facilitates a nimble and rapid response to staffing, including offering overtime for Coaches and scheduling continuing education sessions.

Each of our team members provides input for quality improvement. For example, Coaches and CCRs report system bugs or errors to the Assist Line monitored by Supervisors who can engage in troubleshooting. System bugs are forwarded to the IST Department for fixes that can be rapidly deployed to maintain service levels. Supervisors also conduct weekly file checks to review Coach and CCR documentation and ensure that a participant receives all requested services and reports any systemic issues to the Management Team for review in business needs meetings.

Weekly business needs meetings address quality issues that arise from Coaches, CCRs, Supervisors, requested by clients, or identified from data reporting or from other points of observation. Teams are assigned to address specific issues and are tasked to report back to the group in a defined time period, depending on the project scope. Teams create a work plan, submit technology development requirements, create a plan for user acceptance testing, and report back on further development prior to system updates. The assigned team defines quality measures and reporting standards, monitors data output, and prepares an evaluation plan with recommendations for implementation. Because each of these steps relies on internal departments, changes can be implemented rapidly depending on the scope of the project.

***Coach and CCR Quality Assurance and Training***

Our quality assurance program supports and informs our continued development of training curricula to maintain best practices that align with evidence-based tobacco cessation. An open path of communication between frontline staff and leadership provides a conduit to facilitate discussion regarding general or specific call-handling expectations. Ideas and recommendations are encouraged and considered key elements to continuous improvement.

Our quality assurance program includes monthly feedback to Coaches and CCRs as a continuous method to assist in the support and development opportunities for each individual. When requested, we can provide aggregate quality assessment scores across the call center for state reporting identifying the percentage of staff who exceed, meet, partially meet, or do not meet expectations. Feedback covers multiple components of performance including data entry, customer service, compliance with priority population protocols, compliance with HIPAA and other regulatory requirements, implementation of motivational interviewing techniques, and individualized tobacco cessation support. We use the validated MITI-3 instrument to assess motivational interviewing technique. Coaches and CCRs receive time off the phone to review the call recording along with the written feedback provided. Supervisors use quality feedback information with individuals in bi-monthly one-on-one meetings to drive quality improvement. In addition, Supervisors conduct 'live listen' sessions and provide real-time feedback at the close of a call.

The Quality Assurance and Training Teams work closely together to monitor patterns in Coach and CCR knowledge and coaching skills. Quarterly planning meetings pull together themes in quality feedback that inform refining new-hire training and the development of continuing education content. Quality, Training, and Operations Teams meet semi-annually to discuss trends across the call center and generate ideas for new educational content. Coaches also conduct annual self-assessments in the TTS core competencies and their customer service skills, and along with their Supervisor, they develop a learning plan to improve their knowledge and skills in tobacco treatment. Continuous monitoring and ongoing educational opportunities for Coaches and CCRs are essential to ensuring our cessation program is of the highest quality.

***Quality Improvement Program Drives Innovation***

Our Management Team engages in monthly meetings to review strategic reporting, from staffing and call handling times to participant reach and engagement. The Team compares data across different states and program models to understand the most effective and efficient strategies to provide tobacco cessation programming. We monitor annual reporting of satisfaction and cessation outcomes across states and have generally found consistently positive results over several years. Our Account Managers work with the Business Strategy Team to closely monitor budgets and identify areas for state spend-down. Account Managers also work closely with our state partners to understand plans for innovation within each state. As a result, ideas for innovation may come from many sources, and we work across multiple states to find sufficient participant volume and development resources to cultivate innovative strategies.

There are many examples of innovation resulting from our quality improvement activities. Strategic reporting review helped us identify that two-week NRT shipments can improve coaching call engagements by comparing states who offered NRT in different shipping increments. State spend-down was a major contributing factor to the highly successful launch of the *My Life, My Quit™* youth cessation program in 12 states. In **Appendix Q, Quality Improvement Project Example**, we provide an example of a quality improvement project initiated by a drive for innovation in one state that resulted in a multi-state quality improvement effort to reduce the length of intake and move callers to coaching more efficiently. The document shows a typical client-facing project proposal and work plan that describes the objectives, the project summary and timeline, the evaluation and deliverables, and the budget. We use the proposal to guide the evaluation and report the outcomes and implementation plan for the project.

#### ***Secret Shoppers and Call Recordings***

Many of our state partners employ “secret shopper” methodology to evaluate the consistency and quality of our services, in addition to our internal quality assurance measures. When we are notified that a secret shopper has used the Quitline, we extract and review all the relevant calls and documentation from the participant’s profile. We also share the information with the state for their records. We partner with the state to identify both positives and areas for improvement and provide a written response to any quality concerns.

Below is an example of quality improvement measures taken as a result of secret shopper evaluation.

#### **Example:**

State partner conducted a comprehensive secret shopper program over multiple callers across multiple coaching calls from intake through program completion. State provided a written document outlining areas where coaching calls did not fully match the written protocol described in the Response to Proposal provided by National Jewish Health. The report focused on three areas and National Jewish Health responded to these concerns by outlining several new strategies that were already underway to address quality concerns.

#### **If importance to quit was low, Coach did not assess why smoking was important.**

Response: The RFP stated that we would explore why smoking was important. We no longer ask why smoking is important as that can lead a caller to resolve ambivalence about cessation in favor of continuing to use tobacco (decreasing importance of quitting). In

alignment with motivational interviewing, we ask what would make quitting more important. This feedback facilitated a robust discussion with state about the motivational interviewing techniques.

*A Coach did not review relapse prevention management techniques in later coaching calls.*

Response: We acknowledged an opportunity to reinforce training about relapse prevention. A module was developed and incorporated into the re-engagement project for all Coach training, scheduled to begin shortly after results of the secret shopper evaluation were received in order to rapidly respond to a quality improvement need. In addition, we identified that callers who experience relapse may also experience a decrease in self-efficacy. We used feedback from state and incorporated additional information to develop additional continuing education (CE) for Coaches.

*A caller with limited coping skills was not encouraged to develop new or additional skills.*

Response: Our revised CE program was underway when we received this feedback. The CE program now provides opportunities to ensure each Coach can engage with the material that addresses their specific skill level. Some Coaches excel in problem solving and skill building and do not require additional training, while others require consistent feedback. Under our revised CE program, Coaches and Supervisors work together to review quality assurance reports and identify the areas of training that will improve specific skills. Content that addresses problem solving and skill building is available at any time through our comprehensive CE library.

#### ***Complaint Calls***

The process used by National Jewish Health for handling complaint calls can be found in **Appendix K: Complaint Calls**.

National Jewish Health will develop, implement, and follow a comprehensive quality assurance plan and describe the procedures, standards, and measures to be used to ensure quality. We understand the plan must be submitted to TFN for review and approval no later than 60 days after contract start date.

41.	<p>Describe how the Quitline will address complaints internally, as well as the types of complaints that will be expected to be addressed by TFN and the process by which such calls will be referred to TFN for follow-up, while maintaining participant privacy under HIPAA.</p> <p>National Jewish Health believes that we have the opportunity to improve when we receive positive or negative feedback. We have a robust quality and complaint process in place. Our Coaches are trained to share feedback from participants with their Supervisors in their weekly meetings. Supervisors are trained to review and escalate the information to the Account Manager. The Account Manager will work with the Quality Team to pull and review the necessary call and then review it with TFN. HIPAA information is always protected and if there is a need to share PHI or PII, we will do so through secure email. If complaints come directly into TFN, the Account Manager will review the information with TFN, and then take it back to our Quality Team to investigate and respond.</p>
<b>Service Delivery Protocol</b>	
42.	<p>Must provide services to all clients at a minimum of age 16 year and older. Describe the age populations the bidder would provide services to.</p> <p>National Jewish Health provides services to callers across the age spectrum, from callers who report being as young as 10, through senior adults. We work with each state to determine program eligibility based on age. We provide pharmacotherapy options, when offered, only to adult (18+) callers in line with FDA approvals. Most often, counseling service eligibility for youth participants depends on the minimum age of consent to receive tobacco treatment coaching in the state. In select states, when required for any participant under age 18, we obtain parental consent to provide coaching services.</p>
<b>Surveillance and Evaluation</b>	
43.	<p>Describe how the Quitline will collaborate with TFN and any applicable third party to facilitate evaluation of the quality and effectiveness of services and referrals.</p> <p>National Jewish Health has experience working with external program evaluators and conducting outcomes evaluations through our third-party vendor, Westat, to calculate seven-month quit rates as recommended by NAQC. When the evaluation contract is not with National Jewish Health, we will work with the state's selected third-party evaluator to provide the necessary data to complete the evaluation surveys. At agreed-upon time intervals, we will provide a list of participants who consented to the evaluation survey seven months after enrollment and will deliver a participant list and other data as requested to TFN's selected evaluator. This also</p>

	<p>includes a full and complete monthly de-identified raw dataset that encompasses all intake and evaluation variables collected on an agreed-upon basis or as requested.</p> <p><b>See Appendix R: Outcomes Report (Sample).</b></p>
44.	<p>Describe how the client database will be provided to TFN monthly and quarterly, in the form and measures determined by TFN and National Quitline Data Warehouse, to assure confidential, efficient means of transferring the database as needed in order to conduct evaluation. Include a plan to address HIPAA requirements as necessary to assure that TFN or the applicable third party has full access to the client database.</p> <p>National Jewish Health will provide, within two weeks of contract start date, an affirmation that TFN is the sole owner of the client database and that client data from the Nebraska Tobacco Quitline will not be used by National Jewish Health for any purpose other than the provision of Quitline services, administrative and management analysis for operations improvement, benchmarking, or similar activities without prior written approval of TFN.</p> <p>We will establish a BAA with DHHS and the evaluator to allow sharing complete identified data aligned with HIPAA requirements (as noted in Exhibit 6, HIPAA Business Associate Agreement Provisions). All data are transferred securely using secure email or an SFTP portal accessed by the evaluator, in a useable format such as comma delimited or MS Excel worksheets. We provide to the state and the evaluator a full data dictionary and codebook for all intake, demographic, and coaching data collected from participants.</p> <p>Our Account Manager will communicate with TFN and the evaluator to resolve any issues with the data. Our Data Analyst is also available to answer questions and/or provide support with requests for data customization, utilization, and regular reporting.</p>
45.	<p>Describe opportunities for Nebraskans to engage in Quitline-related research in conjunction with other states or other Quitline clients.</p> <p>National Jewish Health continually conducts and collaborates on research. We believe this research, conducted in partnership with states, insurers, and providers, helps to effect further change in the market. Using research, we can provide even more robust and outcome-based education to hospitals, clinics, and providers in Nebraska. We will collaborate with Nebraska to conduct research and offer pilot programs in order to continue to enhance our program and stay on the forefront of technology and applications for tobacco quitlines.</p>

Table 9 provides a list of both current and past collaborations.

**Table 9: Current and Past Collaborations**

Organization	Project Title and Scope
PA Correctional Facilities	Cessation Services for Inmates Following a successful pilot program providing customized Quitline services in the correctional setting for an inmate population, an expanded program launched in 2019 for additional correctional facilities in Pennsylvania. Program modifications included a revised intake form, telephone counseling at predetermined times with additional coaching calls, up to 12 weeks of NRT patches, and no follow-up assessments.
Behavioral Health Pilot	Improve utilization and success of Quitline programs for those who identify with behavioral health conditions (anxiety and depression) National Jewish Health, with its Quitline partners, is taking important steps toward defining and implementing best practices for tobacco addicted callers with specific and identified behavioral health conditions. The objectives are to determine if a targeted protocol will increase quit outcomes for participants with anxiety and depression. Quit outcomes will be defined as seven months after enrollment into the program.
Children's Hospital of Philadelphia - CHOP	Parent Referral Study A study designed to evaluate the effectiveness of referring parents using an electronic referral process (parent information sent to Quitline with the Quitline calling the parent) to the current standard manual process (giving the parent the Quitline phone number). Parent eReferral increased Quitline enrollment by five times.
Michigan Oncology Quality Consortium - MOQC	Quitline Referrals from Cancer Clinics A program designed to assist cancer clinics in the state of Michigan to meet quality measures with a dedicated referral program to the Michigan Quitline. We worked with these clinics to provide customized tracking and reporting for patients referred to the Quitline.
Vanderbilt University/ Massachusetts General Hospital/ University of Pittsburgh Medical Center	Helping HAND 4 Trial A program to compare effectiveness of post-discharge strategies for hospitalized smokers. A method to develop and test better methods of care for hospital patients who are transitioning to the outpatient setting in Massachusetts, Pennsylvania, and Tennessee.
Case Western Reserve University	Cessation for Low Income Adults Patient-centered processes to improve tobacco cessation outcomes using novel approaches to cessation in combination with eReferrals to the Ohio Quitline. This program will establish the system-based Ask-Advise-Connect tobacco cessation approach using eReferrals to the Quitline.

UMASS Medical School	Support2Adapt Program The goal of this program is to increase use of the Massachusetts Quitline by socioeconomically disadvantaged smokers using a texting program. Data from this program will determine effectiveness of text programs in combination with referrals to the Quitline.
University of New Hampshire	Improving Cessation Services for Callers with Disabilities Adding three intake questions to identify callers with physical, learning, or developmental disabilities or disorders to study utilization, retention, and success rates for this population.
Denver Public Health	Quitline Linkage and Information Network for eReferral (Q-LINE) To build an eReferral system that can be used as a national standard for interoperability and built into EMRs certified for meaningful use.
NAQC and MD Anderson Cancer Center	Colorado, New Hampshire, and Pennsylvania will all participate in the NAQC and MDACC lung cancer screening implementation study for state quitlines beginning April 2020.
BE Smoke Free	Pilot study to investigate the impact of behavioral economic incentives for adolescent tobacco users.

**NRT**

**46. Provide current screening protocols.**

National Jewish Health will supply NRT to medically qualified participants who are over the age of 18 and enrolled in the Nebraska Tobacco Quitline. We will submit to TFN for approval the NRT protocol at least 30 days prior to implementation **(see also information below)**. Upon TFN approval, National Jewish Health will provide NRT options per eligible participant. Dosage and type of NRT is determined by the Quitline counselor and the caller at the time of screening.

National Jewish Health assumes full responsibility for screening participants receiving medical authorization when necessary and ordering NRT. We will ensure NRT is available to eligible participants screened during distribution times determined by TFN. We will mail NRT directly to the participant's permanent home mailing address. National Jewish Health will monitor TFN's approved budget and distribution timeline to ensure efficient service.

National Jewish Health will assume responsibility for all packaging and postage necessary to provide NRT distribution to qualified participants.

***NRT Screening Protocol***

Our Coaches encourage the use of cessation medications to increase the likelihood of a participant's success in quitting commercial tobacco. Medication is offered to participants age 18 or older based on program and medical eligibility and is shipped directly to the participant at no cost. We work closely with state clients to ensure flexibility in medication offerings dependent on budget, priority populations, and eligibility criteria. Our print and online materials provide comprehensive information about medications for cessation, contraindications, instructions for use, and other topics to guide medication selection.

National Jewish Health partners with Arrowhead Promotion and Fulfillment to provide GSK-branded over-the-counter NRT. We provide 21-, 14-, or 7-mg patches and 2- or 4-mg gum or lozenges in two-week increments. Each participant works with a Coach to determine the appropriate NRT type, dose, and combination when permitted. Once shipped, participants can track their shipment using the tracking number provided by text or email, through the web portal, or by calling the Quitline.

We follow best practices for recommending NRT, including combinations of NRT products, based on the volume of tobacco used and the level of nicotine dependence in line with the package labeling. We have also developed guidelines for switching from ENDS to NRT based on whether a caller is using both ENDS and combustible tobacco (treat at pre-ENDS tobacco volume), recently (less than 28 days) initiated ENDS use (treat as NRT Step 1), or reports long-term or only-ever ENDS use (ad libitum NRT products only).

National Jewish Health assumes full responsibility for screening participants for NRT patch, gum, or lozenge eligibility and our Medical and Clinical Directors provide program oversight. We require medical authorization for any participant who is pregnant or breastfeeding or has been instructed to avoid nicotine products because of a medical condition. When required, a medical authorization form must be completed and returned directly from the participant's physician. All medical screening for prescription medications is the responsibility of the prescribing provider.

Our CMS checks for duplicate medication orders, with an alert notification set for multiple shipments to the same address and places the order in queue for review by a Supervisor. Substance use treatment facilities are noted to ensure no unnecessary delays occur during processing. Our online ordering process uses the IP address and the physical address of shipments to determine if multiple orders have been submitted. These online orders are denied automatically and are not sent for Supervisor review; however, participants may call or chat about the status of a denied order.

We also partner with Ridgeway Pharmacy to fulfill prescription medication requests (prescription NRT, Chantix, or generic bupropion) for Medicaid-insured individuals. The pharmacy can provide all seven first-line FDA-approved cessation medications. Ridgeway Pharmacy obtains a prescription from the participant's provider and confirms enrollment in the coaching program with National Jewish Health. Ridgeway ships a one-month supply of medication directly to the participant's home. Our data demonstrate that providing prescription medication results in higher call volume, increased participant engagement, and higher quit rates.



## Appendix A: Audited Financial Statements and Bank Reference

**Bank Reference**



January 6, 2020

To Whom It May Concern:

I have been asked by our client, National Jewish Health, to provide you with confirmation/reference that they bank with UMB Bank, n.a.:

National Jewish Health has been a great customer of UMB Bank, n.a. since February 2002.

If you require additional clarification, please do not hesitate to contact me.

Sincerely,



Brian C. Grant  
Treasury Sales Specialist  
[brian.grant@umb.com](mailto:brian.grant@umb.com)  
(303) 839-2205  
UMB Bank, n.a.

**UMB Bank, n.a.**

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[umb.com](http://umb.com)

Member FDIC

**Audited Financial Statements**

**National Jewish Health and Subsidiary**

Consolidated Financial Statements  
(With Independent Auditor's Report Thereon)

June 30, 2019 and 2018

**National Jewish Health and Subsidiary**

Consolidated Financial Statements  
(With Independent Auditor's Reports Thereon)

June 30, 2019 and 2018

**National Jewish Health and Subsidiary**  
**June 30, 2019 and 2018**

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**National Jewish Health and Subsidiary**  
June 30, 2019 and 2018

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## Independent Auditor's Report

Board of Directors  
National Jewish Health  
Denver, Colorado

We have audited the accompanying consolidated financial statements of National Jewish Health and Subsidiary (National Jewish Health), which comprise the consolidated statements of financial position as of June 30, 2019 and 2018, and the related consolidated statements of activities and cash flows for the years then ended, and the related notes to the consolidated financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Board of Directors  
National Jewish Health

**Opinion**

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of National Jewish Health as of June 30, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

**Emphasis of Matter**

As described in Note 3 to the financial statements, in 2019, the Organization adopted Accounting Standards Update (ASU) 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*, ASU 2018-08, *Clarifying the Scope and Accounting Guidance for Contributions Received and Contributions Made (Topic 958)* and ASU 2014-09, *Revenue from Contracts with Customers*. Our opinion is not modified with respect to these matters.

Denver, Colorado  
October 23, 2019

## Independent Auditor's Report

Board of Directors  
National Jewish Health  
Denver, Colorado

### Report on the Financial Statements

We have audited the accompanying consolidated financial statements of National Jewish Health and Subsidiary (National Jewish Health), which comprise the consolidated statements of financial position as of June 30, 2019 and 2018, and the related consolidated statements of activities and cash flows for the years then ended, and the related notes to the consolidated financial statements.

#### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

#### **Auditor's Responsibility**

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Board of Directors  
National Jewish Health

**Opinion**

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of National Jewish Health as of June 30, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

**Emphasis of Matter**

As described in Note 3 to the financial statements, in 2019, the Organization adopted Accounting Standards Update (ASU) 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*, ASU 2018-08, *Clarifying the Scope and Accounting Guidance for Contributions Received and Contributions Made (Topic 958)* and ASU 2014-09, *Revenue from Contracts with Customers*. Our opinion is not modified with respect to these matters.

**Other Matters**

*Supplementary Information*

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The schedule of expenditures of federal awards as required by Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, as listed in the table of contents, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

**Other Reporting Required by Government Auditing Standards**

In accordance with *Government Auditing Standards*, we have also issued our report dated October 23, 2019, on our consideration of National Jewish Health's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering National Jewish Health's internal control over financial reporting and compliance.

Denver, Colorado  
October 23, 2019

**National Jewish Health and Subsidiary**  
**Consolidated Statements of Financial Position**  
**June 30, 2019 and 2018**  
**(In thousands)**

	2019	2018
<b>Current assets:</b>		
Cash and cash equivalents	\$ 4,327	\$ 2,577
Short-term investments	3,000	-
Accounts receivable:		
Patient care, net	27,442	28,026
Grant revenue receivable	561	755
Bequests, net	1,910	2,266
Pledges, net	18,299	20,332
Contributions receivable - program services	7,940	5,493
Receivable from joint ventures	3,417	9,315
Other	4,870	1,829
Assets held by trustees - current portion	2,746	2,653
Prepaid expenses	2,924	2,203
Drugs and supplies	2,694	2,299
<b>Total current assets</b>	<b>80,130</b>	<b>77,748</b>
<b>Assets whose use is limited:</b>		
Internally-designated assets	47,543	46,732
Assets held by trustee, net of current portion	1,217	1,276
Assets reserved for gift annuities	7,719	8,021
Other	121	128
<b>Total assets whose use is limited</b>	<b>56,600</b>	<b>56,157</b>
<b>Other assets:</b>		
Long-term investments	66,060	63,918
Contributions receivable under unitrust agreements	1,649	2,001
Pledges, net of current portion and allowance	12,832	13,394
Beneficial interest under perpetual and other trust agreements	12,695	12,963
Other	2,476	2,311
<b>Total other assets</b>	<b>95,712</b>	<b>94,587</b>
<b>Property and equipment, at cost:</b>		
Land	13,053	13,053
Buildings	101,842	99,976
Equipment and software	78,204	81,941
Construction-in-progress	437	-
	193,536	194,970
Less accumulated depreciation	(121,749)	(121,590)
<b>Property and equipment, net</b>	<b>71,787</b>	<b>73,380</b>
<b>Total assets</b>	<b>\$ 304,229</b>	<b>\$ 301,872</b>

See Accompanying Notes to the Consolidated Financial Statements

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**National Jewish Health and Subsidiary**  
**Consolidated Statements of Financial Position (continued)**  
**June 30, 2019 and 2018**  
**(In thousands)**

	2019	2018
<b>Current liabilities:</b>		
Accounts payable and accrued expenses	\$ 7,471	\$ 8,372
Line of credit	6,924	13,581
Refundable advances	3,062	1,270
Worker's compensation, current portion	172	144
Accrued salaries, wages, and employee benefits	8,081	7,695
Unearned revenue	2,438	2,997
Estimated settlements with third-party payors	2,807	1,798
Accrued vacation, current portion	3,321	3,335
Long-term debt, current portion (including capital leases)	5,912	4,040
Liability under annuity contracts, current portion	1,412	1,401
Liability under unitrust agreements, current portion	153	155
Total current liabilities	41,753	44,788
Accrued vacation, net of current portion	990	1,092
Liability under annuity contracts, net of current portion	7,679	8,453
Liability under unitrust agreements, net of current portion	1,520	2,234
Long-term debt, net of current portion	24,137	30,103
Other	1,346	1,409
Total liabilities	77,425	88,079
<b>Net assets:</b>		
Without donor restrictions	87,606	71,082
With donor restrictions	139,198	142,711
Total net assets	226,804	213,793
Total liabilities and net assets	\$ 304,229	\$ 301,872

See Accompanying Notes to the Consolidated Financial Statements

4

**National Jewish Health and Subsidiary**  
**Consolidated Statements of Activities**  
**Years Ended June 30, 2019 and 2018**  
**(In thousands)**

	2019	2018
<b>Changes in net assets without donor restrictions:</b>		
<b>Revenue, gains, and other support without donor restrictions:</b>		
Net patient service revenue	\$ 147,956	\$ 140,965
Health initiatives revenue	14,030	9,711
Revenue from joint ventures	9,397	17,186
Professional education revenue	364	3,001
Grant research awards	56,016	40,670
Other operating revenue	31,367	14,077
Major gifts	2,183	1,789
Direct mail	2,342	2,258
Special events, net of direct donor benefits of \$3,211 and \$3,022, respectively	2,516	2,684
Bequests	2,551	2,464
Gift annuity contributions	411	346
Investment income, net	2,768	3,208
<b>Total revenue, gains, and other support without donor restrictions</b>	<b>271,901</b>	<b>238,359</b>
<b>Net assets released from restriction:</b>		
Net assets released from restriction – grants	695	10,351
Net assets released from restriction – public support	22,603	11,006
Net assets released from restriction – professional education	2,552	-
<b>Total net assets released from restriction</b>	<b>25,850</b>	<b>21,357</b>
<b>Expenses:</b>		
Academic services	103,937	98,794
Clinical services	108,506	92,900
Health initiatives and marketing	16,311	13,053
Professional education	2,215	2,232
Fund development	8,128	8,137
Administration and fiscal support	32,148	31,937
Support services	12,378	12,133
Bad debt expense	-	1,843
<b>Total expenses</b>	<b>283,623</b>	<b>261,029</b>
<b>Other income (expense):</b>		
Increase (decrease) in value of gift annuities	743	(16)
Loss on disposal of property and equipment	-	(20)
Net gain realized from insurance proceeds	1,653	-
<b>Total other income (expense)</b>	<b>2,396</b>	<b>(36)</b>
<b>Increase (decrease) in net assets without donor restrictions</b>	<b>16,524</b>	<b>(1,349)</b>

See Accompanying Notes to the Consolidated Financial Statements

5

**National Jewish Health and Subsidiary**  
**Consolidated Statements of Activities (continued)**  
**Years Ended June 30, 2019 and 2018**  
**(In thousands)**

	2019	2018
Changes in net assets with donor restrictions:		
Grant support – restricted	695	10,850
Professional education revenues – restricted	4,278	-
Major gifts	9,141	15,396
Direct mail	207	191
Special events	1,160	1,161
Bequests	2,177	2,417
Change in value of split-interest agreements	1,980	2,757
Investment gain, net	1,579	1,741
Contributions – restricted in perpetuity	1,348	4,832
Change in beneficial interest in perpetual trusts	(228)	304
Total revenue with donor restrictions	22,337	39,649
Net assets released from restrictions – grants	(695)	(10,351)
Net assets released from restrictions – public support	(22,603)	(11,006)
Net assets released from restrictions – professional education	(2,552)	-
Total net assets released from restrictions	(25,850)	(21,357)
(Decrease) increase in net assets with donor restrictions	(3,513)	18,292
Increase in net assets	13,011	16,943
Net assets, beginning of year	213,793	196,850
Net assets, end of year	\$ 226,804	\$ 213,793

See Accompanying Notes to the Consolidated Financial Statements

6

**National Jewish Health and Subsidiary**  
**Consolidated Statements of Cash Flows**  
**June 30, 2019 and 2018**  
**(In thousands)**

	2019	2018
Cash flows from operating activities:		
Increase in net assets	\$ 13,011	\$ 16,943
Items not requiring (providing) cash		
Depreciation	7,432	8,007
Bad debt expense	-	1,843
Unrealized losses (gains)	1,081	(120)
Increase in net assets with donor restrictions in perpetuity	(1,120)	(5,136)
Bond premium, discount, and issuance cost amortization	(1,282)	(54)
Net gain realized from insurance proceeds	(1,653)	-
Changes in		
Transfer of internally designated assets to short term investments	3,000	-
Patient care accounts receivable	584	(814)
Grant receivables	194	(351)
Pledges receivable	2,595	(8,790)
Bequests receivable	356	(1,739)
Other current assets	1,741	(2,235)
Contributions receivable - program services	(2,447)	-
Contributions receivable - other	352	538
Beneficial interest under perpetual trust	268	(287)
Other assets	(165)	448
Estimated third-party payor settlements	1,009	24
Accounts payable and accrued expenses, workers compensation, accrued salaries, wages, and employees benefits and unearned grants	(1,108)	(6,383)
Refundable advances	1,792	-
Accrued vacation	(116)	63
Net cash provided by operating activities	<u>25,524</u>	<u>1,957</u>

See Accompanying Notes to the Consolidated Financial Statements

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**National Jewish Health and Subsidiary**  
**Consolidated Statements of Cash Flows (continued)**  
**June 30, 2019 and 2018**  
**(In thousands)**

	2019	2018
<b>Cash flows from investing activities:</b>		
Purchases of property and equipment	(6,208)	(3,660)
Proceeds from insurance	2,022	-
Transfer of internally designated assets to short term investments	(3,000)	-
Purchases of internally designated assets	(7,489)	(12,430)
Proceeds from sale of internally designated assets	3,768	10,495
Proceeds from sale of assets held by trustees	3	103
Purchases of investments and assets reserved for gift annuities	(20,882)	(23,209)
Proceeds from sale of investments and assets reserved for gift annuities	17,842	22,379
Net cash used in investing activities	<u>(13,944)</u>	<u>(6,322)</u>
<b>Cash flows from financing activities:</b>		
Line of credit, net change	(6,657)	4,009
Repayment of long-term debt	(2,812)	(4,125)
Decrease in liability under gift annuity agreements	(764)	(979)
Decrease in liability under unitrust agreements	(717)	(595)
Increase in net assets with donor restrictions in perpetuity	1,120	5,136
Net cash (used in) provided by financing activities	<u>(9,830)</u>	<u>3,446</u>
Net increase (decrease) in cash and cash equivalents	1,750	(919)
Cash and cash equivalents, beginning of year	2,577	3,496
Cash and cash equivalents, end of year	<u>\$ 4,327</u>	<u>\$ 2,577</u>
<b>Supplemental schedule of noncash activities:</b>		
Capital lease obligation incurred for property and equipment	\$ -	\$ 1,012
Cash paid for interest	<u>\$ 1,658</u>	<u>\$ 1,782</u>

See Accompanying Notes to the Consolidated Financial Statements

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**National Jewish Health and Subsidiary**  
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**(1) Corporate Organization**

**(a) Organization**

National Jewish Health and Subsidiary (National Jewish Health), a Colorado nonprofit corporation, is a national referral medical institute engaged in patient care, medical research, and teaching, primarily in areas of respiratory, allergic, and immunologic medicine. National Jewish Health is the product of a consolidation in 1978 between National Jewish Hospital and Research Center, founded in 1899, and National Asthma Center, founded in 1907.

National Jewish Health is a nonprofit corporation as described in Section 501(c)(3) of the Internal Revenue Code (IRC) and is exempt from federal income taxes on related income pursuant to Section 501(a) of the IRC and a similar provision of state law.

In 2002, the National Jewish Illiquid Assets Holding Company, LLC, a wholly owned subsidiary of National Jewish Health, was incorporated. The purpose of this subsidiary is to hold donated property until sold. All related intercompany transactions and balances have been eliminated in consolidation.

*Joint Ventures*

Effective December 2013, National Jewish Health formed a limited liability corporation in a joint venture with the Icahn School of Medicine doing business as the Mount Sinai – National Jewish Respiratory Institute to oversee the creation and operations of a joint respiratory institute at various sites in the Mount Sinai integrated health care system in New York City, New York.

Effective August 2014, National Jewish Health entered into a joint operating agreement with Sisters of Charity of Leavenworth (SCL) Health/St. Joseph Hospital for the joint management and operation of National Jewish Health's in-state patient care and St. Joseph Hospital. The new entity is overseen by a Board of Directors with representation from both entities.

Effective April 2017, National Jewish Health formed a limited liability corporation in a joint venture with Thomas Jefferson University doing business as the Jane and Leonard Korman Jefferson Health | National Jewish Health Respiratory Institute to oversee the development and operations of a joint respiratory institute at various sites in the Jefferson Health System in Philadelphia, Pennsylvania.

**(b) Compliance with Health Care Industry Laws and Regulations**

All hospitals and other providers of healthcare are subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse.

**National Jewish Health and Subsidiary**  
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Recently, government activity has increased with respect to investigations and allegations involving several healthcare providers throughout the country concerning possible violations of fraud and abuse statutes and regulations by these healthcare providers. Violations of these laws and regulations can result in expulsion from government healthcare programs together with imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes National Jewish Health is in substantial compliance with applicable government laws and regulations.

**(2) Summary of Significant Accounting Policies**

**(a) Use of Estimates**

The preparation of consolidated financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions which affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ significantly from those estimates.

**(b) Contributions, Promises to Give and Bequests**

National Jewish Health receives funding from a number of sources, such as donations from individuals, foundations, government and corporate grants for research, state public health departments for smoking cessation services and nicotine replacement, and pharmaceutical companies to fund continuing education for medical professionals.

Contributions received from donors and other funding agencies are recorded as net assets without donor restrictions, unless otherwise stipulated by the donor or agency. If the contribution is restricted, revenue is recorded to net assets with donor restrictions at the time of receipt or commitment is received, whichever is earlier. When the donor restriction expires, the contribution is reclassified to net assets without donor restrictions through net assets released from restriction in the consolidated statements of activities. All expenses directly related to donor restrictions are included in the appropriate expense category on the net assets without donor restrictions section of the consolidated statements of activities, creating a reduction in net assets without donor restrictions.

Unconditional promises to give expected to be collected within one year are recorded at fair value, while if collection is expected in future years they are recorded at their estimated fair value, which represents the present value of their estimated future cash flows. Amortization of the related present value discounts is included in contribution revenue.

Conditional promises to give are not included as revenue, gains, and other support without donor restrictions until the conditions placed on the gift by the donor or agency are substantially met. When the contribution is both conditional and restricted to a purpose, and both of these are met simultaneously, National Jewish Health has elected to record contribution revenue directly to net assets without donor restrictions according to the simultaneous release accounting election provided in FASB Accounting Standards Codification 958-605-45-4B.

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Bequest income is recognized when all of the following criteria are met: (1) National Jewish Health has received notification of the donor's death; (2) National Jewish Health has a copy of the valid will or trust document evidencing the bequest; and (3) the value of the gift can be reasonably estimated. Accrued bequest income is shown as net assets with donor restrictions until received.

Contributions restricted to purchase property, plant, and equipment are reported as net assets with donor restrictions, then released to without donor restrictions when purchased and placed in service, unless the donor stipulates how long the assets must be used. In that case, the restriction is released as stipulated and the asset is depreciated over the asset's useful life.

**(c) Pooled Income Gifts**

National Jewish Health also receives pooled income gifts. Under the terms of these contributions, the gifts of various donors are pooled and invested as a group. Each donor is allocated a percentage of the assets, referred to as units. The donor is paid the income, as defined under the arrangement, earned on the donor's assigned units. Upon the donor's death, the value of these assigned units reverts to National Jewish Health. The remainder interest in the assets received is recognized as net assets with donor restrictions in the period in which the assets are received from the donor. The contribution is measured at the fair value of the assets to be received, discounted for the estimated time period until the donor's death. The contributed assets are recognized at fair value when received. The difference between the fair value of the assets received and the contribution revenue recognized is recorded as deferred revenue and reported in the liability under annuity contracts in the consolidated statements of financial position. This represents the amount of discount for future interest.

**(d) Beneficial Interest in Perpetual Trusts**

National Jewish Health receives perpetual trusts in which it has the irrevocable right to receive the income earned on the trust assets in perpetuity, but never receives the corpus. These trusts are administered by third parties and are recognized as contribution revenue and as an asset upon notification of the trust's existence. The contribution is measured at the fair value of the trust's assets, which approximates the present value of the estimated future cash receipts from the trust's assets. The contribution revenue is classified as net assets with donor restrictions. Annual distributions from the trusts are reported as net investment income within assets without donor restrictions unless restricted by the donor.

**(e) Charitable Remainder Trusts**

National Jewish Health is the beneficiary in various charitable remainder trusts in which a donor establishes and funds a trust with specified distributions to be made to a designated beneficiary or beneficiaries over the trust's term. Under the terms of the trust, National Jewish Health receives the assets remaining upon termination of the trust. The distributions to the beneficiaries may be for a specified dollar amount, an arrangement called a charitable remainder annuity trust (CRAT), or for a specified percentage of the trust's fair value determined annually, an arrangement called a charitable remainder unitrust (CRUT). Some CRUTs limit the annual payout to the lesser of the stated percentage or the actual income earned. Obligations to the beneficiaries are limited to the trust's assets. Contributions are recognized when the trust is established. For those trusts in which

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National Jewish Health is the trustee, the assets are recorded at fair value when received, and the liability to the donor's beneficiary is recorded as the present value of the estimated future payments to be distributed over the beneficiary's expected life. The amount of the contribution is the difference between these amounts and is classified as net assets with donor restrictions. Changes in actuarial assumptions are recognized changes in value of split-interest agreements in the with donor restriction section of the consolidated statements of activities. Income earned on trust assets, gains, and losses is reflected in the consolidated statements of activities. Adjustments to the liability to reflect amortization of the discount or revaluation of the present value of the estimated future payments to the beneficiary are also reflected in the consolidated statements of activities. Upon the death of the beneficiary, the liability is closed, and any balance is recognized as a change in the value of split-interest agreements and is reclassified to either net assets with or without donor restrictions as appropriate.

When National Jewish Health is not the trustee, the agreement is recognized as an unconditional promise to give. National Jewish Health recognizes the estimated fair value of the contribution (present value of the estimated future benefits to be received) as donor-restricted contributions revenue and a receivable when the trust assets are distributed upon termination of the trust. Adjustments to the receivable to reflect amortization of the discount or revaluation of the present value of the estimated future benefits are recognized as changes in the value of split-interest agreements. Upon the death of the beneficiary, the receivable is closed, the assets received from the trust are recognized at fair value, and any difference is reported as a change in the value of split-interest agreements and is reclassified to either net assets with or without donor restrictions as appropriate.

**(f) Charitable Lead Trusts**

National Jewish Health is the beneficiary in a charitable lead annuity trust (CLAT) in which a donor establishes and funds a trust with specific distributions to be made to National Jewish Health over a specified period. The contribution is recognized when the trust is established. When National Jewish Health is not the trustee, the agreement is recognized as an unconditional promise to give. National Jewish Health recognizes its beneficial interest in the assets as contributions revenue with donor restrictions and as a receivable at the estimated fair value of the contribution (the present value of the estimated future cash flows). Distributions from the trust are reflected as a reduction in the receivable and are classified to net assets without donor restrictions.

**(g) Gift Annuities**

National Jewish Health receives charitable gift annuities. The donor contributes assets in exchange for National Jewish Health's promise to pay a fixed amount for a specified period of time to the donor or to individuals or organizations designated by the donor. Assets received under gift annuity agreements are recognized at fair value when received. A corresponding annuity liability is recognized at the present value of future cash flows expected to be paid to the assigned beneficiary. Adjustments to the annuity liability to reflect amortization of the discount and changes in the life expectancy of the beneficiary are recognized as changes in the value of split-interest agreements in the donor-restricted section of the consolidated statements of activities. Upon the death of the beneficiary, the annuity liability is closed, and a change in the value of the split-interest agreements is recognized.

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**(h) Grant Research Awards**

Total grant research awards consists of grants from the federal government, charitable foundations, and private corporations. These grants are classified as exchange transactions if the grantor is receiving the direct benefit of the research and contributions if the grantor is not receiving the direct benefit. Most grants are contributions where the public receives the direct benefit. All grants have a restricted purpose and most are conditional. This determination is based on the provisions of the award document. Generally, both the condition and restricted purposes are met simultaneously and National Jewish Health has elected the expediency of recording these grant awards to revenues, gains and other support without donor restrictions when the conditions and restrictions have been met. Unconditional restricted contributions are recorded to revenue, gains and other support with donor restrictions at the time the grant is awarded, and released to revenue, gains, and other support without donor restrictions when the restricted purpose has been met. Exchange transactions are recorded directly to revenue, gains, and other support without donor restrictions as performance obligations are met over time. Both the contributions and the exchange transactions are recorded as grant research awards in the consolidated statement of activities. The composition of total grant revenue for the years ended June 30, 2019 and 2018 is as follows:

	2019			2018		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
Contributions	\$ 53,028	\$ 695	\$ 53,723	\$ 37,861	\$ 10,850	\$ 48,711
Exchange transactions	2,987	-	2,987	2,809	-	2,809
	<b>\$ 56,015</b>	<b>\$ 695</b>	<b>\$ 56,710</b>	<b>\$ 40,670</b>	<b>\$ 10,850</b>	<b>\$ 51,520</b>

At June 30, 2019, National Jewish Health had \$51,656 of conditional contributions remaining, primarily consisting of federal grants whose conditions and restrictions relate to National Jewish Health expending allowable costs. These agreements have award end dates ranging from one month to three years.

**(i) Cash and Cash Equivalents**

Cash and cash equivalents include investments in highly liquid debt instruments with original maturities of three months or less, excluding amounts whose use is limited by internal designation, donor restriction, legal requirements, or other contractual arrangements.

**(j) Debt Issuance Costs**

Bond issuance costs and bond discounts related to the issuance of bonds are deferred and amortized over the life of the respective bond issue using the straight-line method. Additionally, capital lease issuance costs related to the issuance of capital leases are deferred and amortized over the life of the capital lease using the straight-line method.

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**(k) Investments and Net Investment Return**

Investment income, net includes interest and other investment income, dividend, realized and unrealized gains and losses on investments, less external investment expenses. Investment income from endowment investments is reflected in net assets with donor restrictions, then is released from restriction when the Board appropriates the funds for expenditures. Other investment income is reflected in net assets without donor restrictions.

**(l) Property and Equipment**

Purchased property and equipment is stated at cost. Contributed property and equipment is recorded at fair value at the date of donation. If donors stipulate how long the assets must be used, the contributions are recorded as net assets with donor restrictions. In the absence of such stipulations, contributions of property and equipment are recorded as net assets without donor restrictions. Depreciation of buildings and equipment is calculated using the straight-line method over the estimated useful lives of the assets in accordance with American Hospital Association guidelines. Assets under capital lease obligations and leasehold improvements are amortized over the shorter of the lease term or their respective estimated useful lives.

The estimated useful lives for each major depreciable classification of property and equipment are as follows:

Buildings	20 - 40 years
Equipment and software	3 - 15 years

**(m) Long-lived Asset Impairment**

National Jewish Health evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimate of future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value.

During the fiscal year 2019, National Jewish Health incurred an impairment loss on several roofs affected by hail damage, which totaled \$369. The gain in insurance proceeds was \$2,022 resulting in a net gain of \$1,653. There was no impairment loss in fiscal year ended June 30, 2018.

**(n) Net Assets**

Net assets, revenues, gains and losses are classified based on the existence or absence of donor or grantor restrictions.

Net assets without donor restrictions are available for use in general operations and not subject to donor or certain grantor restrictions. The governing board has designated, from net assets without donor or certain grantor restrictions, net assets for operating reserves and an endowment.

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Net assets with donor restrictions are subject to donor or certain grantor restrictions. Some restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other restrictions are perpetual in nature, where the donor or grantor stipulates that resources be maintained in perpetuity.

**(o) Net Patient Service Revenue**

Patient service revenue is recognized as National Jewish Health satisfies performance obligations under its contracts with patients. Net patient service revenue is reported at the estimated transaction price or amount that reflects the consideration. National Jewish Health expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors, and others for services rendered, taking into consideration both explicit price concessions (such as contractual agreements) and implicit price concessions (such as uncollectible self-pay portions). National Jewish Health pursues collection of self-pay portions, but anticipates a small amount of loss based on historical results. Due to insurance plans, government programs, charitable financial policies (state and National Jewish Health), and uncollectibles, amounts received are generally less than established billing rates.

**(p) Other Operating Revenue**

Other operating revenue is primarily composed of contract pharmacy revenue totaling \$23,600 and \$6,698 for the years ended 2019 and 2018, respectively. The revenue is earned at a point in time as the performance obligation is met. Remaining other operating revenue also includes physician contracting services, radiology services, and other miscellaneous revenue.

**(q) Reclassifications**

Certain reclassifications have been made to the 2018 consolidated financial statements to conform to the 2019 financial statement presentation.

**(r) Subsequent Events**

Subsequent events have been evaluated through October 23, 2019, which is the date the consolidated financial statements were issued.

On October 16, 2019, Colorado Health Facilities Authority Revenue Bonds (NJH-SJH Center for Outpatient Health Project) Series 2019 in the aggregate principal amount of \$72,050,000 were issued on behalf of the NJH-SJH Center for Outpatient Health I.J.C, a Colorado limited liability company (the Borrower). The Borrower will use the proceeds to (i) finance construction of The Center for Outpatient Health, an outpatient health care facility on the National Jewish Health campus, (ii) fund capitalized interest, and (iii) pay costs of issuance relating to the Bonds and other expenses authorized under the Indenture. The site for construction of the facility is owned by NJH. National Jewish Health leased the site on which the building is to be developed to the Borrower. NJH will purchase the facility from the Borrower under an Installment Sales Agreement at a price equal to the total debt service payable. Sisters of Charity of Leavenworth Health System, Inc. (SCL Health), guaranteed the full payment of debt service amounts due from NJH pursuant to the Installment Sale Contract. NJH's obligation to make payments under the Installment Sale Contract is a non-recourse obligation of NJH limited to NJH's interest in the Building and the Land. Since

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the facility is included in NJH's joint operating agreement (JOA) with SCL Health | St Joseph Hospital, 75% of the depreciation and interest for the facility will be recovered from SCL Health | St. Joseph Hospital through the JOA. The Bonds mature in 2050. Principal payments on the bonds will begin in January 2023.

**(s) Presentation of Financial Statements**

Management has elected to present the financial statements under the not-for-profit model rather than the healthcare model since National Jewish Health's non-patient revenues, gains and other support are historically in excess of net patient revenue. The difference in presentation would have no effect on the change in net assets.

**(3) Changes in Accounting Principle for Fiscal Year Ended June 30, 2019**

**(a) Revenue from Contracts with Customers**

The Financial Accounting Standards Board (FASB) issued ASU 2014-09 revenue recognition standard (Topic 606) which became effective for National Jewish Health on July 1, 2018. Topic 606 outlines a five-step framework that intends to clarify the principles for recognizing revenue and eliminate industry-specific guidance. In addition, ASC 606 revises current disclosure requirements in an effort to help financial statement users better understand the nature, amount, timing, and uncertainty of revenue that is recognized. National Jewish Health adopted ASC 606 using the modified retrospective approach to all patient contracts at the date of initial application. Under the modified retrospective method, the fiscal year 2018 amounts were not impacted by the adoption of Topic 606. The following table shows how revenue recognition would have been reported in fiscal year 2019 had Topic 606 not been adopted:

	<b>2019 Before Transition</b>	<b>2019 After Transition</b>	<b>Change</b>
Refundable advances	\$ 2,102	\$ 3,062	\$ 960
Accounts payable and accrued expense	8,431	7,471	(960)
Patient service revenues, gross	320,023	320,023	-
Deductions from revenue for implicit price concessions - previously termed bad debt	169,926	172,066	2,140
Net patient services revenues	150,096	147,956	(2,140)
Bad debt expense	2,140	-	(2,140)
Change in net assets	\$ 13,011	\$ 13,011	\$ -

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**(b) Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made**

The Financial Accounting Standards Board issued ASU 2018-08, *Not-for-Profit Entities (Topic 958-605)*, became effective for National Jewish Health on July 1, 2018. It clarifies definitions and application regarding exchange transactions vs. contributions and conditional vs. unconditional contributions. National Jewish Health has adopted the ASU using the modified prospective method and applied it to agreements that either were not completed as of July 1, 2018 or were entered into after that date. Per the FASB requirements, no prior-period results were restated, and no cumulative-effect adjustments to opening net assets were made. Adoption had the effect of a revenue catch-up for fiscal year ended June 30, 2019 for both professional education and grants revenue, increasing net assets by \$1,806 for contract commitments from the previous year, where the event had not yet occurred. Contributions receivable of \$7,940 were transferred from contract receivable accounts to a dedicated financial statement line. In addition, National Jewish Health transferred refundable advances to a dedicated financial statement line, including \$2,102 for conditional contributions paid in advance originally recorded as unearned for grants and health initiatives, and \$960 for Topic 606 for contract refundable advances, mostly resulting from patient services revenue.

**(c) Presentation of Financial Statements of Not-for-Profits Entities**

The Financial Accounting Standards Board issued ASU 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements for Not-Fur-Profit Entities*, became effective for National Jewish Health on June 30, 2019. According to these requirements, National Jewish Health made additional required disclosures and changed the classification of unrestricted assets of \$87,606 to net assets without donor restrictions and combined the \$85,722 of temporarily restricted and \$53,476 of permanently restricted to \$139,198 of net assets with donor restrictions.

**(4) Patient Service Revenue**

Net patient service revenue generally relates to contracts with patients in which the performance obligations are to provide health care services to patients over a period of time. Revenue is estimated for patients who have not been discharged as of the reporting period based on actual charges incurred to date in relation to total expected charges. National Jewish Health believes this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. The contractual relationship with patients also typically involves a third-party payer (Medicare, Medicaid, managed care plans, and commercial insurance companies), and the transaction prices for the services provided are dependent upon the terms provided by or negotiated with the third-party payers. The payment arrangements with third-party payers for the services provided to the related patients typically specify payment or reimbursement to National Jewish Health at other-than-standard charges.

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Because all of its performance obligations relates to contracts with a duration of less than one year, National Jewish Health has elected to apply the optional exemption provided in FASB ASC 606-10-50-14(a), and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations which are unsatisfied or partially unsatisfied at the end of the reporting period. National Jewish Health has also elected the practical expedient allowed under FASB ASC 606-10-32-18 and, therefore, does not adjust the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to the expectation that the period between the time of service is provided to a patient and the time the patient or a third-party payor pays for that service will be one year or less. Generally, National Jewish Health bills within several days for services provided. The majority of receivables are paid within one year of service or less. National Jewish Health does enter into contracts where payments extend beyond one year. In these limited cases, the financing component is not deemed to be significant to the contract.

National Jewish Health determines the transaction price based on standard charges for goods and services provided, reduced by explicit price concessions which consist of contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with its policy, and implicit price concessions provided to uninsured patients. National Jewish Health determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. National Jewish Health determines its estimate of implicit price concessions based on its historical collection experience with private pay and uninsured patients. For the fiscal year ended June 30, 2019, implicit price concessions were approximately \$2,140. For the fiscal year ended June 30, 2018, which was prior to the adoption of Topic 606, the bad debt expense was approximately \$1,843 and was recorded as an operating expense in the consolidated statements of activities.

National Jewish Health has determined the nature, amount, timing and uncertainty of revenue and cash flows are affected by payor class. The composition of patient service revenue by primary payor for the fiscal years ended 2019 and 2018 is as follows:

	2019	2018
Medicare	\$ 40,655	\$ 36,920
Medicaid	22,173	19,179
Managed Care, Commercial and Other	84,559	80,921
Self-Pay	569	3,945
<b>Total patient service revenue</b>	<b>\$ 147,956</b>	<b>\$ 140,965</b>

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. As a result of investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the National Jewish Health's compliance with these laws and regulations, and it is not possible to determine the

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impact (if any) such claims or penalties would have upon National Jewish Health. In addition, the contracts National Jewish Health has with commercial payors also provide for retroactive audit and review of claims.

National Jewish Health provides services in Colorado to patients from throughout the United States and internationally. As of June 30, 2019 and 2018, National Jewish Health's net patient receivable for services rendered was approximately \$27,442 and \$28,026, respectively. Possible credit losses are provided for in National Jewish Health's allowance for uncollectible accounts and contractual adjustments in 2018 and as price concessions in 2019 after the adoption of Topic 606.

Settlements with third-party payors for retroactive adjustments due to cost report or other audits and reviews are variable consideration and are included in the determination of the estimated transaction price for providing patient care. This includes an assessment to ensure it is probable a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known based on newly available information or as years are settled or no longer subject to such audits and reviews. Adjustments arising from a change in the transaction price were not significant in 2019 and 2018.

Consistent with National Jewish Health's mission, care is provided to patients regardless of their ability to pay. Financial assistance is made available to patients based upon their ability to pay, and determinations in individual cases are made during National Jewish Health's preadmission process. Because National Jewish Health does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. Expansion of eligibility coverage under Medicaid by the Affordable Care Act has decreased charity care substantially, with National Jewish Health's direct and indirect costs for services furnished under its charity care policy totaled approximately \$374 and \$463 in 2019 and 2018, respectively. National Jewish Health also participates in the Medicare and Medicaid programs. Under these programs, National Jewish Health provides care to patients at payment rates determined by governmental agencies, regardless of actual cost. Governmental rates are frequently below cost.

**(5) Natural and Functional Expense Analysis**

The tables below present expenses by both their nature and their function for the fiscal years ended June 30, 2019 and 2018.

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	Natural and Functional Expense Analysis as of Fiscal Year Ended June 30, 2019					
	Program Activities			Supporting Activities		
	Academic Services	Clinical Services	Other Services	Fund Development	Administration Fiscal, and Support Services	FY19 Total Expenses
Salaries and fringe benefits expense	\$ 75,571	\$ 47,305	\$ 8,634	\$ 4,700	\$ 30,039	\$ 166,239
Professional services expense	15,851	4,316	1,192	529	2,151	24,039
Medical supplies and drugs expense	4,807	43,294	3,885	-	1,032	53,018
Occupancy expense	491	1,494	453	685	3,312	6,435
Advertising expense	158	14	1,839	179	84	2,274
Office expense	1,193	1,611	1,012	1,339	4,580	9,735
Equipment and depreciation expense	3,927	5,122	415	216	2,349	12,029
Other expense	1,939	5,349	1,096	480	990	9,854
<b>Total expense</b>	<b>\$ 103,937</b>	<b>\$ 108,505</b>	<b>\$ 18,526</b>	<b>\$ 8,128</b>	<b>\$ 44,527</b>	<b>\$ 283,623</b>

The consolidated financial statements report certain categories of expenses attributable to more than one program or support function. Therefore, these expenses require allocation on a reasonable basis that is applied consistently. The expenses include building and equipment depreciation and interest allocated based on the percentage of total expenses.

	Natural and Functional Expense Analysis as of Fiscal Year Ending June 30, 2018					
	Program Activities			Supporting Activities		
	Academic Services	Clinical Services	Other Services	Fund Development	Administration Fiscal, and Support Services	FY18 Total Expenses
Salaries and fringe benefits expense	\$ 72,953	\$ 46,270	\$ 9,557	\$ 4,637	\$ 29,389	\$ 162,806
Professional services expense	11,296	4,288	1,562	494	2,186	19,826
Medical supplies and drugs expense	5,876	29,429	2	-	1,097	36,404
Occupancy expense	543	1,494	413	619	3,398	6,467
Advertising expense	176	38	1,985	130	64	2,393
Office expense	1,326	1,512	473	1,500	4,410	9,121
Equipment and depreciation expense	2,445	4,662	898	498	806	9,309
Other expense	4,279	5,207	395	259	2,720	12,860
<b>Total expense</b>	<b>98,794</b>	<b>94,900</b>	<b>15,285</b>	<b>8,137</b>	<b>44,070</b>	<b>259,186</b>
Bad debt expense	-	1,843	-	-	-	1,843
<b>Total expense</b>	<b>\$ 98,794</b>	<b>\$ 94,743</b>	<b>\$ 15,285</b>	<b>\$ 8,137</b>	<b>\$ 44,070</b>	<b>\$ 261,029</b>

Compared to fiscal year ended June 30, 2018, bad debt expense is not separately disclosed in fiscal year ended June 30, 2019. Instead of being reported as an expense, it is reported as a deduction to patient service revenue. This is a result of adopting ASC 606 revenue recognition guidance.

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**(6) Liquidity and Availability of Funds**

The following reflects National Jewish Health's liquid financial assets available to meet cash needs for general expenditures for the period of one year after the consolidated statements of financial position date of June 30, 2019.

Cash and cash equivalents	\$	4,327
Short-term investments		3,000
Patient care, net		27,442
Grant revenue receivable		561
Contributions receivable, without donor restrictions		7,651
Bequests, net		1,910
Receivable from joint ventures		3,417
Other		4,870
<b>Total liquid financial assets</b>	<b>\$</b>	<b>53,178</b>

National Jewish Health also has board-designated and donor-restricted assets limited to use which the institution does not intend to spend outside of approved expenditures. Of these, the board-designated and board-designated – quasi accounts, a total of \$30,998 at June 30, 2019, may be drawn upon, if necessary, to meet unexpected liquidity needs. National Jewish Health maintains a line of credit in the amount of \$15,000, which it could draw upon in the event of liquidity needs. The current unused portion of this line of credit is \$8,076 (see Note 15).

National Jewish Health invests cash in excess of daily requirements in various short-term instruments as allowed by the investment policy.

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**(7) Promises to Give**

The following are unconditional promises to give recognized as receivables as of June 30, 2019 and 2018:

	2019	2018
Pledges	\$ 36,099	\$ 42,478
Bequests	2,049	2,426
Unconditional promises to give before unamortized discount and allowance for uncollectibles	38,148	44,904
Less unamortized discount – pledges	(1,375)	(1,726)
	36,773	43,178
Less:		
Allowance for uncollectibles – pledges	(3,593)	(7,026)
Allowance for uncollectibles – bequests	(139)	(160)
<b>Net unconditional promises to give</b>	<b>\$ 33,041</b>	<b>\$ 35,992</b>
Amounts due in:		
Less than one year	\$ 24,070	\$ 26,569
One to five years	9,188	13,531
More than five years	4,890	4,804
<b>Total</b>	<b>\$ 38,148</b>	<b>\$ 44,904</b>

Discount rates are established when the promise to give is made. Discount rates ranged from 0.48% to 3.42% for both fiscal years ended June 30, 2019 and 2018.

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**(8) Contributions Receivable**

Contributions receivable for the fiscal years ended June 30, 2019 and 2018, consists of the following:

	2019		
	Without Donor Restrictions	With Donor Restrictions	Total
Grants	\$ 4,767	\$ -	\$ 4,767
Health initiatives	2,690	-	2,690
Professional education	194	289	483
<b>Total</b>	<b>\$ 7,651</b>	<b>\$ 289</b>	<b>\$ 7,940</b>
	2018		
	Without Donor Restrictions	With Donor Restrictions	Total
Grants	\$ 2,618	\$ -	\$ 2,618
Health initiatives	2,875	-	2,875
<b>Total</b>	<b>\$ 5,493</b>	<b>\$ -</b>	<b>\$ 5,493</b>

All contributions receivable are due to National Jewish Health as follows:

	2019			
	Professional Education	Health Initiatives	Grants	Total
Less than one year	\$ 483	\$ 2,690	\$ 4,668	\$ 7,841
One to five years	-	-	99	99
Over five years	-	-	-	-
<b>Total</b>	<b>\$ 483</b>	<b>\$ 2,690</b>	<b>\$ 4,767</b>	<b>\$ 7,940</b>
	2018			
	Professional Education	Health Initiatives	Grants	Total
Less than one year	\$ -	\$ 2,875	\$ 2,364	\$ 5,239
One to five years	-	-	254	254
Over five years	-	-	-	-
<b>Total</b>	<b>\$ -</b>	<b>\$ 2,875</b>	<b>\$ 2,618</b>	<b>\$ 5,493</b>

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**(9) Internally-designated Assets**

The governing body has designated certain assets for strategic and other future purposes. On June 30, 2019 and 2018, the composition of internally designated assets stated at fair value, as determined by the most recent market quotations or an estimate based on significant other observable inputs are stated below:

	2019	2018
Cash and cash equivalents	\$ 3,060	\$ 8,381
Common stocks and equity funds	14,090	9,131
International securities and equities	6,578	10,130
Fixed income securities	19,892	15,225
U.S. government and agency obligations	628	584
Alternative investments	3,295	3,281
	<u>\$ 47,543</u>	<u>\$ 46,732</u>

**(10) Long-term Investments**

The composition of long-term investments, stated at fair value, as determined by the most recent market quotations or an estimate based on significant other observable inputs at June 30, 2019 and 2018 is as follows:

	2019	2018
Cash and cash equivalents	\$ 426	\$ 307
Convertible securities and equities	25,916	28,174
International securities and equities	14,053	9,838
Fixed income securities	13,806	14,105
U.S. government and agency obligations	755	285
Alternative investments	11,104	11,209
	<u>\$ 66,060</u>	<u>\$ 63,918</u>

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**(11) Composition of Investment Returns**

The following summarizes investment returns and classification in the consolidated statements of activities:

	2019	
	Without Donor Restriction	With Donor Restriction*
Interest income, net	\$ 1,750	\$ 2,738
Gains:		
Realized gains	885	1,351
Unrealized gains	133	(1,214)
<b>Total gains</b>	<b>1,018</b>	<b>137</b>
<b>Total return on investments in stock and bond portfolios</b>	<b>\$ 2,768</b>	<b>\$ 2,875</b>
	2018	
	Without Donor Restriction	With Donor Restriction*
Interest income	\$ 1,328	\$ 2,420
Gains:		
Realized gains	1,801	2,045
Unrealized gains	79	41
<b>Total gains</b>	<b>1,880</b>	<b>2,086</b>
<b>Total return on investments in stock and bond portfolios</b>	<b>\$ 3,208</b>	<b>\$ 4,506</b>

\* Some amounts are included in change in value of split-interest agreements on the consolidated statements of activities.

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**(12) Split-interest Agreements**

National Jewish Health has the following split-interest agreements:

	<b>2019</b>		
	<b>Assets</b>	<b>Liabilities</b>	<b>Net</b>
Gift annuities	\$ 40,290	\$ 8,652	\$ 31,638
Unitrust agreements:			
National Jewish Health trusteeships	2,667	1,672	995
Third-party trusteeship, net	1,968	-	1,968
Term endowments	2,383	-	2,383
Pooled income agreements	537	439	98
<b>Total</b>	<b>\$ 47,845</b>	<b>\$ 10,763</b>	<b>\$ 37,082</b>
	<b>2018</b>		
	<b>Assets</b>	<b>Liabilities</b>	<b>Net</b>
Gift annuities	\$ 39,314	\$ 9,378	\$ 29,936
Unitrust agreements:			
National Jewish Health trusteeships	2,713	2,389	324
Third-party trusteeship, net	2,360	-	2,360
Term endowments	2,422	-	2,422
Pooled income agreements	520	432	88
<b>Total</b>	<b>\$ 47,329</b>	<b>\$ 12,199</b>	<b>\$ 35,130</b>

For the above split-interest agreements, a risk-free rate, obtained using U.S. Treasury bonds at the date of the gift, was used in conjunction with actuarially determined life expectancies to calculate present values. The interest rates ranged from 0.48% to 10.00% for 2019 and 2018.

Though the assets received under gift annuity agreements are generally available for unrestricted use and the liability is a general obligation, National Jewish Health is required by several states to set assets aside to pay the regulatory minimum annuity obligation. These funds are classified as assets reserved for gift annuities on the consolidated statements of financial position. These assets are invested in equities and bonds, which are stated at fair value, as determined by the most recent market quotations or an estimate based on significant other observable inputs, and totaled approximately \$7,719 and \$8,021 at June 30, 2019 and 2018, respectively.

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**(13) Construction in Progress**

At June 30, 2019, National Jewish Health had several on-going construction projects. The total projected costs related to these projects are estimated at \$2,226. As of June 30, 2019, National Jewish Health has expended \$437 related to these projects.

**(14) Long-term Debt**

Long-term debt at June 30, 2019 and 2018 is summarized as follows:

	2019	2018
Revenue Bonds, Series 2012 (a)	\$ 15,895	\$ 17,705
Revenue Bonds, Series 2005 (b)	9,100	9,500
Gove School Property (c)	3,000	4,250
Unamortized Bond Premium		
Revenue Bonds, Series 2012	705	799
Capital Lease/Financing Arrangement (d)	1,711	2,291
	<u>30,411</u>	<u>34,545</u>
Less: unamortized debt issuance costs	(362)	(402)
Less: current portion	(5,912)	(4,040)
	<u>\$ 24,137</u>	<u>\$ 30,103</u>

**(a) Series 2012 Revenue Bonds**

The Colorado Health Facilities Authority issued \$26,790 aggregate principal amount of its Refunding Revenue Bonds Series 2012 (the 2012 Bonds) dated March 1, 2012. The proceeds were used to refund the Series 1998 and Series 1998B Bonds. The 2012 Bonds are subject to a mandatory sinking fund redemption beginning January 1, 2026. Final principal payments on the bonds are due in January 2027. Redemption amounts are as follows at June 30, 2019:

2020	\$ 1,910
2021	2,000
2022	2,105
2023	2,205
2024	2,315
Thereafter	5,360
	<u>\$ 15,895</u>

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The 2012 Bonds bear interest at fixed rates varying from 3.00% to 5.00% and are secured by the rights to all future revenue derived from National Jewish Health's property, excluding revenue derived from donor-restricted property if such revenue is unavailable for debt service. The 2012 Bonds are subject to covenants which impose certain operating and financial restrictions on National Jewish Health. Management believes National Jewish Health is in compliance with all covenants for the years ended June 30, 2019 and 2018. Unamortized debt issuance costs for the 2012 Bonds were \$225 and \$255 at June 30, 2019 and 2018, respectively.

**(b) Series 2005 Revenue Bonds**

In January 2005, the Colorado Health Facilities Authority issued \$13,500 aggregate principal amount of its Series 2005 Revenue Bonds (the 2005 Bonds) dated January 20, 2005. Proceeds from the 2005 Bonds were used to finance the construction of a clinical and research building, as well as several renovation projects and equipment. Unamortized debt issuance costs for the 2005 Bonds were \$137 and \$147 at June 30, 2019 and 2018, respectively.

The 2005 Bonds require annual payments of varying amounts. These payments began on January 1, 2007. Final principal payments on the bonds are due in January 2035. Redemption amounts are as follows at June 30, 2019:

2020	\$ 400
2021	400
2022	400
2023	500
2024	500
Thereafter	6,900
	\$ 9,100

The 2005 Bonds bear a variable rate of interest based on the rate at which the bonds could be remarketed at their face value and are secured by the rights to all future revenue derived from National Jewish Health's property, excluding revenue derived from donor-restricted property if such revenue is unavailable for debt service. The interest rate at June 30, 2019 was 2.02%. The 2005 Bonds are backed by an irrevocable transferable letter of credit, which is automatically extended without amendment for an additional period of 12 months. The letter of credit expires April 1, 2020, and is automatically extended by one year, each year, beginning April 1, unless otherwise terminated before the updated expiration date. Unless certain events occur, such as the expiration date of the letter of credit, advances made on the letter of credit are not due for 366 days from the date of the advance. At June 30, 2019 and 2018, no borrowings were outstanding. The 2005 Bonds are subject to covenants, which impose certain operating and financial restrictions on National Jewish Health. Management believes National Jewish Health is in compliance with all covenants for the years ended June 30, 2019 and 2018.

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**(c) Gove Middle School Property Promissory Note**

In February 2011, National Jewish Health entered into a contract with School District No. 1, in the City and County of Denver and State of Colorado (DPS) to purchase the closed Gove Middle School property for \$9,000. DPS issued a non-recourse promissory note, collateralized by the land, in the amount of \$8,750 which bears interest at a fixed rate of 4%. The principal balance of \$3,000 at June 30, 2019 is due May 23, 2020 and is the final balloon payment. The property is located adjacent to National Jewish Health's main campus, and will be used for furthering National Jewish Health's clinical, research and educational mission.

**(d) Capital Lease**

In December 2015, National Jewish Health entered into a five-year capital lease with Commerce Bank for the purchase of a new Laboratory Information Management System (LIMS). The total approved under the lease agreement was \$3,000, and draws were made on the financing as vendor invoices were submitted. A total of \$2,828 has been drawn. Two repayment schedules were finalized on March 1, 2017 and December 27, 2017 both ending March 1, 2022 for \$1,816 and \$1,012 with interest rates of 3.58% and 4.08%, respectively.

The following leased equipment and software is included in the accompanying consolidated financial statements as of June 30, 2019 and 2018

	2019	2018
Classes of assets:		
Equipment and software - Commerce Lease	\$ 2,706	\$ 2,712
Less accumulated depreciation	(995)	(350)
	<u>\$ 1,711</u>	<u>\$ 2,362</u>

Future minimum lease payments under capital leases, together with the present value of the net minimum lease payments as of June 30, 2019, are as follows:

2020	\$ 656
2021	656
2022	492
2023	-
Less amount representing interest	(93)
Present value of current lease payments	<u>\$ 1,711</u>

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**(e) Held by Trustee**

Assets held by trustees represent funds designated by the bond indenture to pay principal and interest on the 2012 and 2005 Bonds. These funds, which are comprised of cash and cash equivalents, relate to the following as of June 30, 2019 and 2018:

	2019	2018
2012 Bonds		
Bond Reserve Fund	\$ 2,771	\$ 2,698
Bond Interest/Principal Fund	397	443
	<u>\$ 3,168</u>	<u>\$ 3,141</u>
2005 Bonds		
Bond Reserve Fund	\$ 790	\$ 783
Bond Interest/Principal Fund	5	5
	<u>\$ 795</u>	<u>\$ 788</u>

**(15) Line of Credit**

National Jewish Health has a \$15,000 unsecured revolving bank line of credit expiring on March 1, 2021. At June 30, 2019 and 2018, there was \$6,924 and \$13,581, respectively, borrowed against this line, including accrued interest. Interest accrues at a floating per annum rate of interest at borrower's option of (a) 30 day LIBOR rate plus 175 basis points or (b) prime rate less 1%. Either selection shall not be less than 2.75%. National Jewish Health's borrowing interest rate was 4.15% and 4.00% on June 30, 2019 and 2018.

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**(16) Commitments and Contingencies**

**(a) Operating Leases**

National Jewish Health leases certain facilities and equipment under operating leases. The leases expire in various years through 2027. These leases generally require National Jewish Health to pay all excentory costs (property taxes, maintenance, and insurance). Future minimum rental payments as of June 30, 2019 which have initial or remaining non-cancelable lease terms equal to or greater than one year are as follows:

2020	\$ 2,459
2021	2,215
2022	1,899
2023	1,358
2024	539
Thereafter	1,280
Total future minimum payments	<u>\$ 9,750</u>

Rental expense for operating leases was \$2,495 and \$2,735 for the years ended June 30, 2019 and 2018, respectively.

**(b) Professional Liability**

Reserves for professional liability claims were \$797 and \$815 at June 30, 2019 and 2018, respectively. For claims covered by insurance, National Jewish Health recorded an additional \$553 and \$492 of professional liability reserves and an equal amount of insurance coverage receivables at June 30, 2019 and 2018, respectively.

The current portion of the above reserves, \$66 and \$65 at June 30, 2019 and 2018, respectively, is included in other accrued expenses in the accompanying consolidated statements of financial position. The provision for losses related to professional liability risks is presented net of expected insurance recoveries in the consolidated statements of activities and was \$88 and (\$33) for 2019 and 2018, respectively.

Professional liability reserve estimates represent the estimated ultimate cost of all reported and unreported losses incurred through the respective consolidated statements of financial position. The reserves for unpaid losses and loss expenses are estimated using individual case-basis valuations and actuarial analyses. Those estimates are subject to the effects of trends in loss severity and frequency. The estimates are continually reviewed and adjustments are recorded as experience develops or new information becomes known. The time period required to resolve these claims can vary depending upon whether the claim is settled or litigated. The estimation of the timing of payments beyond a year can vary significantly. Although considerable variability is inherent in professional liability reserve estimates, we believe the reserves for losses and loss expenses are adequate based on information currently known. It is reasonably possible this estimate could change materially in the near term.

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**(c) Other**

National Jewish Health has certain pending litigation and claims incurred in the ordinary course of business; however, management believes, based on the advice of legal counsel, the probable resolution of such contingencies will not materially affect the financial position or operations of National Jewish Health.

National Jewish Health maintains professional and general liability coverage through a claims-made policy with COPIC Insurance. The policy's liability is \$1,000 per medical incident and \$3,000 in the aggregate, with deductibles of \$100 per medical incident/occurrence and \$300 in the aggregate. In addition, umbrella coverage is provided to National Jewish Health through a claims-made policy with COPIC Insurance. The liability limit under the umbrella policy is \$10,000 combined medical incident and in aggregate.

**(d) Risks and Uncertainties**

National Jewish Health invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible changes in the values of investment securities will occur in the near term and those changes could materially affect the investment amounts reported in the consolidated statements of financial position.

**(17) Net Assets**

**(a) Net Assets With Donor Restrictions**

Net assets with donor restrictions at June 30, are restricted for the following purpose or periods:

Net assets reserved for future unrestricted uses represent contributions not yet received by National Jewish Health. Endowed assets not yet appropriated for expenditure represent earnings on permanently endowed funds which have not been appropriated for expenditure by National Jewish Health in a manner consistent with the standard of prudence prescribed by State of Colorado Prudent Management of Institutional Funds Act (SPMIFA).

	2019	2018
Net assets reserved for future unrestricted uses	\$ 2,146	\$ 2,268
Subject to expenditure for specified purpose:		
Research, education, patient care and capital construction	58,994	64,917
Endowed assets not yet appropriated for expenditure	19,250	18,142
Unitrust and pooled income agreements	5,496	5,192
Beneficial interest in perpetual trust agreements	12,376	12,604
Permanent endowments	40,936	39,588
	<b>\$ 139,198</b>	<b>\$ 142,711</b>

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National Jewish Health is an income beneficiary of several perpetual trusts controlled by unrelated third-party trustees. The trust document or the trustees' policies govern the investment and distribution of trust assets. Trust income distributed to National Jewish Health for the years ended June 30, 2019 and 2018 was \$620 and \$482, respectively.

**(b) Net Assets Without Donor Restrictions**

Net assets without donor restrictions at June 30 are comprised of both designated and undesignated amounts as follows:

	2019	2018
Undesignated	\$ 56,607	\$ 41,477
Designated by the board for operating reserve	18,660	17,843
Designated by the board for endowment	12,339	11,762
<b>Net assets without donor restrictions</b>	<b>\$ 87,606</b>	<b>\$ 71,082</b>

**(c) Net Assets Released from Restrictions**

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of other events specified by donors.

	2019	2018
Expiration of time restrictions	\$ 2,297	\$ 558
Subject to expenditures for specified purposes:		
Research, education, patient care and capital construction	18,529	8,170
Grants	695	10,351
Professional education	2,552	-
Distributions (proceeds are not restricted by donors)		
Beneficial interests in charitable trusts held by others	291	208
Release of appropriated endowment amounts without purpose restrictions	411	753
Release of appropriated endowment amounts with purpose restrictions	1,075	1,317
	<b>\$ 25,850</b>	<b>\$ 21,357</b>

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**(18) Endowment**

National Jewish Health's endowment consists of approximately 80 individual donor-restricted funds established as endowments and intended for a variety of purposes. The endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. As required by United States of America generally accepted accounting principles (GAAP), net assets associated with endowment funds, including board-designated endowment funds, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Directors has interpreted SPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, National Jewish Health classifies amounts in its donor-restricted endowment funds as net assets with donor restrictions because those net assets are time restricted until the board appropriates such amounts for expenditure. Most of those net assets are also subject to the purpose restrictions which must be met before classifying those net assets to net assets without donor restrictions. The Board of Directors has also interpreted SPMIFA as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by SPMIFA. National Jewish Health has interpreted SPMIFA to permit spending from underwater funds in accordance with the prudent measures required under the law. As of June 30, 2019, there were no such endowments with underwater funds. National Jewish Health considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- 1) The duration and preservation of the fund
- 2) The purpose of National Jewish Health and the donor-restricted endowment fund
- 3) General economic conditions
- 4) The possible effect of inflation and deflation
- 5) The expected total return from income and appreciation of investments
- 6) The resources of National Jewish Health
- 7) The investment policies of National Jewish Health

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**(a) Investment Policy**

National Jewish Health has adopted investment and spending policies for endowment assets which attempt to provide a predictable stream of funding to programs supported by the endowment while balancing fund growth. Under this policy, approved by the Board of Directors, the assets are invested in a manner intended to produce results which exceed Consumer Price Index plus 5% per year as measured over a rolling 36-month period. To satisfy this long-term rate of return objective, National Jewish Health relies on a total return strategy in which investment returns are achieved through both capital appreciation and current yield. National Jewish Health targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives with prudent risk constraints.

**(b) Spending Policy**

National Jewish Health's spending policy varies by the purpose of the endowment and was established by the Board of Directors after considering all seven factors outlined by SPMIFA above. Funds with donor specific purposes have a spending policy of between 3% and 4% of the market value of the fund averaged over the past 12 fiscal quarters preceding the fiscal year in which the distribution is made.

National Jewish Health has a policy that permits spending from underwater endowment funds depending on the degree to which the fund is underwater, unless otherwise precluded by donor stipulations or laws and regulations. No expenditures from underwater endowment funds were appropriated for during the years ended June 30, 2019 and 2018.

The composition of net assets by type of endowment at June 30, 2019 is:

	Without Donor Restriction	With Donor Restriction	Total
Donor-restricted endowment funds	\$ -	\$ 62,454	\$ 62,454
Board-designated endowment funds	12,339	-	12,339
<b>Total funds</b>	<b>\$ 12,339</b>	<b>\$ 62,454</b>	<b>\$ 74,793</b>

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Changes in endowment net assets for fiscal year ended June 30, 2019:

	Without Donor Restriction	With Donor Restriction	Total
Endowment net assets, beginning of year	\$ 11,762	\$ 60,038	\$ 71,800
Contributions	-	1,348	1,348
Endowment transfer	-	(1,486)	(1,486)
Investment income	268	2,406	2,674
Net assets released from restriction	-	(139)	(139)
Gain on sale of investments	251	1,292	1,543
Unrealized gain (loss) on investments	58	(1,005)	(947)
<b>Endowment net assets, end of year</b>	<b>\$ 12,339</b>	<b>\$ 62,454</b>	<b>\$ 74,793</b>

The composition of net assets by type of endowment fund at June 30, 2018:

	Without Donor Restriction	With Donor Restriction	Total
Donor-restricted endowment funds	\$ -	\$ 60,038	\$ 60,038
Board-designated endowment funds	11,762	-	11,762
<b>Total funds</b>	<b>\$ 11,762</b>	<b>\$ 60,038</b>	<b>\$ 71,800</b>

Changes in endowment net assets for fiscal year ended June 30, 2018:

	Without Donor Restriction	With Donor Restriction	Total
Endowment net assets, beginning of year	\$ 11,538	\$ 53,660	\$ 65,198
Contributions	-	4,832	4,832
Endowment transfer	(500)	(2,057)	(2,557)
Investment income	410	2,186	2,596
Net assets released from restriction	-	(141)	(141)
Gain on sale of investments	150	1,546	1,696
Unrealized gain on investments	164	12	176
<b>Endowment net assets, end of year</b>	<b>\$ 11,762</b>	<b>\$ 60,038</b>	<b>\$ 71,800</b>

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**(19) Fair Value Disclosure**

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. A hierarchy of three levels of inputs may be used to measure fair value:

Level 1: Quoted prices in active markets for identical assets or liabilities

Level 2: Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets which are not active, other inputs which are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3: Unobservable inputs which are supported by little or no market activity and are significant to the fair value of the assets or liabilities.

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**(a) Recurring Measurements**

The following tables represent the fair value measurement of assets recognized in the accompanying consolidated statements of financial position measured at fair value on a recurring basis and the level within the ASC 820 fair value hierarchy in which the fair value measurements fall at June 30, 2019 and 2018:

		Fair Value Measurements at Reporting Date Using:		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
June 30, 2019	Fair Value			
<b>Short-term investments and internally-designated assets</b>				
Common stocks and equity funds	\$ 14,090	\$ 14,090	\$ -	\$ -
International securities and equities	6,578	6,578	-	-
Fixed income securities	19,892	19,892	-	-
U.S. government and agency securities	628	628	-	-
Alternative investments (A)	3,295	-	-	-
<b>Total short-term investments and internally-designated assets</b>	<b>44,483</b>	<b>41,188</b>	<b>-</b>	<b>-</b>
<b>Assets reserved for gift annuities</b>				
Convertible securities and equities	996	996	-	-
International securities and equities	2,529	2,529	-	-
Fixed income securities	3,246	3,246	-	-
U.S. government and agency securities	948	948	-	-
<b>Total assets reserved for gift annuities</b>	<b>7,719</b>	<b>7,719</b>	<b>-</b>	<b>-</b>
<b>Long-term investments</b>				
Convertible securities and equities	25,916	25,916	-	-
International securities and equities	14,053	14,053	-	-
Fixed income securities	13,806	13,806	-	-
U.S. government and agency securities	755	755	-	-
Alternative investments (A)	11,104	-	-	-
<b>Total long-term investments</b>	<b>65,634</b>	<b>54,530</b>	<b>-</b>	<b>-</b>
<b>Other</b>				
Bonds and notes	121	118	3	-
Beneficial interest in perpetual trust	12,376	-	-	12,376
<b>Total other</b>	<b>12,497</b>	<b>118</b>	<b>3</b>	<b>12,376</b>
<b>Total assets above</b>	<b>130,333</b>	<b>\$ 103,555</b>	<b>\$ 3</b>	<b>\$ 12,376</b>
Cash and cash equivalents not included above	6,632			
<b>Total</b>	<b>\$ 136,965</b>			

**National Jewish Health and Subsidiary**  
**Notes to the Consolidated Financial Statements**  
**June 30, 2019 and 2018**  
**(In thousands)**

		Fair Value Measurements at Reporting Date Using		
		Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
June 30, 2018	Fair Value			
<b>Internally-designated assets</b>				
Common stocks and equity funds	\$ 9,131	\$ 9,131	\$ -	\$ -
International securities and equities	10,130	10,130	-	-
Fixed income securities	15,224	15,224	-	-
U.S. government and agency securities	584	584	-	-
Alternative investments (A)	3,281	-	-	-
<b>Total internally-designated assets</b>	<b>38,350</b>	<b>35,069</b>	<b>-</b>	<b>-</b>
<b>Assets reserved for gift annuities</b>				
Convertible securities and equities	2,063	2,063	-	-
International securities and equities	2,143	2,143	-	-
Fixed income securities	3,815	3,815	-	-
U.S. government and agency securities	1,401	1,401	-	-
<b>Total assets reserved for gift annuities</b>	<b>9,422</b>	<b>9,422</b>	<b>-</b>	<b>-</b>
<b>Long-term investments</b>				
Convertible securities and equities	28,174	28,174	-	-
International securities and equities	9,838	9,838	-	-
Fixed income securities	14,105	14,105	-	-
U.S. government and agency securities	285	285	-	-
Alternative investments (A)	11,208	-	-	-
<b>Total long-term investments</b>	<b>63,610</b>	<b>52,402</b>	<b>-</b>	<b>-</b>
<b>Other</b>				
Bonds and notes	135	132	3	-
Beneficial interest in perpetual trust	12,604	-	-	12,604
<b>Total other</b>	<b>12,739</b>	<b>132</b>	<b>3</b>	<b>12,604</b>
<b>Total assets above</b>	<b>124,121</b>	<b>\$ 97,025</b>	<b>\$ 3</b>	<b>\$ 12,604</b>
<b>Cash and cash equivalents not included above</b>				
	8,838			
<b>Total</b>	<b>\$ 132,959</b>			

(A) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts included above are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the consolidated statements of financial position.

**National Jewish Health and Subsidiary**  
**Notes to the Consolidated Financial Statements**  
**June 30, 2019 and 2018**  
**(In thousands)**

Following is a description of the valuation methodologies and inputs used for assets and liabilities measured at fair value on a recurring basis and recognized in the accompanying consolidated statements of financial position, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended June 30, 2019.

**(b) Investments**

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases, where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

**(c) Beneficial Interest in Perpetual Trust**

Fair value is estimated at the present value of the trust assets using quoted market prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters. Due to the trusts being held into perpetuity, National Jewish Health will not have the ability to redeem the corpus, and therefore it is classified within Level 3 of the hierarchy.

**(d) Alternative Investments**

Except as described below, the fair value of alternative investments has been estimated using the net asset value per share of the investments. Alternative investments held at June 30 consist of the following:

	June 30, 2019			
	Fair Value	Unfunded	Redemption Frequency	Redemption Notice Period
Funds of Funds	\$ 14,309	\$ 6,262	Quarterly or Fund Termination	60 Days or Fund Termination
	June 30, 2018			
	Fair Value	Unfunded	Redemption Frequency	Redemption Notice Period
Funds of Funds	\$ 14,489	\$ 4,404	Quarterly or Fund Termination	60 Days or Fund Termination

**National Jewish Health and Subsidiary**  
**Notes to the Consolidated Financial Statements**  
**June 30, 2019 and 2018**  
**(In thousands)**

This category includes investments in funds of funds that pursue multiple strategies to diversify risks and reduce volatility. The funds' composite portfolio includes investments in U.S. common stocks, global real estate projects, private equity, pooled income vehicles and arbitrage investments. However, as of June 30, 2019, it is probable all investments in this category will be sold at an amount different from the net asset value of National Jewish Health's ownership interest in partners' capital. Therefore, the fair values of the investments in this category have been estimated using recent observable transaction information for similar investments. Investments with quarterly redemptions require lock-up periods of one year which has expired on the funds currently held. Of the remaining funds, they cannot be liquidated prior to the termination of the fund without the approval of the General Manager of the fund. Investment in the funds is intended to be long-term.

**(e) Level 3 Reconciliation**

The following is a reconciliation and ending balances of recurring fair value measurements recognized in the accompanying consolidated statements of financial position using significant unobservable (Level 3) inputs:

				<b>Beneficial Interest in Perpetual Trust</b>
Balance, July 1, 2017				\$ 12,300
Unrealized appreciation on investments in net assets				304
Balance, June 30, 2018				12,604
Unrealized depreciation on investments in net assets				(228)
Balance, June 30, 2019				\$ 12,376

**(f) Unobservable (Level 3) Inputs**

The following tables present quantitative information about unobservable inputs used in recurring Level 3 fair value measurements.

Description	Fair Value June 30, 2019	Valuation Technique	Unobservable Inputs	Range Weighted Average
Beneficial Interest in Perpetual Trusts	\$ 12,376	Fair value of trust assets	Lack of redeemability	Not Applicable

**National Jewish Health and Subsidiary**  
**Notes to the Consolidated Financial Statements**  
**June 30, 2019 and 2018**  
**(In thousands)**

Description	Fair Value June 30, 2018	Valuation Technique	Unobservable Inputs	Range Weighted Average
Beneficial Interest in Perpetual Trusts	\$ 12,604	Fair value of trust assets	Lack of redeemability	Not Applicable

**(g) Nonrecurring Measurements**

The following tables present the fair value measurement of assets and liabilities measured at fair value on a nonrecurring basis and the level within the fair value hierarchy in which the fair value measurements fall at June 30, 2019 and 2018:

Description	June 30, 2019	2019		
		Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Receivables related to:				
Charitable Remainder Unitrust	\$ 80	\$ -	\$ 80	\$ -
Gift Annuities	411	-	411	-
Total	\$ 491	\$ -	\$ 491	\$ -

Description	June 30, 2018	2018		
		Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Receivables related to:				
Charitable Remainder Unitrust	\$ 67	\$ -	\$ 67	\$ -
Gift Annuities	346	-	346	-
Total	\$ 413	\$ -	\$ 413	\$ -

**National Jewish Health and Subsidiary**  
**Notes to the Consolidated Financial Statements**  
**June 30, 2019 and 2018**  
**(In thousands)**

**(20) Employee Benefit Plans**

National Jewish Health maintains a defined contribution plan (the Plan) covering substantially all benefit eligible employees. Under the terms of the Plan, National Jewish Health contributes between 5% and 6% of an employee's covered wages up to the Social Security wage base and between 10% and 11% of covered wages in excess of the Social Security wage base. The Plan contains no provisions requiring National Jewish Health to match a portion of employee contributions. Expenses under the Plan for 2019 and 2018 approximated \$6,260 and \$5,920, respectively.

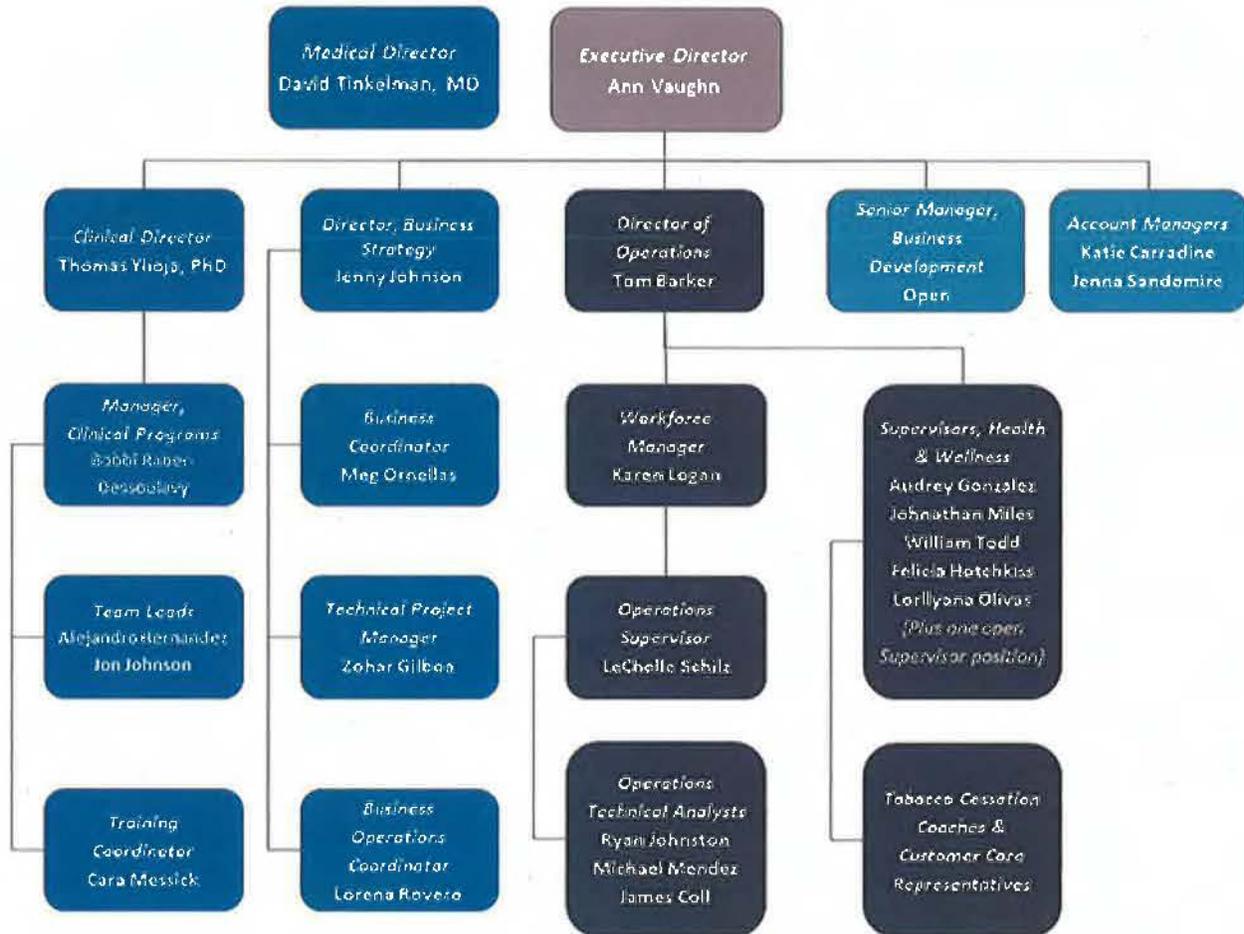
**(21) Related-party Transactions**

National Jewish Health from time-to-time in the normal course of business and within the guidelines of its conflict of interest policy, has entered into transactions with companies for which certain members of the companies' management also serve on the board of National Jewish Health. Management believes prices paid by National Jewish Health have been equal to or less than the prices that would have been paid in transactions with parties not related to National Jewish Health.



## Appendix B: Organizational Chart and Resumes

**Organizational Chart**



Functional Areas
Program and Product Design
Operations
Client Services

**Resumes**

**Michael Salem, M.D., FACS**

**PROFESSIONAL EXPERIENCE**

**2005 – Present:           President & Chief Executive Officer  
National Jewish Health  
Denver, CO**

**1999 – 2005:           GMP Companies, Inc.  
Fort Lauderdale, FL**

**2000 – 2005:           Executive Vice President  
GMP Companies, Inc.**

- Reported to the CEO leads and was responsible for research, development, licensing, and acquisition for the corporation.
- Responsible for P & L of Molecular Diagnostics Business including manufacturing facility with oversight of research and development, regulatory affairs, quality assurance, post marketing trials, worldwide sales, and eventual sale of the business.
- Directly responsible for development of numerous products and product candidates which have developed products from inventor concept thru commercial release including EyePass® microsurgical implant device for glaucoma, Phase III clinical trial; INGAP Peptide drug therapy for diabetes mellitus, Phase II clinical trial; LifeSync® Wireless Medicine System, 510 (k) FDA approved including post marketing trials; Laparocision® Scope Positioner, 510(k) FDA approved; GMP Conversion Technology®, chromosome separation process.
- Co-inventor on 5 U.S. patents and patent applications.

**1999 – 2000:           Senior Vice President  
GMP Companies, Inc.**

- Responsible with CEO for building business including capitalization of business with investment of \$190 million, interface with investment banking community, recruitment of personnel, negotiation and execution of numerous licensing and research collaborations with academic and industry partners.
- Multiple successful interfaces with FDA including pre-IND and IDE meetings, approval of IND, IDE, and submission of 510 (k) filing related to different product candidates.

**1994 – 1999:           George Washington University Medical Center Washington, D.C.**

**Vice Chairman, Department of Surgery  
Associate Professor of Surgery and Anesthesiology  
Director, Trauma and Surgical Critical Care  
Co-Director, Intensive Care Unit  
Director, Surgical Research  
George Washington University Medical Center**

- Directed Level 1 trauma center, George Washington University Hospital.
- Elected member of the governing board of the Medical Faculty Associates (300 physician multi-specialty group).
- Responsible for Surgical research including basic science and clinical research activities.
- Built and managed large general surgical practice.
- With Director of Intensive Care, built multidisciplinary critical care group which was responsible for institutional intensive care.

**1994 – 1998:**                    **Assistant Professor of Surgery and Anesthesiology**  
**Director, Surgical Critical Care and Surgical Research**  
**Associate Director, Trauma Service**  
**George Washington University Medical Center**

- Director of Surgical Critical Care and Co-Director of Intensive Care Unit; practiced Critical Care Medicine and directed delivery of care, research, and education for medical-surgical intensive care unit.
- Elected member of the Faculty Senate for the Medical Center.
- Served for four years as a member of the University Institutional Review Board for the Committee on Research, and multiple other hospital and university-based committees.

#### **EDUCATION AND TRAINING**

##### ***Fellowships:***

1993 – 1994                    Clinical and Research Fellow in Surgical Critical Care,  
 Johns Hopkins University Hospital, Baltimore, MD

1990 – 1991                    Research Fellow in Critical Care, Sinai Hospital of Baltimore,  
 Johns Hopkins University, Baltimore, MD

1989 – 1990                    Clinical and Research Fellow in Critical Care, Massachusetts General Hospital,  
 Harvard Medical School, Boston, MA

##### ***Internship and Residency:***

1991 – 1993                    Senior and Chief Resident in Surgery, George Washington  
 University Hospital, Washington, D.C.

1988 – 1989                    Resident in Surgery, George Washington University Hospital,  
 Washington, D.C.

1986 – 1988                    Intern and Resident in Surgery, Boston University Hospital,  
 Boston, Massachusetts

##### ***Education:***

1982 – 1986 M.D.              George Washington University School of Medicine and  
 Health Sciences, Washington, D.C.

1978 – 1982 B.A.              Washington University, St. Louis, Missouri

## **Christine K. Forkner**

### **PROFESSIONAL EXPERIENCE**

#### ***National Jewish Medical and Research Center – Denver Colorado***

National Jewish Medical and Research Center (NJC) is an academic medical center specializing in the research and treatment of respiratory and immunologic disease. The annual operating budget totals approximately \$125 million. In addition to its clinical programs, National Jewish conducts both basic and clinical research. NJC also has a national fundraising presence, raising an average of \$20 million annually. National Jewish has been named the number one respiratory hospital in the country for the past nine years by US News and World Report.

#### ***Chief Financial Officer, 1997-Present***

Directs all Finance functions including accounting, patient revenue, reimbursement, admissions, scheduling, financial analysis and budget, coding, utilization management, research administration and treasury functions. Works closely with CEO, Executive Vice Presidents, academic department heads and the Board of Directors to ensure the financial success of National Jewish.

- Turned around NJC's financial position, increasing days in cash from 9 to more than 150.
- Restructured NJC's revenue cycle, reducing days in accounts receivable by over 40%.
- Redesigned patient scheduling and flow resulting in significant increases in patient volume.
- Designed and implemented new clinical programs in collaboration with academic department heads.
- Restructured debt financing resulting in lower cost of capital and increased capital for new projects.
- Implemented a decision support and financial analysis system resulting in more effective financial analysis and decision making.
- Restructured NJC's investment policy and asset allocation resulting in increased investment returns with lower risk levels.
- Renegotiated managed care contracts to improve reimbursement and patient volumes.

#### ***Controller, 1994-1997***

Directed accounting, accounts payable, payroll, treasury and budget and financial analysis functions.

- Successfully implemented a new financial accounting system.
- Reorganized the accounting function to streamline costs while significantly improving the timeliness and accuracy of financial reporting.
- Redesigned the financial reporting to increase transparency and readability.

#### ***KPMG Peat Marwick***

#### ***Audit staff/senior, 1989-1999***

Conducted and oversaw the financial audits of health care, manufacturing and transportation clients. Worked with clients to improve financial compliance, controls and reporting.

**EDUCATION AND CERTIFICATIONS**

CPA Certification, Colorado (currently inactive but in process of reactivating)

B.A. Accounting

University of Denver, Denver, Colorado

1989

GPA 4.0

A.A. Computer Science

Casper College, Casper, Wyoming

1987

GPA 3.9

**PROFESSIONAL/COMMUNITY ACTIVITIES**

- Healthcare Financial Management Association
- Colorado Society of CPAs

**David G. Tinkelman, M.D.**

Vice President – Health Initiatives  
National Jewish Health

*Brief Curriculum Vitae*

Dr. Tinkelman attended Temple University from 1964 to 1968 where he earned his B.A. degree. He attended Pre-Med at Temple University and Medical School at Hahnemann Medical College from 1968 to 1972 graduating with honors. He served in his residency from 1973 to 1974 at St. Christopher's Hospital for Children in Philadelphia, Pennsylvania. The Boards of Pediatrics and Allergy and Immunology certified him in 1977.

From 1982 to 1995 he was the Managing Partner and Medical Director of the Atlanta Allergy Clinic, P.A. The clinic had 800,000 lives covered in exclusive capitated agreements with managed care, the largest number of any specialty of any kind in the country, for a single private group. In addition, 250,000 of these lives were in full risk agreements which covered all asthma care costs. In the last eight years, he has served as Vice President of Health Initiatives at National Jewish Medical and Research Center. In this capacity, he helped develop disease management programs for asthma and chronic obstructive lung disease and successfully negotiated contracts with payers, both locally and nationally. He also coordinated the marketing and outcomes efforts of National Jewish Health. Dr. Tinkelman continues to see patients at National Jewish Health and maintains his academic appointment as Clinical Professor of pediatrics and his Editorship of the Journal of Asthma. (National Jewish Health is known worldwide for the treatment of patients with respiratory, immune, and allergic disorders and for groundbreaking medical research.) Dr. Tinkelman is a member of the AAP, AAAAI, ACAAI, and the AMA, and is a past President of the JCAAI.

**SELECTED PUBLICATIONS:**

Tinkelman D. Long term safety and efficacy of Pulmicort<sup>®</sup> (Budesonide) Turbuhaler<sup>®</sup> in asthma. *J Allergy Clin Immunol* 1995;95(1-2):312.

Grossman J, Bronsky E, Busse W, Montanaro A, Southern L, Tinkelman D et al. A multicenter, double-blind, placebo-controlled study to evaluate the safety, tolerability and clinical activity of oral, twice-daily LTA, Pranlukast (SB 205312) in patients with mild to moderate asthma. *J Allergy Clin Immunol* 1995;95(1-2):352.

Tinkelman D, Flaum M. Improved Asthma Outcomes Using Telephone-Based Case Management. *J Allergy Clin Immunol* 1998;101(1-2):S180.

**SELECTED REFEREED JOURNALS:**

Tinkelman D, Smith F, Cole WQ III, Silk H. Compliance with an Allergen Immunotherapy Regime. *Ann Allergy Asth Immunol* 1995;74(3):241-246.

Tinkelman D, Kemp J, Mitchell DQ, Galant SP. Treatment of Seasonal Allergic Rhinitis in children with Cetirizine or Chlorpheniramine: A Multicenter Study. *Ped Asthma Allergy Immunology* 1996;10(1): 9-17.

Tinkelman D, Kemp J, Pearlman D, et. al. An evaluation of the efficacy and safety of azelastine in patients with chronic asthma: *Journal of Allergy Clinical Immunology*; June 1996; 1218-1224.

Tinkelman D, Flaum M, Lum Lung C. Take Control of High-Cost Asthma: *J Asthma*; 1997;34(1):5-14.

Bender BG, Ikle' DN, DuHamel T, Tinkelman D. Retention of Asthmatic patients in a longitudinal clinical trial. *Journal of Allergy and Clinical Immunology*; February 1997; 197-203.

Reed CE, Offord KP, Nelson HS, Li JT, Tinkelman DG/ Aerosol beclomethasone dipropionate spray compared with theophylline as primary treatment for chronic mild-to-moderate asthma. *Journal of Allergy and Clinical Immunology*, January 1998, 14-23.

Bender BG, Ikle DN, DuHamel T, Tinkelman D. Neuropsychological and Behavioral Changes in Asthmatic Children Treated With Beclomethasone Dipropionate Versus Theophylline, *Pediatrics* March 1998, Vol. 101 (3):355-360.

Bernstein BI, Cohen R, Ginchansky E, Pedinoff AJ, Tinkelman DG, Winder JA. A multicenter, placebo-controlled study of twice daily triamcinolone acetonide (800 ug per day) for the treatment of patients with mild-to-moderate asthma, *The Journal of Allergy and Clinical Immunology* April 1998, Vol. 101 (4) Part 1: 433-438.

Allen DB, Bronsky EA, LaForce CF, Nathan RA, Tinkelman DG, Vandewalker ML, Konig P. Growth in asthmatic children treated with fluticasone propionate. Fluticasone Propionate Asthma Study Group. *J Pediatrics* 1998; 132:472-7 UI Number: 98204465.

Kaiser HB, Findlay SR, Georgitis JW, Grossman J, Ratner PH, Tinkelman DG, Wood CC. The anticholinergic agent, ipratropium bromide, is useful in the treatment of rhinorrhea associated with perennial allergic rhinitis. *Allergy Asthma Proc.* 1998; 19:23-9. UI Number: 98193489.

D. Tinkelman, Beta agonists: present use and controversies. Institut Pasteur/Elsevier, Paris, 1998, Res. Immunol. 1998, 149, 197-200.

#### **SELECTED BOOKS AND CHAPTERS IN BOOKS:**

National Institute of Allergy and Infectious Diseases. *Managing Allergies and Asthma at School: Tips for Schoolteachers and Staff.* Ed. Rachelefsky G, Tinkleman D, Pierson W, Plaut M, Smartt E, Zimmerman E. May 1995.

Tinkelman DG. Evaluation of the Patient with Chronic Respiratory Symptoms. In: *Asthma, And Immunology From Infancy to Adulthood.* Bierman CW, Pearlman DS, Shapiro GG, Busse WW. Philadelphia, PA W.B. Saunders Company, 1996.

Tinkelman DG. *Allergies in Childhood.* HIN, Inc. The Health Information Network, 1995.

## Ann C. Vaughn, MSW

### SUMMARY

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Accomplished professional with expertise in market strategy, operations management, service delivery, and health care. Recognized for aligning strategy, operations, and people to further organizational mission and vision. Idea generator focused on innovation and efficiency while raising the level of organizational achievement. Demonstrated analytical, problem-solving, and decision-making capabilities with proven ability to perform effectively in a fast-paced, results-oriented environment.

- Leadership
- Financial Management
- Strategic Direction
- Market Strategy
- Operations Management
- Process Improvement
- Community Engagement
- Staff Development
- Research and Analysis
- Project Management
- Customer Service
- Product Development

### PROFESSIONAL EXPERIENCE

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#### ***National Jewish Health***

*Executive Director*

*2016 - Present*

Responsible for maintenance and growth of existing business relationships and creation of new business opportunities. On a national, regional, and local basis identify and implement market development activities based on strategic and tactical plans that drive product line growth for state-of-the-art wellness services. Responsible for service delivery, business development, sales, marketing, operations, product development, staff management, financial performance, and development of short- and long-term business goals, strategies, and execution of tactics to reach those goals.

#### ***Arrow Performance Group***

*Senior Consultant*

*2013 - 2015*

Led consulting projects with large and small nonprofit and for-profit businesses focusing on strategic planning and execution, organizational development, process and quality improvement, leadership development, project management, and business analysis. Responsible for business development, client relations, and service delivery.

#### ***Medical Group Management Association (MGMA)***

***American College of Medical Practice Executives (ACMPE)***

Chief Strategy Officer

*2012 - 2013*

Led development and implementation of strategic initiatives and outcomes for a large, nonprofit organization in the health care sector. Managed Boards of Directors and other national committees. Directed organization's strategic and business planning activities, governance, communications, marketing, membership and credentialing staff, and operations.

- Led development of a new partnership agreement and enhanced business alliance between the national organization and more than 75 independent local and state chapters.

- Directed development and expansion of a health system product line achieving targeted revenue of \$150K.
- Orchestrated creation of a new brand strategy aligning two national organizations and more than 200 state and local chapters, special interest groups, and business partners.

Senior VP, Product Solutions & Member Engagement

2009 – 2012

Directed growth and development of association's 23,000-member base, more than 75 chapters, 22 special interest groups, and 500+ national volunteers. Managed portfolio of over 300 products. Directed membership, professional development, credentialing and scholarship staff, and operations.

- Partnered with CEO and Boards of Directors to facilitate merger of two national associations. Led strategic communications to garner stakeholder buy-in resulting in a positive merger vote.
- Developed new membership and certification structure achieving targeted \$8M in revenue.
- Increased member engagement by more than 15% through creation of a comprehensive volunteer management and leadership development program.

Senior VP, Professional Development

2007 – 2009

Directed professional development, membership, certification and scholarship staff, and operations.

- Led development and execution of more than 50 education programs generating over \$7M in annual revenue.
- Directed creation of more than 15 certification support products increasing revenue by \$100K.
- Led development efforts to create a new \$50K endowed scholarship.

VP, Membership & Certification

2005 – 2007

Directed strategic growth and development of membership, certification and scholarship programs, and operations.

- Increased membership by over 19% exceeding membership and revenue targets.
- Created best customer profile and designed marketing processes to increase purchasing behavior.
- Developed comprehensive university relations program and recruited more than 40 new student chapters.

## EDUCATION

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**University of Denver, Denver, Colorado**  
Master of Social Work

**Stanford University, Stanford, California**  
Bachelor of Arts in Human Biology

## DR. THOMAS YLIOJA

Highly productive and innovative health practitioner, clinical director, quality improvement specialist, educator, and researcher focused on delivering population healthcare through evidence-based care delivery systems, telemedicine for tobacco cessation, testing novel interventions to improve care outcomes, and ensuring equitable quality care across sub-populations with health disparities.

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### QUALIFICATIONS SUMMARY

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- Extensive post-graduate training and practice experience in mental health, healthcare, and substance abuse including tobacco prevention, control, and interventions.
- High-performing substance use disorder researcher, and quality improvement specialist with more than 50 academic publications and conference presentations.
- Skilled strategist in translating novel conceptual frameworks for clinical interventions into successful tobacco control and cessation programs in healthcare settings, including mobile and EHR technology.
- Accomplished educator with experience teaching undergraduate, graduate, and continuing education courses in healthcare delivery.
- Enthusiastic root-cause analysis professional focused on interdisciplinary teamwork solutions across multiple health care settings.

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### PROFESSIONAL EXPERIENCE

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**Clinical Director, Health Initiatives**  
**Assistant Professor of Medicine**  
National Jewish Health  
Denver, CO

**2018 -- current**

- Oversee all clinical content, quality assurance, agent training, and research projects for tobacco cessation and wellness programs across 18 state quitlines, and more than 150 health plan and employer groups.
- Conduct evaluation and research on tobacco quitline protocols for disparity populations including American Indians, LGBTQ+, rural residents, and individuals with behavioral health conditions.
- Developed dedicated youth tobacco cessation service, *My Life, My Quit*<sup>™</sup>, to incorporate youth cognitive and psychosocial development in tobacco control. Program addresses all forms of tobacco, especially electronic cigarettes (nicotine vaping).
- Provide strategic direction consultation for clinical initiatives in state tobacco control programs, including continuing medical education, health systems change, and cessation program promotion.
- Community education through thought leadership in print and broadcast media, webinars, and in-person presentations across multiple audiences. Supervision of graduate students. Provide peer-review for scholarly publications for high impact health journals

**Manager, Tobacco Data/Research Coordinator**

**2012 – 2018**

University of Pittsburgh/University of Pittsburgh Medical Center (UPMC)  
Pittsburgh, PA

- Site coordinator of tobacco treatment multisite trial (PI: Rigotti, site-PI: Tindle). Responsible for arranging all equipment, medications, standardized data collection processes, recruitment/retention of > 600 hospitalized patients, and managing a team of four.
- Developed quality improvement protocols, built/maintain clinical QI database with >30,000 patients (increasing by 7500+ annually) tracking process outcomes. Coordinated electronic health record data entry, standardization, and extraction for clinical tobacco treatment service.
- Conducted tobacco treatment data analytics to support rapid cycle quality improvement (PDSA) and improve tobacco treatment across multi-hospital system for >50,000 tobacco users annually. Presented results to Chief Medical & Science Office (CMSO) for UPMC. Prepared quarterly tobacco treatment reports to CMSO. Data analytics were instrumental to sustaining and expanding tobacco treatment service budget for five consecutive years.
- Co-developed electronic post-discharge outreach efforts for tobacco users using MyChart (Epic) patient portal, “bring-your-own-device” (BYOD) platform (Vivify), and EHR-to-quitline bidirectional eReferral between UPMC and National Jewish Health.

**Hospital Social Worker**

**2004 – 2012**

Alberta Health Services  
Edmonton/Calgary, Alberta

Conducted biopsychosocial assessments for individuals with mental health, substance use and comorbid medical conditions in emergency department, cardiopulmonary and renal disease inpatient and outpatient care units.

- Developed tobacco treatment program for post-MI and pre-surgical cardiac inpatients.
- Represented social work perspective on hospital bioethics committee.

**Consultant, Evaluation and Research**

**2004 - present**

- Program Evaluation Consultant developing program evaluation framework for Blue Hills (Aurora, ON) Child and Family Services Alternative Dispute Resolution program, including conducting literature review, identifying assessment tools, conducting pilot data collection, and writing final report.
- Graduate student researcher in substance abuse (alcohol and opioid) treatment, identifying risk factors for drug misuse. Conducted data cleaning, qualitative and quantitative data analysis, manuscript preparation/editing, and grant writing (PI: Cochran).
- Student researcher in addiction and mental health research. Conducted literature reviews on best practices for youth addiction treatment and qualitative data analysis, searching for themes of resiliency among youth (PIs: Carriere and Watt).

**Manager, Tobacco Reduction Program**

**2002 – 2006**

Old Strathcona Youth Society  
Edmonton, Alberta

- Conceptualized, developed, and initiated a tobacco harm reduction program for at-risk youth, using stages of change, motivational interviewing, and solution-focused treatment approaches.
- Successfully wrote grants for three consecutive years of funding from governmental agency.

- Recruited youth to explore tobacco risks using media, develop life skills to resist tobacco marketing and stop using tobacco.
- Program disseminated as a provincial model for reaching at-risk youth; presented at provincial addictions conference; selected for National Forum on Youth and Young Adult Tobacco Control for Health Canada in 2005.

**Telephone Support Worker**

2004 – 2005

The Support Network  
Edmonton, Alberta

- Developed evaluation framework for volunteer-run telephone line to ensure consistency and quality of intervention.
- Supervised ~100 volunteers on crisis line for suicide prevention, elder abuse, domestic violence, child abuse, and substance abuse calls.

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**EDUCATION**

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University of Pittsburgh, Pittsburgh, PA

**Doctor of Philosophy, Social Work**

*Dissertation: Access, engagement, and treatment of tobacco use by telephone quitlines among lesbian, gay, bisexual, and transgender adults.*

University of Toronto

**Master of Social Work**

*Specialization: Health and Mental Health*

University of Calgary

**Bachelor of Science in Social Work**

*Award: Excellence in Field Practicum*

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**LICENSURE AND PROFESSIONAL MEMBERSHIPS**

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Licensed Social Worker, Colorado

Licensed Social Worker, Pennsylvania

Registered Social Worker, Alberta, Canada

Member, Society for Research on Nicotine & Tobacco (SRNT)

Member, Association for the Treatment of Tobacco Use and Dependence (ATTUD)

Member, Society for Social Work and Research (SSWR)

Member, Council on Social Work Education (CSWE)

Member, American Association of Suicidology (AAS)

## Jenny Johnson

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- Operational Strategy
- Consistent Revenue Growth
- Profitability & Margin Management
- Software Development
- Analytics & Measurement Process Development & Optimization
- B2C Marketing / Lead Generation
- Product Development
- Project Management
- Data Monetization
- Ecommerce
- Contract / Price Negotiation
- Staff Development & Motivation
- Call Center Performance Measurement

### PROFESSIONAL EXPERIENCE

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*National Jewish Health • Denver, CO • January 2018 – Present*

- Directs financial reporting and forecasting to identify and measure department KPIs. Analyzes and makes recommendations for staffing, capital improvement, expenditures, supplies, equipment, and revenues
- Creates revenue opportunities through the development of new products, programs, and services, providing leadership and oversight to all internal and external stakeholders
- Guides software team in design, development, and testing process
- Collaborates with Tech, Design, Business Development, and Client Managers

*The Rev Family • Louisville, CO • January 2012 – July 2017*

- Evaluated new projects for viability, resource, profitability, ROI, timeliness, and market opportunity
- Identified, improved, and implemented changes to service and support processes and procedures involved in any tools, software, functions, or policies
- Responsible for the full product development and management of call center software
- Oversaw all aspects of project progression, scheduling projects, setting deadlines, and monitoring the progress of each project

*Media Breakaway • Westminster, CO • June 2006 – January 2012*

- Product development of the Redirect.com software system, all functionality and reporting of the platform
- Responsible for the email data management division, developed relationships with ISP's to determine best practices for mailing guidelines
- Evaluated new projects/verticals for viability, resources, profitability, ROI, timeliness, and market opportunity
- Designed marketing materials, websites, and email campaigns for all new products/companies

### EDUCATION

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**Texas Tech University • August 2000 • Lubbock, TX**  
*Bachelor of Business Administration, International Business & Marketing*

**Kathryn J. Carradine**

Operations Manager looking to enhance customer experiences in fast-paced environments to achieve organization's metrics and contribute to corporate success. Specific expertise in the following:

- Project Management
- Order Entry
- POs, Billing, and Invoicing
- Shipping Logistics
- Lean Management
- Vendor Relations
- Process Improvement
- File Management
- Troubleshooting
- Quality Standards & Regulations

**PROFESSIONAL EXPERIENCE**

***National Jewish Health, Denver, CO***

***June 2018 – Present***

*Account Manager*

- Manages state and corporate client accounts while maintaining and growing business partnerships.
- Collaborates with the quality department to review and improve customer service.
- Monitors and reports on call center quality metrics and develops action plans to support client needs.
- Collaborates with key team members to execute and finalize client contracts.
- Analyzes and sends reports on a weekly and monthly basis.
- Organizes and leads regular client meetings.

***Steris, AST LLC, Denver, CO***

***2013 – 2018***

*Customer Relations Manager / Production Planner II*

- Managed new customers and new product lines through the sterilization validation process using ISO 11137 guidelines and training.
- Found new business and met monthly inside sales quota.
- Established testing guidelines, presented to customer, and implemented with warehouse testing staff.
- Scheduled all testing and production times to meet customer needs and processing center abilities.
- Reviewed and prepared paperwork, meeting all quality assurance guidelines for customer release.
- Attended customer/management meetings to assure customer satisfaction and efficient operations.
- Communicated any processing delays to customers accordingly.
- Created and managed deadlines on new projects, ensuring product was ready for market.
- Oversaw all production timelines and processing times, constantly communicating with customer and other facilities to minimize risk to product.
- Served as a certified Lean ambassador; led the processing center staff in Lean management activities and goals set by Corporate Management.
- Reported to upper management on a quarterly basis regarding Lean goals and corporate directives.
- Oversaw and calculated all processing speeds to ensure product was processed correctly.
- Designed and implemented SQDC (Safety, Quality, Delivery, and Cost) board which was reviewed three times a day at shift changes with facility co-managers.
- Reviewed and reported on monthly metrics from SQDC program to upper management to improve overall quality to customers and safety of warehouse staff.
- Followed-up on outstanding invoices, ensuring payment was received and applied correctly.

***Alerio Technology Group, Denver, CO***

***2011 – 2013***

*Service Manager*

- Oversaw, scheduled, and prioritized service calls to customers for all departments.
- Managed, maintained, and ensured completion of daily scheduled technician appointments.

- Troubleshoot customer issues regarding scheduling days and times.
- Processed all paperwork for accurate billing information, collaborating with accounting department for invoices and AR collections.
- Maintained vendor relationships for ordering and pricing purposes.
- Managed all incoming orders for new products, purchase orders, invoices, and product inventory.
- Coordinated incoming and outgoing daily shipments.
- Assisted sales and project managers with job completion and satisfaction.
- Planned weekly staff meetings to coordinate customer concerns and meet service deadlines.

**Accelerated Services, LLC, Greenwood Village, CO**

**2008 – 2011**

*Customer Service Manager*

- Supervised busy call center to assure customer needs were met with exemplary service.
- Managed high-profile accounts.
- Guaranteed customer retention and satisfaction by resolving special requests and needs.
- Maintained schedule of transport with all shipping vendors.
- Supervised customer service and dispatch departments throughout transports.
- Assisted sales staff with communication to customers and complied with expectations.
- Trained incoming staff and order entry specialists.

**Denver Phone Company, Denver, CO**

**2006 – 2008**

*Service Dispatch*

- Fielded incoming calls from customers to determine service needs.
- Managed all outstanding service problems and saw through to resolution.
- Conducted staff meetings with executives and department heads to resolve pending issues.
- Directed and maintained communications with service technicians to ensure meeting of daily schedule and timely completion of all service requests.
- Oversaw billing of all service calls and maintained and organized material inventory.

**Stickley, Audit & Co., Denver, CO**

**2003 – 2006**

*Customer Service Representative*

**2004 – 2006**

*Sales Order Entry Specialist*

**2003 – 2004**

- Inspected furniture for quality assurance and authorized delivery of furniture to customers.
- Designed truck routes and delivery maps for drivers to deliver furniture efficiently.
- Interacted with customers to ensure timely delivery of goods.
- Organized and supervised stocking of delivery trucks for weekly delivery of furniture to warehouse.
- Contacted all customers to arrange delivery times and followed-up on quality control calls.
- Scheduled repair technicians to repair any furniture damaged during delivery.
- Ensured order accuracy with designers and store managers.
- Communicated building instructions to factory through automated systems.
- Created transfers in system to move furniture from location to location.
- Trained and oversaw new employees in order entry positions.

**EDUCATION**

**Six Sigma Yellow Belt**

**Social Work**, Onondaga Community College, Syracuse, NY 2001 – 2004

**Social Work**, Eastern Connecticut State University, Storrs, CT 2000 - 2001

## **Jenna Sandomire**

Proven Sales Professional / Motivated / Dynamic / Leader / Creative /  
B2B Account Management / Communicator

### **Profile**

- Solid experience in client-focused, service-oriented industries, with a successful background in defining, developing and executing strategies to turn profit
- Dynamic sales skills; excel in targeting, penetrating and developing markets
- Ability to rapidly acquire and apply vast product and technical knowledge

### **Experience**

*National Jewish Health — Denver, CO*

*ACCOUNT MANAGER, QUITLINE — January 2020–Present*

*Mobile Solutions — Centennial, CO*

*SENIOR NATIONAL ACCOUNT MANAGER — September 2015–January 2020*

- Total renewal ARR in 2018 equaled over \$1 million
- President's club recipient two years in a row
- Proven mobility expert in reducing company's mobility spend while improving and automating processes
- Assist clients in managing mobile devices by operating as the lead point of contact for all matters specific to the client
- Provide and maintain quoted savings and expertise
- Develop and maintain existing and new relationships by becoming a trusted adviser for enterprise clients nationwide
- Manage and solve conflicts
- Direct contact on behalf of clients with major National and International mobile service provider companies
- Meet specific time deadlines for clients
- Forecast and track key account metrics
- Present and explain data to clients

*Istonish — Greenwood Village, CO*

*BUSINESS DEVELOPMENT MANAGER — December 2013–November 2014*

- Understand needs and wants of potential customers for managed services, staffing, and other technology needs
- Manage current base of customers to discuss contracts, new needs, and statements of work
- Collaborate with engineers and co-workers for best solutions for clients
- Build profitable sales for Istonish through maintaining contracts and new prospects

*Integra Telecom — Denver, CO*

*ENTERPRISE ACCOUNT EXECUTIVE — February 2010–November 2013*

- Understand the wants and needs of customers
  - Provide solutions to meet/exceed customers' expectations, manage resources and inspire collaboration, develop and sustain strong mutually beneficial relationships, build trust with the client, gain access to different functional areas and decision makers, set and facilitate expectations, uncover and position solutions that help clients reach their objectives, build profitable sales for Integra.

- 167% to quota, YTD 2013; 92% to quota, 2012
- Promoted twice in one year
- Responsible for the origination of new business customers and expanding the telecommunications product mix with existing customers
- Solicit business customers through various external contacts
- Develop territory or business base to maximize new customers
- Maintain positive client relations with existing customers through continuous contact and evaluate on-going telecommunications needs
- Chosen to participate in Convergence Technology Training to advance career in January 2012

*American Marketing & Publishing — Dubuque, IA*

*EXPANSION ACCOUNT MANAGER — July 2009–October 2009*

- Demonstrates good judgment and consistent professionalism while working with all members of the business community in the town that publications are printed
- Self-motivated and able to work independently
- Highly organized and demonstrates excellent follow-up skills
- Able to hunt sales and have enthusiasm for in person, business to business cold calling.

*US Bank — Dubuque, IA*

*TELLER COORDINATOR — July 2008–July 2009*

- Assist in the administration/supervision of the teller area, as delegated by a supervisor or manager
- Ensure cash levels are maintained at optimal levels, maintain security and compliance procedures
- Able to handle more complex customer issues
- Prepare work schedules; provide input to performance reviews; participate in new teller training or mentoring; provide ongoing training and support to other tellers; and perform teller duties

*Hibbett Sports — Dubuque, IA*

*GENERAL MANAGER — May 2006–July 2008*

- In recognition of superior management skills, transferred from Hays, KS store to facilitate turnaround of Dubuque location with accountability for full scope of operational efficiency and profitability; achieved 17% profit increase
- Proactively recruit, hire, train, schedule, supervise, evaluate, and direct top-performing team of supervisors and sales/customer service staff
- Ensure ongoing compliance with company policies, procedures and standards
- Qualified for progression to District Manager and earned MVP designation by successfully completing intensive company management-training program

### **Education**

Fort Hays State University — Hays, KS  
Business and Psychology Studies

### **Certifications**

Convergence Networking Applications Specialist — May 2012  
Convergence Applications Sales Specialist — April 2012

## **Lorena Rovero**

### **KEY QUALIFICATIONS**

- Commitment to building relationships within departments and with clients.
- Strong interpersonal and intrapersonal skills.
- Strong attention to detail.

### **PROFESSIONAL EXPERIENCE**

#### ***National Jewish Health***

***Denver, Colorado***

#### ***Business Operations Coordinator***

***October 2018 – Present***

- Prepares monthly client billing.
- Completes vendor invoices in a timely manner.
- Works closely with project manager to ensure completion of projects.
- Serves as back up contact for Client Managers.
- Runs and organizes monthly client reports.
- Maintains inventory of office supplies and places orders as needed.

#### ***National Jewish Health***

***Denver, Colorado***

#### ***Health and Wellness Coach***

***October 2016 – October 2018***

- Developed flexible and personalized tobacco cessation plans for 3,634 participants.
- Achieved a conversion rate of 93.21%.
- Coordinated individualized support to a wide demographic.
- Displayed autonomy and support for personal choices.
- Cultivated positive work culture through the planning of office and team building events.
- Engaged in collaborative coaching on healthy living and chronic disease prevention.
- Contributed to the motivation of over 30 participants per day.
- Trained participants in successful planning for physiological and habitual change.
- Ensured that quality of coaching surpassed standards in accuracy and completeness.

### **EDUCATION**

#### ***University of Denver***

***Denver, Colorado***

Bachelor of Arts in Communication and Business, GPA 4.0

June 2016

#### ***Honors:***

A Hornbeck Scholar—given exclusively to full-time students who maintain a 4.0 GPA.  
Member of the Student Advisory Board as Junior Class representative.

## Tom Barker

### PROFESSIONAL SUMMARY

Management professional with MBA and 21 years of experience in the voice and data communications field. US Army Battalion Signal officer who handled all communication hardware and operations for a 175-member battalion in Bosnia. Proven success in the areas of transforming organizations to meet strategic business challenges, leading project teams, and adapting available technology to improve results.

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### PROFESSIONAL EXPERIENCE

#### *National Jewish Health, Denver, CO*

*Director of Operations, Health Initiatives ♦ 7/2018 – Present*

Responsible for directing all call center strategies, operations, and staff. Responsible for improving systems and processes, maximizing productivity, and managing staff to achieve financial goals, service level objectives, and meet customer and organizational needs.

#### *Comcast Business, Centennial, CO*

*Director, Enterprise Managed Services and National Accounts ♦ 11/2016 – 7/2018*

Responsible for Enterprise Managed Service customers' installation and post-installation support needs.

#### *Selected Accomplishments:*

- Organized team into Centers of Excellence to provide enhanced support and a personalized customer experience.
- Developed process for installation and activation which tests entire service delivery system prior to moving to a production environment.

#### *CenturyLink/Qwest/US West, Littleton, CO*

*Director, Customer Assurance and Managed Services ♦ 05/2013 – 11/2016*

Responsible for Managed Service customers' post-installation support needs. Provided the direction for the Contact Center Operations team. This included professional services (project managers and software developers), engineering, and customer support teams. Established the operational support for the VoIP Technical Support Center.

#### *Selected Accomplishments:*

- Moved responsibility for verification of credits due to contract violations from finance to operations resulting in a 15% reduction in credit payouts.
- Managed a \$23M budget.
- Partnered with Product Management, Sales, and Technology Design to ensure systems were in place to support new customers and products.
- Conducted annual PCI certification.
- Sponsored several Lean Six Sigma projects.

*Manager, Network Operations, National Networks Voice Repair Center ♦ 08/2005 – 05/2013*

Managed daily operations of the National and International Voice Repair Center. Responsible for Tier I and Tier II repair for VoIP, Long Distance, Toll Free, and International troubles. Ensured new products were deployed with operational support. Responsible for multi-site management.

***Selected Accomplishments:***

- Completed a \$875K contract for outsourced VoIP Tier I Repair support.
- Integrated operations support for two companies post-merger.
- Vendor Manager for a remote 24x7 support group.
- Improved processes to Reduce Mean Time to Repair by 60%.
- Created a VoIP Center of Excellence NOC to provide managed service to VoIP customers.

*Supervisor, Network Operations ♦ 01/1999 – 08/2005*

Supervised a team responsible for surveillance and repair of all DMS-100, DMS-10, 5E, and Ericsson switches as well as SS7 and Central Office power. Provisioning and repair of voice and data services in the NROC, Central Office, and Customer Premise. Fiber operations (provisioning, maintenance, and repair) for Central Office and Customer Premise using CISCO, Nortel, and Fujitsu equipment. Provisioning and turn up of interoffice trunking in the US West 14 state region. Also provided provisioning support for CLEC and customer trunks.

***Selected Accomplishments:***

- Developed force to load model ensuring proper coverage and headcount.
- Decreased Trunk Blocking by 74% through the introduction of processes and employee focus.
- Restructured network team, consisting of different departments in different states, resulting in a 93% decrease in network blocking problems.
- Increased customer line commitments from 40% to 94% through introduction of processes and focus.
- Managed metro Denver \$270M fiber operation for Qwest which represented a 100% increase over the previous year's revenue.
- Ensured turn up of 275 optical circuits, representing a 45% increase over previous year.
- Reorganized management team and occupational employees to improve customer service by reducing message backlog orders by 583% (32,838 to 4,806) and T-1 backlog orders by 422% (1,374 to 325) over a 16-month period.
- Decreased Trunk Blocking greater than 2% by 74% through the introduction of processes and employee focus.

*Lieutenant U.S. Army, Tank Platoon Leader, Assistant S-3, Battalion Signal Officer ♦ 01/1995 – 01/1999*

Tank Platoon leader with the United States Army in Europe. Also was the assistant Operations Officer for the Battalion during the deployment, operations, and return in support of operations in Bosnia. Battalion Signal Officer ensuring all forms of voice and data communications were available for the Battalion. Also responsible for ensuring assets were available for growth.

***Selected Accomplishments:***

- Reduced vehicle downtime (50% below plan) by developing an enhanced radio installation program.
- Increased subscriber count by 20% by redeploying existing network equipment.
- Coordinated with U.S. and Hungarian agencies to ensure return of 1,500 soldiers, 90 buses, 500 rail cars, and 50 trucks from Bosnia-Herzegovina to Germany.
- Solved communications gap by coordinating with another company by interfacing with their router using wireless technology.

**Karen M. Logan**

**SKILL SUMMARY**

- More than 15 years of experience including forecasting and scheduling, research and analysis, customer service, project coordination, human resources, and benefits
- Certified in Microsoft Word, Excel, and PowerPoint
- Trained in NICE IEX WFM, Witness (Blue Pumpkin), Avaya CMS

**PROFESSIONAL EXPERIENCE**

***National Jewish Health, Denver, CO***

*Workforce Manager*

*February 2016 – Present*

- Lead workforce strategic planning efforts and make recommendations of workforce efficiencies and operational improvements to senior management
- Analyze and interpret past and current call volume data to determine staffing needs, create accurate agent schedules to optimize efficiency, and ensure service metrics are met
- Forecast and account for growth due to seasonal variations, special events, marketing campaigns, and other cyclical patterns
- Work with senior management to accurately forecast call volumes, analyze historical call volume, create staffing models, project budgetary expenses, determine future costing, and assist with staffing projections

*Workforce Management Analyst*

*March 2012 – February 2016*

- Scheduled call center staff, adjusted schedules and skill assignments to meet service metrics and optimize efficiency
- Tracked real-time and historical monitoring of call volume activity
- Performed short-term and long-term call volume forecasting and determined appropriate staffing levels
- Tracked and reported individual and supervisory level performance metrics

***Great-West Retirement, Greenwood Village, CO***

*Workforce Management*

*January 2010 – March 2012*

- Created long-term call volume forecasts and made recommendations to call center management regarding FTE and staffing budget
- Created weekly call volume forecasts and schedules for a 200-seat multi-skill, multi-site call center
- Conducted detailed research and created business analysis of proposed changes to roles, staffing, and Work Force Operations
- Conducted workforce software training for new hires and ongoing education for supervisors and representatives

***Cigna West, Greenwood Village, CO***

*Planning Resource Senior Associate*

*July 2008 – January 2010*

- Monitored real-time call activity and made adjustments to schedules, staff, and skilling throughout the day
- Developed forecasts and weekly schedules for multiple teams that ensured appropriate staffing for expected call volumes
- Developed representative and supervisor level reporting to aid in the coaching and development of the call center staff
- Prepared daily, weekly, and monthly performance analysis reports for the leadership team
- Coordinated with supervisors and director to schedule training and meetings

***Great-West Healthcare, Greenwood Village, CO***

*Workforce Management Specialist*

*July 2005 – June 2008*

- Monitored real-time call activity and made adjustments to schedules and staff throughout the day
- Developed forecasts and weekly schedules for multiple teams that ensured appropriate staffing for expected call volumes
- Prepared daily, weekly, and monthly performance analysis reports for the leadership team
- Tracked and reported adherence, aux time, teamwork/self-management, and quality results for each rep in the Denver call center weekly

## LeChelle Schilz

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### SUMMARY OF QUALIFICATIONS

Extensive product knowledge coupled with creative ideas for product applications and a solid history of call center success. Strong analytical and planning skills, combined with the ability to coordinate the efforts of many to meet organizational goals. Productive and efficient work habits without supervision. Self-motivated with high energy.

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### EXPERIENCE

*02/2015 – current*

*National Jewish Health*

*Denver, CO*

*Operations Supervisor*

*10/2014 – 01/2015*

*Real-Time Analyst*

- Maintains daily administration and operations related to the auto dialer, including, but not limited to designing and administering call campaigns, communicating strategies with management and staff, monitoring real-time performance of agents and campaigns, and quickly resolving issues
- Manages daily operations for call center operations by real-time monitoring of agents through technology (IEX, Avaya CMS, POM)
- Manages service levels, staffing, appointment process, reports, telecom, and IST support

*07/2011 – 10/2014*

*National Jewish Health*

*Denver, CO*

*Health Initiatives Supervisor*

- Supervised and coordinated the daily operations for the counseling staff within the Quitline department
- Managed service levels, staffing, appointment process, reports, client and patient complaints, employee performance, personnel issues, and training for the department
- Created a culture of compliance, ethics, and integrity
- Maintained knowledge of and assures departmental compliance with quality and call standards
- STAR recipient

*10/2010 – 03/2011*

*Norgren*

*Littleton, CO*

*Customer Service Manager*

- Successfully relocated call center operations from Mexico to United States
- Responsible for recruitment of new staff to include in new hire training
- Implemented new technology across multiple customer service centers
- Managed B2B customer relations of multimillion-dollar clients
- Call center operations including staffing, IVR, and inbound/outbound operations

06/1997 – 07/2010

Comcast

Denver, CO

**Customer Care Supervisor/ Retention Supervisor**

- Successfully managed up to 25 Customer Care Agents through coaching and development
- Developed a fun competitive environment through incentives to increase company revenue and exceed targets
- Report analyst
- Managed call center operations on multiple platforms including CMS, RTA, Auto-Dialer (Sales and Collections), IVR, Nice / Witness, and Bullseye Training Software
- Implemented process improvements for local and national level
- Assisted the Learning and Development Department
  - Competitive Edge and Retention Training
  - Rate Adjustment Training
  - Technical Refresher Training
  - Responsible for reporting the markets Retention performance
  - 2005 Top Retention Team
- Created monthly incentives for the Department to achieve Retention Goals
- Built the necessary skills and promoted employees to Sales and Retention
- Recognized as Top Supervisor and Top Team on several occasions during my tenure
- MIDAS winner for Comcast Ambassador

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**EDUCATION**

2015- current	Metropolitan State University	Denver, CO
Pursing Bachelor Degree in Nursing	Community College of Denver	Denver, CO
2014- 2014	Community College of Aurora	Aurora, CO
Pursing Bachelor Degree in Nursing		

## **Audrey Gonzalez**

### ***Education***

Regis University, Master of Arts Liberal Studies: Adult Learning, Training & Development  
Regis College, B.S. Business Technical Management, Cum Laude  
University of Southern Colorado, Practical Nursing Certificate

### ***Management/Health Experience***

- 20 years management/supervisory call center customer service operations – health care, insurance & for-profit businesses
- 18 years Quality Assurance experience – health care, insurance & for-profit businesses
- 3 years Sr. Operations Manager for 24x7 call center (350-seat call center)
- Medical admissions, medical insurance, claims processing, and coordination of benefits experience
- Manage client and customer issues to resolution
- Project implementation – site transitions and new business transitions
- Manage financial line items – coupon reimbursement, rebate, facility, recognition funds
- Manage mailing and other administrative functions
- Administer performance evaluation process with exempt and non-exempt staff
- Human Resources - FMLA tracking, ADA coordination, unemployment hearings, and other judicial venues
- 8 years liability/bodily injury & professional liability claims adjuster experience/commercial and personal lines

### ***Teaching/Facilitator/Training & Education Experience***

- Training facilitation – Diversity, management, and customer service training; program and materials development
- DeVry University - Adjunct Instructor - Introduction to Health Services & Information Systems (contract)
- Pueblo Community College – Learning Lab Supervisor (contract)
- Colorado State University Extension Service – Teaching nutrition through EFNEP Program, low-income adults & youth

### ***Communication***

- Good PC skills - Word Perfect, MS Office, and Call Center Technology – currently Avaya CMS telephony programs
- Oversee e-mail (E-Gain) functions – approve letters and standardized responses
- Work collaboratively with other departments to meet and exceed client requirements
- Direct Sales utilizing upselling/cross-selling techniques in business environment in for-profit environments
- Client liaison for market claim insurance offices and interim account representative

### **Employers**

#### National Jewish Health – (07/2005 to present)

Health Initiatives – Health & Wellness Supervisor, coaching call center environment - supervisor duties, workflow, training, Quality Assurance, manage work-at-home staff, operations, troubleshooting, scheduling, interviewing, and hiring

#### Network Adjusters

General Adjuster – public entities including Correctional & Health & Human Services, health claims auditing and reimbursement

#### Innotrac Corporation – Call Center

Sr. Call Center Operations Manager and Quality Supervisor over multiple brand name accounts – 24x7 facility; manage quality program, manage and monitor calibration sessions with QA team and client calibrations. Manage day-to-day operations; manage client expectations and contractual obligations, manage new client implementations

#### Allstate Insurance Company

Insurance First Report Call Center  
Claim Information Manager, Diversity Facilitator – front line staff, managers, agency staff and agents, Nesting Manager & Personal Injury Adjuster

#### Crum & Forster Commercial Insurance Company

Multi-line liability adjuster for commercial accounts and public entities

#### Metropolitan Life Insurance

Medical Claims Processor and Analyst - coordination of benefits, contract reviews, coding, payments

#### Colorado State University Extension Service

Program Coordinator & Community Worker – EFNEP/Nutrition & Health Awareness Related Training Program – liaison with various community agencies

#### Various Licensed Practical Nursing Assignments - 4 years (LPN license remains active)

Hospital, private duty and nursing home assignments

### **Awards/Designations**

Associate Level 2 Certificate – American Association of Diabetes Educators  
Licensed Practical Nurse, State of Colorado  
Health Insurance of America A & B designations  
Helping Hands Award - Allstate Insurance Company  
Chairman's Award - Allstate Insurance Company  
IRB Certified

## **Johnathan B. Miles**

### **BUSINESS ADMINISTRATION PROFESSIONAL**

An experienced leader with strong analytical and problem-solving skills. Motivated by results that exceed company goals and help build teams for quality customer service.

#### **QUALIFICATIONS**

- Direct Communication with VP's, Directors, and management staff
- Diverse Population Consultation
- Headed Curriculum Development and Training
- Internal/External Customer Service
- Team Building
- Mentoring Staff
- Negotiation and Contract Experience
- Accounting
- Security/Safety Regulations
- Procedure/Policy Implementation
- Employee Relations

#### **RESULTS**

In 2008, I was hired as the Staff Administrator for the call center. At the start of my tenure, the center was ranked 53 out of 64 clubs. By working together with other senior staff to improve performance and customer service, in 2010, the center was ranked number one for total member satisfaction and I became Senior Operations Manager. Between 2012 and 2013, the center ranked number one in the federation for all call center categories.

#### **PROFESSIONAL HISTORY**

##### ***National Jewish Health (Denver, CO) 2015-Present***

*Promoted: Supervisor of Health Initiatives Department, October 17, 2016*

*Prior: CSR 1- Tobacco Cessation Program, Health Initiatives Department, November 1, 2015*

- Build intake
- Communicate program overview for patients
- Create profiles for participants to assist coaching and build a deeper understanding for addiction research, substance abuse, and illness

##### ***AAA Colorado (Denver, CO) 1992-2015***

###### ***Senior Manager of Operations - Roadside Assistance***

- Worked as Security, Call Taker, Dispatcher, Call Coordinator, and Staff Administrator before being promoted to Operation Supervisor
- Directly managed operations of the call center, dispatch department, and warranty division
- Managed and supervised 87 employees
- Responsible for resolution of customer complaints, service failures, and quality control
- Provided training, coaching, and monitoring for employees
- Prepared annual performance reviews for supervisory staff
- Negotiated contracts issues with contract stations and repair facilities
- Interviewed prospective employees

- Performed benchmarking of employee skill sets
- Created and updated departmental matrix on employees

#### **EDUCATION**

Metro State College – Sports Medicine; Fine Arts  
Community College of Denver – Business Management

#### **TRAINING**

##### *Mountain States Employers Council*

- MSEC Professional Management Certificate Program
- Supervisory Skills Training Certification
- Advance Supervision Certifications

##### *Element-K Online*

- Business Certifications
- Customer Service and Management Courses

#### **MEMBERSHIPS AND AFFILIATIONS**

##### *Whitman Elementary School*

- Mentor, 2003-2009

##### *Junior Achievement 2010-2015*

- Finance Camp
- Stock Market Challenge

#### **OPERATING SYSTEMS AND COMPUTER SKILLS**

Windows Office, Word, Cloud, Excel, AVAYA phone systems, blue pumpkin phone tracking

## William P. Todd

### EDUCATION

*CENTRAL MICHIGAN UNIVERSITY, Mount Pleasant, MI*  
Bachelor of Science, Dec 2006  
Major: History & Political Science

### WORK EXPERIENCE

*NATIONAL JEWISH HEALTH, Denver, CO*  
Health & Wellness Supervisor, Dec 2014 – Present  
Supervises and coordinates the daily operations for the coaching staff within the Health Initiatives department.

*NATIONAL JEWISH HEALTH, Denver, CO*  
Health & Wellness Coach Team Lead, Jan 2011 – Dec 2014  
Provided operational direction, coaching, and training to a team of counselors.

*NATIONAL JEWISH HEALTH*  
Health & Wellness Coach, Apr 2009 – Jan 2011  
Assisted participants in preparing to quit, quitting, and staying abstinent from tobacco. Supported participants in their weight management goals.

*SKYWEST, Denver, CO*  
Ramp Agent, Feb 2009 – Sept 2009  
Marshalled planes, performed wing-walking, and loaded and unloaded planes.

*PROFESSIONAL ROOFING, Arvada, CO*  
Canvasser, Jan 2009 – Feb 2009  
Promoted roofing services to homes in metro Denver, CO.

*SEALY, Tuscaloosa, AL*  
Grounds Supervisor, Dec 2007 – Jan 2009  
Supervised other groundskeepers on site.

*STT SECURITY, Romulus, MI*  
Security Officer, Apr 2007 – July 2007  
Monitored gates and cameras, patrolled site, and provided customer service.

## **Felicia Hotchkiss**

### **WORK EXPERIENCE**

#### ***NATIONAL JEWISH HEALTH, Denver, Colorado***

*Supervisor, Health and Wellness, Dec 2018 – Present*

- Ensure team is meeting metrics.
- Monitor CMS Supervisor, AHT, and listen to live calls.
- Identify, initiate, and drive programs, which improve departmental processes.
- Provide coaching and feedback to staff by conducting 1:1's, staff meetings, and stand and delivers.

#### ***NATIONAL JEWISH HEALTH, Denver, Colorado***

*Operations Technical Analyst, Jul 2016 – Present*

- Support the operations team by monitoring, analyzing, and reporting on real-time call center activities.
- Perform duties as acting supervisor over call center operations.
- Provide first tier technical support to internal and external customers.
- Support the operations team by allocating resources to alternative tasks due to daily project goals through workforce management software.
- Train agents on how to de-escalate calls, follow data entry processes, and to provide great customer service according to policy.
- Demonstrate the ability to effectively interact with people of diverse socioeconomic, cultural, disability, and ethnic backgrounds across North America.

#### ***NATIONAL JEWISH HEALTH, Denver, Colorado***

*Health and Wellness Coach, Jan 2015 – Jul 2016*

- Coach participants who are dealing with mental and behavior health issues stemming from addiction.
- Provide counseling and education through motivational interviewing techniques.
- Provide counseling over the phone and interactive websites.
- Communicate confident, open, and effective dialogue with participants to assist in determining goals and readiness to change behavior.

### **EDUCATION**

#### ***Metropolitan State University of Denver, Denver, Colorado***

*Bachelor of Science in Hospitality, Tourism and Events*

- Major: Hotel Management
- Secretary of the Metropolitan State University of Denver Chapter of Professional Convention Management Association 2011-2012
- Secretary of the Metropolitan State University of Denver Chapter of Meeting Professionals International 2011-2012

## Lorllyana Olivas

### PROFESSIONAL PROFILE

Over the course of a 12-year career, I have gained invaluable experience in a variety of fields from administrative, health insurance, customer service, and tier one tech support. I have vast insight into call center operations providing feedback, guidance, and mentoring in various areas. Fluency in a second language (Spanish) has supported my work with a diverse population of customers and clients.

### PROFESSIONAL ACCOMPLISHMENTS

Since 2010, State Certified and Licensed Accident and Health Insurance Broker including the State Certified Marketplace.

### WORK HISTORY

*December 2018-Present*

*Supervisor, Health and Wellness, National Jewish Health, Denver, CO*

- Supervise staff by providing effective communication and guidance
- Determine coaching staff needs to help in motivational interviewing standards
- Evaluate staff performance and staff qualification/competency including recruits and selection of hires
- Conduct routine call monitoring and reporting to ensure quality service
- Monitor staff adherence, productivity, efficiency, and performance

*September 2016-December 2018*

*Operations Technical Analyst for Health Initiatives, National Jewish Health, Denver, CO*

- Developed staff by providing effective communication of processes and procedures by following departmental and institutional expectations
- Mentored staff in the proper use of both internal and external resources to provide effective service
- Evaluated and communicated feedback regarding agent performance
- Educated staff via email and support line
- Monitored staff performance daily including schedule adherence and productivity
- Provided frontline technical support to in-office and at-home staff
- Served as a liaison between frontline staff and high-level technical support staff
- Responsible for implementation of work-at-home (Avaya phones and desktop)
- Responsible for ensuring real-time call center schedules and work distribution met daily demands
- Developed routing solutions to achieve business goals and collaborated with Telecom Engineers on Call Center Call Flow creation and maintenance
- Served as a resource in the review of bilingual material (Spanish), created and recorded all Spanish telephony announcements for Health Initiatives department

*September 2015-September 2016*

*Bilingual Customer Service Representative for Health Initiatives, National Jewish Health, Denver, CO*

- Provided top level customer service to a diverse population
- Screened participants for eligibility according to client guidelines
- Responsible for the protection of Personal Health Information
- Explained details to participants to encourage enrollment in the tobacco cessation program

*January 2010-Present*

*Accident and Health Insurance Broker, Self Employed/Independent Contractor, Northglenn, CO*

- Educate and provide one-of-a-kind sales and service to clients seeking appropriate health insurance policies
- Assist in accurate claim processing with medical billing
- Verify insurance coverage and eligibility

*June 2005-October 2008*

*Business Controls, Center Partners, Fort Collins, CO*

- Received inbound calls from a diverse clientele reporting anomalies in the workplace
- Submitted detailed reporting to Human Resources for each company to follow-up on anomalies
- Managed Quality Control of agents
- Provided tech support for mobile carriers and transitioned from Qwest to Century Link

*August 2001- May of 2005*

*Bilingual Student Counselor, Colorado State University Admissions Office, Fort Collins, CO*

- Provided new and transfer students with information about our programs
- Guided tours of the University to prospects
- Represented the University in several conferences to gain new student interest

## **EDUCATION**

Bachelor of Science in Natural Resources/Minors in Business Administration and Spanish  
Colorado State University, Fort Collins, CO



*May 2010 – January 2016*

*National Jewish Health*

*Denver, CO*

***Health & Wellness Supervisor***

- Responsibilities – Determine staff qualifications and competency, provide effective communication, leadership, guidance, and resources, evaluate staff performance, conduct routine call monitoring, assist and support the implementation of workflow processes, team schedule adherence, and compliance with department performance standards.
- Duties – Monitor day-to-day quality and production goals, address escalated calls, assist in managing the workload, evaluate staff performance regularly, support benchmarks indicated in client contracts.

*July 2008 – December 2009*

*PAREXEL International*

*Centreville, VA*

***RMA Program Specialist***

- Responsibilities – Maintain programs to the highest of quality and compliance with program objectives, monitor daily activity of analysts, communicate with client, provide direct feedback to management regarding program activity, work with management with reporting on daily program activity.
- Duties – Run and maintain weekly and daily reports for multiple programs, work with IT to update program changes in database, work with management and IT to develop new program reporting, supervise mass mailing requests for quality assurance and fulfillment within the specified time frames, assist program analysts, update program analysts to program process and requirements, perform Quality Assurance checks, submit daily reports to management regarding program activities.

*September 2004 – July 2008*

*PAREXEL International*

*Centreville, VA*

***RMA Reimbursement Analyst for Patient Assistance Program***

- Responsibilities – Worked, maintained daily, and understood medical/drug program. Maintained the highest level of compliance for specific program. Created and maintained required reports for both PAREXEL International and the specific medical/drug company. Provided positive customer service.
- Duties – Phone response to potential candidates for the program. Shipment of correspondence. Compliance with HIPAA guidelines. Created/maintained computer generated reports. Completed close out work when program ended.

**EDUCATION**

*1994 – 2002*

*Colorado State University*

*Fort Collins, CO*

Bachelor of fine Arts (including Pottery Studio Arts) – studied Pottery under Richard Devore, a world-renowned potter.

## Zohar Gilboa

### EDUCATION

2004 – 2008 B.Sc. Physics and Mathematics, Tel Aviv University

### PROFESSIONAL EXPERIENCE

2017-Present *National Jewish Health, Denver, Colorado*

2019-Present Technical Project Manager

- Project Management – Oversee project scope, deliverables, and timelines. Maintain master schedule of all projects and activities
- eReferrals – Oversee eReferral project management, process development and system evolution. Develop relationships with internal and external stakeholders to deliver maximum system value
- Salesforce – Design and develop Salesforce configuration and implementation in collaboration with business users and consultants
- Surveys and outcomes – Create and code surveys for staff, clients, and participants. Analyze surveys and recommend actions and changes
- CMS Administration – Oversee administrative changes to program websites, email and text programs, and service offerings in the case management system

2017-2019 Data Analyst

- Reporting – Plan, implement, and report health-related data analysis using Tableau, Excel VBA, and SQL
- Systematic Review – Design and perform systematic reviews of programs and processes
- Clinical Research Support – Support development of clinical leadership
- Salesforce – Design, develop, manage, and train on the departmental Salesforce implementation
- System Integration – Communicate with clients and developers to manage eReferral integration
- Technical Design – Design and document technical requests to the development team
- Financial Leadership – Train on and review billing activities in the department. Conduct cost estimates and return-on-investment analysis for new projects and ongoing activities.

2015-2017 *Family Health Centers at NYU Langone, Brooklyn, New York*

Senior Data Analyst

- Design and manage data systems – Identified programs' needs, found and implemented data solutions based on Excel, web-based performance management software (e.g. Efforts to Outcomes, COPA), and funder-mandated systems
- Statistical Analysis – Provided over 20 programs with customized analyses of their data including data cleanup activities, outcomes analysis, and staff-work reporting
- Write Reports – Designed and implemented regular monthly reports as well as ad-hoc and yearly reports for the organization's management, funders, program administrators, and staff
- Support Data Systemization – Accompanied programs as they formalized their workflows, documented processes, transitioned to more advanced and customized data solutions, and trained staff in use of new systems
- Manage Team – Supported and managed a junior data analyst and two data-entry personnel

2011-2014 *Amdocs, Tel Aviv, Israel*

2013-2014 Solution Architect

- Identify Customers' Needs – Defined customers' challenges, based on meetings and project scope
- Design Solutions – Wrote high- and low-level designs for customers' requirements
- Lead Testing – Directed internal testing team for new developments
- Train Customers – Instructed customers on new systems (e.g. T-Mobile and others)

2011-2012 Measurements Analyst

- Manage Clients – Provided business partners with continuous and post-release analysis of projects (e.g. AT&T and others)
- Implement Projects – Designed and tested aspects of new software releases
- Team Training – Wrote and conducted team training courses for new software versions

2008-2011 *Totem Plus, Tel Aviv, Israel*

Automation Expert and Developer

- Software Development – Developed integrated monitoring and control systems for marine vessels
- International Collaboration – Customized company's flagship product and worked with clients on-site
- Quality Assurance – Conducted quality assurance tests and wrote product manual

2001-2004 *Israeli Defense Force*

Noncommissioned Officer in 8200 Intelligence Unit

- Served as airborne electronic-intelligence analyst
- Developed and commanded a technical course and wrote specification documents for future systems

## PROFICIENCIES

Languages:

Hebrew – Native  
English – Fluent (speaking, reading, writing)  
French – Intermediate (speaking, reading)  
Japanese – Intermediate (speaking, reading)

Computer skills:

MS Office (including VBA), Windows environment, Delphi, IBM Cognos, SAP Web Intelligence; Tableau, SQL, familiar with C

Volunteer work:

2014-2016  
After-school children's instructor, Brooklyn Game Lab  
Promoting critical thinking and social skills through play

2009-2014  
Group Leader, Israeli Gay Youth Organization  
Social empowerment and social aid for young LGBTQ adults

## **Cara Messick, M.S., ABEA**

### **PROFESSIONAL SUMMARY**

Adaptable Senior-level Manager and Instructional Specialist partnering with cross-functional departments to develop instructional plans and change management strategies. Effective gap-analysis of process and systems, creating and delivering just-in-time training strategically aligned with business goals, saving \$14M in expenses.

- Facilitates team members' brainstorming to implement viable and long-lasting solutions
- Quickly synthesizes technical and policy information to develop and simplify processes
- Applies service-oriented creative solutions
- Drives teams to successful completion of goals and benchmarks
- Presents strong written and verbal communication skills
- Adapts training to culturally and economically diverse populations and delivery settings
- Delivers computer applications across positions and skills sets

### **TECHNOLOGIES**

MS Office, Word, PowerPoint, Visio, OCR, Adobe Photoshop, Captivate, Articulate, PowToon, VideoScribe, HTML, Excel, Access

### **CAREER EXPERIENCE**

#### ***Coordinator, Training and Staff Development, National Jewish Health: 2009 to Present***

*Authored nationally accredited curriculum for Tobacco Treatment Specialist (TTS)*

- Developed 29-hour curriculum in accordance with Tobacco Treatment Specialist (TTS) accreditation standards
- Created blended learning delivery methodology for TTS content and incorporated TTS materials into new hire curriculum

*Created quality assurance program*

- Developed Access database to record and report on call handling quality data
- Scored quality assurance records for agents as part of the evaluation team

*Produced curriculum and reference material for 150+ clients*

- Created and maintained an online reference manual containing procedures, system manuals, and policies for Quitline and Weight Management teams
- Coordinated policy updates with call center operations team
- Trained staff on system navigation, client procedures and guidelines, nicotine dependence, and motivational interviewing
- Created curriculum dbase to communicate details of available content with staff

*Partnered with cross-functional departments in agile development of case management system*

- Documented business process requirements and process maps
- Developed articulate storyboards and prototypes
- Participated in IT sprint planning to strengthen departmental communications
- Validated protocols and system efficacy via User Acceptance Testing
- Wrote procedural and system manuals

*Implemented continuing education program for 100+ staff*

- Designed continuing education framework
- Designed custom-eLearning courses tailored to learner needs using reality-based scenarios and simulations
- Established web-based reference manual to accommodate growing client base, reduce waste stagnancy and discrepancy due to hard-copy reference
- Leveraged curriculum dbase to communicate available training resources to staff

***Manager, Fraud Control (2005-2008) / Supervisor (2001 – 2005), Verizon Communications: 2001 to 2008***

*Opened two new call centers / launched & terminated multiple functional groups and systems*

- Acted as liaison to systems support for new system development, releases, and system enhancement
- Created annual review guidelines and assessment template
- Oversaw 800 routing, system access, system release UAT
- Established tier system delivering \$1.5K in incentives to reward and acknowledge employees
- Forecasted staffing needs and created work groups: set goals for number and length of calls
- Determined hours of operation, staffing break schedules, and prioritized assignments staff
- Hired, trained, and evaluated staff

*Analyzed procedural gaps for efficiency*

- 78% reduction in cases verified as identity theft (annual quarterly comparison)
- 25% increase in system cases worked year over year
- 66% reduction in fraud credit adjustments year over year

*Short- & long-term management of large groups*

- Responsible for up to 35 staff including Supervisors & Staff
- Supervised delivery for ~13 annual three-week classes for up to 12 students

**AWARDS**

*Verizon Services Performance Excellence Award*

“Best-in-class” fraud monitoring system completed in <6 months, resulting in \$14M expense reduction in the 2007 budget cycle, integrated 16 systems, significant improvement to customer experience, reduced work hours of 120 workers.

*MCI Business Operations Shining Star Award*

The transition team used only 4 days to obtain access for the additional 7 legacy systems, integrate operational processes, and train staff: effectively covering both (MCI and Worldcom) networks with no incremental headcount.

**EDUCATION**

Adult Basic Education Authorization - Denver, CO - License #27393  
M.S. Psychology - Western Washington University - Bellingham, WA  
B.A. Psychology - University of Puget Sound - Tacoma, WA

## Laszlo “Lots” Pook

### SUMMARY OF QUALIFICATIONS

Accomplished executive with more than 25 years’ experience in information services. Proven success in building high performance, cost-effective, IST organizations that deliver strategic value. Strong background working with senior executives and other stakeholders in developing, redesigning, and executing corporate strategies to ensure success of the business. Results-oriented leader with excellent interpersonal communication skills. Special skills include:

- Strategically focused to align IT with Enterprise
- IT experience in highly complex IDN settings
- Integration of clinical and research mission
- Budget and financial management
- Skilled in problem solving and decision making
- Excellent leadership in organizational transformation
- Focus on re-engineering with system implementation
- Excellent customer satisfaction scores
- Active in the IT community
- Strong vendor management skills

### PROFESSIONAL EXPERIENCE

#### **NATIONAL JEWISH HEALTH, Denver, Colorado**

##### *Vice President and Chief Information Officer, 2009-Present*

National Jewish Health, the leading respiratory and allergy hospital in the country, receives over \$50M in federal and private grants along with \$200M in patient revenues. As a member of the executive team, I am responsible for the technology, cybersecurity program, clinical system, Health Information Management, and custom application development teams for an academic research hospital and clinic. I manage an operating budget of \$10 million, a capital budget of \$1.6 million, and a staff of 90. I am responsible for the IT strategic plan, ensuring its alignment with the corporate strategic plan. I partner with other senior leaders to develop and implement corporate strategies.

- Led IT team through organizational transformation processes resulting in alignment of IT strategy within the organization, improved communication among team members, reduced system downtime and issues during system go-lives. Partnered with other departments to help them through transformation initiatives.
- Acquired super computer for research teams to perform complex genetic calculations.
- Oversaw the implementation of the data analytics platform and analytics governance program.
- Implemented state-of-the-art ERP, Lab, Endoscopy, Radiology, and Cardiovascular and Virtual ICU systems. Optimized EMR to improve efficiency for clinicians
- Implemented EMR and ancillary system governance committees that provided a forum for clinicians to prioritize projects and tasks. Organized committees to approve workflow, order set, and EMR template changes.
- Brought the development of custom tobacco and weight population health case management system in house. Rewrote system, saving department 70% in software operating costs, and reducing downtime by over 50%.
- Rebuilt network to meet current security standards, best practices, and improved throughput speeds. Leveraged virtual LAN segmentation practices to isolate clinical operations from research which eliminated system timeouts and delays for care workers.

#### **EXEMPLA HEALTHCARE, Denver, Colorado**

##### *Chief Technology Officer, 2002-2009*

Led technology division of Information Services and Technology operations for a three-hospital (1,000 beds) integrated delivery network (IDN). Reported to CIO and managed an operating budget of \$17 million, a capital budget of \$16 million, and a staff of 100.

- Implemented Epic’s Inpatient EMR in partnership with Director of Applications. Led the Technology Steering Council, members of Governance Council, and Print Management Reengineering groups. Managed integrated testing for user acceptance and workflows with subject matter experts.

- Built technology infrastructure in green field hospital with over 30 new technologies, including high speed Cisco medical grade network, IP telephony, PACS, IDX radiology system, storage area network, public WIFI access, patient document management, enterprise portal with e-mail and workflow management for all employees, and 82 applications. Co-chaired Low Voltage Committee during construction which oversaw projects and returned \$3 million in capital savings.
- Re-built and standardized enterprise infrastructure (server, local, and wide area networks, application and desktop layers), converted hospitals to 99% wireless, deployed hundreds of wireless PCs on wheels for clinical orders and charting, dramatically improved uptime (99.99%) and speed, and enhanced security with addition of net nanny, firewalls, DMZ, virus protection, and intrusion protection.
- Partnered with Kaiser Permanente to connect Exempla and Kaiser networks for hosted EPIC IIS and created system to synchronize security environments to facilitate user adds, changes, and terminations.
- Designed and implemented robust WAN to provide 99.999% availability to applications. Converted wide area services, reducing WAN operating costs by 30%.
- Implemented technical security model resulting in reduced recovery time for virus attacks from 75 worker hours to 18.
- Managed clinical support and ancillary teams and implemented order entry system in two hospitals within budget and on schedule.

*Director, e-Business, 2001-2002*

Directed a team of 10 and created the vision for, and partnered with, key users on development and implementation of enterprise portal for over 6,000 doctors, staff, and other members of the clinical team.

- Implemented portal, content workflow, and process management products.
- Re-engineered quality department processes to more efficiently create and review hospital policies and procedures. Reduced overdue policy rate from 65% to 15%.
- Overhauled Human Resources employee requisition system for new employees and posting jobs to external and internal websites. Reduced time to process employee requisitions from 18 days to 24 hours.
- Implemented single sign-on for 18 legacy applications; reduced user-ID and password combinations for clinicians from 20 to 2; increased physician satisfaction for access to patient information from 20 to 80%.

**PREVIOUS EXPERIENCE**

BROADVISION, INC, Denver, CO

CENTURA HEALTH, Denver, CO

JANUS FUNDS, Denver, CO

U.S. OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE, Health Services Command, CO Springs, CO

U.S. DEPARTMENT OF ARMY, Health Services Command, Denver, CO

U. S. DEPARTMENT OF AGRICULTURE, Fort Collins, CO

**EDUCATION & ADVANCED TRAINING**

Master of Business Administration, University of Colorado

Bachelor of Science, Business Administration, Colorado State University

CIO Executive Training Series, College of Health Information Management Executives

Series 7 Securities Training, Janus Funds

**PROFESSIONAL AFFILIATIONS & APPOINTMENTS**

Member, Healthcare Information and Management Systems Society (HIMSS), 2000 – present

President and Board Member at Large, Colorado Chapter of HIMSS, 2002 – 2004

Member, BroadVision Innovation Council, 2004 – 2007

College of Health Information Management Executives (CHIME), 2009 – present

**Dr. Vanessa Bourgeois, PMP, MS, MBA, MBA, CSM**

**Summary**

Vanessa is a certified, decisive, forward thinking Information Systems professional who consistently executes Healthcare, Network, Security Compliance for National Institute of Standards and Technology(NIST)/Federal Risk and Authorization Management Program(FedRAMP)/SSP (800-53 rev 3), Identity Management, and Cybersecurity enterprise solutions to State, Federal, International, Commercial, Space, and DOD customers. A strong, award winning, technical Systems Development Manager, Program and Product Manager, as well as Compliance Engineer with a proven track record of leading cross-functional teams from concept through implementation for Fortune 500 companies. She is confident managing client project lifecycles to Project Management Institute (PMI), Agile, SDLC, and Cybersecurity standards. Recently, she has performed as a Systems Development Manager, Sr. Software Delivery Manager, Portal Development Manager, and Cybersecurity Compliance and Professional Services Process Engineer.

**Project and Talent Experience**

*National Jewish Health; IST Manager Systems Development* *2017-Present*  
Manager of IT Systems Development for Patient Portal, QuitLogix®, FitPro, eReferral, Doc4That, and National Jewish Health customized and clinical reporting.

*Charter Communications Business Applications, Sr. Software Delivery Manager (SDM)* *2016-2017*  
All Business Applications product delivery manager for Product, Operations, Care, and cross functional development teams. The lines of business for these products for the 2016-2017 SE Product Roadmap includes Spectrum Mobile, Spectrum Wireless, Spectrum Wifi, Cross MSO, Home Security, Home as a Hotspot, Hosted Voice Enterprise, Voice – Residential and Small Business (SMB), Portals, and Voice Online Manager (VOM).

*Verizon Enterprise Solutions PMO, Global Professional Services (PS) Sales Enablement* *2013-2015*  
Reported to the Professional Services Global Sales Enablement Director. Launched strategic Consulting Partner initiatives to increase Professional Services market share for 2014. Successfully managed two complex ePrescribe healthcare releases with two Fortune 500 clients. Leadership included: Project Management knowledge areas, Legal contract development, technical product documentation, client mentoring, compliance audits, Salesforce conversions, and network operations. Established multiple Fortune 500 client healthcare releases and relationships to include DEA and SureScripts certifications for Express Scripts, OmniCare.

*Verizon Cybersecurity, Networks, Identity Management, Compliance Product Manager, Sr. Consultant* *2010-2013*  
Reported to the Director, Innovation Product Development. Managed cross functional development teams to bring innovative cybersecurity solutions and identity products to market through effective utilization of strategic planning and product development. Directed: Vendor Management, RFP response, Data Center Operations, Project Management, Procurement, and Billing.

Delivered the US and EMEA Universal Identity Service (UIS) product which is a One-Time Passcode (OTP) secure authentication including SSP FISMA/FEDRAMP/NIST 800-53 rev 3 accreditation. Worked with Security architects to design platform architecture including Cisco, Citrix, and Oracle Exadata. Relationships included

Customers support, risk management, project financials management, and all cross-functional teams.  
Established new ePrescribe vertical market base and accompanying revenues for \$6- million SaaS revenues.

### **Education**

#### *Colorado Technical University | Colorado Springs, Colorado*

Doctorate of Management – Global Leadership

Achieved on 12/2013

Masters of Science – IT (MPLS, VPN Networks and Oracle Databases) | Summa Cum Laude

Achieved on 9/2010

MBA in Program Management and 4 Certifications | Summa Cum Laude

Achieved on 3/2009

MBA in Technology Management, and 4 Certifications | Summa Cum Laude

Achieved on 3/2009

#### *University of Houston at Clear Lake | Houston, Texas*

Bachelor of Business Administration – Business and Computer Information Systems

### **Awards and Accomplishments**

- ✦ CISSP, CISM, CCSP ISC2 – In progress 2017
- ✦ CSM Scrum Master – Certificant ID: 696757
- ✦ Women in Cable Telecommunications – WICT 2017
- ✦ PMI Project Management Mentor program San Diego – 2015-2017; PMI Mile High Chapter – 2016, 2017; PMI San Diego Chapter – 2014-2016
- ✦ University of San Diego Professor (School of Business Project Management, School of Law Project Management) – Adjunct 2015-2017
- ✦ Academy of Management Peer Review Committee – 2010-2013, 2015-2017, 2018
- ✦ PMI CAPM/PMP Boot Camp instructor for ASPIRE-PMTI – 2010/2011
- ✦ Department Employee of 1st Quarter 2010 Award, Pikes Peak Chapter of SIG Women in Program Management
- ✦ PMP Certification – 2/15/08, PMI Mile High Chapter (Denver, Colorado)
- ✦ MCI All Star Award, 7/2005, MCI Network Systems Engineering Hero Award, 1998, 1999
- ✦ 8 MCI Network Systems All Star Awards, SR. Manager Awards, FOCUS awards, Employee of the Month awards
- ✦ MCI Information Technology, Star Performer, 12/2003, Consistently Exceeds Performance
- ✦ MCI Information Technology, Ring of Champions(Peak Achiever), 1997; MCIWorldcom STELLAR Award, 2/2000, Consistently Exceeds Performance, MCIWorldcom Star Award, 1999, 2000

**Mary Ehlert, MS, ABC**

**EDUCATION**

Master's Degree, Public Relations Management, University of Denver, 1993

Bachelor's Degree, Major in Public Relations, Minors in Psychology and Home Economics, University of North Dakota, 1991

**QUALIFICATIONS OVERVIEW**

- Strategic, hard-working communications leader with a proven track-record researching, executing, and analyzing strategic marketing, advertising, public relations, and media plans that get results
- More than 20 years of experience in complex and regulated industries including government, healthcare, behavioral healthcare, and tobacco control
- Responsible for industrious resource allocation; successfully managed budgets of \$100,000 up to \$18 million dollars annually and teams from one to 40 employees
- Skilled at generating free media coverage; in one year earned 300 media placements with an ad-equivalent value of more than \$500,000
- Excellent at developing and maintaining quality relationships with clients, media, agencies, vendors, stakeholders, advocacy groups, community members, and leaders and government officials within highly complex and political environments
- Savvy professional able to traverse hierarchical and matrixed environments and multi-layered approval processes
- Experienced in all marketing and communications tactics, including:
  - Developed effective and award-winning integrated marketing campaigns including: television, radio, in-theater, print, and online advertisements; website design and content development; and social media content development
  - Managed video productions from concept through final edit (examples on YouTube.com/Mary Ehlert)
  - Managed company logo development/re-branding and messaging platforms for two Fortune 500 high technology companies and the state of Arizona's tobacco program
  - Managed merger and acquisition communications – more than 50 acquisitions over 3 years – for a Fortune 500 high technology company
  - Experienced positioning CEOs as industry thought leaders through influencer strategies, trade publications, trade and analyst media tours, and electronic media (blogs, electronic newsletter content, and social media posts)
  - Wrote, edited, and produced all types of print and electronic materials including sales collateral, brochures, newsletters, websites, and award-winning annual reports
  - Provided media training for top executives; wrote speeches, talking points, and messages for CEOs and government leaders
  - Experienced in B2B Marketing tactics including: Lead generation through relationship development; Client relationship management, engagement, and retention strategies; Direct mail, trades shows, industry events, webcasts, and press conferences; Social media, niche market, and geo-targeted social platform advertising
  - Experienced writing solicitations for request for proposals (RFPs) and managing large scale RFP responses
  - Experienced in Crisis Communications/Emergency Preparedness including: Managed crisis communications and media relations with federal, state, and local government and law enforcement agencies in Joint Information Centers for multiple crises; Trained by FEMA, US Department of Homeland Security, Centers for Disease Control, and Arizona Department of Emergency Management; Developed award-winning "Just in Case Arizona" preparedness campaign
  - Experienced in public affairs, public involvement, government relations, and issues management

**CHRONOLOGY OF EMPLOYMENT**

- Director of Cause Marketing/Marketing Manager, National Jewish Health, 01/2017-present
- Research/Writing Asst., Expressville, LLC, 12/2016-present
- Region Marketing Manager, Essentia Health, 07/2014-11/2016
- Director of Communications and Public Affairs, Magellan Health Services of Arizona, 03/2012-05/2014
- Marketing and Communications Office Chief, Arizona Department of Health Services (ADHS) Bureau of Tobacco and Chronic Disease, 09/2006-03/2012
- Public Information Officer, ADHS, 09/2004-09/2006
- Public Involvement Specialist, URS Corporation, 2003-2004
- Marketing Director, Desert Caballeros Museum, 2002-2003
- Public Relations Director/Consultant, PR agencies, 2000-2002
- Marketing Manager, CIBER, Inc., 1998-2000
- Communications Director, Allied Jewish Federation of Colorado, non-profit fundraising organization, 1995-1998
- Communications Coordinator, American Cancer Society Colorado Division, 1994-1995
- Program Coordinator, Children's Heart Alliance, 1992-1993
- Editor, The Buffer, DU Technology Newsletter, 1991-1992
- Desktop Publisher/Event Planner, NDAD, 1990-1991

**VOLUNTEER EXPERIENCE**

Stop Bullying AZ, City of Phoenix Advisory Board, 2012-2014  
Habitat for Humanity Volunteer, 2012, 2015  
Home Owners Association Board of Directors, 2008-2012  
By Invitation Only: IABC International Evaluator's Circle, 2011  
IABC Gold Quill Judge, 2003, 2011  
Freshstart Women's Resource Center Volunteer, 2008-2010  
IABC Accreditation Evaluator, 2009  
March of Dimes Walk America, Team Leader, 2007  
CHAI (organization for abused women) Volunteer, 1998  
Juvenile Diabetes Foundation Walk Committee, 1996-1997  
World Youth Day/Pope's Visit to Denver, 1993

**CERTIFICATIONS**

Accredited Business Communicator (ABC), International  
Association of Business Communicators (IABC)  
Certificate of Completion International Association for Public  
Participation (IAP2) Planning for Public Participation

**IABC LEADERSHIP POSITIONS**

IABC Phoenix Board Vice President for Professional  
Development, 2013-2014  
IABC Phoenix Professional Development Committee, 2004-2005  
U.S. IABC District 5 Chapter Services Manager, 2002-2003;  
Board Secretary, 2000-2001; Board Leadership Development  
Chair, 1999-2000, Colorado Delegate, 1998-1999  
IABC Colorado Board President, 1997-1999, 2001;  
Member, 1996-1997

**TEACHING/PRESENTATIONS**

University of Northern Colorado, Guest Lecturer, 2018  
Adjunct Faculty, Western International University, 2011-2014  
SW College of Naturopathic Medicine, Guest Lecturer, 2009  
IABC Phoenix Event Speaker, 2011  
IABC Phoenix Professional Development Speaker, 2010  
IABC Southern Region Conference Speaker, 2009  
National Conference on Tobacco or Health Presenter, 2009  
University of Arizona, Guest Lecturer, 2008

**AWARDS AND RECOGNITION**

Valley Leadership Institute, Class XXIX, 2007-2008 (Phoenix,  
Arizona)  
*Healthcare Marketing Report* Healthcare Advertising Award,  
Total Marketing Campaign, 2015  
Three IABC International Gold Quill Awards of Merit:  
1) Advertising, 2010; 1) Interactive Media, 2010;  
1) Communication Management, 2008  
Three IABC Silver Quill Awards: 1) Communication  
Management, 2009; 1) Website, 2009; 1) Video  
Production, 2009  
Twelve IABC Phoenix Copper Quill Awards:  
7) Communication Management, 2008, 2010, 2011;  
3) Electronic Communications, 2008, 2010, 2011;  
1) Media Relations, 2011; 1) Audiovisual, 2010  
Six IABC Colorado Bronze Quill Awards: 1) Newsletter Design,  
1999; 1) Promotional Copy Writing, 1999; 2) Special Publication,  
1998, 1997, 2) Annual Report, 1997, 1995  
Six American Advertising Federation "Addies" Youth Tobacco  
Prevention Campaign, 2010  
Public Relations Society of America Arizona Chapter Copper  
Anvil Award for Interactive Media, 2010  
Two American Marketing Association Arizona Chapter Awards,  
1) Best Research Project, 2007; 1) Best-Integrated Multi-Media  
Campaign, 2007  
The Arizona Department of Health Services Director's Award,  
2009  
The Arizona Department of Health Services, Employee of the  
Year, 2007  
The Arizona Department of Health Services Team of the Year,  
Bureau of Tobacco Education and Prevention, 2007  
The Arizona Department of Health Services Team of the Year,  
Crisis Incident Command Team, 2005  
University of Denver Graduate Scholarship, 1991  
University of North Dakota Public Relations  
Scholarship, 1990

## Meg Ornellas

### **Education**

September 2005 – June 2010  
University of California, Santa Cruz  
Bachelor of Arts in Psychology  
Activities: University of California, Santa Cruz Cycling Team

### **Experience**

*National Jewish Health – Health Initiatives Department*  
*November 2019 – Present*  
*Business Coordinator*

Support the Health Initiatives contract review and approval process, understand contract terms and conditions, update contract tracker for timeliness and prioritization of tasks, ensure all contract documents are organized and filed in the appropriate location, request drafts of standard proposal documents such as BAAs and VSAs, provide project support for the Request for Proposal (RFP) process, support QuitLogix® clients, provide administrative support to Sales and Account Management Team, as well as the Health Initiatives Team at large, communicate effectively, and establish rapport with multiple departments and the clients we serve.

*National Jewish Health – Health Initiatives Department*  
*October 2016 – November 2019*  
*Tobacco Cessation Coach*

Provide telephonic tobacco and nicotine cessation coaching services to participants in the Quitline program, create personalized and effective quit plans to help participants become tobacco and nicotine-free, address and resolve participant concerns and inquiries, utilize eCoaching and our online Live Chat system to assist participants, participate in additional Coach trainings (such as the Youth Coach Specialist program), communicate with all Health Initiatives team members to provide excellent service to our participants and clients, provide input and perspective for client inquiries when requested by a manager.

### **Volunteer Work**

February 2016 – February 2018  
Saint Joseph Hospital Denver – Emergency Department  
Emergency Department Ambassador  
Four hours completed weekly, two-year required commitment  
Promoted from ER Volunteer to ER Volunteer Ambassador with additional responsibilities and additional patient interaction  
2016 Saint Joseph Hospital Volunteer of the Year Nominee

### **National Jewish Health Non-discrimination Policy**

It is a National Jewish Health policy and commitment to practice non-discrimination in the hiring, promotion, transfer, and training of employees and to evaluate candidates for positions based on the candidate's skills, knowledge, and abilities without regard to race, color, creed, religion, sex, age, national origin, citizenship, sexual orientation, gender identity and expression, physical or mental disability, marital, familial, or parental status, genetic information, military status, veteran status, or any other legally protected classification.

The Institution complies with all applicable state and local laws governing non-discrimination in employment and prohibits unlawful harassment based on any of the aforementioned protected classes at every location in which it operates. Equal employment opportunity applies to all terms, conditions and privileges of employment including but not limited to assessments and hiring.

### **References**

When a final candidate or group of candidates are identified by a hiring manager, they engage their National Jewish Health recruiter to begin the reference check process. This process is supported by the web-based Healthcare Source assessment tool, Reference Assessment. Reference Assessment offers a candidate-driven, automated reference screening platform grounded in behavioral science.

Through Reference Assessment, candidates invite a minimum of five professional references (including two current or prior supervisors) to complete an anonymous, electronic survey. The survey captures candid feedback on the candidate as well as a subjective evaluation against weighted, competency-based benchmarks.

The competency-based benchmarks include:

- *Customer Focus:* Is committed to satisfying needs and expectations of customers. Works with clients and customers to satisfy their expectations. Develops positive relationships with customers and anticipates their wants and concerns.
- *Agreeableness:* Relates well to people from varied backgrounds; establishes and maintains good relationships with others. Shows understanding, respect, and empathy toward others. Works effectively and productively with people in a group or on a team.
- *Emotional Evenness:* The ability to keeps one's emotions in check, to hide negative emotions and anger in front of others. Does not let negative emotions interfere with interpersonal relations.
- *Multitasking:* Demonstrates the ability to handle multiple tasks during a given time. Pursues numerous goals and prioritizes them according to their importance.
- *Work Ethic:* The extent to which the applicant is dependable, organized, and is willing to work hard.
- *Integrity:* Acts with integrity and upholds high standards of ethical conduct. Adheres to principles and values; is sincere and trustworthy.
- *Safety:* The extent to which workers are motivated to follow safety procedures in the workplace.

The system also generates a Reference Quality Indicator which assesses overall reference legitimacy. The intuitive indicator alerts National Jewish Health to suspect or unusual reference results based on a number of factors, including email address domains, timespan between reference completions, IP addresses, and phone numbers. With the assistance of the indicator, National Jewish Health is

positioned to identify fake and misleading reference information before an offer of employment is extended.

When a minimum of three references have completed the electronic questionnaire, the reference system generates a comprehensive report that is reviewed by Human Resources and the hiring manager. As additional questions arise, the candidate or listed references may be contacted directly by Human Resources to gather further information to support the hiring decision.

#### ***Employment Verification***

As part of our standard hiring process, employment verification is obtained on each candidate who has received an offer of employment. Current and prior employment data including company name, address, contact information, job title, and employment dates are provided by the candidate at the time an application for employment is submitted. This information is analyzed by Human Resources to identify gaps in employment and is double checked with the candidate to confirm accuracy.

National Jewish Health partners with Universal Background Screening to obtain employment verification information including start date, end date, position title, and eligibility for rehire. Employment verification data gathered by Universal Background Screening on behalf of National Jewish Health is housed in an electronic database and can be accessed indefinitely on an as needed basis.

When a candidate formally accepts an offer of employment, their self-disclosed employment record listing the most recent two employers is provided electronically to Universal Background Screening. The resulting data gathered by Universal Background is cross compared with the information provided by the candidate to ensure continuity. Instances of variations between self-disclosed employment data and corresponding verifications result in an interactive process in which National Jewish Health obtains further information from the candidate and/or reported employer.



## Reference Assessment Report

### Introduction

This section highlights the candidate scores for competencies critical to success for this position. The Overall Score is a combination of the individual competency scores based upon their weighting.

Expanding each competency provides detailed information reference ratings and responses for each question within that competency.

**Position:** Interviewing Event! CALL CENTER TOBACCO CESSATION CARE REPS & HEALTH COACH POSITIONS AVAILABLE (8748)

**Email:** [REDACTED]

**Phone:** -

**Created:** 12/20/2018, 10:27am

**Accepted:** 12/23/2018, 02:34pm

**Location:** National Jewish Health - Galleria Office Towers

### Overall Score:



### Reference Assessment

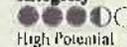
#### Multi-Tasking



#### Work Ethic



#### Integrity



#### Agreeableness



#### Emotional Evenness



#### Safety



#### Customer Focus



### Reference Assessment

#### Key Insights

**Multi-Tasking:** Individuals with similar scores are skilled at managing several responsibilities at once. These individuals have the ability to organize, monitor progress, and complete multiple assignments simultaneously.

**Work Ethic:** Individuals with similar scores are dependable and can be entrusted to take on challenging tasks as they are very driven to succeed. These individuals are conscientious of the quality of work they handle and will strive to keep commitments and meet deadlines.

**Integrity:** Individuals with similar scores consistently conduct themselves with high levels of integrity. They adhere to ethical principles and values, and are seen as trustworthy and sincere by their peers.

**Agreeableness:** Individuals with similar scores are effective at developing and maintaining relationships at work even with individuals from different backgrounds. These individuals display empathy and respect towards others and go out of their way to make new employees feel welcome. These individuals enjoy working and interacting with others and work particularly well in group or team settings.

**Emotional Evenness:** Individuals with similar scores can successfully handle most frustrating situations while remaining calm. They can subdue negative emotions and appear happy to others. Criticism is generally handled well.

**Safety:** Individuals with similar scores show a good understanding of accident prevention. These individuals follow safety procedures and usually encourage others to do the same.

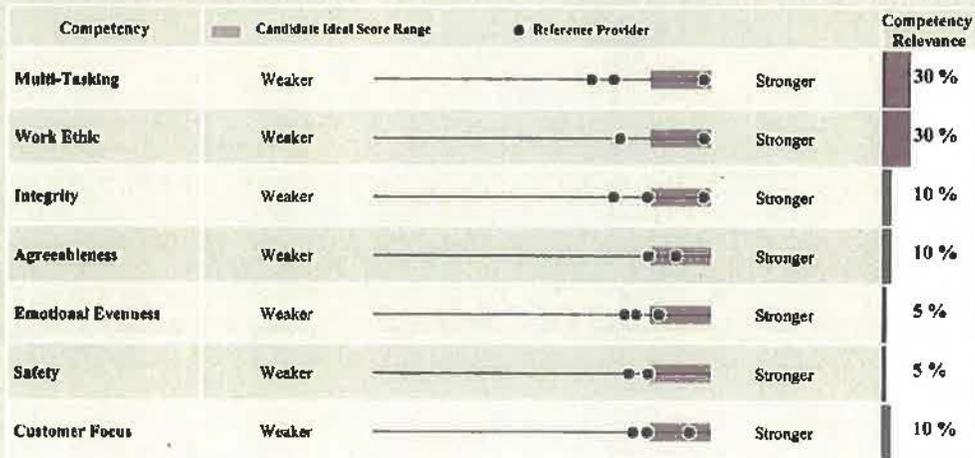
**Customer Focus:** Individuals with similar scores are committed to satisfying the needs and expectations of customers and are skilled at developing relationships with customers. They are highly sensitive to the needs and concerns of customers and are effective at working with



Reference Assessment Report

clients to satisfy their needs and expectations.

Reference Assessment  
View All Competencies



Reference Assessment  
Reference Follow Up Questions™

Customer Focus

**CUSTOMER FOCUS** Think of the most recent customer or client that the applicant met. How did the applicant determine the client's needs and expectations? How did they go about trying to meet the client's needs and expectations?

**CUSTOMER FOCUS** Think of a time when a customer was making a request that the applicant considered unreasonable or which was not in the interest of the company. What did they do in this situation and what was the outcome?

**CUSTOMER FOCUS** Think of a time in which a customer was not satisfied with a product or service and became irate. How did the applicant respond to the customer and how did they resolve the situation?

Multi-Tasking

**MULTITASKING** It is often important to be able to pursue multiple goals at once. Tell me about a situation in which Joel had several goals to work toward in tandem. What were the goals? What did Joel do? What was the outcome? (i.e. was Joel successful in reaching the goals within the deadline?)

**MULTITASKING** Tell me about a time when Joel was working on a project and encountered many interruptions. What did Joel do to



Reference Assessment Report

ensure the task was completed before the deadline? What was the outcome?

**MULTITASKING** Tell me about a time that Joel had to work on multiple projects at once. What (if any) steps did Joel take to manage these tasks? What was the outcome (i.e. was Joel successful in completing the projects? Were the projects completed to a high standard of quality?)

▼ Integrity

**ACTING WITH INTEGRITY** Occasionally, people make promises that are difficult to keep. Tell me about a time when the applicant made a promise or commitment they were unable to keep.

**ACTING WITH INTEGRITY** Describe a time when the applicant had conflicting commitments. What was the situation and how did he/she handle it?

▼ Emotional Evenness

**EMOTIONAL EVENNESS** Think of a time when the applicant was working in a group and was the target of upset or angry group members. What did he/she do in this situation?

**EMOTIONAL EVENNESS** Think of a time when the applicant had to deal with a difficult, annoying, and/or frustrating person (e.g., coworker, customer). What was the situation and how did he/she respond to it?

▼ Agreeableness

**GETTING ALONG** Can you think of a time when the applicant had to build rapport quickly with someone under difficult conditions? How did he/she go about establishing rapport? What was the outcome of this situation?

**GETTING ALONG** Give a specific example of a time when the applicant had to address an angry customer. What was the problem and how did he/she handle the situation? What was the result of this interaction?

▼ Safety

**SAFETY BEHAVIOR** Describe a critical incident which involved the applicant. Did the applicant follow appropriate safety procedures? Please explain in detail.

**SAFETY BEHAVIOR** Can you think of a time when the applicant prevented an unsafe situation from occurring? What did the applicant do?

▼ Work Ethic

**WORK ETHIC** Can you think of a time where the applicant or his/her work group faced an important deadline and were falling behind schedule? What did the applicant do in this situation? Was the applicant able to meet the deadline?

**WORK ETHIC** Can you think of a situation in which some aspect of a project or task was overlooked. What were the causes of the omission? How did the applicant respond to this situation?

Reference Assessment

Hire / Rehire

References were asked to answer this question:

[REDACTED]





Reference Assessment Report

"If applicable, would you hire or rehire in the future?"

- Reference 1:** Yes, absolutely. [redacted] is honest, hardworking, and kind. He possesses integrity and is a man of his word. He is reliable and trustworthy. His work ethic is unparalleled. He also has a great sense of humor, even in difficult situations. .
- Reference 2:** Yes, absolutely. It was a pleasure to work with [redacted], and my team felt equally the same way. .
- Reference 3:** Yes, absolutely. Very good employee! He was dependable and did his job without having to be micromanaged. .

Reference Assessment  
Reference Info and Comments

Barre	Howard	Waters
<b>Completed:</b> Yes	<b>Completed:</b> Yes	<b>Completed:</b> Yes
<b>Company:</b> Ruth's Chris Steak House	<b>Company:</b> White Plains Hospital	<b>Company:</b> Ruth's Chris Steak House
<b>Title:</b> Realtor/ broker associate	<b>Title:</b> Patient Materials Transport Coordinator	<b>Title:</b> Sales Manager
<b>Relationship:</b> Peer	<b>Relationship:</b> Supervisor	<b>Relationship:</b> Supervisor
<b>Length of Relationship:</b> Two to five years	<b>Length of Relationship:</b> One to two years	<b>Length of Relationship:</b> Two to five years
<b>Date Completed:</b> 01/03/2019	<b>Date Completed:</b> 12/27/2018	<b>Date Completed:</b> 01/02/2019
<b>Time to Complete:</b> 11 days	<b>Time to Complete:</b> 4 days	<b>Time to Complete:</b> 37 minutes
<b>IP address:</b> 73.243.205.47	<b>IP address:</b> 198.46.101.20	<b>IP address:</b> 24.8.179.240
<b>OK to contact?</b> Yes	<b>OK to contact?</b> Yes	<b>OK to contact?</b> Yes
3087 s Zenobia St Denver, Colorado 80236 United States of America [redacted]	41 East Post Road White Plains, New York 10601 United States of America [redacted]	707 15th St Denver, Colorado 80202 United States of America [redacted]
<b>Comment from Reference:</b> Wonderful. Simply put [redacted] was a pleasure to work with. He and I would work closely together, in different roles for a common goal. Joel always knew what to do and always seemed to be a step ahead because he has a natural knack for anticipating what would be needed next. However, he was never to "proud" to ask for help when needed.	<b>Comment from Reference:</b> [redacted] was a volunteer transporter for the department that I oversee.	<b>Comment from Reference:</b> [redacted] was an employee





Reference Assessment Report

**Comment from Candidate:**

██████████ and I work in both the main dining room and the banquet rooms. As she was a head server and I was a server assistant, I was her subordinate. I was supposed to make sure to properly fulfill all my supporting duties well in order to facilitate the servers and food runners jobs to guarantee our guests an excellent dining experience.

**Comment from Candidate:**

This was actually a volunteering position. ██████████ was my supervisor and he was in charge of patient materials and patient transportation within the hospital. I mostly helped with specimens pick up from hospital units to the labs, and with moving patients via wheelchair when discharged from the hospital or from ambulatory surgery departments.

**Comment from Candidate:**

As a sales manager, ██████████ was in charge of booking all our private dining events. All the banquet servers, food runners, and myself, as a server assistant, followed her lead as to what the hosts wanted and all of us together made sure the hosts and their guests had a wonderful experience at the restaurant.

██████████ Donaldson

Completed: No

Company: Children's Hospital

Title: Administrative Coordinator

Relationship: Supervisor

Length of Relationship: Greater than five years

Date Completed:

Time to Complete:

IP address:

OK to contact?

13123 E. 16th Ave  
Aurora, Colorado 80045  
United States of America

**Comment from Reference:**

**Comment from Candidate:**

We both worked for the department of Family Services. She was particularly helpful in providing me with a computer and a space to work to do patient education translations for the patient education department when I was not doing interpreting. Later on, I was rehired by her as she was the medical interpreters coordinator in the same department. She was in charge of making sure the interpreting team was well staffed to cover the hospital's interpreting needs.



Reference Assessment Report

**Reference Assessment  
Reference Quality Indicator™**

The Reference Quality Indicator™ assesses the overall confidence level of reference legitimacy. This indicator has been designed to alert you to suspect or unusual reference results based on a number of factors, including email address domains, timespan between reference completions, IP addresses, phone numbers and other items.

A proprietary algorithm combines the criteria above and calculates a score (from 0-100).

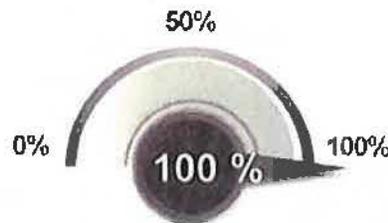
A score of 75 or greater indicates a high confidence level that the results are likely from legitimate reference providers and may be trusted.

Scores below 75 indicate potentially suspicious reference activity. The primary concern is that a candidate may be attempting to provide false reference information.

With that said, there are many legitimate reasons a score may fall below 75, and, candidates should never be removed from the hiring process based solely on this score.

If a Reference Quality Indicator™ score appears low, it may help to view the "Info and Comments" section of the candidate's report, and review the reference information and comments provided. Are multiple references employed by the same employer? If so, the references may have all responded from the same location or even the same computer, affecting this score. Are all email addresses oddly similar? How about phone numbers? These and other factors are possible reasons a score could be low.

If you are genuinely concerned about a low Reference Quality Indicator™, we suggest a quick follow up call with one or more references to simply confirm that the reference did indeed complete the survey.



**Reference Assessment  
Competency Definitions**

**Multi-Tasking**

Demonstrates the ability to handle multiple tasks during at a given time. Pursues numerous goals and prioritizes them according to their importance.

**Work Ethic**

The extent to which the applicant is dependable, organized, and is willing to work hard.

**Integrity**

Acts with integrity and upholds high standards of ethical conduct. Adheres to principles and values; is sincere and trustworthy.

**Agreeableness**

Relates well to people from varied backgrounds; establishes and maintains good relationships with others. Shows understanding, respect, and empathy towards others. Works effectively and productively with people in a group or on a team.

**Emotional Evenness**





## Reference Assessment Report

The ability to keep one's emotions in check, to hide negative emotions and anger in front of others. Does not let negative emotions interfere with interpersonal relations.

**Safety**

Extent to which workers are motivated to follow safety procedures in the workplace.

**Customer Focus**

Is committed to satisfying needs and expectations of customers. Works with clients and customers to satisfy their expectations. Develops positive relationships with customers and anticipates their wants and concerns.





## Appendix C:

# National Jewish Health Publications, Presentations, and Media

### Peer-reviewed Publications

1. Janssen BP, Muthua N, Kelly MK, Baca H, Shults J, Grundmeier RW, Fiks AG. (2019). *Parent eReferral to Tobacco Quitline: A Pragmatic Randomized Trial in Pediatric Primary Care*. Am J Prev Med. Jul;57(1):32-40. doi: 10.1016/j.amepre.2019.03.005.
2. Vander Weg MW, Holman JE, Rahman H, Sarrazin MV, Hillis SL, Fu SS, Grant KM, Prochazka AV, Adams SL, Battaglia CT, Buchanan LM, Tinkelman D, Katz DA. (2017). *Implementing smoking cessation guidelines for hospitalized Veterans: Cessation results from the VA-BEST trial*. J Subst Abuse Treat 77:79-88. doi: 10.1016/j.jsat.2017.03.015.
3. Patten CA, Boyle R, Tinkelman D, Brockman TA, Lukowski A, Decker PA, D'Silva J, Lichtenstein E, Zhu SH. (2017). *Linking smokers to a quitline: randomized controlled effectiveness trial of a support person intervention that targets non-smokers*. Health Educ Res 32(4):318-331. doi: 10.1093/her/cyx050.
4. Tindle HA, Daigh R, Reddy VK, Bailey LA, Ochs JA, Maness MH, Davis EM, Schulze AE, Powers KM, Ylioja TE, Baca HB, Mast JL, Freiberg MS, Pennsylvania eReferral Workgroup. (2016). *eReferral Between Hospitals and Quitlines: An Emerging Tobacco Control Strategy*. Am J Prev Med. Oct;51(4):522-6. doi: 10.1016/j.amepre.2016.05.024.
5. Lukowski AV, Morris C, Young SE, Tinkelman D. (2016). *Characteristics of LGBT Quitline Callers Across 14 States*, Journal of Smoking Cessation, pp. 1–7. doi: 10.1017/jsc.2016.18.
6. Lukowski AV, Morris C, Young S, Tinkelman D. (2016). *Characteristics of American Indian/Alaskan Native Quitline Callers Across 14 States*. Nicotine & Tobacco Research. doi: 10.1093/ntr/ntw154
7. Lien RK, Schillo BA, Mast JL, Lukowski AV, Greenseid LO, Keith JD, Keller PA. (2016). *Tobacco User Characteristics and Outcomes Related to Intensity of Quitline Program Use: Results From Minnesota and Pennsylvania*. J Public Health Manag Pract 22(5):E36-46. doi: 10.1097/PHH.0000000000000382.
8. Lukowski AV, Morris CD, Young SE, Tinkelman D. (2015). *Quitline outcomes for smokers in 6 states: Rates of successful quitting vary by mental health status*. Nicotine Tob Res.; 17(8): 924-930.
9. Graham AL, Papandonatos GD, Cobb CO, Cobb NK, Niaura RS, Abrams DB, Tinkelman DG. (2014). *Internet and Telephone Treatment for Smoking Cessation: Mediators and Moderators of Short-Term Abstinence*. Nicotine Tob Res 17(3):299-308. doi: 10.1093/ntr/ntu144.
10. Buller DB1, Halperin A, Severson HH, Borland R, Slater MD, Bettinghaus EP, Tinkelman D, Cutter GR, Woodall WG. (2014). *Effect of nicotine replacement therapy on quitting by young adults in a trial comparing cessation services*. J Public Health Manag Pract 20(2):E7-E15.
11. Katz DA, Holman JE, Nugent AS, Baker LJ, Johnson SR, Hillis SL, Tinkelman D, Titler MG, Vander Weg MW. (2012). *The Emergency Department Action in Smoking Cessation (EDASC). Trial: Impact on Cessation Outcomes*: Nicotine & Tobacco Research; doi: 10.1093/ntr/nts219
12. Graham AL, Chang Y, Fang Y, Cobb NK, Tinkelman D, Niaura RS, Abrams DB, Mandelblatt JS. (2012). *Cost-effectiveness of internet and telephone treatment for smoking cessation: an economic evaluation of The iQUITT Study*. Tob Control 2012 September: Published online first.

13. Graham A, Cobb N, Papandonatos G, Moreno J, Kang H, Tinkelman D, Bock B, Niaura R, Abrams DA. (2011). *Randomized Trial of Internet and Telephone Treatment for Smoking Cessation*. Arch Intern Med;171(1):46-53.
14. Morris C, Waxmonsky J, May M, Tinkelman D, Dickinson M, Giese A. (2011). *Smoking Reduction for Persons with Mental Illnesses: 6-Month Results from Community-Based Interventions*. Community Ment Health J. 47(6):694-702. doi: 10.1007/s10597-011-9411-z.
15. Biazzo, LL, Froshaug DB, Harwell T, Beck HN, Haugland C, Campbell S, Helgerson SD. (2010). *Characteristics and Abstinence Outcomes Among Tobacco Quitline Enrollees Using Medications*. Nicotine Tob Res. 12(6):567-73. doi: 10.1093/ntr/ntq045.
16. Katz D, Vander Weg M, Fu S, Prochaska A, Grant K, Buchanan L, Tinkelman D, Reisinger HS, Brooks J, Hillis SL, Joseph A, Titler M. (2009). *A before-after implementation trial of smoking cessation guidelines in hospitalized veterans*. Implement Sci 10;4:58.
17. Campbell S, Lee L., Haugland C, Helgerson SD, Harwell T. (2008). *Tobacco quitline use: enhancing benefit and increasing abstinence*. Am J Prev Med 35(4):386-8. doi: 10.1016/j.amepre.2008.06.032
18. Tinkelman D, Wilson SM, Willett J, Sweeney CT. *Offering free NRT through a tobacco quitline: impact on utilization and quit rates*. Tob. Control. 2007 Dec; 16 Suppl 1:i42-6.
19. Harwell T, Lee L, Haugland C, Wilson S, Campbell S. (2007). *Utilization of a Tobacco Quit Line prior to and after a Tobacco Tax Increase*. Journal of Public Health management & Practice: 13(6):637-641.
20. Kahler, C, LaChance H, Strong D, Ramsey S, Monti P, Brown R. *The Commitment to Quitting Smoking Scale: Initial Validation in a Smoking Cessation Trial; for Heavy Drinkers Addictive Behaviors*, Vol 32, 10 07

## Presentations

1. Ylioja T with Adolescent Treatment Network. (2020). *Adolescent tobacco control programs*. Society for Research on Nicotine & Tobacco. New Orleans, LA.
2. Ylioja T, Halpern-Felsher B, Raber-Dessoulavy BS, Logan K, Gilboa Z, Fisher C, Carradine K, Barker T, Johnson J, Vaughn A. (2020). *Development and service utilization for My Life, My Quit™ youth tobacco quitline program*. Society for Research on Nicotine & Tobacco. New Orleans, LA.
3. Ylioja T, Eldridge Q, Gilboa Z, Taveras J, Washington R. (2020). *Sexual and gender minorities speak; a community mixed methods evaluation of tobacco quitlines*. Society for Research on Nicotine and Tobacco Annual Meeting. New Orleans, LA.
4. Ylioja T, Lukowski A, Gilboa Z. (2019). *Outcomes of a Targeted Quitline Protocol to Treat Tobacco Dependence in Behavioral Health Populations*. National Conference on Tobacco or Health. Minneapolis, MN.
5. Washington R, Ylioja T. (2019). *Tales from beyond the city: Using tobacco quitlines to engage rural LGBT communities*. LGBTQ Health Conference. Atlanta, GA.

6. Ylioja T. (2019). *When they need to quit; building the want to quit. Clinical skills workshop. Using motivational interviewing to move patients towards changing tobacco use.* Big Sky Pulmonary Conference. Anaconda, MT.
7. Ylioja T. (2019). *More than a call; evidence and updates on quitlines for tobacco cessation.* Big Sky Pulmonary Conference. [Keynote address]. Anaconda, MT. 2019.
8. Ylioja T. (2019). *Tobacco cessation for cancer survivors. Nevada Project ECHO.* Webinar.
9. Ylioja T, Newhill C, Cochran G, Tindle HA. (2019). *Tobacco quitline cessation outcomes for sexual and gender minorities.* Society for Research on Nicotine and Tobacco.
10. Lynch M, Reidmohr A, Ylioja T. (2018). *Beyond the call: Inside the Quitline Experience.* Public Health in the Rockies. Copper Mountain, CO.
11. Ylioja T. (2018). *Access, engagement, and tobacco treatment by telephone quitlines for LGBTQ adults.* Pennsylvania LGBTQ Health Conference. Pittsburgh, PA.
12. Lukowski A. (2017). *No Need for Alternative Facts: Using SOGI Data to Make Us Count.* LGBT Healthlink E-Summit.
13. Lukowski A. (2017). *A Call to Action: How Quitlines Can Address the Needs of the Behavioral Health Population.* North American Quitline Consortium (NAQC) Webinar.
14. Young S, Lukowski A, Tinkelman D, Morris C, Young S. (2017). *How Mental Health Conditions May (or May Not) Impact Quitline Utilization.* National Conference on Tobacco or Health. Austin, TX.
15. Lukowski A, Olson K. (2017). *Differences in Quitting Behaviors for Quitline Participants with Mental Health Concerns.* National Conference on Tobacco or Health. Austin, TX.
16. Lukowski A, Morris C, Young S. (2017). *Tailoring Quitline Programs to Reach Disproportionately Impacted Groups.* North American Quitline Consortium (NAQC) Conference. Austin, TX.
17. Lukowski A, Olson K. (2017). *Beyond telephone services: Using additional engagement methods to increase quit rates.* North American Quitline Consortium (NAQC) Conference. Austin, TX.
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## Appendix D: National Jewish Health Policies

**National Jewish Health Tobacco Policy Summary**

Function	Policy
Research support	<p>National Jewish Health will accept no research support directly from a tobacco company.</p> <p>National Jewish Health will accept research support from an organization, agency, or governmental office that has received funds from tobacco companies. For example, National Jewish Health will accept research support from the state's tobacco settlement funds.</p> <p>Investments: There will be no investments of any kind in tobacco companies. If a merger or acquisition results in a holding having direct exposure to the tobacco industry, that holding will be liquidated as soon as it is practical to do so.</p>
Development	National Jewish Health will not accept donations that are directly given to the Institution by a tobacco company.
Educational activities and clinical programs	National Jewish Health will not accept any funds from a tobacco company in support of any educational, clinical, or other directly sponsored National Jewish Health programs.
Consulting	National Jewish Health faculty and staff shall not work or consult for a tobacco company.
Operations	National Jewish Health will not do business with or buy products from a tobacco company.



## Appendix E: Fax, Online, and eReferral Forms

Sample Provider Referral

Client Logo

[Client Name] Fax Form

Fax to: **1-800-XXX-XXXX**

**PROVIDER INFORMATION (PRINT CLEARLY)**

Feedback will only be sent to HIPAA covered entities to the fax number listed below.

**Provider First Name** \_\_\_\_\_ **Provider Last Name** \_\_\_\_\_  
**Contact First Name** \_\_\_\_\_ **Contact Last Name** \_\_\_\_\_  
**Name of Organization/Hospital/Facility/Employer/Etc.** \_\_\_\_\_  
**Name of Department or Clinic (if applicable)** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Fax** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Type of HIPAA Covered Entity:** Healthcare Provider  Health Plan  Healthcare Clearing House  Not Covered Entity   
 As a HIPAA covered entity you are authorized to receive personal health information for the individual being referred.  
 As a Not Covered Entity, personal health information will not be shared back for the individual being referred.

**Provider consent is required to provide nicotine replacement therapy (NRT) to individuals who have certain medical conditions or are pregnant.**  
**Does the patient have any of the following conditions?** Pregnant  Breastfeeding

(If Provider) I authorize the QuitLine to send the patient over-the-counter nicotine replacement therapy.  
 Please sign here if patient may use NRT. \_\_\_\_\_ **Date** \_\_\_\_\_  
*Provider signature*

**PATIENT INFORMATION (PRINT CLEARLY)**

**Patient name** (First) \_\_\_\_\_ (Last) \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Home  Cell  Work  **Language?**  English  Spanish;  Other \_\_\_\_\_

**OK to leave a message at number provided?** Yes  No  **Insurance?** Yes  No   
**Do you require accommodation while participating in the program such as TTY, Translator or Relay Service?** **Medicare**  **Medicaid**   
 No  Yes  If yes, please specify \_\_\_\_\_ **Other**  **Name:** \_\_\_\_\_

I, the patient (or authorized representative), give permission to release my information to the "Client Name" Program. The purpose of this release is to request an initial phone call to discuss my interest and participation in the tobacco cessation program and allow communication with the provider identified on this form. I may revoke this authorization at any time in writing, but if I do, it will have no effect on actions taken prior to receiving the revocation.

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
 If filling out form on behalf of the patient:  
**Authorized Representative Name:** (First) \_\_\_\_\_ (Last) \_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
*\*Participant or Authorized Representative signature required in order to place phone call to the patient.*

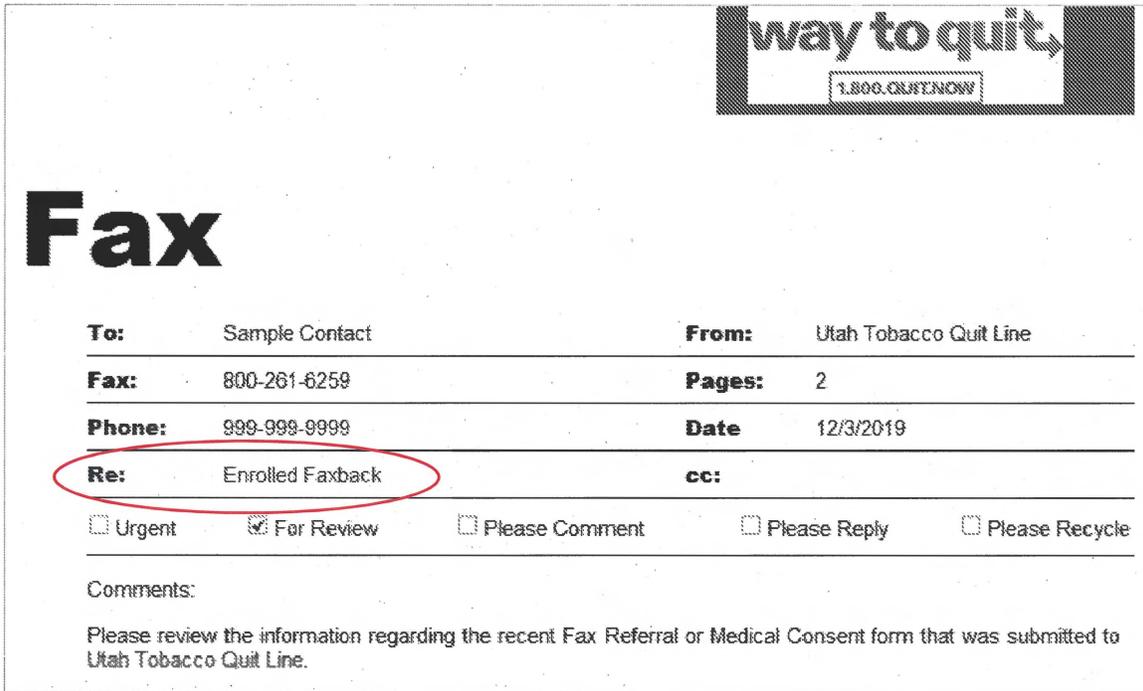
PLEASE FAX COMPLETED FORM TO: **1-800-XXX-XXXX**

OR MAIL COMPLETED FORM TO: 'Client Name Here', National Jewish Health, 1400 Jackson St., S104A, Denver, CO 80206

**Confidentiality Notice:** This facsimile contains confidential information. If you have received this in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy or distribute.

**Standard Fax Back Cover Page**

Below is an image of a standard fax back cover page, which appears as page one of all fax responses. The "Re:" field is customized depending on the subject of the response. Page two includes a custom response to the provider as illustrated on the following pages.



**way to quit**  
1.800.QUIT.NOW

# Fax

<b>To:</b>	Sample Contact	<b>From:</b>	Utah Tobacco Quit Line
<b>Fax:</b>	800-261-6259	<b>Pages:</b>	2
<b>Phone:</b>	999-999-9999	<b>Date:</b>	12/3/2019
<b>Re:</b>	Enrolled Faxback	<b>cc:</b>	

Urgent   
  For Review   
  Please Comment   
  Please Reply   
  Please Recycle

Comments:

Please review the information regarding the recent Fax Referral or Medical Consent form that was submitted to Utah Tobacco Quit Line.

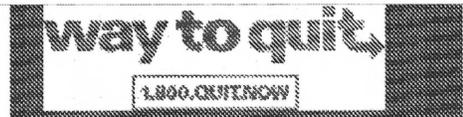
**Custom Response to Provider — Notify Enrolled**



Thank you for referring your patient Sample Participant DOB: 10/10/1990, to the Utah Tobacco Quit Line. We are happy to announce that your patient has chosen to enroll in the Utah Tobacco Quit Line Telephonic Counseling Program. We look forward to our continued assistance in their effort to give up tobacco.

If you have any questions or would like more information on the program, please call us at 800-784-8669. We appreciate your support of the Utah Tobacco Quit Line.

**Custom Response to Provider — Notify Invalid Referral**



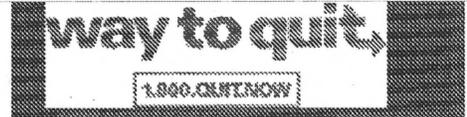
Thank you for referring your patient to the Utah Tobacco Quit Line. The referral form you recently sent us cannot be processed.

Your fax is invalid for the following reason:

- **Incomplete**

Please send us a new completed referral form. If you have any questions or would like more information on the QuitLine program, please call us at 800-784-8669. We appreciate your support of the Utah Tobacco Quit Line.

**Custom Response to Provider — Notify Declined Participation**



Thank you for referring your patient Sample Participant DOB: 10/10/1990, to the Utah Tobacco Quit Line. Your patient has declined the program at this time.

If you have any questions or would like more information on the program, please call us at 800-784-8669. We appreciate your support of the Utah Tobacco Quit Line.

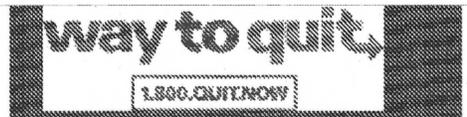
**Custom Response to Provider — Notify Program Complete**



Thank you for referring your patient Sample Participant DOB: 10/10/1990, to the Utah Tobacco Quit Line. We are happy to announce that your patient has successfully completed the Utah Tobacco Quit Line Telephonic Counseling Program.

If you have any questions or would like more information on the program, please call us at 800-784-8669. We appreciate your support of the Utah Tobacco Quit Line.

**Custom Response to Provider — Notify QuitMeds Ordered**

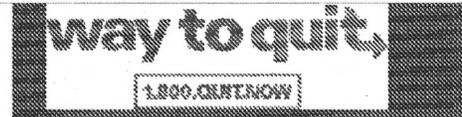


Thank you for referring your patient Sample Participant DOB: 10/10/1990, to the Utah Tobacco Quit Line. This Fax is to inform you that we have sent "Sample's" quit medications along with educational materials.

Type(s)- 21mg 2 weeks

If you have any questions or would like more information on the program, please call us at 800-784-8669. We appreciate your support of the Utah Tobacco Quit Line.

**Custom Response to Provider — Notify Referral Received**



Thank you for referring your patient, Sample Participant DOB: 10/10/1990, to the Utah Tobacco Quit Line. We will contact the patient you referred to enroll them in the QuitLine Telephonic Counseling Program. We look forward to helping them in their effort to give up tobacco.

If you have any questions or would like more information on the program, please call us at 800-784-8669. We appreciate your support of the Utah Tobacco Quit Line.

**Custom Response to Provider — Notify Unreachable**



Thank you for referring your patient Sample Participant DOB: 10/10/1990, to the Utah Tobacco Quit Line. Unfortunately, we have been unable to reach your patient by phone. At this time your patient has been disenrolled from the program.

If you have any questions or would like more information on the program, please call us at 800-784-8669. We appreciate your support of the Utah Tobacco Quit Line.

Online Provider Referral Form

**Patient Information**

• Patient's first name

• Patient's last name

• Patient's DOB

Primary phone type

• Patient's primary phone

Secondary phone type

Patient's secondary phone

Best contact days

Best contact times

• Patient's address

Patient's address 2

• Patient's city

• Patient's state

• Patient's zip

**Clinic Information**

• Type of HIPAA covered Entity:

• Provider First Name

• Provider Last Name

Contact First Name

Contact Last Name

• Clinic/organization name

• Clinic address

Clinic address 2

• Clinic city

• Clinic state

• Clinic zip code

• Clinic fax number

**Authorization**

As a HIPAA covered entity, I am authorized to receive personal health information for the individual being referred.

By submitting this form, I verify that the patient being referred has consented to participate in the tobacco cessation program.

### Sample eReferral Report

Below is an example of a feedback report from Quitline to a health care provider that is formatted as a Progress Note, one of the standard templates available in electronic medical records (EMRs) certified for meaningful use. The sample is displayed in human-readable format.

Quitline Progress Note			
Patient	Mavis Jones		
Date of Birth	October 23, 1969		
Sex	F		
Race	White		
Patient Contact Info	1357 Big Elk Drive Littleton, CO 80127 Tel: 720-494-7737		
Patient ID	998991 2.16.840.1.113883.19.5.99999.2		
Document ID	1578391 2.16.840.1.113883.3.552.1.3.11.14.9.999362		
Document Created	November 14, 2014, 11:15 MST		
Author	CO Quitline		
Document Maintained By	National Jewish Health		
Contact Info	1400 Jackson St. Denver, CO 80206 Tel 855-372-0044		
Assessment	09/16/2014	Referral to smoking cessation advisor	395700008
	09/16/2014	Accepted	1459824015
	09/21/2014	Smoking cessation assistance	384742004
	09/21/2014	Active	55561003
	09/25/2104	Nicotine replacement therapy provided free	390905006
Plan of Care	PT set quit date and was not using tobacco as of last coaching call. Reported a slip while on vacation. Completed 4 calls of 5 call program.		
Medications	09/23/2014	Nicoderm 21 MG transdermal patch, 4 weeks	351429
	09/23/2014	Nicorette 4 MG chewing gum, 2 weeks	105071
Interventions	09/21/2014	Behavior modification education guidance counseling 410273004	
		Telephone encounter	185317003
	09/21/2014	Web based application software	706690007
	10/04/2014	Behavior modification education guidance counseling 410273004	
		Telephone encounter	185317003
	10/18/2014	Behavior modification education guidance counseling 410273004	
		Telephone encounter	185317003r
	11/13/2014	Behavior modification education guidance counseling 410273004	
		Telephone encounter	185317003r
	12/07/2014	Smoking cessation assistance	384742004
	12/07/2014	Treatment completed	182992009



## Appendix F: Transition Plan

TFN – Tobacco Free Nebraska  
NJH – National Jewish Health

Project Task	Responsibility	Deliverable	Mar	Apr	May	Jun
<b>Project Launch</b>						
Initiate regular planning meetings	TFN, NJH	Kick off to introduce team members – facilitated by NJH				
	TFN, NJH	Weekly phone meetings to review progress				
	TFN, NJH	Transition to bi-weekly and then monthly client meetings post launch or when ready				
Identify all program goals and objectives	NJH	Document TFN cessation goals and objectives				
	NJH	Identify specific needs: programs, reports, etc.				
	TFN, NJH	Identify program reach and eligibility				
Customize materials for NE	NJH	Gather NE logos, colors, and branding standards				
	NJH	Gather NE toll free numbers, URLs, emails, etc.				
<b>Requirements Review</b>						
Determine support for existing participants	TFN, NJH	Determine if all Nebraska Quitline participants should finish their current Quitline program with your current vendor, or as of the launch date, move all participants to National Jewish Health program				
Review reports and reporting requirements	TFN, NJH	Review timing and content of all standard reports				
	TFN	Request any revisions or custom reports				
	TFN	Approve report package				
Gather intake and enrollment requirements for phone, online registrants	TFN	Review and approve eligibility rules				
	TFN	Review, revise, and approve intake forms				
	TFN, NJH	Determine triage process to other cessation resources				
Determine scope and requirements for phone-based programs	TFN	Approve final script for answering NE calls				
	TFN	Review and approve NRT eligibility and offerings for phone participants (determine if NRT should be offered to web only participants)				
	NJH	Review and explain coaching philosophy and protocols				
	NJH	Review special population enrollment, e.g. Pregnancy				
	NJH	Work with current vendor to complete in-process coaching				
Determine scope and requirements for online-based programs	TFN	Review and approve NRT eligibility and offerings for online if offered				
	NJH	Review and explain text and email protocols and content				
	TFN, NJH	Obtain samples of current referral forms				

Project Task	Responsibility	Deliverable	Mar	Apr	May	Jun
Determine scope and requirements for referral systems	TFN, NJH	Obtain list of websites, print materials with fax number				
	TFN, NJH	Work with current vendor on process to forward faxes				
	TFN, NJH	Begin strategy and plan for eReferrals. Transition any current eReferral programs.				
<b>Program Development</b>						
Prepare print materials	TFN	Provide samples of all current print materials				
	NJH	Prepare branded materials for NE approval				
	TFN	Approve branding for booklets, letterhead, envelopes prior to print				
	DMX	Print, set-up of NE print materials				
	NJH	Prepare branded web pages for NE approval				
	NJH	Prepare branded emails and text messages for NE approval				
	TFN	Approve branded websites and emails				
Set up toll free # transfers for June 1, 2020, 12:01 am	NJH	Transfer (point or port) any NE specific state Quitline telephone numbers				
	NJH	Transfer national #: 1.800.QUIT.NOW, 1.855.DEJELO.YA				
Set up NE client for all information systems	NJH	Determine development plan based on user requirements				
	NJH	Update database and case management system				
	NJH	Update online, text, and email for NE				
	NJH	Activate online eReferral form if requested				
Obtain NE database	TFN	Provide database of current community-based programs				
	NJH	Enter community-based programs into QuitLogix® database				
Set up fulfillment processes	NJH	Set up inventory, rules to order and ship print materials				
	NJH	Integrate QuitLogix® registration process with NE website				
	NJH	Test search engines and optimize website for new URL				
Finalize report catalogue	NJH	Determine report specifications and submit to developers				
	NJH	Program, test and release revised reports				
	TFN, NJH	Review process to submit required data (NAQC, CDC)				
Determine evaluation plan	TFN	Describe current evaluation process, name of evaluator				
	NJH	Determine required data and formats for submission				

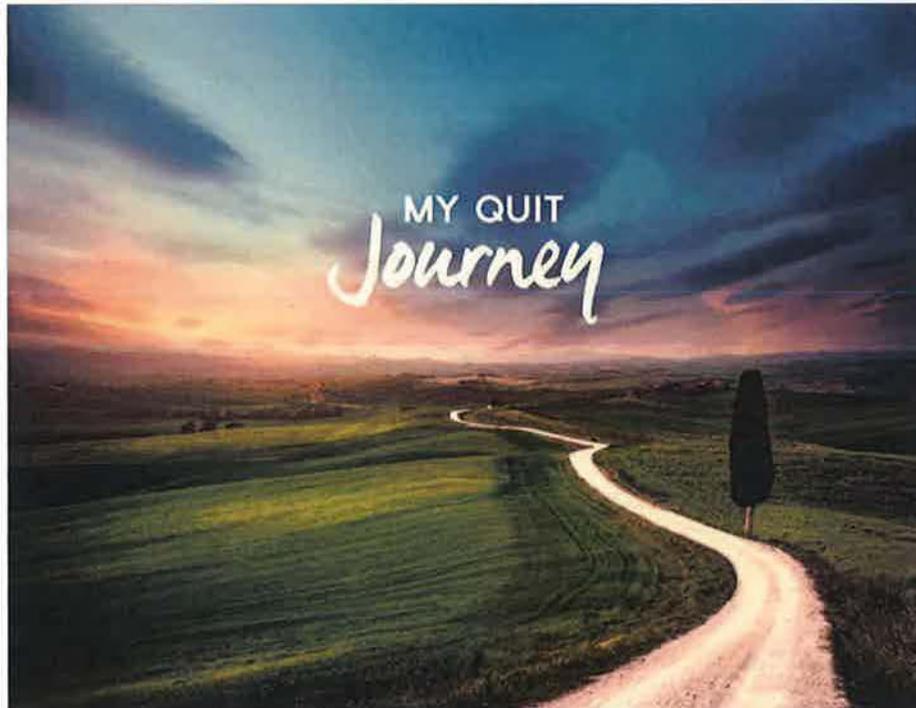
Project Task	Responsibility	Deliverable	Mar	Apr	May	Jun
	NJH	Set up schedule for data transfer (wkly, mnthly, qtrly)				
Design and produce CME-webinars for Provider Education	NJH	Develop webinars for provider education, work with the NJH Pro Ed Department to accredit for CME				
<b>Resources and Training</b>						
Gather requirements	NJH	Determine any specific training requirements for contract				
Finalize staffing models	TFN	Provide call volumes by day and month, and time of day for last 12 months				
	NJH	Add NE call forecasts to workforce staffing model				
Hire new staff	NJH	Hire new staff to support NE contract				
Develop/train on Nebraska specific process	NJH	Train NJH staff on Nebraska specific processes				
Train new staff	NJH	Train new staff to support NE contract				
Train existing staff	NJH	Add NE content to continuing education curriculum				
	NJH	Update internal "compass" website for all NE protocols				
<b>Program Launch</b>						
Phone-based program	NJH	Test and sign off on all telephony systems prior to launch				
	NJH	Launch NE Quitline on June 1, 2020 at 12:01 am				
Online-based program	NJH	Test and sign off on all eHealth functionality prior to launch				
	NJH	Release eHealth technology suite				
Review and assess	TFN	Identify any modifications required after launch				
	NJH	Prepare and present plan to address requested changes				
Invoicing	NJH	Review invoice process; identify any special requirements				
	NJH	Submit W-9s to TFN				
	TFN, NJH	Obtain Nebraska State tax exempt certificate				
	NJH	Submit invoices on monthly basis				
Attend state and national meetings	NJH	Staff to attend state and national tobacco cessation meetings – ongoing and upon request				



## Appendix G: Education Materials

Printed Materials

English Materials

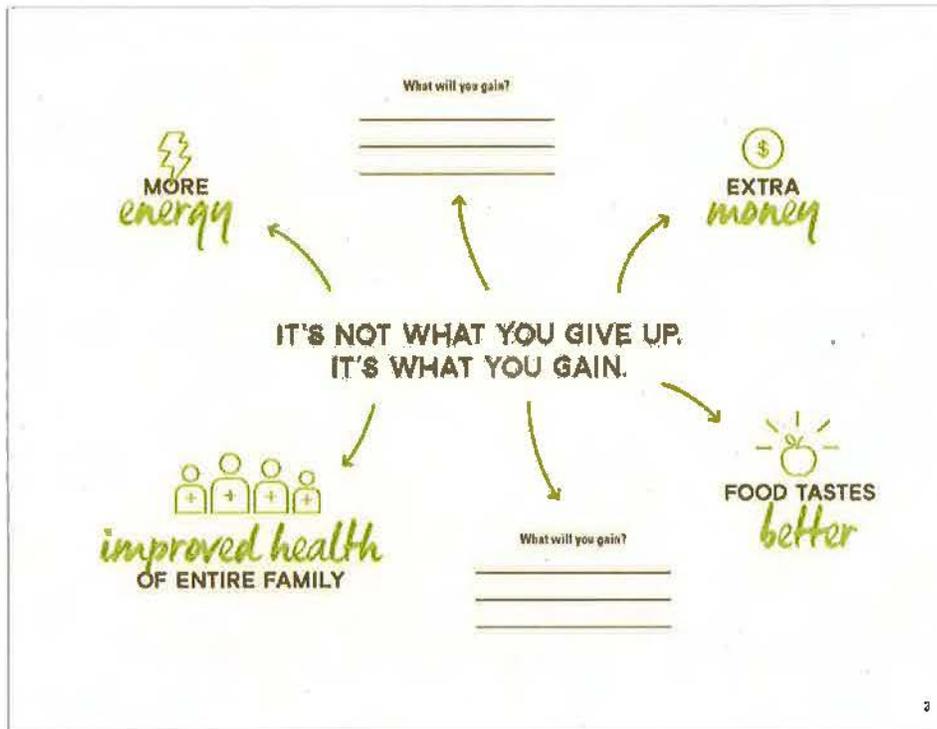


*My Quit Journey*© booklet.

*Quitting tobacco is a journey.*

THIS PROGRAM IS DESIGNED TO SUPPORT YOU THROUGH YOUR JOURNEY WITHOUT JUDGMENT. USE THIS WORKBOOK AND TALK WITH A QUIT COACH TO HELP YOU QUIT TOBACCO FOR GOOD.





**GETTING STARTED:**  
*Commitment Quiz*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1 I'm ready to handle discomfort in order to quit using tobacco.	1	2	3	4	5
2 No matter what challenges come up, I won't let myself use tobacco once I quit.	1	2	3	4	5
3 Even if I'm feeling very stressed or nervous, I will be successful with my quit attempt.	1	2	3	4	5
4 Even if I really want to use tobacco, I won't let myself.	1	2	3	4	5
5 I'm going to make the right choice to use tobacco, even when circumstances are strong.	1	2	3	4	5
6 If I'm feeling depressed or sad, I will continue to stay committed.	1	2	3	4	5
7 I'm not going to let anything get in the way of my quit attempt.	1	2	3	4	5
8 Feeling very angry or irritable won't prevent me from being successful.	1	2	3	4	5

**TOTAL SCORE - \_\_\_\_\_**

4

### CHECK YOUR SCORE

<p><b>8-18</b></p>  <p><i><b>Focus on Commitment</b></i></p> <p>Successful quit attempts take commitment. Think of what your life would look like without tobacco.</p>	<p><b>19-29</b></p>  <p><i><b>Strengthen Commitment</b></i></p> <p>You are on the right track. Thinking about your reasons for quitting can help strengthen your decision to quit for good.</p>	<p><b>30-40</b></p>  <p><i><b>Committed to Quit</b></i></p> <p>Congratulations! Take action now and continue on your path to becoming tobacco free.</p>
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## My Reasons FOR QUITTING TOBACCO

Use this page to write, draw and/or paste pictures of your reasons to remind yourself why you want to quit.

## Start Your P.L.A.N. to Quit

P

### PICK A QUIT DAY

My quit day is \_\_\_\_\_

I picked this day because \_\_\_\_\_

I want to quit because \_\_\_\_\_

L

### LET FAMILY AND FRIENDS KNOW YOU PLAN TO QUIT

Let the people you are going to tell that you are quitting tobacco. What kind of support do you need from your friends and family to successfully quit?

My Support People	How I Want Him/Her to Support Me
_____	_____
_____	_____
_____	_____

7

A

### ANTICIPATE YOUR TRIGGERS AND WITHDRAWAL SYMPTOMS

Make a plan for dealing with your triggers and withdrawal symptoms. Avoid people, places or things that trigger you to use tobacco. Have alternatives to tobacco handy. Adjust your schedule or routine.

No triggers and withdrawal symptoms	Can I avoid it?	How I will avoid it
	Yes    Maybe    No	
Smoke breaks at work	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Maybe <input type="checkbox"/> No	I will plan to stay inside for the first few weeks
	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	

8

 Remember to call a quit coach for support with your quit attempt!

Can I adjust my routine and/or use an activity?	How I will adjust	Will alternatives help?	How I will use alternatives
Yes    Maybe    No		Yes    Maybe    No	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	I'll start going for a walk on my break	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Maybe <input type="checkbox"/> No	I will keep a stress handy and chew on when needed
<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No	



### NICOTINE AND QUIT MEDICATIONS

Quit medications can double or triple your chances of quitting for good. Talk to a quit coach about the options that may work best for you, and to find out if you can get these products free of charge.

NAME	BRAND	ABOUT THIS MEDICATION	HOW IT WORKS
Nicotine Patch	Habitrol®, NicoDerm CD®, Generic Available	<ul style="list-style-type: none"> <li>Available over the counter or with prescription</li> <li>Recommended use is 8-10 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Helps with cravings for 16-24 hours, depending on patch</li> </ul>
Nicotine Gum	Nicorette®, Generic Available	<ul style="list-style-type: none"> <li>Over the counter medication</li> <li>Available as 2 mg and 4 mg</li> <li>Multiple flavors available</li> <li>Recommended use for 3 months or as needed</li> </ul>	<ul style="list-style-type: none"> <li>Helps with cravings for up to 30 minutes per piece</li> </ul>
Nicotine Lozenges	Commit® Lozenges, Generic Available	<ul style="list-style-type: none"> <li>Over the counter medication</li> <li>Available as 2 mg and 4 mg</li> <li>Recommended use for 3 months or as needed</li> </ul>	<ul style="list-style-type: none"> <li>Helps with cravings for up to 30 minutes per lozenge</li> </ul>
Nicotine Inhaler	Nicotrol® Inhaler	<ul style="list-style-type: none"> <li>Prescription medication</li> <li>Recommended use up to 6 months</li> </ul>	<ul style="list-style-type: none"> <li>Helps with cravings and hand-to-mouth habit</li> </ul>
Nicotine Spray	Nicotrol® Nasal Spray	<ul style="list-style-type: none"> <li>Prescription medication</li> <li>Recommended use 3-6 months</li> </ul>	<ul style="list-style-type: none"> <li>Fast-acting</li> <li>Helps with cravings</li> </ul>
Bupropion SR	Zyban®, Wellbutrin®	<ul style="list-style-type: none"> <li>Prescription medication</li> <li>Tablet</li> <li>Recommended use 3-6 months</li> </ul>	<ul style="list-style-type: none"> <li>Lessens your desire to smoke</li> <li>Helps symptoms of depression</li> </ul>
Varenicline	Chantix®	<ul style="list-style-type: none"> <li>Prescription medication</li> <li>Tablet</li> <li>Recommended use 3-6 months</li> </ul>	<ul style="list-style-type: none"> <li>Lessens withdrawal symptoms</li> <li>Blocks enjoyable effects of smoking</li> </ul>



### MANAGING STRESS THROUGHOUT YOUR QUIT JOURNEY

The number one reason people say they use tobacco is to manage stress. Every time you stop using tobacco, you likely will feel anxious and irritable, which leads your craving for more nicotine. Once you use tobacco, these feelings go away, and you feel more relaxed and happy. This tricks you into believing that tobacco use gets rid of stress when, in reality, it increases your stress level.

There are many great ways to deal with stress other than using tobacco. Identify the ones that will work best for you, and make a plan to handle a "skip" if it happens.

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### HOW TO REDUCE STRESS



#### Stay Positive

A positive attitude can keep you in the right mindset to tackle stress. Focus on the benefits of quitting.



#### Let Go of Control

There are so many things in life that are out of your control. Recognize when things are out of your control. Put energy toward the areas of your life where you can have an impact.



#### Relax

Relaxing is a healthy way to keep stress at a minimum. Breathing, muscle and mind relaxation, exercise and yoga are all great activities for lowering stress.



#### Be Active

When your body is fit, you are better able to handle stress. Any activity that gets you moving can clear your mind and help you deal with challenges.



#### Fuel Your Body

Eating healthy meals and snacks gives you the energy you need to better handle stress. Fresh foods are always better options than packaged foods.

What Stresses Me Out

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How I Will Handle My Stress

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12

### HOW TO HANDLE "SLIPS"

After you quit, having one puff or dip increases the chances of wanting more in the future. If you do "slip," don't give up. A slip is a learning opportunity, not a failure.

What Caused Me to Slip	Time of Day	Where I Slipped	How I Will Handle This Next Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### GETTING BACK ON TRACK



13



It is important to find ways to reward yourself when you quit. Rewarding yourself helps you stay strong and committed to your goals. You deserve to put yourself on the back for each day you have refused to use tobacco!

### MY REWARDS

List three ways you can reward yourself while you are quitting.

Milestone	Reward
Example: One month tobacco free	Go to dinner with friends/family
_____	_____
_____	_____
_____	_____

14

My  
**P.L.A.N.**  
to Quit for Good

**PICK A QUIT DAY (PAGE 9)**  
My quit day is \_\_\_\_\_

**LET FAMILY AND FRIENDS KNOW YOU PLAN TO QUIT (PAGE 9)**

<b>My Support People</b>	<b>How I Want Him/Her to Support Me</b>
_____	_____
_____	_____

**ANTICIPATE YOUR TRIGGERS AND WITHDRAWAL SYMPTOMS (PAGES 10-11)**

<b>My Triggers and Withdrawal Symptoms</b>	<b>How I Will Handle Them (Avoid, Adjust, Alternatives)</b>
_____	_____
_____	_____

**NICOTINE AND QUIT MEDICATIONS (PAGE 12)**  
I plan to use \_\_\_\_\_ in my current quit attempt.

I will get the medication from my (circle one) quit coach doctor pharmacy/store

**MY REWARDS FOR KEEPING MY COMMITMENT TO QUIT (PAGE 16)**

<b>Milestones</b>	<b>Reward</b>
_____	_____
_____	_____

Success

P.L.A.N.  
+  
QUIT COACH  
SUPPORT  
+  
QUIT  
MEDICATIONS  
=  
Success



**QUITLOGIX**

1-800-QUIT-NOW  
quitlogix.com

*Congratulations*  
**ON TAKING THE  
FIRST STEP!**

Dear John,

Congratulations on your journey to quit tobacco! Quitting is one of the most important decisions you can make for your health and the health of those you love.

Quitting tobacco is not an easy process, but we're here to help you. You may not be able to quit the first time, but it's important to keep trying.

You will have support during your quit journey. You will learn how to work through challenges that arise as you try to quit and will have tools to help you deal with these challenges.

Enclosed is information that can help you along the way.

We look forward to supporting you.

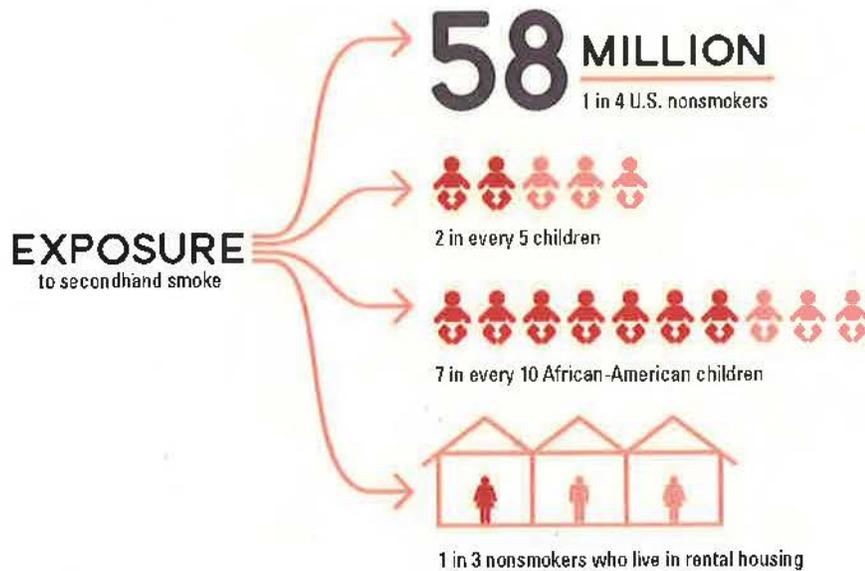
[insert website url]

[insert phone number]

*Participant welcome letter.*

## SECONDHAND SMOKE

No level of secondhand smoke exposure is safe.



**SECONDHAND SMOKE CAUSES MAJOR HEALTH ISSUES FOR ADULTS, CHILDREN AND INFANTS.**

For more information, visit [njhealth.org/quittohelp](http://njhealth.org/quittohelp)

*Educational materials on various topics.*

## STRESS & TOBACCO USE

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Stress is the #1 reason people use tobacco or relapse after quitting.

### What Can I do to Reduce Stress?



For more information, visit [njhealth.org/quit tobacco help](http://njhealth.org/quit tobacco help)

# UNDERSTANDING VAPING

Vaping is the act of inhaling liquid nicotine and other additives through a battery-powered device that often looks like a cigarette.



## DIFFERENT NAMES FOR THE SAME PRODUCT

- E-cigarette
- Hookah pen
- Vape pipe
- E-hookah
- Vape pen



## WHAT'S BEHIND THE VAPOR

- Addictive nicotine content
- Unregulated nicotine levels and a mixture of other chemicals



## NICOTINE & THE BRAIN

Nicotine can affect decision making, impulse control and planning functions of the brain, which are among the last to mature. This makes young people more susceptible to the effects of nicotine and other addictive substances.

## VAPING IS NOT A PROVEN WAY TO QUIT

Coaching support, combined with one of seven FDA-approved medications, is a proven way to quit tobacco.



- NRT patch
- NRT inhaler
- Varenicline
- NRT gum
- NRT nasal spray
- Bupropion
- NRT lozenge

For more information, visit [njhealth.org/quittoaccohelp](http://njhealth.org/quittoaccohelp)

# BECOMING TOBACCO-FREE IN LGBT COMMUNITIES

Tobacco use is a major issue among LGBT communities.

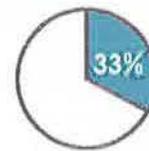
**\$7.9**  
BILLION

Estimated LGBT money spent on cigarettes each year



U.S. population that smokes

VS



LGBT population that smokes

## WHY IS TOBACCO USE SO COMMON IN LGBT COMMUNITIES?



We gather in bars and clubs where drinking and smoking are common.



We use tobacco products as tools for meeting people and as a way to connect.



Discrimination toward the LGBT communities is common, and we turn to tobacco as a way to cope.



Many LGBT individuals come out during our youth. This is a stressful time, and we turn to tobacco as a way to cope.



Tobacco advertising is everywhere. Tobacco companies target both LGBT teens and adults.

LGBT INDIVIDUALS WHO WORK WITH A QUIT COACH AND USE QUIT MEDICATIONS HAVE THE BEST CHANCE OF QUITTING TOBACCO FOR GOOD.

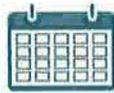
For more information, visit [njhealth.org/quit tobacco help](http://njhealth.org/quit tobacco help)

## PREGNANCY & TOBACCO USE

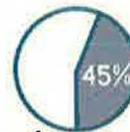
Quitting smoking can be hard, but it is one of the best ways a woman can protect herself and her baby's health.



**13%-20%**  
of all pregnant tobacco users continue to smoke throughout their pregnancies



**60%-70%**  
of women go back to tobacco 6 months after their child's birth



**45%** of women who quit tobacco during pregnancy go back to tobacco within 2 to 3 months of their child's birth



up to **80%**  
of women go back to tobacco by their child's first birthday

### TRIGGERS THAT MAY MAKE IT HARD TO QUIT



Your partner smokes or there are one or more smokers in your home



Feeling nostalgic for one's "former self"



Drinking beverages with caffeine or alcohol



Concerns about weight gained in pregnancy



Stress and sleep deprivation or interruption



Baby blues



Major life change once the baby is born



Lack of social support

### TIPS FOR QUITTING

**FIND WAYS TO MANAGE YOUR STRESS TO KEEP FROM GOING BACK TO TOBACCO.**

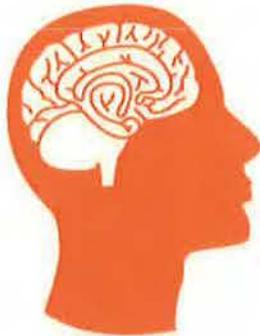
**WORK WITH A QUIT COACH TO HAVE THE BEST CHANCE OF QUITTING TOBACCO FOR GOOD.**

**TALK WITH YOUR HEALTH CARE PROVIDER ABOUT THE POSSIBILITY OF USING QUIT MEDICATIONS.**

For more information, visit [njhealth.org/quittohelp](http://njhealth.org/quittohelp)

## WANT TO HELP SOMEONE QUIT?

You can play an important part in helping someone quit for good.



### WHAT YOU NEED TO KNOW

- Even though you want to help, it is the responsibility of the tobacco user to quit.
- Quitting tobacco is a process that takes time and energy. Sometimes a person must fail before he/she will quit for good.
- Triggers and withdrawal symptoms are normal.
- Slips and relapses are common and can lead to success in the future.
- Make a plan with your loved one of how to support him/her during these high-risk times.
- The tobacco user needs to communicate what support he/she needs.



### WAYS TO BE SUPPORTIVE

- Celebrate all efforts to quit tobacco.
- Offer encouraging words and other incentives.
- Remind your loved one that you are there for support when he/she needs it.
- Be supportive even during relapse. Quitting is hard.

THE "MY QUIT JOURNEY" GUIDE WILL HELP YOU UNDERSTAND THE PROCESS OF QUITTING, SO YOU CAN BE SUPPORTIVE THROUGHOUT THE ENTIRE JOURNEY.

For more information, visit [njhealth.org/quittoaccohelp](http://njhealth.org/quittoaccohelp)

## COMMERCIAL TOBACCO USE & YOU

Commercial tobacco use is the #1 cause of preventable disease, disability and death for American Indians/Alaskan Natives.

### AMERICAN INDIAN/ALASKA NATIVE SMOKING RATES

**9%**  
use smokeless tobacco products



smoke more cigars than any other group

**26%**  
smoke commercial cigarettes



commonly use more than one commercial tobacco product

### DISEASES CAUSED BY SMOKING



CANCER



HEART DISEASE



DIABETES



CHRONIC LIVER DISEASE & CIRRHOSIS



CHRONIC LOWER RESPIRATORY DISEASES



STROKE

### COMMERCIAL TOBACCO TIPS

KEEP TOBACCO SACRED IN YOUR COMMUNITY. ONLY USE TOBACCO FOR SPIRITUAL OR CEREMONIAL REASONS.

WORK WITH A QUIT COACH AND USE QUIT MEDICATIONS TO HAVE THE BEST CHANCE OF MEETING YOUR COMMERCIAL TOBACCO USE GOALS.

ASK A MEDICAL PROVIDER OR TRADITIONAL HEALER FOR HELP.

For more information, visit [njhealth.org/quittoaccohelp](http://njhealth.org/quittoaccohelp)

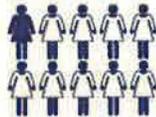
# TOBACCO USE AMONG AFRICAN-AMERICANS

Tobacco use is the #1 cause of preventable disease, disability and death for African-Americans.

## AFRICAN-AMERICAN SMOKING RATES

**30%**

are smokers



**1 IN 10** pregnant African-American women smoke during pregnancy

**72%**

smoke menthol cigarettes



**7 IN 10** African-American children are exposed to secondhand smoke

## DISEASES CAUSED BY SMOKING



CANCER



HEART DISEASE



DIABETES



STROKE

## TIPS FOR QUITTING

USE A COMBINATION OF QUIT MEDICATIONS IF USING MENTHOL PRODUCTS.

SWITCH TO A NON-MENTHOL TOBACCO PRODUCT TO HELP MAKE QUITTING EASIER.

WORK WITH A QUIT COACH AND USE QUIT MEDICATIONS TO HAVE THE BEST CHANCE OF QUITTING TOBACCO FOR GOOD.

For more information, visit [njhealth.org/quit tobacco help](http://njhealth.org/quit tobacco help)

# ASIAN-AMERICANS & TOBACCO

Tobacco use is the #1 cause of preventable disease, disability and death for Asian-Americans.

## ASIAN-AMERICAN SMOKING RATES

**12%**  
of all Asian-Americans are smokers



**31%**  
of all Asian-Americans smoke menthol cigarettes



**1 IN 3**  
Vietnamese and Korean-American men smoke



**1 IN 3** South Asian-Americans use smokeless tobacco

## DISEASES CAUSED BY SMOKING



CANCER



HEART DISEASE



STROKE

## TIPS FOR QUITTING

CONSIDER USING A NICOTINE REPLACEMENT THERAPY (NRT) SUCH AS GUM OR A LOZENGE IF YOU SMOKE FEWER THAN 10 CIGARETTES A DAY.

WORK WITH A QUIT COACH AND USE QUIT MEDICATIONS TO HAVE THE BEST CHANCE OF QUITTING TOBACCO FOR GOOD.

SMOKE FEWER CIGARETTES EACH DAY BEFORE YOUR QUIT DATE TO GIVE YOU THE BEST CHANCE OF QUITTING TOBACCO FOR GOOD.

For more information, visit [njhealth.org/quit tobacco help](http://njhealth.org/quit tobacco help)

# TOBACCO USE IN THE HISPANIC/LATINO COMMUNITY

Tobacco use is the #1 cause of preventable disease, disability and death for Hispanics/Latinos.

## HISPANIC/LATINO SMOKING RATES



↓  
Mexican smokers use FEWER THAN 20 CIGARETTES per day



↑  
Cuban smokers use MORE THAN 20 CIGARETTES per day

## DISEASES CAUSED BY SMOKING



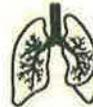
LUNG CANCER



HEART DISEASE



STROKE



ASTHMA



DIABETES

## TIPS FOR QUITTING

ASK A MEDICAL PROVIDER FOR HELP WITH QUITTING.

WORK WITH A QUIT COACH AND USE QUIT MEDICATIONS TO HAVE THE BEST CHANCE OF QUITTING TOBACCO FOR GOOD.

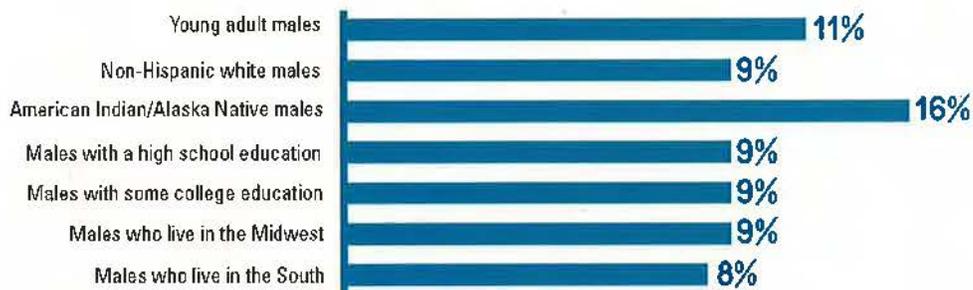
CONSIDER USING NICOTINE REPLACEMENT THERAPY (NRT) IF YOU ONLY USE TOBACCO IN SOCIAL SITUATIONS.

For more information, visit [njhealth.org/quittoaccohelp](http://njhealth.org/quittoaccohelp)

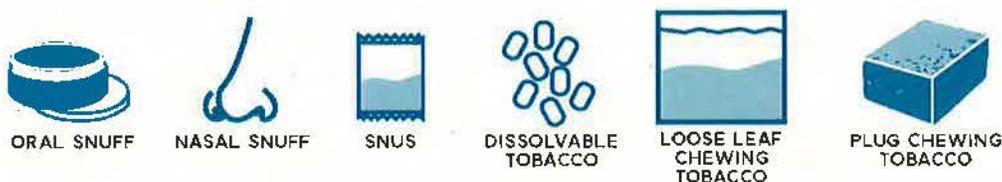
# SMOKELESS TOBACCO

Smokeless tobacco is as unsafe as smoking cigarettes.

## HIGH SMOKELESS TOBACCO USE



## TYPES OF SMOKELESS TOBACCO



## TIPS FOR QUITTING

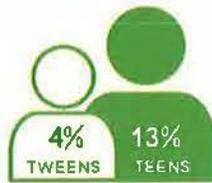
<p>GUM, MINTS, TOOTHPICKS AND STRAWS CAN HELP KEEP YOUR MOUTH BUSY WHILE QUITTING.</p>	<p>WORK WITH A QUIT COACH AND USE QUIT MEDICATIONS TO HAVE THE BEST CHANCE OF QUITTING TOBACCO FOR GOOD.</p>	<p>NICOTINE REPLACEMENT THERAPY (NRT) SUCH AS GUM AND LOZENGES CAN HELP STOP CRAVINGS.</p>
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For more information, visit [njhealth.org/quit tobacco help](http://njhealth.org/quit tobacco help)

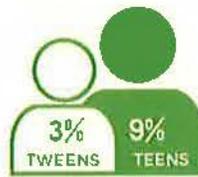
## TEENS, TWEENS & TOBACCO

Knowing the facts about tobacco can help you make the right choice for you.

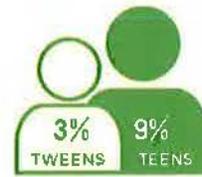
### TEENS & TWEENS SMOKING RATES



E-CIGARETTES

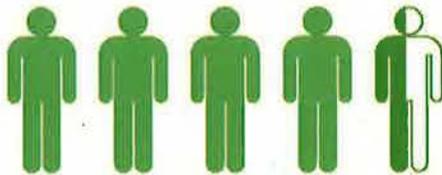


HOOKAHS



CIGARETTES

### MOST TEENS & TWEENS DON'T SMOKE



87% OF TEENS DO NOT USE E-CIGARETTES

93% of tweens don't smoke cigarettes

T  
W  
E  
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77% of teens don't smoke cigarettes

### TOBACCO COMPANY MARKETING TRICKS

-  Store displays & in-store ads
-  Price discounts & coupons
-  Gift with purchase promotions
-  Candy-flavored e-cigarettes
-  Concert & sporting event sponsorship
-  Magazine ads
-  Free products

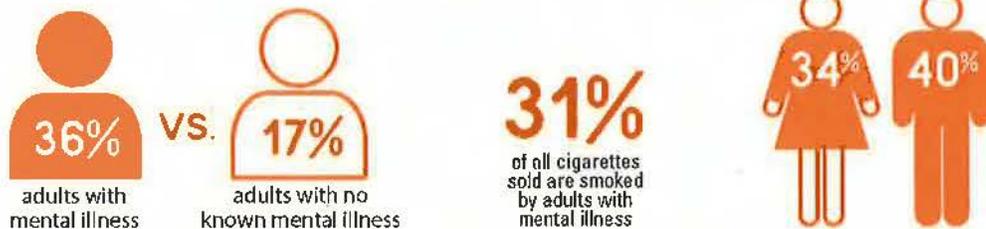
IF YOU WANT TO QUIT, CALL A COACH TO HELP.

For more information, visit [njhealth.org/quittohelp](http://njhealth.org/quittohelp)

## TOBACCO USE & MENTAL HEALTH CONCERNS

Smoking is the #1 cause of disease and death for people with mental health concerns.

### MENTAL HEALTH-RELATED SMOKING RATES



### TRENDS AMONG THOSE WITH MENTAL HEALTH CONCERNS



### TIPS FOR QUITTING

WORK WITH A QUIT COACH AND USE QUIT MEDICATIONS TO HAVE THE BEST CHANCE OF QUITTING FOR GOOD.

YOU CAN QUIT. PEOPLE WITH MENTAL HEALTH CONCERNS QUIT TOBACCO AT THE SAME RATE AS OTHERS.

DON'T GIVE UP. IT TAKES AN AVERAGE OF 7-10 TRIES TO QUIT FOR GOOD.

For more information, visit [njhealth.org/quittoaccohelp](http://njhealth.org/quittoaccohelp)

## TOBACCO USE & COPD

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Smoking is one of the worst things you can do if you have COPD.

### HOW SMOKING WITH COPD AFFECTS YOU



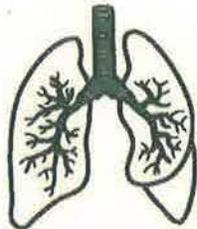
**MOUTH**

Smoking increases your risk for mouth and throat cancers and teeth and gum diseases.



**BRAIN**

Smoking increases your risk of stroke.



**LUNGS**

Smoking causes your COPD to worsen and increases your risk of lung cancer and death.



**HEART**

Smoking increases your risk of high blood pressure, heart disease and heart attacks.

**WORK WITH A QUIT COACH AND USE QUIT MEDICATIONS TO HAVE THE BEST CHANCE OF QUITTING FOR GOOD.**

For more information, visit [njhealth.org/quit tobacco help](http://njhealth.org/quit tobacco help)

## **TOBACCO USE, HIGH BLOOD PRESSURE & HEART DISEASE**

You have a high risk of developing other health problems when you smoke with high blood pressure and/or heart disease.

### **HOW SMOKING WITH HIGH BLOOD PRESSURE AND/OR HEART DISEASE AFFECTS YOU**



#### **MOUTH**

Smoking increases your risk of dental disease and cancers of the mouth.



#### **BRAIN**

Smoking increases your risk of stroke.



#### **HEART**

Smoking increases your risk of heart disease and heart attack.



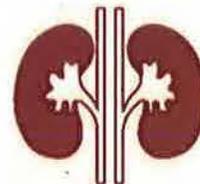
#### **LUNGS**

Smoking increases your risk of lung cancer and makes it harder to breathe and be active.



#### **BLOOD**

Your blood pressure rises every time you smoke. Smoking makes heart medications less effective, because it raises bad fat levels and lowers good fat levels in your blood.



#### **KIDNEYS**

Smoking increases your risk of having kidney disease.

**WORK WITH A QUIT COACH AND USE QUIT MEDICATIONS TO HAVE THE BEST CHANCE OF QUITTING TOBACCO FOR GOOD.**

For more information, visit [njhealth.org/quittoaccohelp](http://njhealth.org/quittoaccohelp)

## TOBACCO USE & DIABETES

People with diabetes who use tobacco are likely to suffer from serious health issues.

### HOW TOBACCO USE AFFECTS PEOPLE WITH DIABETES



#### EYE

You are more likely to have eye problems leading to blindness.



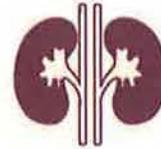
#### BRAIN

Smoking increases your risk of having a stroke.



#### HEART

Smoking increases your risk of heart disease.



#### KIDNEYS

Smoking increases your risk of kidney disease and failure.



#### BLOOD

Smoking causes blood and circulation problems. It increases your blood sugar levels and decreases blood flow. It also puts you at higher risk for high blood pressure and/or heart disease.



#### MOUTH

Smoking increases your risk of mouth and throat cancers. It also increases your risk of tooth and mouth diseases.



#### HANDS & FEET

Smoking decreases blood flow to your hands, legs and feet. This increases your risk for amputations.

**WORK WITH A QUIT COACH AND USE QUIT MEDICATIONS TO HAVE THE BEST CHANCE OF QUITTING TOBACCO FOR GOOD.**

For more information, visit [njhealth.org/quit tobacco help](http://njhealth.org/quit tobacco help)

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**National Jewish  
Health®**  
Science Transforming Life®

**Notice of Privacy Practices**  
The Tobacco Quitline is operated by National Jewish Health, a health care provider that has developed a program to assist individuals to reduce and discontinue the use of tobacco products, to provide the citizens of several states with assistance and support to quit using tobacco products. A copy of the National Jewish Health privacy policy has been included with your My Quit Journey workbook.

© National Jewish Health

**way to quit.org**

**1.800.QUIT.NOW**

John Q Sample  
123 Main St  
Anytown, ST 12345-6789

June 28, 2019

Dear John Q Sample:

Thank you for participating in the Utah Tobacco Quitline. We were unable to reach you by phone for your coaching appointment. We hope you still wish to quit and use our services to help. Even if you are still using tobacco, we would like to hear from you. Call us toll-free at **1-800-QUIT-NOW**.

If you have decided to quit at a later date, we hope that you will call us at that time.

We look forward to hearing from you.

Sincerely,

Utah Tobacco Quitline

UT 150

08/18

National Jewish Health | 1420 Jackson Street S117A | Denver, Colorado 80206

**way to quit**.org

**1.800.QUIT.NOW**

John Q Sample  
123 Main St  
Anytown, ST 12345-6789

June 28, 2019

Dear John Q Sample:

Thank you for talking with us about the Utah Tobacco Quitline. You told us on the phone that you did not want to be in the program at this time. If you have any questions or would like to speak with a quit tobacco specialist, please give us a call at **1-800-QUIT-NOW**.

Sincerely,

Utah Tobacco Quitline

UT 160

08/18

National Jewish Health | 1420 Jackson Street S117A | Denver, Colorado 80206

**way to quit.org**

**1.800.QUIT.NOW**

John Q Sample  
123 Main St  
Anytown, ST 12345-6789

**Proof of Enrollment**

This form documents that the person named below has enrolled in the Utah Tobacco Quitline at **1-800-QUIT-NOW**.

Participant's Name: John Q Sample

Date of Birth: 5/12/1980

Date of Enrollment in Quitline Coaching: June 28, 2019

Sincerely,

Utah Tobacco Quitline

UT 350

08/18

National Jewish Health | 1420 Jackson Street S117A | Denver, Colorado 80206

**way to quit.org**

**1.800.QUIT.NOW**

John Q Sample  
123 Main St  
Anytown, ST 12345-6789

**Congratulations**

1102879

*John Q Sample*

for completing the

**Utah Tobacco Quitline**

*June 21, 2019*

**way to quit.org**

**1.800.QUIT.NOW**

UTAH



**way to quit.org**

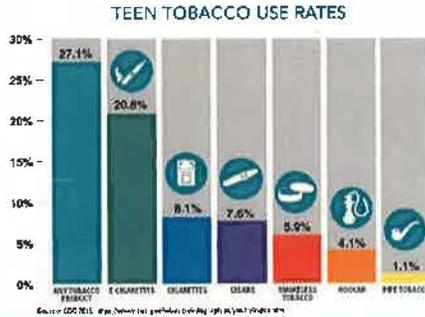
**1.800.QUIT.NOW**

John Q Sample  
123 Main St  
Anytown, ST 12345-6789



## MOST TEENS DON'T USE TOBACCO

Knowing the facts about tobacco can help you make your own decisions.



 3 OUT OF 4 HIGH SCHOOL STUDENTS DON'T USE TOBACCO.

LEARN MORE ABOUT TEEN TOBACCO USE.

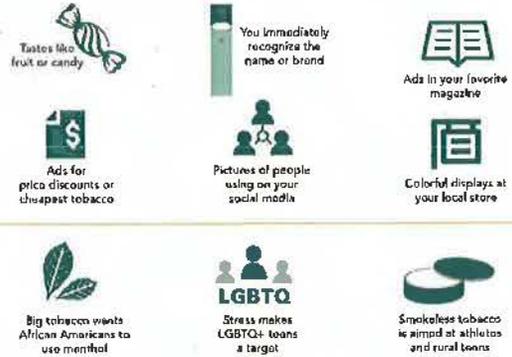
For more information, call or text 1-855-891-9989 or visit [mylifemyquit.com](http://mylifemyquit.com)

© Copyright © 2018 National Jewish Health

## ARE YOU A TARGET?

Tobacco companies have a problem — their customers keep dying. They want teens to be the replacement and they will work hard to get you.

### HOW TO TELL WHEN TEENS ARE THE TARGET



DON'T BE A TOBACCO TARGET. CALL OR TEXT A COACH TODAY TO LEARN HOW.

For more information, call or text 1-855-891-9989 or visit [mylifemyquit.com](http://mylifemyquit.com)

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## IT'S STILL TOBACCO

Nicotine comes from the tobacco plant. Even though it comes in many forms, all tobacco products are addictive.

### THESE ARE ALL TOBACCO PRODUCTS



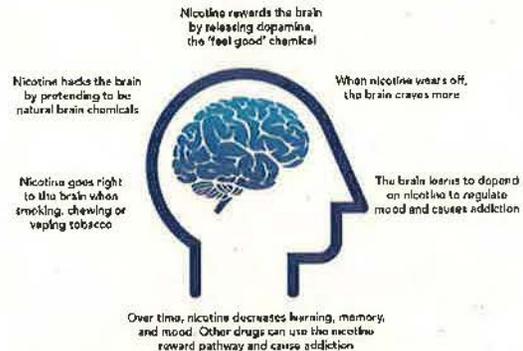
TALK OR CHAT WITH A COACH TO HELP YOU QUIT USING ALL TOBACCO.

For more information, call or text 1-855-891-9989 or visit [mylifemyquit.com](http://mylifemyquit.com)

© Copyright © 2018 National Jewish Health

## HOW NICOTINE WORKS

Because teen brains are rapidly developing, nicotine addiction happens very quickly. Almost 90% of adults who use nicotine start as teens.



STOP NICOTINE FROM HACKING YOUR BRAIN. TALK OR CHAT WITH A COACH.

For more information, call or text 1-855-891-9989 or visit [mylifemyquit.com](http://mylifemyquit.com)

© Copyright © 2018 National Jewish Health

**way to quit**.org

**1.800.QUIT.NOW**

Dear John Q,

Congratulations on completing your coaching call with the My Life, My Quit program. You are on your way to a healthier new you. As you work with a coach on your plan, you will receive a tool to help you quit (silly putty to keep your hands busy), something cool to show your progress (sunglasses), and a backpack as a lasting reminder of how hard you worked. Remember, whenever you need support you can always call us directly at 1-855-891-9989.

Keep up the good work!

**MY LIFE**  **MY QUIT**.™

YTHINC

08/18

Spanish Materials



*My Quit Journey*© booklet, Spanish version.

*Dejar el tabaco es un largo camino.*

ESTE PROGRAMA ESTÁ DISEÑADO PARA APOYARLO/A POR SU CAMINO SIN JUZGARLO/A. UTILICE ESTA LIBRETA DE EJERCICIOS Y HABLE CON UN/A ASESOR/A PARA QUE LE AYUDE A DEJAR EL TRABAJO PARA SIEMPRE.

CÓMO REACCIONA

*Su cuerpo*  
CUANDO DEJA EL TABACO





**PRIMEROS PASOS:**

*Prueba de su nivel de compromiso*

	Muy en desacuerdo	En desacuerdo	Neutral	De acuerdo	Muy de acuerdo
1. Estoy preparado/a para lidiar con las molestias con tal de dejar el tabaco.	1	2	3	4	5
2. Sin importar los deseos que surjan, no volveré a consumir tabaco después de dejarlo.	1	2	3	4	5
3. Aunque me siento muy ansioso/a o inquieto/a, superaré con éxito mi intento de dejar el tabaco.	1	2	3	4	5
4. Aunque me sienta muy ansioso/a, no fumaré.	1	2	3	4	5
5. Resistiré la tentación de consumir tabaco aunque sienta muchas ansias.	1	2	3	4	5
6. Aunque me sienta irritable o deprimido/a, mantendré mi compromiso.	1	2	3	4	5
7. No dejaré que nada se interponga en mi camino para intentar dejar el tabaco.	1	2	3	4	5
8. Estoy muy ansioso/a o irritable no importa qué lo haga.	1	2	3	4	5

PUNTUACIÓN TOTAL - \_\_\_\_\_

## COMPRUEBE SU PUNTUACIÓN

8 A 18



### Enfóquese en su compromiso

Los intentos exitosos para dejar el tabaco requieren comprometerse. Imagine cómo sería su vida sin el tabaco.

19 A 29



### Fortalezca su compromiso

Está yendo por buen camino. Pensar sobre sus razones para dejar el tabaco puede ayudarle a fortalecer su decisión de dejarlo para siempre.

30 A 40



### Comprométase a dejarlo

¡Felicitación! Tome medidas ahora y continúe su camino para liberarse del tabaco.

5

## Mis razones PARA DEJAR EL TABACO

Utilice esta hoja para escribir, dibujar y/o pegar fotografías que lo recuerden las razones por las cuales quiere dejarlo.

6

*Empiece su*  
**P.L.A.N.**  
*para dejarlo*

P

**ELIJA UN DÍA PARA DEJARLO**

Lo dejaré el día \_\_\_\_\_

He elegido este día porque \_\_\_\_\_

Quiero dejarlo porque \_\_\_\_\_

L

**COMPARTA CON SU FAMILIA Y AMIGOS QUE PLANEA DEJAR EL TABACO**

Haga una lista de las personas a quien les dirá que dejará el tabaco. ¿Qué tipo de ayuda necesitan de su familia y amigos para lograr dejar el tabaco?

Las personas que me apoyarán                      Cómo quiero que esta persona me ayude

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7

A

**PREPÁRESE PARA COMBATIR LOS EVENTOS DESENCADENANTES Y SUS SÍNTOMAS DE ABSTINENCIA**

Haga un plan para evitar los eventos desencadenantes y combatir sus síntomas de abstinencia. Evite lo gente, lugares o cosas que le motivan a consumir tabaco. Tenga alternativas a mano. Modifique su horario o rutina.

Mis eventos desencadenantes y síntomas de abstinencia	¿Puedo evitarlo?			Cómo lo evitate
	Sí	Quizás	No	
<div style="border: 1px solid orange; padding: 2px; display: inline-block; font-size: 8px;"> <b>Dispositivos para fumar en el trabajo</b> </div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid orange; padding: 2px; display: inline-block; font-size: 8px;"> <b>Plantearse quedarse adentro durante las primeras semanas</b> </div>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8



Recuerde llamar a un asesor/a para recibir ayuda en su intento de dejar el tabaco.

¿Puede modificar su rutina global en sus actividades?	Cómo lo modificará	¿Ayudará las alternativas?	Cómo usará las alternativas
SI    Quizás    No		SI    Quizás    No	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<div style="border: 1px solid orange; padding: 5px; display: inline-block;">Especificar a cambio durante el descenso</div>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<div style="border: 1px solid orange; padding: 5px; display: inline-block;">Tendrá un paquete a mano y lo mantendrá cuando lo necesite</div>
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>



### LA NICOTINA Y LOS MEDICAMENTOS PARA DEJAR EL TABACO

Los medicamentos para dejar el tabaco pueden duplicar o triplicar sus posibilidades de dejarlo para siempre. Hable con su asesora sobre las mejores opciones para usted y para informarse si puede obtener estos productos de forma gratuita.

NOMBRE	MARCA	ACERCA DE ESTE MEDICAMENTO	CÓMO FUNCIONA
Percha de nicotina	Habitrol®, NicoDerm CQ®, Disponible en marca genérica	<ul style="list-style-type: none"> <li>Disponible con y sin receta médica</li> <li>El uso recomendado es de 8-10 semanas</li> </ul>	<ul style="list-style-type: none"> <li>Ayuda con las ansias entre 16-24 horas, dependiendo del parche</li> </ul>
Goma de mascar de nicotina	Nicorette®, Disponible en marca genérica	<ul style="list-style-type: none"> <li>Sin receta médica</li> <li>Disponible en 2 mg y 4 mg</li> <li>Disponible en diferentes sabores</li> <li>El uso recomendado es de 3 meses o según se necesite</li> </ul>	<ul style="list-style-type: none"> <li>Ayuda con las ansias por un máximo de 30 minutos por goma de mascar</li> </ul>
Pastilla de nicotina	Comunk® Lozangs, Disponible en marca genérica	<ul style="list-style-type: none"> <li>Sin receta médica</li> <li>Disponible en 2 mg y 4 mg</li> <li>El uso recomendado es de 3 meses o según se necesite</li> </ul>	<ul style="list-style-type: none"> <li>Ayuda con las ansias por un máximo de 30 minutos por comprimido</li> </ul>
Inhalador de nicotina	Nicotrol® Inhaler	<ul style="list-style-type: none"> <li>Con receta médica</li> <li>El uso máximo recomendado es de 6 meses</li> </ul>	<ul style="list-style-type: none"> <li>Ayuda con las ansias y con el hábito de manipular algo con los dedos (manipobra "mano-boca")</li> </ul>
Aerosol de nicotina	Nicotrol® Nasal Aerosol	<ul style="list-style-type: none"> <li>Con receta médica</li> <li>El uso recomendado es de 3-6 meses</li> </ul>	<ul style="list-style-type: none"> <li>De acción rápida</li> <li>Ayuda con las ansias</li> </ul>
Bupropión SR	Zyban®, Wellbutrin®	<ul style="list-style-type: none"> <li>Con receta médica</li> <li>Tableta</li> <li>El uso recomendado es de 3-6 meses</li> </ul>	<ul style="list-style-type: none"> <li>Reduce las ansias de fumar</li> <li>Ayuda con los síntomas de depresión</li> </ul>
Varenicline	Chantix®	<ul style="list-style-type: none"> <li>Con receta médica</li> <li>Tableta</li> <li>El uso recomendado es de 3-6 meses</li> </ul>	<ul style="list-style-type: none"> <li>Reduce los síntomas de abstinencia</li> <li>Bloquea los efectos placenteros de fumar</li> </ul>



**LIDIANDO CON EL ESTRÉS DURANTE SU CAMINO PARA DEJAR EL TABACO**

La razón número uno por la cual la gente dice que consume tabaco es para lidiar con el estrés. Cada vez que deja de consumir tabaco, probablemente se siente ansioso e irritable, lo que hace que sea lo contrario más nicotina. Cuando vuelve a consumir tabaco, esos efectos desaparecen, y se siente más relajado y feliz. Esto hace que piense que consumir tabaco lo ayuda a desestresarse cuando, en realidad, hace que aumente su nivel de estrés.

Existen muchas formas buenas para lidiar con el estrés además de consumir tabaco. Identifique las que funcionarán mejor para usted, y haga un plan para manejar una "recada" si llegara a suceder.

11

**CÓMO REDUCIR EL ESTRÉS**



**Mantenga una actitud positiva**

Mantener una actitud positiva puede hacer que esté mentalmente preparado/a para enfrentar el estrés. Enfóquese en las cosas buenas de dejar el tabaco.



**Deje de lado el control**

Hay muchas cosas en la vida que no puede controlar. Reconozca cuando ciertas cosas están fuera de su control. Enfóque su atención en aquellas áreas de su vida en las que sí puede influir.



**Relájese**

Relajarse es una manera sana de mantener un nivel mínimo de estrés. Respirar, relajar los músculos y la mente, hacer ejercicio y yoga son excelentes actividades para reducir el estrés.



**Manténgase activo/a**

Cuando su cuerpo esté en buena forma, puede lidiar mejor con el estrés. Cualquier actividad que lo impulse a moverse puede despejar su mente y ayudarlo a lidiar con los cambios.



**Recargue su cuerpo**

Las comidas y los suplementos saludables le proporcionan la energía que necesita para manejar mejor el estrés. Los productos frescos son siempre mejores opciones que los productos empacados.

Lo que me estresa

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Qué haré para manejar el estrés

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12

### CÓMO MANEJAR LAS "RECAÍDAS"

Después de dejar el tabaco, fumar un toque o morder un poco de tabaco aumenta las ansias de querer más en el futuro. Si tiene una "recaida", no se rinda. Una recaída no es un fracaso sino una oportunidad para aprender.

Qué provocó mi recaída	Hora del día	Dónde recaí	Cómo lo manejaré la próxima vez

**VOLVIENDO AL BUEN CAMINO**



13



Es importante encontrar maneras de recompensarse cuando deja el tabaco. ¡Recompénsese la ayuda a permanecer firme y comprométase a sus objetivos. ¡Mérese felicitarse por cada día que no haya recaído a consumir tabaco!

### MIS RECOMPENSAS

Haga una lista de tres cosas que hará para recompensarse mientras deja el tabaco.

Logro alcanzado	Recompensa
Ejemplo: Un mes sin tabaco	Ir a cenar con mis amigos/familia

14

← Avanzar aquí

Mi **P.L.A.N.**  
para dejar el tabaco para siempre

**ELIJA UN DÍA PARA DEJAR EL TABACO (PÁGINA 7)**  
Lo dejaré el día \_\_\_\_\_

**COMPARTA CON SU FAMILIA Y AMIGOS QUE PLANEAS DEJAR EL TABACO (PÁGINA 7)**

Las personas que me apoyarán	Cómo quiero que esta persona me apoye
_____	_____
_____	_____

**PREPÁRESE PARA COMBATIR LOS EVENTOS DESENCADENANTES Y SUS SÍNTOMAS DE ABSTINENCIA (PÁGINA 8 Y 9)**

Los eventos desencadenantes y mis síntomas de abstinencia	Cómo los manejaré (Evitar, Cambiar, Alternativo)
_____	_____
_____	_____

**LA NICOTINA Y LOS MEDICAMENTOS PARA DEJAR EL TABACO (PÁGINA 10)**  
Planeo usar \_\_\_\_\_ en mi intento de dejar el tabaco.

Oblendré el medicamento de mi \_\_\_\_\_ asesor/a \_\_\_\_\_ doctor/a \_\_\_\_\_ farmacia/supermercado (marque con un círculo)

**MIS RECOMPENSAS POR MANTENER MI COMPROMISO DE DEJAR EL TABACO (PÁGINA 14)**

Logro alcanzado	Recompensa
_____	_____
_____	_____

15

Avanzar aquí →

P.L.A.N.  
+  
APOYO DE UN/A  
ASESOR/A  
+  
MEDICAMENTOS  
PARA DEJAR EL  
TABACO  
=  
Éxito

16



**QUITLOGIX**

1-800-QUIT-NOW  
quitlogix.com

*¡Felicitaciones*  
**POR DAR  
EL PRIMER PASO!**

Estimado/a [John],

¡Felicitaciones por su camino hacia el abandono del tabaco! Dejar el tabaco es una de las decisiones más importantes que puede tomar por su salud y por la salud de sus seres queridos.

Dejar el tabaco no es una tarea fácil pero nosotros estamos aquí para ayudarle. Es posible que no consiga dejarlo en el primer intento pero es importante que continúe intentándolo.

Usted contará con apoyo durante su camino hacia el abandono del tabaco. Aprenderá como enfrentarse con los desafíos que surgen al intentar dejar el tabaco y tendrá las herramientas que le ayudarán a lidiar con estos desafíos.

Ajunto encontrará información que puede ayudarle a lo largo del camino.

Esperamos poder apoyarle.

[insert client url]

[insert client phone]

*Participant welcome letter, Spanish version.*

## HUMO DE SEGUNDA MANO

Ningún nivel de exposición al humo de segunda mano está libre de riesgo.



**EL HUMO DE SEGUNDA MANO CAUSA GRAVES PROBLEMAS PARA LA SALUD EN ADULTOS, NIÑOS Y BEBÉS.**

Para más información, visite [njhealth.org/quittohelp](http://njhealth.org/quittohelp)

*Educational materials on various topics, Spanish versions.*

# ESTRÉS Y CONSUMO DE TABACO

El estrés es la razón n°1 por lo que las personas consumen tabaco o recaen después de dejarlo.

¿Qué puedo hacer para reducir el estrés?



Para más información, visite [njhealth.org/quittobaccohelp](http://njhealth.org/quittobaccohelp)

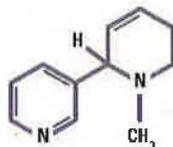
## ENTENDER VAPING

*Vaping* es la acción de inhalar nicotina líquida y otros aditivos a través de un dispositivo que funciona con pilas y que a menudo tiene forma de cigarrillo.



### DIFERENTES NOMBRES PARA UN MISMO PRODUCTO

- Cigarrillo electrónico
- Narguile electrónica
- Hookah pen
- Vape pen
- Vape pipe



### QUÉ HAY TRAS EL VAPOR QUE INHALA

- Nicotina adictiva
- Niveles no regulados de nicotina y una mezcla de otros productos químicos



### NICOTINA Y EL CEREBRO

La nicotina puede afectar a ciertas funciones del cerebro como la toma de decisiones, el control de impulsos y la planificación de eventos futuros, dichas funciones se encuentran entre las últimas en el proceso de maduración del cerebro. Esto hace que los jóvenes sean más susceptibles a los efectos de la nicotina y a otras sustancias adictivas.



### VAPING NO ES UN MÉTODO PROBADO PARA DEJAR EL TABACO

El asesoramiento combinado con uno de los siete medicamentos aprobados por la Administración de Alimentos y Medicamentos (FDA, por sus siglas en inglés) sí son tratamientos de eficacia probada para dejar el tabaco.

- Parche de TRN
- Chicle de TRN
- Pastilla de TRN
- Inhalador de TRN
- Spray de TRN
- Vareniclina
- Bupropion

Para más información, visite [njhealth.org/quittoaccohelp](http://njhealth.org/quittoaccohelp)

# DEJAR EL TABACO EN LAS COMUNIDADES DE LGBT

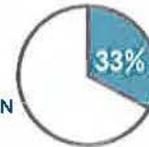
El uso del tabaco es un grave problema en las comunidades de LGBT

**\$7.9**  
**BILLONES**

Cantidad aproximada de dinero que la comunidad de LGBT gasta en cigarrillos cada año



Población fumadora en los EE.UU.



EN COMPARACIÓN  
Población fumadora en la comunidad de LGBT

¿POR QUÉ ES TAN COMÚN EL USO DEL TABACO EN LAS COMUNIDADES DE LGBT?



Nos reunimos en bares y clubs donde es usual consumir alcohol y tabaco



Usamos productos de tabaco como una forma de conocer a gente y una manera de conectar.



La discriminación contra la comunidad de LGBT es habitual y recurrimos al tabaco para sobrellevarlo.



Muchas personas revelan que son LGBT durante la juventud. Este es un momento estresante y recurrimos al tabaco para sobrellevarlo.



La publicidad del tabaco está en todas partes. Las tabacaleras dirigen la comercialización a adolescents y adultos de la comunidad de LGBT.

**LAS PERSONAS DE LA COMUNIDAD DE LGBT QUE TRABAJAN CON UN ASESOR PARA DEJAR EL TABACO Y USAN MEDICACIONES PARA DEJAR EL TABACO TIENEN MAYOR PROBABILIDAD DE DEJARLO PARA SIEMPRE.**

Para más información, visite [njhealth.org/quittohelp](http://njhealth.org/quittohelp)

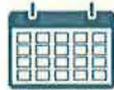
## EMBARAZO Y USO DE TABACO

Dejar el tabaco puede ser difícil pero es una de las mejores maneras que una mujer puede proteger su salud y la salud de su bebé.



**13%-20%**

Entre el 13% - 20% de todas las embarazadas consumidoras de tabaco siguen fumando a lo largo del embarazo



**60%-70%**

Entre el 60% - 70% recaen durante los 6 meses después del parto



El 45% que deja el tabaco durante el embarazo recaen a los 2 o 3 meses después del parto



Hasta un **80%** ha recaído para cuando su bebé cumple un año

### DESENCADENANTES DE RECAÍDAS



Su pareja fuma o hay uno o más fumadores en su hogar



Siente nostalgia por su "antigua yo"



Consumir bebidas con cafeína o alcohol



Preocupación por el aumento de peso ganado durante el embarazo



Estrés y dormir poco o con interrupciones



Depresión posparto



Gran cambio de vida después de nacer el bebé



Falta de apoyo social

### CONSEJOS PARA DEJAR EL TABACO

**BUSQUE FORMAS DE SOBRELLEVAR EL ESTRÉS PARA EVITAR VOLVER A CONSUMIR TABACO.**

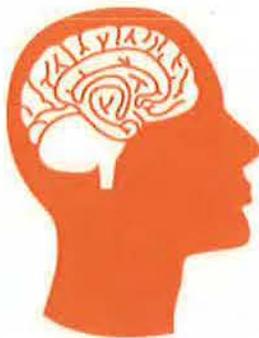
**TRABAJE CON UNA ASESORA PARA DEJAR EL TABACO PARA TENER LA MEJOR PROBABILIDAD DE DEJARLO PARA SIEMPRE.**

**HABLE CON SU PROVEEDOR DE SALUD MÉDICA SOBRE LA POSIBILIDAD DE USAR MEDICACIONES PARA DEJAR EL TABACO.**

Para más información, visite [njhealth.org/quittohelp](http://njhealth.org/quittohelp)

## ¿QUIERE AYUDAR A ALGUIEN A DEJAR EL TABACO?

Usted puede jugar un papel importante en ayudar a alguien a dejar el tabaco para siempre.



### QUÉ NECESITA SABER

- Aunque usted quiere ayudar, la responsabilidad de dejar el tabaco es del consumidor.
- Dejar el tabaco es un proceso que requiere tiempo, energía y a veces recaídas para aprender lo que mantendrá a una persona alejada del tabaco.
- Los desencadenantes y los síntomas de abstinencia son normales.
- Los deslices y las recaídas son normales y pueden llevar al éxito en un futuro.
- Haga un plan con su ser querido para saber cómo puede ayudarlo en esos momentos de alto riesgo.
- El consumidor de tabaco necesita comunicar el tipo de apoyo que él/ella necesita.



### FORMAS DE AYUDAR

- Celebre todos los esfuerzos por dejar el tabaco.
- Ofrezca palabras de apoyo y otros incentivos.
- Recuérdele a su ser querido que está aquí para apoyarlo cuando lo necesite.
- Muestre su apoyo incluso durante una recaída. Dejarlo es difícil.

LA GUÍA "CAMINANDO HACIA EL ABANDONO DEL TABACO" LE AYUDARÁ A ENTENDER EL PROCESO DEL ABANDONO DEL TABACO PARA PODER OFRECER SU APOYO A LO LARGO DE TODO EL CAMINO.

Para más información, visite [njhealth.org/quittobacohelp](http://njhealth.org/quittobacohelp)

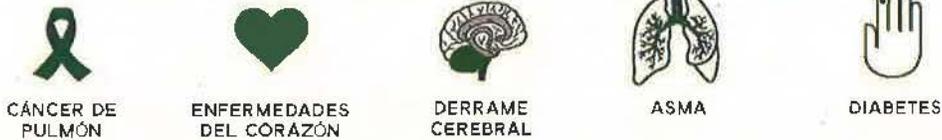
## CONSUMO DE TABACO EN LA COMUNIDAD HISPANA/LATINA

El consumo de tabaco es la primera causa de enfermedad, incapacidad y muerte evitable entre hispanos/latinos

### ÍNDICE DE TABAQUISMO ENTRE HISPANOS/LATINOS



### ENFERMEDADES CAUSADAS POR EL TABAQUISMO



### CONSEJOS PARA DEJAR EL TABACO

PIDA AYUDA A UN PROVEEDOR MÉDICO PARA DEJAR EL TABACO.

TRABAJE CON UN ASESOR PARA DEJAR EL TABACO Y USE MEDICACIONES PARA DEJAR EL TABACO PARA TENER LA MAYOR PROBABILIDAD DE DEJARLO PARA SIEMPRE.

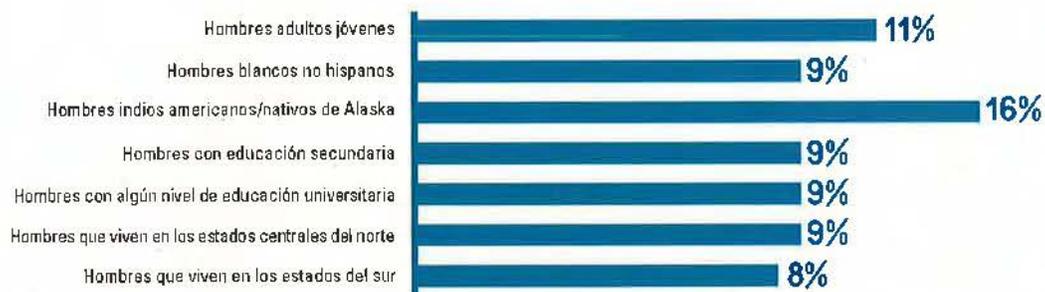
CONSIDERE EL USO DE TERAPIA DE REEMPLAZO DE NICOTINA (TRN) SI SÓLO CONSUME TABACO EN SITUACIONES SOCIALES.

Para más información, visite [njhealth.org/quittohelp](http://njhealth.org/quittohelp)

## TABACO SIN HUMO

El tabaco sin humo es tan peligroso como fumar cigarrillos.

### CONSUMO ELEVADO DE TABACO SIN HUMO



### TIPOS DE TABACO SIN HUMO



TABACO ORAL



TABACO NASAL



RAPÉ



TABACO SOLUBLE



TABACO DE MASCAR EN HOJA SUELTA



TABACO EN BLOQUE

### CONSEJOS PARA DEJAR EL TABACO

LOS CHICLES, CAMELOS DE MENTA, PÁLILLOS Y POPOTES PUEDEN AYUDAR A MANTENER LA BOCA OCUPADA MIENTRAS DEJA EL TABACO.

TRABAJE CON UN ASESOR PARA DEJAR EL TABACO Y USE MEDICACIONES PARA DEJAR EL TABACO PARA TENER LA MAYOR PROBABILIDAD DE DEJARLO PARA SIEMPRE.

LA TERAPIA DE REEMPLAZO DE NICOTINA (TRN) COMO EL CHICLE O LAS PASTILLAS PUEDEN AYUDAR A FRENAR LAS ANSIAS.

Para más información, visite [njhealth.org/quittohelp](http://njhealth.org/quittohelp)

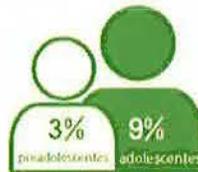
## PREADOLESCENTES, ADOLESCENTES Y TABACO

Conocer los datos sobre el tabaco puede ayudarle a tomar las decisiones correctas.

### ÍNDICE DE TABAQUISMO DE PREADOLESCENTES Y ADOLESCENTES



CIGARRILLO ELECTRÓNICO

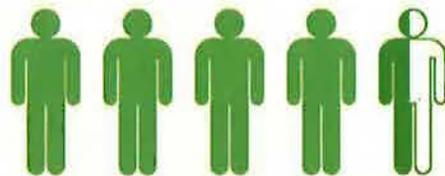


NARGUILES



CIGARRILLOS

### LA MAYORÍA DE PREADOLESCENTES Y ADOLESCENTES NO FUMAN



EL 87% DE ADOLESCENTES NO USA EL CIGARRILLO ELECTRÓNICO

el 93% de preadolescentes no fuma cigarrillos



el 77% de adolescentes no fuma cigarrillos

### ENGAÑOS PUBLICITARIOS DE LAS EMPRESAS TABACALERAS



Exhibidores y anuncios en tiendas



Cupones y descuentos



Compras con promociones regalo



Cigarrillos electrónicos con sabor a caramelo



Patrocinios de conciertos y eventos deportivos



Anuncios en revistas



Productos gratis

SI QUIERE DEJAR EL TABACO. LLAME A UN ASESOR PARA RECIBIR AYUDA.

Para más información, visite [njhealth.org/quittohelp](http://njhealth.org/quittohelp)

## CONSUMO DE TABACO Y PROBLEMAS DE SALUD MENTAL

El tabaquismo es la causa n°1 de enfermedad y muerte en personas con problemas de salud mental.

### ÍNDICE DE TABAQUISMO ENTRE LA POBLACIÓN CON PROBLEMAS DE SALUD MENTAL



### TENDENCIAS ENTRE LA POBLACIÓN CON PROBLEMAS DE SALUD MENTAL



### CONSEJOS PARA DEJAR EL TABACO

**TRABAJE CON UN ASESOR PARA DEJAR EL TABACO Y USE MEDICACIONES PARA DEJAR EL TABACO PARA TENER LA MAYOR PROBABILIDAD DE DEJARLO PARA SIEMPRE.**

**USTED PUEDE DEJARLO. LAS PERSONAS CON PROBLEMAS DE SALUD MENTAL DEJAN EL TABACO AL MISMO RITMO QUE EL RESTO.**

**NO SE RINDA. SE NECESITA UNA MEDIA DE 7 A 10 INTENTOS HASTA CONSEGUIR DEJAR EL TABACO PARA SIEMPRE.**

Para más información, visite [njhealth.org/quittohelp](http://njhealth.org/quittohelp)

# CONSUMO DE TABACO Y LA ENFERMEDAD PULMONAR OBSTRUCTIVA CRÓNICA

("COPD" por sus siglas en inglés)

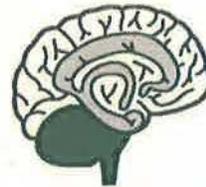
Fumar es una de las peores cosas que puede hacer si padece COPD.

## CÓMO AFECTA EL FUMAR Y PADECER COPD



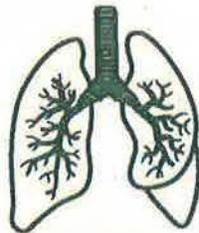
### BOCA

Fumar aumenta el riesgo de padecer cáncer de boca y de garganta y enfermedades dentales y de encías.



### CEREBRO

Fumar aumenta el riesgo de sufrir un infarto cerebral.



### PULMONES

Fumar empeora su COPD y aumenta su riesgo de padecer cáncer de pulmón y de fallecer.



### CORAZÓN

Fumar aumenta el riesgo de padecer presión arterial alta, enfermedades del corazón y ataques al corazón.

TRABAJE CON UN ASESOR PARA DEJAR EL TABACO Y USE MEDICACIONES PARA DEJAR EL TABACO PARA TENER LA MAYOR PROBABILIDAD DE DEJARLO PARA SIEMPRE.

Para más información, visite [njhealth.org/quittohelp](http://njhealth.org/quittohelp)

## CONSUMO DE TABACO, PRESIÓN ARTERIAL ALTA Y ENFERMEDADES DEL CORAZÓN

Usted tiene un alto riesgo de desarrollar otros problemas de salud cuando fuma y tiene la presión arterial alta y/o enfermedades del corazón.

### CÓMO AFECTA EL FUMAR Y TENER LA PRESIÓN ARTERIAL ALTA Y/O ENFERMEDADES DEL CORAZÓN



**BOCA**

Fumar aumenta el riesgo de padecer enfermedades dentales y cáncer de boca.



**CEREBRO**

Fumar aumenta el riesgo de sufrir un infarto cerebral.



**CORAZÓN**

Fumar aumenta el riesgo de padecer enfermedades del corazón y ataque al corazón.



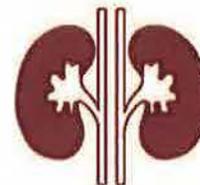
**PULMONES**

Fumar aumenta el riesgo de padecer cáncer de pulmón y hace más difícil el respirar y ser activo/a.



**SANGRE**

Su presión arterial se eleva cada vez que fuma. Fumar hace menos efectivos los medicamentos para el corazón porque eleva los niveles de colesterol malos y reduce los niveles de colesterol buenos en la sangre.



**RIÑONES**

Fumar aumenta el riesgo de padecer enfermedades de riñón.

**TRABAJE CON UN ASESOR PARA DEJAR EL TABACO Y USE MEDICACIONES PARA DEJAR EL TABACO PARA TENER LA MAYOR PROBABILIDAD DE DEJARLO PARA SIEMPRE.**

Para más información, visite [njhealth.org/quittohelp](http://njhealth.org/quittohelp)

## CONSUMO DE TABACO Y DIABETES

Las personas consumidoras de tabaco y con diabetes tienen más probabilidades de sufrir graves problemas de salud.

### CÓMO EL CONSUMO DE TABACO AFECTA A LAS PERSONAS CON DIABETES



#### OJOS

Usted tiene más probabilidades de tener problemas oculares que pueden llevar a la ceguera.



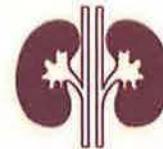
#### CEREBRO

Fumar aumenta el riesgo de sufrir un derrame cerebral.



#### CORAZÓN

Fumar aumenta el riesgo de sufrir enfermedades del corazón.



#### RIÑONES

Fumar aumenta el riesgo de sufrir enfermedades de riñón e insuficiencia renal.



#### SANGRE

Fumar causa problemas sanguíneos y de circulación al reducir el nivel de azúcar en la sangre y el flujo sanguíneo. También le pone en mayor riesgo de sufrir presión arterial alta y/o problemas de corazón.



#### BOCA

Fumar aumenta el riesgo de sufrir cánceres de boca y garganta. También hace aumentar el riesgo de enfermedades dentales y de encías.



#### MANOS Y PIES

Fumar reduce el flujo sanguíneo en las manos, piernas y pies. Esto hace aumentar su riesgo de sufrir una amputación.

**TRABAJE CON UN ASESOR PARA DEJAR EL TABACO Y USE MEDICACIONES PARA DEJAR EL TABACO PARA TENER LA MAYOR PROBABILIDAD DE DEJARLO PARA SIEMPRE.**

Para más información, visite [njhealth.org/quittohelp](http://njhealth.org/quittohelp)

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**National Jewish  
Health**<sup>®</sup>  
Science Transforming Life.<sup>®</sup>

**Aviso de política de privacidad**  
El Tobacco Quitline es operado por el National Jewish Health, un proveedor de servicios de salud que ha desarrollado un programa para ayudar a las personas a reducir y cesar el uso de productos de tabaco, para proporcionar a los ciudadanos de varios estados ayuda y apoyo para dejar el uso de productos de tabaco. Una copia de la política de privacidad del National Jewish Health ha sido incluida con su cuaderno de trabajo Caminando hacia el abandono del tabaco.  
© National Jewish Health

**way to quit.org**

**1.800.QUIT.NOW**

John Q Sample  
123 Main St  
Anytown, ST 12345-6789

28 de junio de 2019

Apreciado/a John Q Sample:

Gracias por participar en Utah Tobacco Quitline. No hemos podido contactar con usted para completar la cita telefónica con su asesor(a). Esperamos que continúe deseando dejar el tabaco y utilice nuestros servicios para ayudarlo. Nos gustaría recibir noticias tuyas, incluso si todavía usa tabaco. Llámenos a nuestro teléfono gratuito **1.855.DEJELO.YA (335-3569)**.

Si ha decidido retrasar la fecha para dejar el tabaco, esperamos que nos llame cuando esté preparado(a).

Esperamos recibir noticias tuyas pronto.

Sinceramente,

Utah Tobacco Quitline

UTSP 150

08/18

National Jewish Health | 1420 Jackson Street S117A | Denver, Colorado 80206

**way to quit**.org

**1.800.QUITNOW**

John Q Sample  
123 Main St  
Anytown, ST 12345-6789

28 de junio de 2019

Apreciado/a John Q Sample:

Gracias por haber hablado con nosotros sobre Utah Tobacco Quitline. Durante nuestra conversación telefónica nos indicó que, por el momento, no deseaba formar parte del programa. Por favor, llámenos al **1.855.DEJELO.YA (335-3569)** si tiene dudas o si desea hablar con un especialista para dejar de fumar.

Sinceramente,

Utah Tobacco Quitline

UTSP 160

08/18

National Jewish Health | 1420 Jackson Street S117A | Denver, Colorado 80206

Health Care Provider Information

Connect with your personal quitting coach today. Call 1-800-QUIT-NOW or Enroll today.



**COLORADO QuitLine™**  
*Be tobacco free*

Health Care Provider    English Español

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## Health Care Provider

- How the Program Works
- AAR Model
- Provider FAQs
- How to Talk to Patients About Tobacco
- How to Refer Patients
- About National Jewish Health
- Provider Resources

Connect with your personal quitting coach today. Call 1-800-QUIT-NOW or Enroll today.

Home    Health Care Provider    This program is a service of Colorado QuitLine  
 Just Looking    Family Member or Friend    © 2020 National Jewish Health    Privacy  
 Enroll Now    Provider Web Referral    Itz'Ah

**National Jewish Health**

**LIVE CHAT**

Information for health care providers is available on the Quitline website.

Connect with your personal quitting coach today. Call 1-800-QUIT-NOW or Enroll today.

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**QuitLine™**  
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Health Care Provider

English  Español

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**How the Program Works**

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**AAR Model**

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**Provider FAQs**

---

**How to Talk to Patients About Tobacco**

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**How to Refer Patients**

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**About National Jewish Health**

---

**Provider Resources**

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 Follow Colorado Quitline on Facebook

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 Follow Colorado Quitline on Twitter

## How to Refer Patients

Referring patients to the quitline takes just a few minutes.

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**Provider Web Referral**

**For Patients Without NRT Contra-indications**

Complete the [Provider Web Referral](#). You don't need to print any pages.



**eReferral**

**For Providers Interested in using eReferral**

Please submit our [Contact Us](#) form to learn more about our eReferral program.



**Fax referral**

**For Patients With NRT Contra-indications**

If a patient has contra-indications to using NRT, please print, sign and return a [Fax Referral](#) form.

Connect with your personal quitting coach today. Call 1-800-QUIT-NOW or Enroll today.

Response to RFP 6204 Z1

Page 194

Connect with your personal quitting coach today. Call 1-800-QUIT-NOW or Enroll today.

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**How the Program Works**

**AAR Model**

**Provider FAQs**

**How to Talk to Patients About Tobacco**

**How to Refer Patients**

**About National Jewish Health**

**Provider Resources**

## How the Program Works

The quitline tobacco cessation program uses clinically proven methods to achieve some of the highest quit rates in the country. We help nearly 450 people a day in their journey to quit tobacco.



**Quitline 101 by Hilary**

Watch Video

1 of 1

Connect with your personal quitting coach today. Call 1-800-QUIT-NOW or Enroll today.

**COLO-RADO**  
**QuitLine™**  
*Be tobacco free*

Health Care Provider    English **or** Español

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Home / Just Looking / Health Care Provider / Provider Resources

**How the Program Works**

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**AAR Model**

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**Provider FAQs**

---

**How to Talk to Patients About Tobacco**

---

**How to Refer Patients**

---

**About National Jewish Health**

---

**Provider Resources**

## Provider Resources

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**Provider Education**  
Provider education is offered to deliver the best practices in tobacco cessation strategies. These resources are meant to serve as support and guidance tools to help you effectively work with patients to quit.



**Provider Local Resources**  
A list of local resources is provided that offer additional support in helping guide your patients.

Connect with your personal quitting coach today. Call 1-800-QUIT-NOW or Enroll today.

COLORADO  
**QuitLine**<sup>TM</sup>  
*Be tobacco free*

Health Care Provider

English Español

**Home**   **Just Looking**   **Enroll Now**

Hello. Sign In or Enroll today.

[Home](#) / [Just Looking](#) / [Health Care Provider](#) / [How to Talk to Patients About Tobacco](#)

**How the Program Works**

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**AAR Model**

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**Provider FAQs**

---

**How to Talk to Patients About Tobacco**

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**How to Refer Patients**

---

**About National Jewish Health**

---

**Provider Resources**

## How to Talk to Patients about Tobacco



**Brief Intervention Roleplay by Amy**

[Watch Video](#)

1 of 1

The video demonstrates how to talk to patients about tobacco. The provider is able to quickly and effectively address all three steps involved in the 2 A's and an R evidence-based brief tobacco intervention which includes:



## Appendix H: Languages – Language Line

## Language Lists

**LanguageLine Solutions®**

### Phone Interpreting Languages

Some languages may not be available at the time of your call. Not all languages are available in all regions. Additional languages and dialects may be available. Rare languages may require additional interpreter connect time or may require an appointment. If you have a question regarding language availability, please contact your Account Executive or Customer Care.

Acholi	Duala	Jamaican Patois	Mbay	Sicilian
Afar	Dutch	Japanese	Mien	Sinhala
Afrikaans	Dzongkha	Jarai	Mirpuri	Slovak
Akan	Edo	Javanese	Mixteco	Slovene
Akateko	Ekegusii	Jingpho	Mizo	Soga
Albanian	Estonian	Jinyu	Mnong	Somali
Amharic	Ewe	Juba Arabic	Mongolian	Soninke
Anuak	Farsi	Jula	Moroccan Arabic	Sorani
Apache	Fijian	Kaba	Mortlockese	Spanish
Arabic	Fijian Hindi	Kamba	Napoletano	Sudanese Arabic
Armenian	Finnish	Kanjobal	Navajo	Sunda
Assyrian	Flemish	Kannada	Nepeli	Susu
Azerbaijani	French	Karen	Ngambay	Swahili
Bahasa	French Canadian	Kashmiri	Nigerian Pidgin	Swedish
Bahdini	Fukienese	Kayah	Norwegian	Sylheti
Bahnar	Fulani	Kazakh	Nuer	Tagalog
Bajuni	Fuzhou	Kham	Nupe	Taiwanese
Bambara	Ga	Khana	Nyanja	Tajik
Bantu	Gaddang	Khmer	Nyoro	Tamil
Barese	Gaelic-Irish	K'iché	Ojibway	Telugu
Basque	Gaelic-Scottish	Kikuyu	Oromo	Thai
Bassa	Garre	Kimiuru	Pampangan	Tibetan
Belorussian	Gen	Koho	Papiamentu	Tigré
Bemba	Georgian	Korean	Pashto	Tigrigna
Benaadir	German	Krahn	Plautdietsch	Toishanese
Bengali	German Penn. Dutch	Krio	Pohnpeian	Tongan
Berber	Gheg	Kunama	Polish	Tooro
Bosnian	Gokana	Kurmanji	Portuguese	Trique
Bravanese	Greek	Kyrgyz	Portuguese Brazilian	Turkish
Bulgarian	Gujarati		Portuguese Cape Verdean	Turkmen
Burmese	Gulay	Laotian	Pugliese	Tzotzil
Cantonese	Gurani	Latvian	Pulaar	Ukrainian
Catalan	Haitian Creole	Liberian Pidgin English	Punjabi	Urdu
Cebuano	Hakka China	Lingala	Putian	Uyghur
Chaldean	Hakka Taiwan	Lithuanian	Quechua	Uzbek
Chamorro	Hassaniyya	Luba-Kasai	Quichua	Vietnamese
Chaochow	Hausa	Luganda	Rade	Visayan
Chin Falam	Hawaiian	Luo	Rakhine	Welsh
Chin Hakha	Hebrew	Maay	Rohingya	Wodaabe
Chin Mara	Hiligaynon	Macedonian	Romanian	Wolof
Chin Matu	Hindi	Malay	Rundi	Yemeni Arabic
Chin Senthang	Hindko	Malayalam	Russian	Yiddish
Chin Tedim	Himong	Maltese	Rwanda	Yoruba
Chipewyan	Hunanese	Mam	Samoan	Yunnanese
Chuukese	Hungarian	Mandarin	Sango	Zapoteco
Cree	Icelandic	Mandinka	Seraiki	Zarma
Croatian	Igbo	Maninka	Serbian	Zo
Czech	Ilocano	Manobo	Shanghaiese	Zyphé
Danish	Indonesian	Marathi	Shona	
Dari	Inuktitut	Marka	Sichuan Yi	
Dewoin	Italian	Marshallese		
Dinka	Jakartanese	Masalit		

**FOR MORE INFORMATION**
[www.LanguageLine.com](http://www.LanguageLine.com) / 1-800-752-6096

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[www.LanguageLine.com](http://www.LanguageLine.com)


Language Lists



**Translation and Localization Top Requested Languages**

More than 200 languages and dialects are available.

Afrikaans	Farsi	Khmer	Serbian
Albanian	Finnish	Korean	Sinhalese
Amharic	French (Belgian)	Laotian	Slovak
Arabic	French (Canadian)	Latvian	Somali
Bahasa	French (Euro)	Lithuanian	Spanish (Iberian)
Bengali	German	Macedonian	Spanish (Latin)
Bosnian	Greek	Malay	Sudanese Arabic
Bravanese	Gujarati	Malayalam	Swedish
Bulgarian	Haitian Creole	Mandinka	Tagalog
Catalan	Hebrew	Marathi	Tamil
Chinese (Simplified)	Hindi	Norwegian	Telegu
Chinese (Trad-HK)	Hmong	Oromo	Thai
Chinese (Traditional)	Hungarian	Polish	Turkish
Croatian	Icelandic	Portuguese	Ukrainian
Czech	Italian	Punjabi	Urdu
Danish	Japanese	Romanian	Vietnamese
Dutch	Javanese	Russian	
Estonian	Kashmiri		
Euro English	Kazakh		

**FOR MORE INFORMATION**

[www.LanguageLine.com](http://www.LanguageLine.com) / 1-888-763-3364

**LanguageLine InSight Video Interpreting® Languages**

Video interpreting is offered in the top 36 most requested languages including American Sign Language. Audio-only interpreting is also available in 240 languages.

Albanian	Greek	Korean	Romanian
American Sign Language	Haitian Creole	Laotian	Russian
Arabic	Hebrew	Lithuanian	Somali
Armenian	Hindi	Malay	Spanish
Bengali	Hmong	Mandarin	Tagalog
Burmese	Italian	Nepali	Thai
Cantonese	Japanese	Polish	Turkish
Farsi	Karen	Portuguese	Vietnamese
French	Khmer	Punjabi	
German			

**FOR MORE INFORMATION**

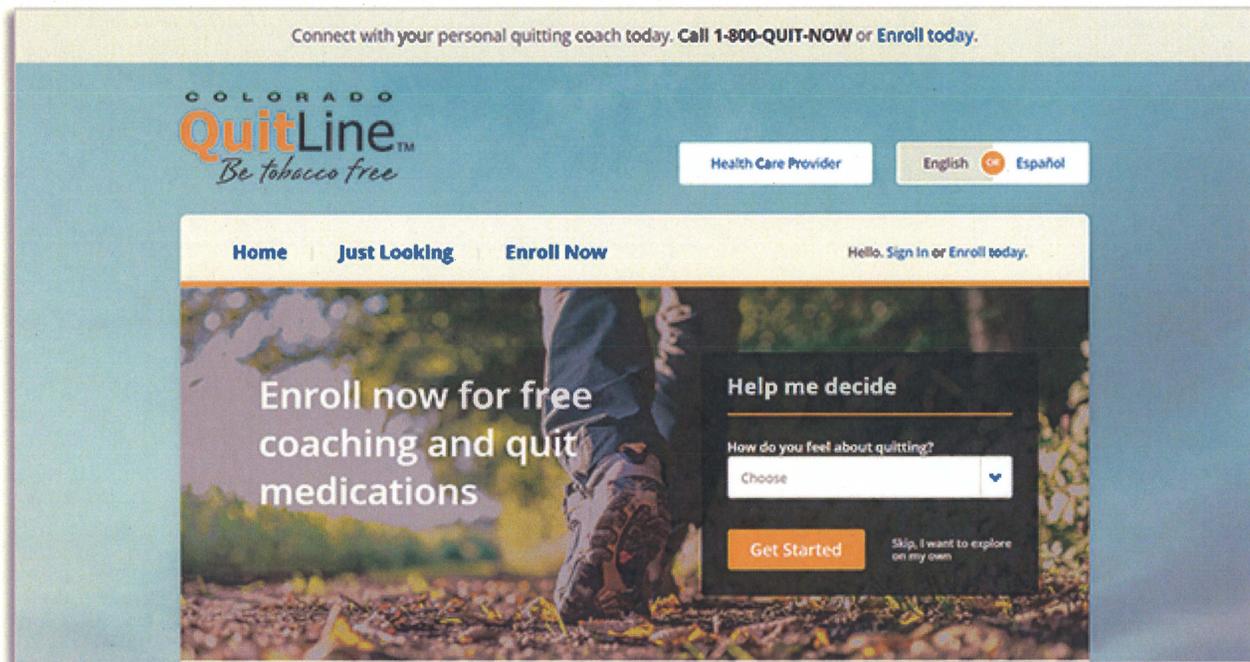
[www.LanguageLine.com](http://www.LanguageLine.com) / 1-800-752-6096



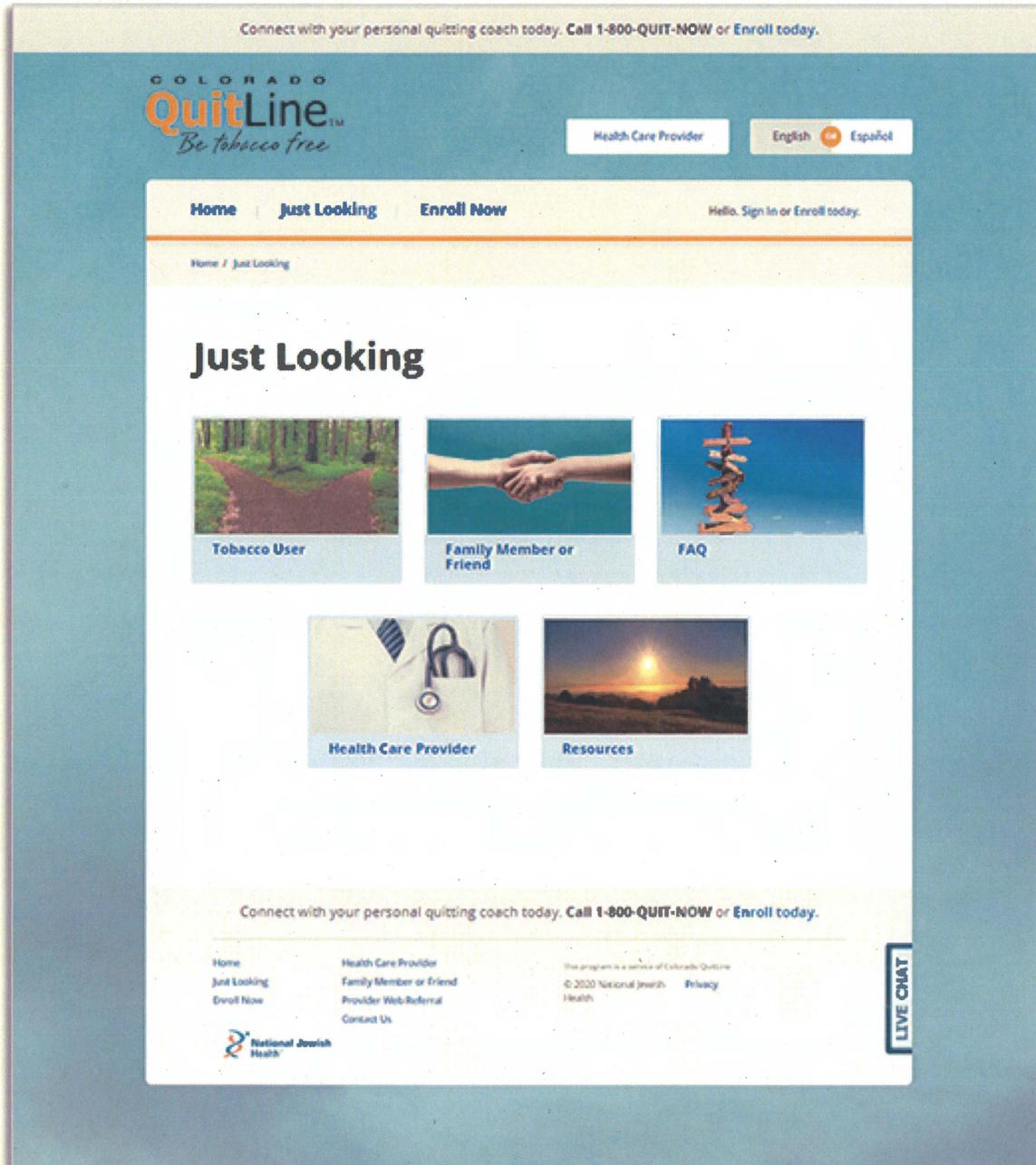
## Appendix I: Website

National Jewish Health has invested significant resources to develop a user-friendly, mobile-optimized, interactive website for the Quitline program. This website is populated with information about Quitline services and resources for each category of visitors including tobacco users, friends and family of tobacco users, and health care providers.

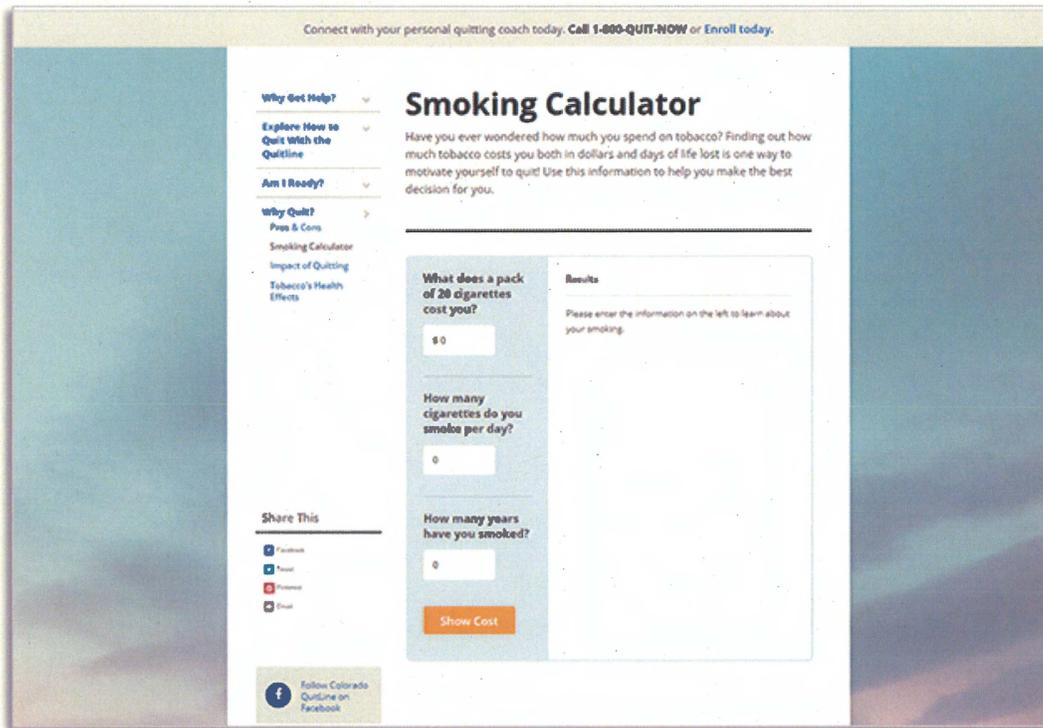
The website interface is customizable and will be adjusted to reflect the Nebraska brand standards. It is accessible 24 hours per day, seven days per week and is available in English and Spanish. Notable features of the standard Quitline website are depicted on the following pages.



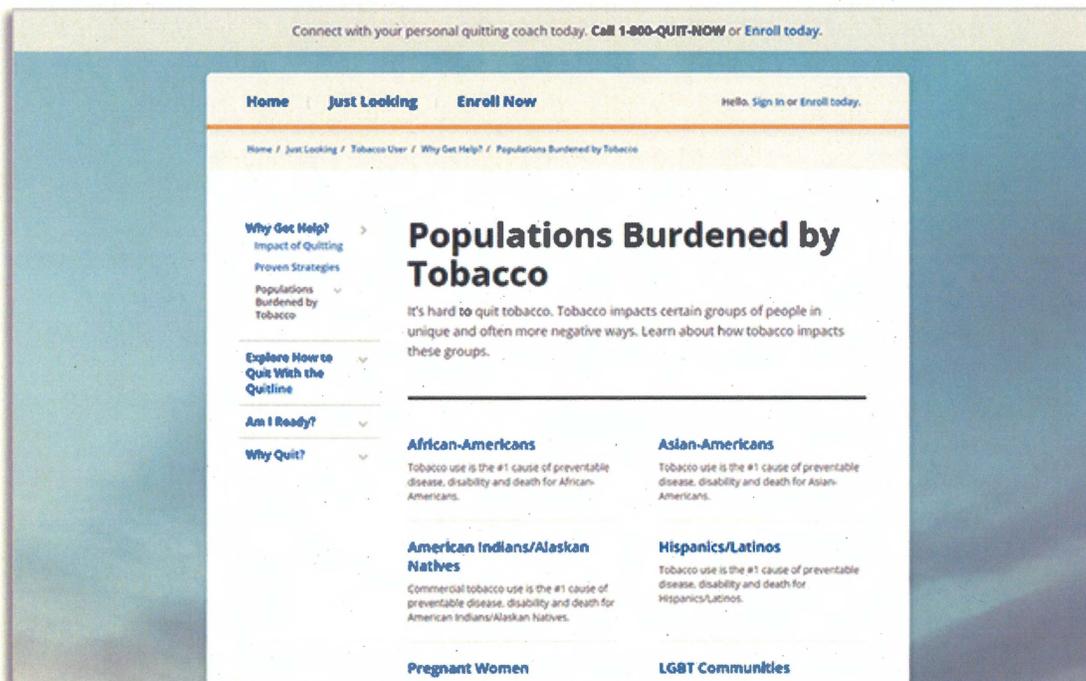
*A homepage view of the Quitline website with Colorado branding. By answering the question, "How do you feel about quitting," visitors are directed to tailored information based on their readiness to quit.*



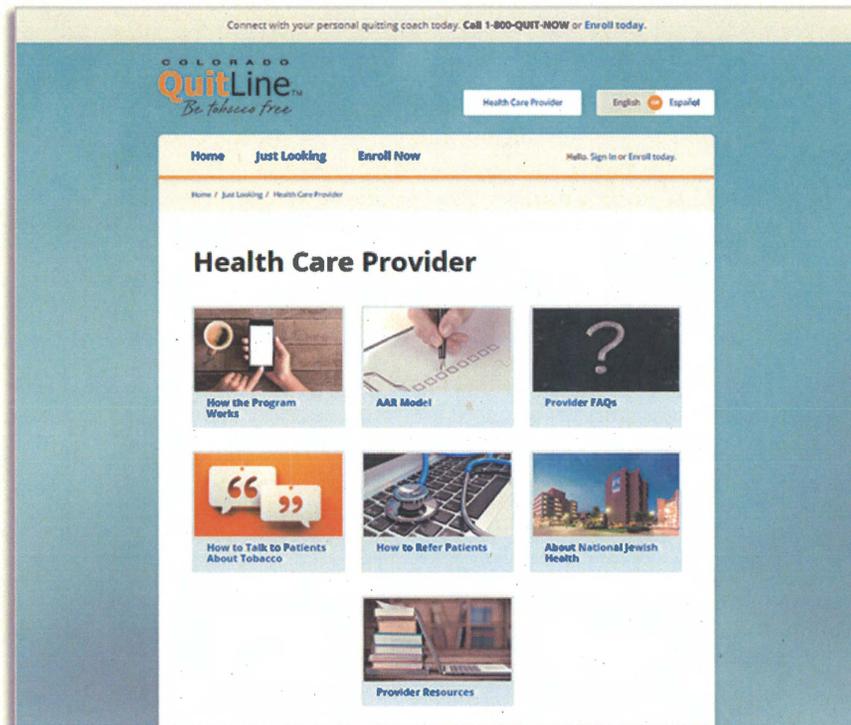
*Under the "Just Looking" tab, information is categorized by audience. Individuals who use tobacco, family or friends of tobacco users, and health care providers can follow specific links to relevant content, activities, and resources.*



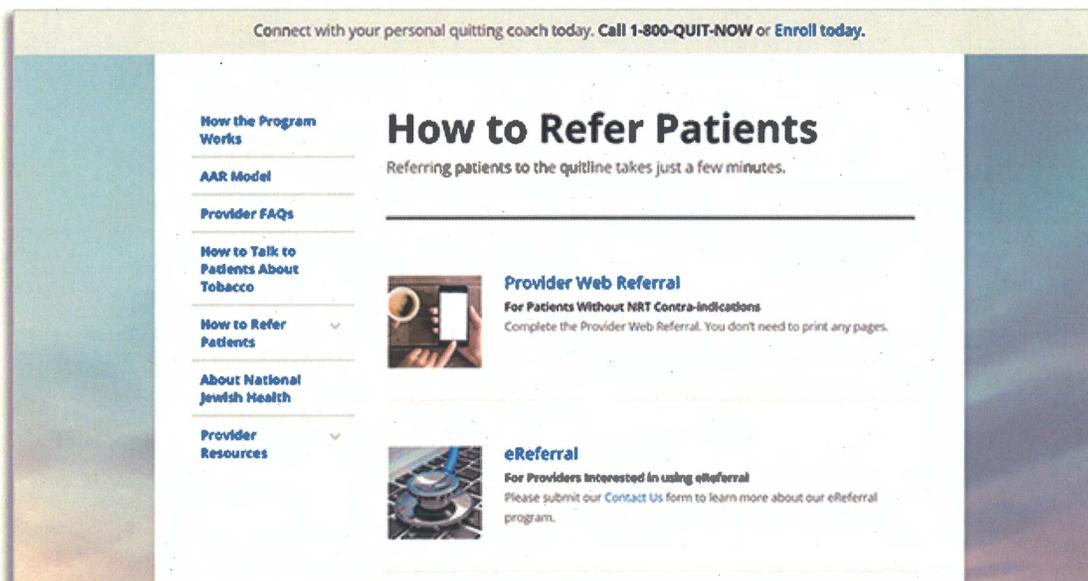
*Interactive tools such as the Smoking Calculator help visitors understand the impact of tobacco on their life.*



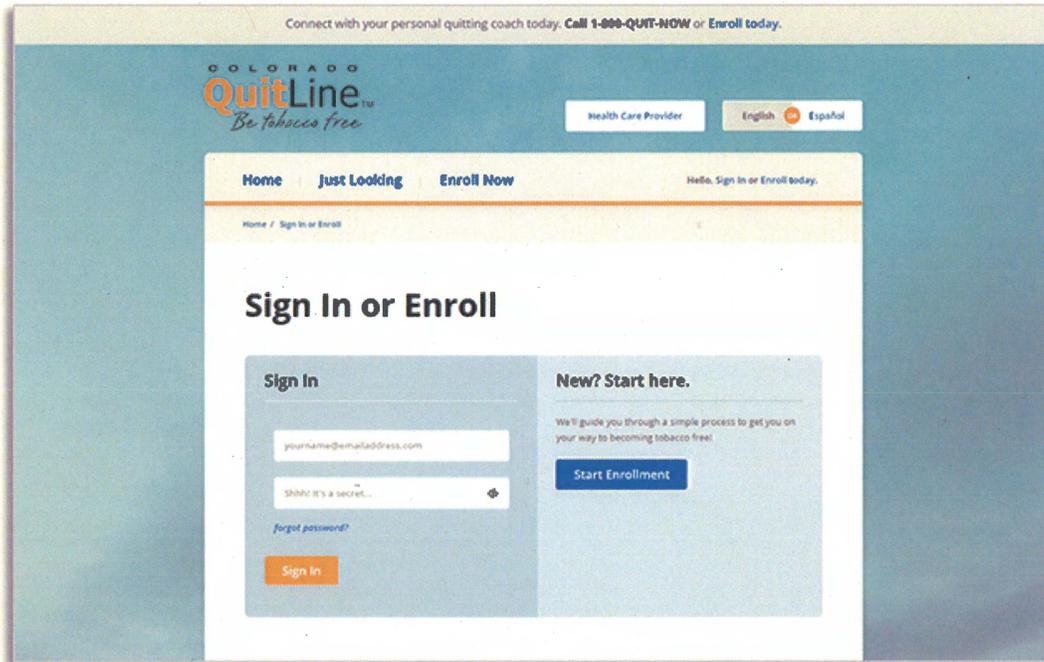
*Educational information is available for numerous priority populations.*



*Resources are available to health care providers including answers to frequently asked questions and information on the referral process.*



*Providers can submit a referral through the secure web portal, download the state-approved fax referral form, and access information about the eReferral process.*

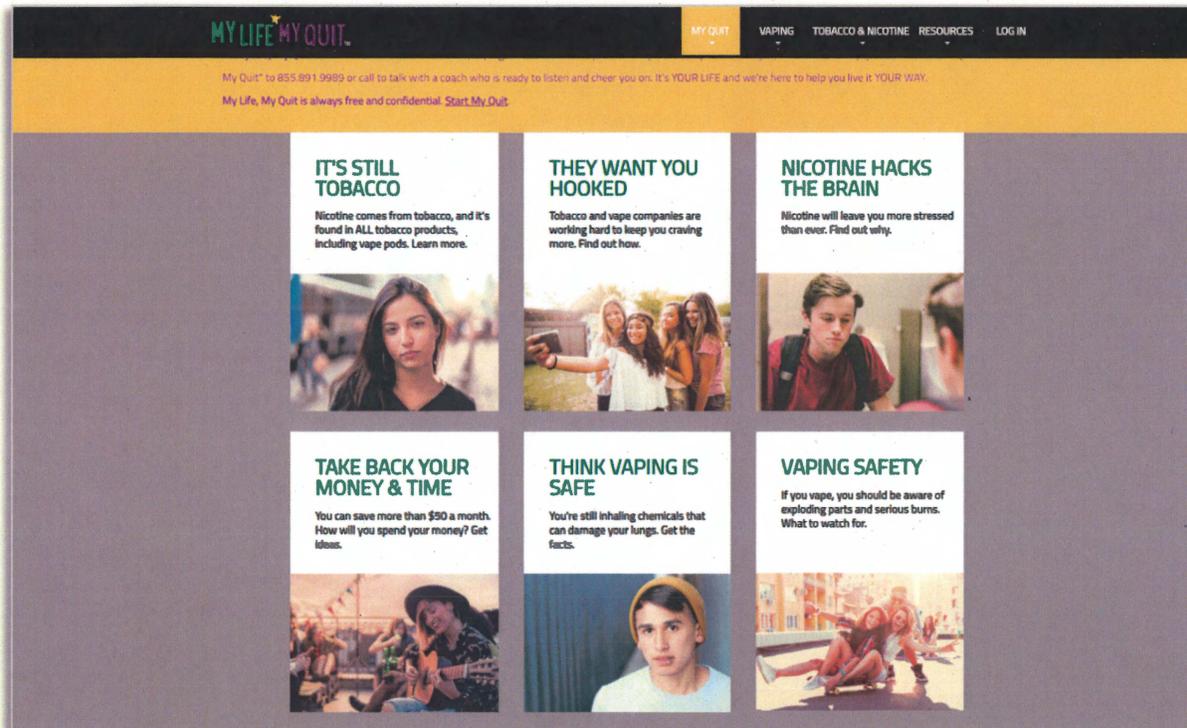


*Active Quitline participants can sign in to access their dashboard where they can track their progress, view information about their next coaching call, and monitor medication orders.*

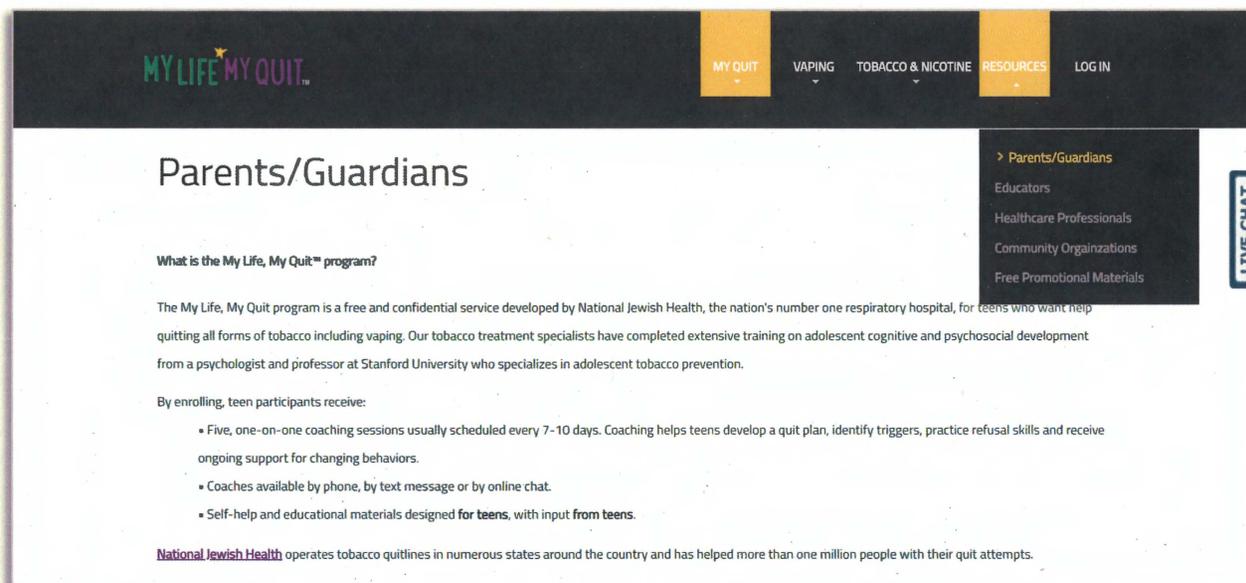
In addition to our standard Quitline website, National Jewish Health also manages a specially tailored website for youth as part of the *My Life, My Quit™* program.



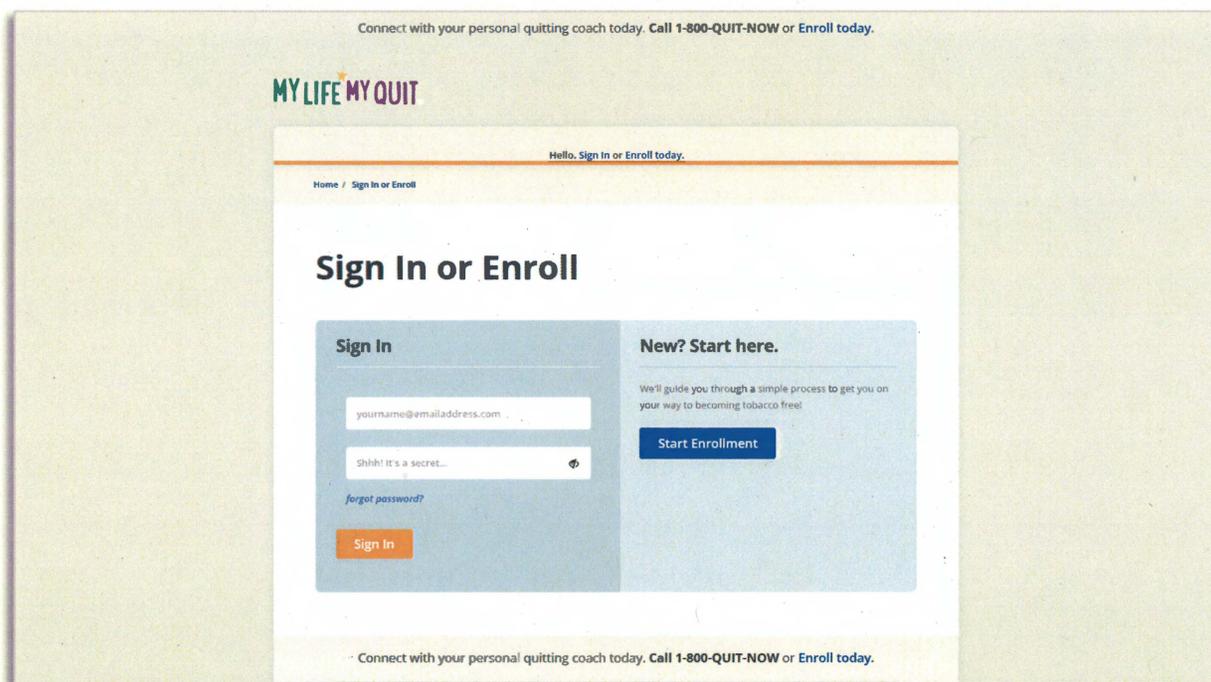
A homepage view of the *My Life, My Quit™* website.



Educational materials are arranged by topic and feature easy-to-understand infographics.



*The My Life, My Quit™ website includes resources for parents, educators, health care professionals, and community organizations.*



*Participants can sign in to their personalized dashboard and interested youth can begin a simple enrollment process directly from the website.*



## Appendix J: Orientation, Training, and Continuing Education

### Outline of Staff and Coach Training Program

All newly hired staff complete 10 hours of National Jewish Health Institutional Orientation, which includes the following classes: Corporate Compliance; Cultural Competency Training; Patient Confidentiality (HIPAA); Corporate Customer Service Program; and Diversity and Inclusion.

In addition to Institutional Orientation, our Customer Care Representatives (CCRs) receive 67 hours of training, and our Coaches receive 129 hours of training that includes Tobacco Treatment Specialist (TTS) modules, using: classroom presentations; computer-based learning modules; call shadowing with experienced CCRs; role-playing with experienced Coaches; related readings (program materials, website content); and mentoring with an experienced CCR or Coach. Each new hire training program delivers the necessary content for staff to be successful. Over the next 320 hours, following the formal training period, Coaches work under close supervision with weekly live observation by a Supervisor and biweekly quality assurance reports. Below is a summary of our CCR and Coach training programs.

CCR Training (67 Hours)		
Module	Objectives	Hours
Orientation	Orientation to working at National Jewish Health/Health Initiatives Overview of Quitline program processes	16.5
Diversity and Inclusion	Understand value and challenge of working in a diverse workplace Topics address hidden bias and how to identify, understand, and respect cultural differences	2
Systems Navigation	Navigating the telephone systems (Avaya) Understand functionality of QuitPro® case management system Understand how to navigate and use IEX scheduling	8
Client Guidelines and Eligibility	Understand process of determining eligibility for coaching program Understand how to access and review information in the important notes section of the client guidelines	8
Customer Service	Understand what contributes to good customer service Identify skills to address escalated calls	1
Tobacco Use I	Understand the ways that tobacco is used Understand the toxins in tobacco products Describe the prevalence and patterns of tobacco use Explain the health and economic burden of tobacco use and benefits of quitting Understand the addictive nature of nicotine Describe the effects of withdrawal from nicotine Introduce seven FDA-approved quit smoking meds	3
Web Program	Understand the participant view for a web-only participant Learn common questions/issues experienced by web-only participants	0.5
General Inquiries	Understand when general inquiries are used and how to respond to them	2
Intake	Understand how to navigate QuitPro® to complete intake Review flow of intake call and how to use intake scripting to create effective customer service and call management	4
Referrals	Understand what types of referrals are received by National Jewish Health Understand how to enter a referral into QuitPro®	2
Crisis Calls	Recognize the signs and symptoms of mental illness Identify community resources for referrals for medical, psychiatric, or psychosocial problems	1

CCR Training (67 Hours)		
Module	Objectives	Hours
	Develop the ability to respond to crisis call situations	
Introduction to Motivational Interviewing	Understand the fundamental spirit and principles of Motivational Interviewing Strengthen empathetic coaching skills and participant interaction techniques Recognize participant change talk and sustain talk	3
Quality Assurance	Understand the quality assurance process Understand the call-handling requirements for a call	2
Transition to the Floor	Observe learned content in real-time Work on the floor as a Customer Care Representative with 1:1 supervision	14

Coaches receive all elements of the CCR training described above and an additional 62 hours of Coach training as part of our intensive TTS and Coach training. Content in our intensive training program for Coaches follows the Council on Tobacco Treatment Training Programs (CTTTP) standards for accreditation, and the Association for Treatment of Tobacco Use and Dependence (ATTUD) core competencies. The table below reflects training for a Coach, including integrated TTS Training:

Coach Training (62 Hours, includes TTS-accredited training)		
Module	Objectives	Hours
QuitPro®	Understand the coaching and medication ordering screens in QuitPro®	3
Tobacco Use II	Advanced understanding of tobacco products, nicotine addiction, and tobacco use as a chronic relapsing condition including typical relapse patterns and predisposing factors Explain the role of tobacco use treatment within a comprehensive tobacco control program Describe how nicotine dependence develops and explain the biological, psychological, and social causes	2.5
Pharmacotherapy	Provide clear and accurate information about medication options available and their therapeutic use Understand the dose usage and guidelines of cessation medications Elicit information and collaboratively discuss NRT Discuss withdrawal timelines and symptoms Discuss client medication offerings	16
Motivational Interviewing	Understand the fundamental spirit and principles of Motivational Interviewing Strengthen empathetic coaching skills and participant interaction techniques Recognize participant change talk and sustain talk Understand how to address discord Understand how to shift between Motivational Interviewing and problem-solving	13
Cognitive Behavioral Treatment	Understand cognitive behavioral treatment Identify ways to implement cognitive behavioral treatment plans	1
Assessment, Treatment Planning, and Documentation	Conduct an assessment interview to obtain data needed for treatment planning Demonstrate the ability to develop an individualized treatment plan using evidence-based strategies	9.5

Coach Training (62 Hours, includes TTS-accredited training)		
Module	Objectives	Hours
Relapse Prevention	Identify that relapse is the rule Identify risk factors for relapse Identify how to reframe and prevent relapse	3
Diversity, Specific Health Issues	Demonstrate competence in working with population subgroups and those who have specific health issues	4
Professional Development	Assume responsibility for continued professional development and contributing to the development of others	1
Resources	Use resources for client support and professional education or consultation	1
Law and Ethics	Consistently use a code of ethics and adhere to government regulations specific to the health care or work site setting, including HIPAA	2
Transition to the Floor	Observe learned content in real-time Work on the floor as a Coach with 1:1 supervision	6

### Continuing Education Program

Our Continuing Education (CE) Program for Coaches and CCRs begins with a self-assessment of competency in the core TTS skills defined by CTTP. Staff use their self-assessment and an annual review with their supervisor to identify CE trainings and develop a Learning Plan for the year. CE is delivered through a mix of self-paced computer-based learning opportunities and expert trainings delivered through in-service sessions.

We take a proactive approach toward CE for working with priority populations. Guest speakers visit National Jewish Health and share their culture and experiences with Quitline staff and offer suggestions on working with a specific population (e.g., youth, LGBTQ communities, American Indians, African Americans, persons living with HIV, persons living with physical/cognitive disabilities). Coaches assigned to special protocols receive tailored CE opportunities to enhance their specific coaching skills.

In addition to training, our CCRs and Coaches participate in bi-monthly mentoring sessions and weekly team huddles with Supervisors. Supervisors reinforce training and quality assessment feedback to improve the skills of each staff member. Staff spend up to 40 hours per year improving their knowledge and skills. Sample topics for CE include:

Training Topic	Content and Rationale
Tobacco Use	Tobacco Cessation Pharmacology – Updates on NRT and other pharmacotherapy Electronic Nicotine Delivery Systems (ENDS) Products – What are they and why switch to NRT? Menthol Use in the African American Community
Health Conditions	Asthma and Tobacco Use What is COPD? Depression, COPD, and Tobacco Use Stress Management and Tobacco Use Exercise and Giving Up Tobacco
Treatment Planning	Motivational Interviewing and Behavioral Modification
Diversity	Diverse Ethnic, Racial, and Cultural Minorities Latino, American Indian, African American, and Asian American Tobacco Users Lesbian, Gay, and Bisexual Tobacco Users

Training Topic	Content and Rationale
	Gender Diversity Teen Tobacco Users Pregnant and Postpartum Tobacco Users Smokeless Tobacco Users Callers with Differences in Intellectual Ability



## Appendix K: Complaint Calls

## Overview

Callers may have questions or complaints about information they have seen in the news, heard in other media sources, or were told from family or friends about our programs.

## Examples

### Complaints

- Caller is upset about a commercial shown on TV. They report it was too graphic for children.
- Caller is angry that state funds are spent on tobacco cessation when they do not smoke.
- Caller was rejected for participation in the program and they are upset.

### Questions

- Caller is part of a media outlet such as a newspaper, news station, or radio station.
- Caller represents their HR Department and would like to have their own Quitline.
- Caller is part of a news organization and would like to shadow a Coach for a story.
- Caller wants to sell advertising to the Quitline.
- Caller is requesting a release of medical records.
- Caller is a medical provider and wants to know the status of their patient.

## Coach Actions

For any question or complaint about a program, Coaches and CCRs should search for available answers in the client guidelines. If the answers are not listed:

1. Thank the caller for sharing their questions/concerns/information with you.
2. Review issues handled by specific groups.
  - **CDC advertising**  
For positive or negative feedback about the CDC advertising campaign, give the caller [contact information for the CDC](#).
  - **Advertising requests**  
National Jewish Health does not make any media purchases for the Quitline. Direct the caller to the tobacco control group at their state health department.
  - **Start a new Quitline**  
For individuals who are representing a company and need information about potential services, transfer the caller to Katie Carradine at 1.800.570.5864 or email the Quitlogix® email address at [QuitLogix@njhealth.org](mailto:QuitLogix@njhealth.org).
  - **Medical providers requesting status of a patient**
    - CCRs & Coaches can verify:
      - A referral was received by the Quitline.
      - Enrollment status of a participant. (Do not release additional details of their participation.)
      - Medications that were ordered (NRT/Chantix/Bupropion).
    - For providers who are looking for referral data reports about a large number of participants they are referring, an email should be sent to the Client Manager to follow-up.

- Providers who want release of detailed medical records or detailed information about a participant's coaching sessions (beyond enrollment status):
  - **These requests are rare. Please check with the Assist Line if there is further question about what the provider is actually requesting.**
  - Coaches should capture the provider's information in QuitPro® comments (full name, phone number, etc.) when they are requesting this information.
  - A participant must provide authorization to release their file details to their provider first. This can be done verbally over the phone and captured in the file comments or a written Release of Information signed by the participant may be faxed to the Quitline.
  - Once this has been captured in QuitPro® an email can be sent to Thomas Ylioja at [yliojat@njhealth.org](mailto:yliojat@njhealth.org) including:
    - Email Subject Line: Pt ID XXXXXXX – Provider inquiry
    - Email Body: Medical records release signed by participant has been received and documented in QuitPro®. Participant's provider (insert information from previous call) is requesting detailed discussion regarding the participant's ongoing treatment with the Quitline.
  - Document in QuitPro® that an email was sent to Thomas Ylioja.
- If a provider is requesting our basic philosophy regarding the coaching program and is not attempting to gain details of a participant's coaching sessions, Coaches can summarize the coaching process with the following guidance:
  - Our program addresses the physiological, psychological, and behavioral parts of dependence using both quit medications and coaching which are proven evidence-based strategies for tobacco dependence. Our coaching model is a personalized approach drawing on the collective experience of the Coach and participant to get the best outcome.
- For all other items: advise the caller you would like to obtain contact information for them and document their questions/concerns so you may forward the information to someone in our organization who may better assist them with the issue.
  - Email the Assist Line including:
    - To: [QL assistbox@njhealth.org](mailto:QL_assistbox@njhealth.org)
    - Subject: Inquiry – XXX (insert client name)
    - Body: Client / Caller Name / Caller Phone / Caller email (if available) / best time to contact / explanation of issue
    - SAMPLE: Call for CO / Westly Snipes / 456-456-4569 / [we@snip.com](mailto:we@snip.com) / best time to call evenings after 9pm. / Caller is upset about a commercial shown on TV. They report it was too graphic for children.
  - Notify the caller their information will be forwarded to the appropriate party.

#### Assist Line Actions

- Formal media inquiries such as a newspaper, news station, radio.
  - Email Ann Vaughn at [vaughna@njhealth.org](mailto:vaughna@njhealth.org) and Thomas Ylioja at [yliojat@njhealth.org](mailto:yliojat@njhealth.org)
- Individuals who are representing a company and need information about potential services: Transfer the caller to Katie Carradine or email the QuitLogix® email address at [QuitLogix@njhealth.org](mailto:QuitLogix@njhealth.org)

- Participant complaints – Before involving client managers, should attempt to be resolved by Leadership Team.

#### **Other common items that may need support from Client Manager**

The admin will be supporting the Client Manager group. This individual will work these items directly from the Assist Box.

Items should be flagged as Client Manager Input. The admin will review these items directly from the Assist Box and manage the requests.

- Material requests – Requests from staff regarding material requests that would normally be forwarded to client managers.
- eReferral status inquiry – Requests from staff or Contact Us submission forms requesting status of an eReferral.
- Fax referral status inquiry – Any provider questions that are submitted regarding the status of a submitted fax referral that cannot be answered by frontline staff. (This is not the same as detailed requests for call content that would normally be directed to Dr. Tinkelman.)
- Missing information on data entry of referrals – Should go to HI\_Quality.
- eReferral set up – Requests from staff or Contact Us submission forms requesting the establishment of eReferral.
- NRT issues outside of NRT trouble shooting guidelines – If the requests fall outside of the current NRT trouble shooting guidelines and need Client Manager input on a potential replacement.
- Eligibility authorization – Questions that cannot be answered by frontline or Assist Line staff, regarding eligibility of a participant that should be identified on an eligibility list or within an external eligibility system.

#### **Client Manager Actions**

Complaint review process:

1. Did National Jewish Health process result in complaint?
  - a. Send to client for resolution.
  - b. Coordinate participant response with client.
2. Did National Jewish Health third-party vendor result in complaint? (example: DMX/Innotrac actions)
  - a. Send to vendor management for resolution.
  - b. Notify client of actions taken.
  - c. Coordinate participant response with client.
3. Did National Jewish Health systems result in complaint? (example: field missing in drop box, conflicting scripting)
  - a. Send to IST, Operations, or Training for resolution.
  - b. Notify client of actions taken.
  - c. Coordinate participant response with client.
4. Did National Jewish Health guidelines result in complaint? (example: conflicting information in QuitPro®/client guidelines, out of date reference in client guidelines)
  - a. Send to Training, IST, or Operations for resolution.
  - b. Notify client of actions taken.

- c. Coordinate participant response with client.
- 5. Did National Jewish Health operational action result in complaint? (example: Coach incorrectly follows QuitPro®/client guideline direction, QuitPro® note supervisory notes conflict with current policy)
  - a. Send to Training, IST, or Operations for resolution.
  - b. Notify client of actions taken.
  - c. Coordinate participant response with client.

APPENDIX L HAS BEEN REDACTED DUE TO  
PROPRIETARY INFORMATION.

PAGES 219-220



## Appendix M: Sample Marketing Materials

Sample Marketing Materials – QuitLogix® Program



*'Tis the season to be*  
**TOBACCO FREE**

It's the most wonderful time of the year, filled with family, parties... and plenty of stress and temptations. Mix those together and it's a recipe to get off your tobacco free track. But these tips can help you stay focused and get through the holidays in a healthy way.

- 1 TAKE CARE OF YOURSELF**

You'll be busy entertaining guests and preparing for parties, but remember to put your health first. Get plenty of rest, choose healthy snacks and exercise when you can.
- 2 HAVE A PLAN**

A lot of holiday stress can come from being unprepared. Make a plan so you'll be ready for anything that comes your way. Get your shopping done early and prepare meats in advance to help reduce holiday stress.
- 3 EXPECT TEMPTATIONS**

With lots of holiday parties and get-togethers, you may be tempted to pick up a tobacco product. When a craving hits, take a deep breath, drink water or leave the situation.
- 4 LEAN ON YOUR LOVED ONES**

Ask your friends and family to help you stay on track during the holiday season and after. Their love and support will give you that extra boost to help you quit using tobacco products for good.

You may be eligible for free Nicotine Replacement Therapy through QuitLogix®.

VISIT [HELPLINE.QUITLOGIX.ORG](https://www.helpline.quitlogix.org) OR CALL 1-855-372-0040 FOR HELP QUITTING.

**QUITLOGIX**

©2018 National Jewish Health  
Revised October 2018

# LIVE A HEALTHIER, *Stress-Free Life*

Stress is one of the biggest reasons people use tobacco. Take these simple steps to control your stress and increase your chance of quitting tobacco for good.



**MAKE SLEEP A PRIORITY**



**GET MOVING**



**EAT HEALTHY**



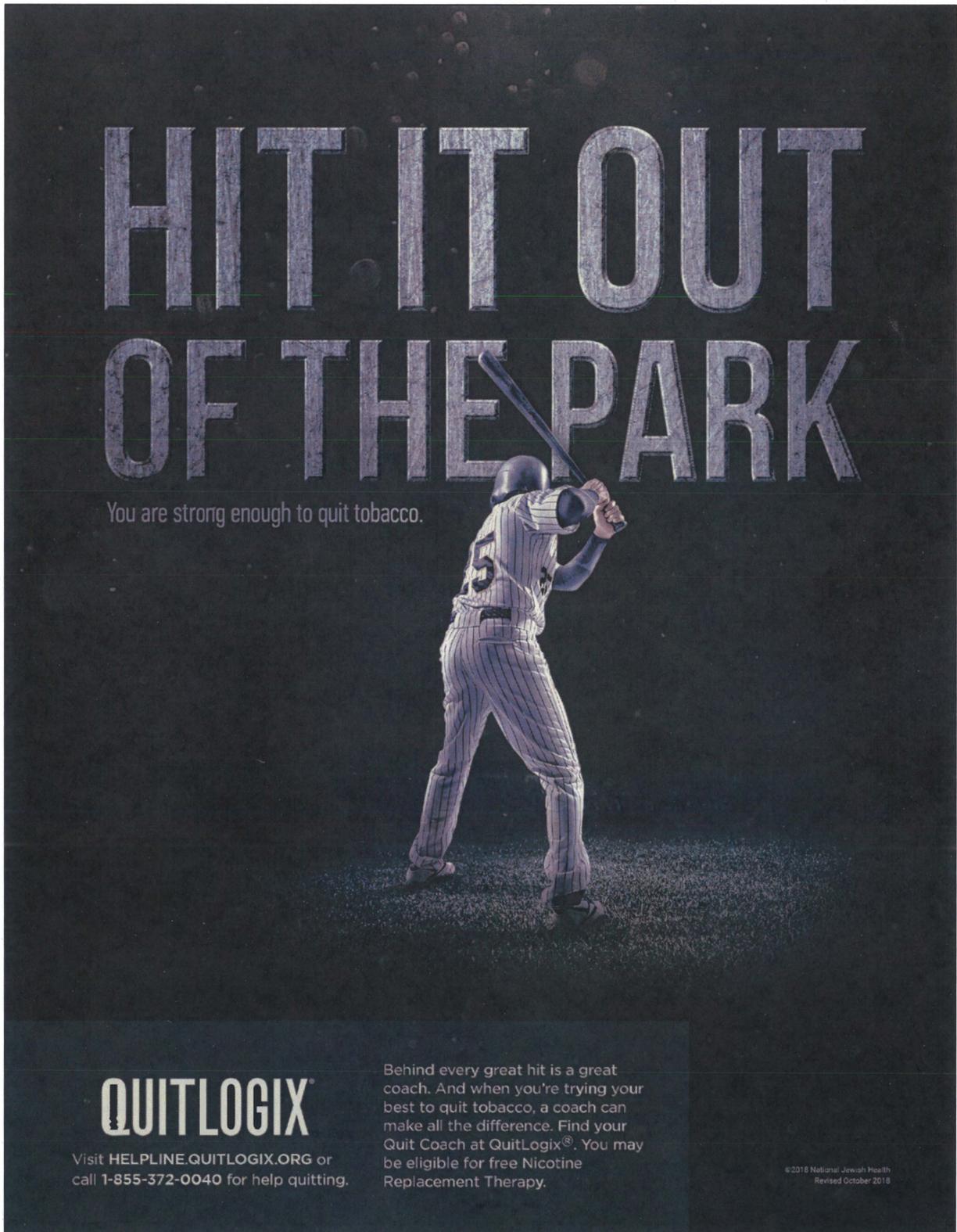
**DON'T SWEAT  
THE SMALL STUFF**

You may be eligible for free Nicotine Replacement Therapy through QuitLogix®.

VISIT [HELPLINE.QUITLOGIX.ORG](https://www.helpline.quitlogix.org) OR CALL 1-855-372-0040 FOR HELP QUITTING.

# QUITLOGIX

©2018 National Jewish Health  
Revised October 2018



# HIT IT OUT OF THE PARK

You are strong enough to quit tobacco.

## QUITLOGIX

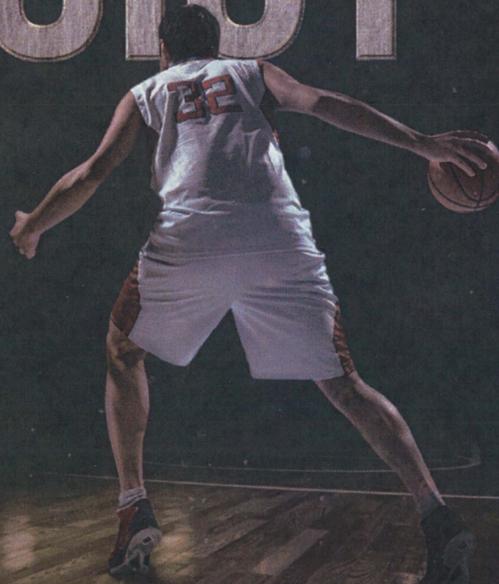
Visit [HELPLINE.QUITLOGIX.ORG](https://www.helpline.quitlogix.org) or call 1-855-372-0040 for help quitting.

Behind every great hit is a great coach. And when you're trying your best to quit tobacco, a coach can make all the difference. Find your Quit Coach at QuitLogix®. You may be eligible for free Nicotine Replacement Therapy.

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Revised October 2018

# GET AN ASSIST

to help you quit tobacco.



## QUITLOGIX

Visit [HELPLINE.QUITLOGIX.ORG](http://HELPLINE.QUITLOGIX.ORG) or call 1-855-372-0040 for help quitting.

Behind every great player is a great coach. And when you're trying your best to quit tobacco, a coach can make all the difference. Find your Quit Coach at QuitLogix®. You may be eligible for free Nicotine Replacement Therapy.

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Revised October 2018

Sample Marketing Materials – My Life, My Quit™ Youth Program



**WANT TO SAVE \$600 A YEAR? CUT OUT VAPING**

Text "Start My Quit" to 855-891-9989 or call.  
Free, confidential help. Just for teens.

[WWW.MYLIFEMYQUIT.COM](http://WWW.MYLIFEMYQUIT.COM) MY LIFE MY QUIT.



**WHAT WOULD YOU GAIN IF YOU QUIT VAPING?**

Text "Start My Quit" to 855-891-9989.  
Free, confidential help. Just for teens.

[WWW.MYLIFEMYQUIT.COM](http://WWW.MYLIFEMYQUIT.COM) MY LIFE MY QUIT.



**VAPING IS STILL TOBACCO.**

Text "Start My Quit" to 855-891-9989 or call.  
Free, confidential help. Just for teens.

[WWW.MYLIFEMYQUIT.COM](http://WWW.MYLIFEMYQUIT.COM) MY LIFE MY QUIT.



Free, confidential help to quit vaping and other tobacco for youth under 18

[mylifemyquit.com](http://mylifemyquit.com)

**Resources available online for:**

- Parents
- Educators
- Health care Providers
- Community Agencies



Free, confidential help to quit vaping and other tobacco for youth under 18

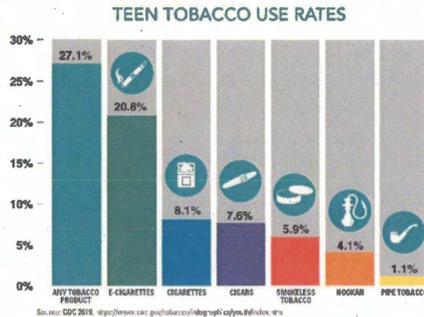
Text or Call 855.891.9989  
[mylifemyquit.com](http://mylifemyquit.com)



[mylifemyquit.com](http://mylifemyquit.com)

## MOST TEENS DON'T USE TOBACCO

Knowing the facts about tobacco can help you make your own decisions.



**3 OUT OF 4 HIGH SCHOOL STUDENTS DON'T USE TOBACCO.**

LEARN MORE ABOUT TEEN TOBACCO USE.

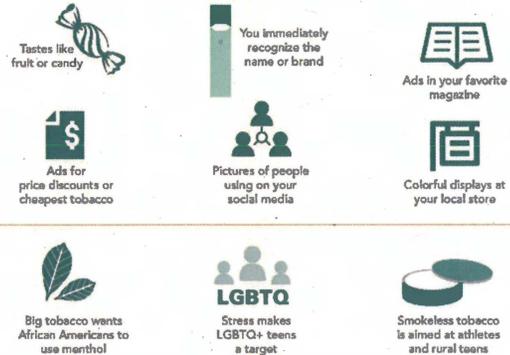
For more information, call or text 1-855-891-9989 or visit [mylifemyquit.com](http://mylifemyquit.com)

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## ARE YOU A TARGET?

Tobacco companies have a problem — their customers keep dying. They want teens to be the replacement and they will work hard to get you.

### HOW TO TELL WHEN TEENS ARE THE TARGET



DON'T BE A TOBACCO TARGET. CALL OR TEXT A COACH TODAY TO LEARN HOW.

For more information, call or text 1-855-891-9989 or visit [mylifemyquit.com](http://mylifemyquit.com)

© Copyright 2018 National Jewish Health

## IT'S STILL TOBACCO

Nicotine comes from the tobacco plant. Even though it comes in many forms, all tobacco products are addictive.

### THESE ARE ALL TOBACCO PRODUCTS



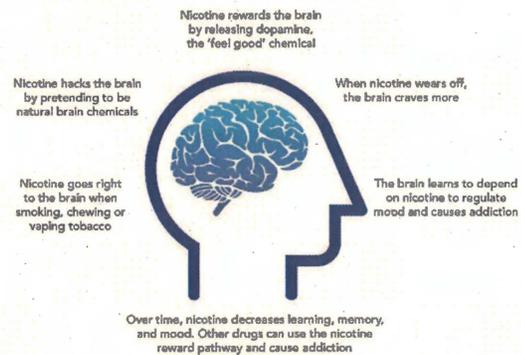
TALK OR CHAT WITH A COACH TO HELP YOU QUIT USING ALL TOBACCO.

For more information, call or text 1-855-891-9989 or visit [mylifemyquit.com](http://mylifemyquit.com)

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## HOW NICOTINE WORKS

Because teen brains are rapidly developing, nicotine addiction happens very quickly. Almost 90% of adults who use nicotine start as teens.

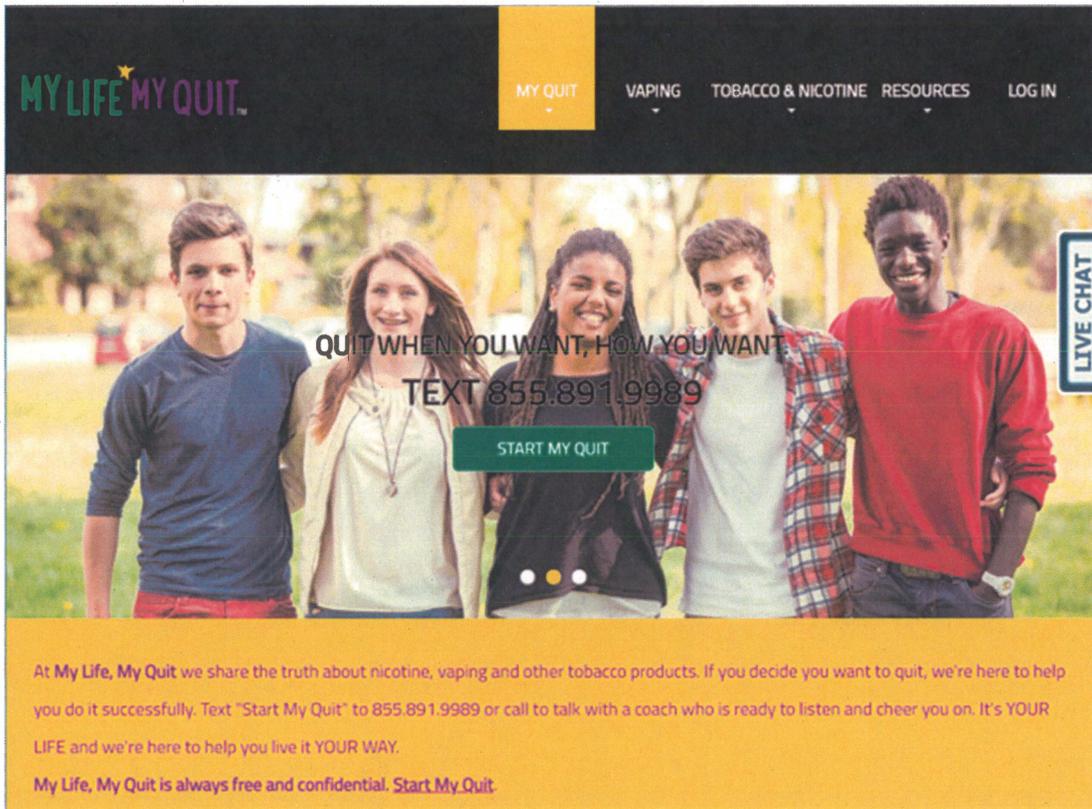


STOP NICOTINE FROM HACKING YOUR BRAIN. TALK OR CHAT WITH A COACH.

For more information, call or text 1-855-891-9989 or visit [mylifemyquit.com](http://mylifemyquit.com)

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Selected My Life, My Quit™ marketing materials for youth participants.  
Additional samples provided in Appendix F, Educational Materials.



MY LIFE MY QUIT. MY QUIT VAPING TOBACCO & NICOTINE RESOURCES LOG IN

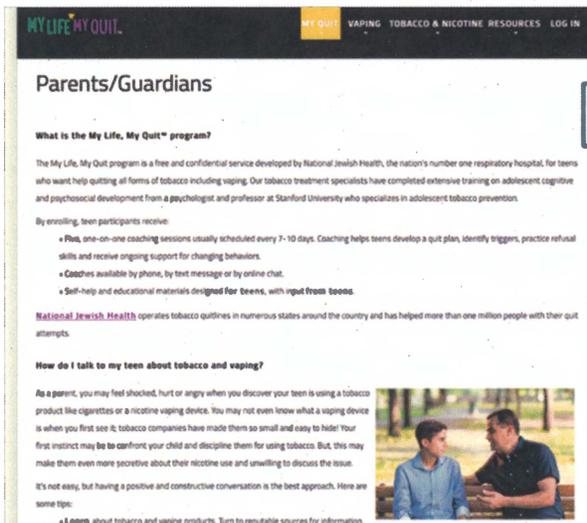
QUIT WHEN YOU WANT, HOW YOU WANT.  
TEXT 855.891.9989

START MY QUIT

LIVE CHAT

At My Life, My Quit we share the truth about nicotine, vaping and other tobacco products. If you decide you want to quit, we're here to help you do it successfully. Text "Start My Quit" to 855.891.9989 or call to talk with a coach who is ready to listen and cheer you on. It's YOUR LIFE and we're here to help you live it YOUR WAY.

My Life, My Quit is always free and confidential. Start My Quit.



MY LIFE MY QUIT. MY QUIT VAPING TOBACCO & NICOTINE RESOURCES LOG IN

### Parents/Guardians

**What is the My Life, My Quit™ program?**

The My Life, My Quit program is a free and confidential service developed by National Jewish Health, the nation's number one respiratory hospital, for teens who want help quitting all forms of tobacco including vaping. Our tobacco treatment specialists have completed extensive training on adolescent cognitive and psychosocial development from a psychologist and professor at Stanford University who specializes in adolescent tobacco prevention.

By enrolling, teen participants receive:

- Plus, one-on-one coaching sessions usually scheduled every 7-10 days. Coaching helps teens develop a quit plan, identify triggers, practice refusal skills and receive ongoing support for changing behaviors.
- Coaches available by phone, by text message or by online chat.
- Self-help and educational materials designed for teens, with input from teens.

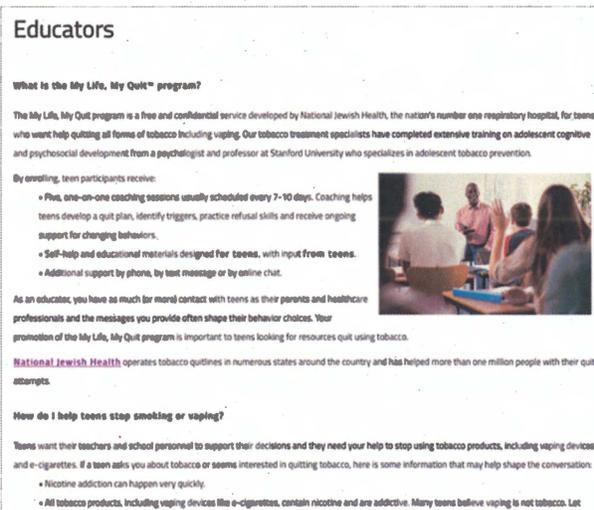
National Jewish Health operates tobacco quitlines in numerous states around the country and has helped more than one million people with their quit attempts.

**How do I talk to my teen about tobacco and vaping?**

As a parent, you may feel shocked, hurt or angry when you discover your teen is using a tobacco product like cigarettes or a nicotine vaping device. You may not even know what a vaping device is when you first see it; tobacco companies have made them so small and easy to hide! Your first instinct may be to confront your child and discipline them for using tobacco. But, this may make them even more secretive about their nicotine use and unwilling to discuss the issue. It's not easy, but having a positive and constructive conversation is the best approach. Here are some tips:

- **Learn** about tobacco and vaping products. Turn to reputable sources for information.

LIVE CHAT

### Educators

**What is the My Life, My Quit™ program?**

The My Life, My Quit program is a free and confidential service developed by National Jewish Health, the nation's number one respiratory hospital, for teens who want help quitting all forms of tobacco including vaping. Our tobacco treatment specialists have completed extensive training on adolescent cognitive and psychosocial development from a psychologist and professor at Stanford University who specializes in adolescent tobacco prevention.

By enrolling, teen participants receive:

- Plus, one-on-one coaching sessions usually scheduled every 7-10 days. Coaching helps teens develop a quit plan, identify triggers, practice refusal skills and receive ongoing support for changing behaviors.
- Self-help and educational materials designed for teens, with input from teens.
- Additional support by phone, by text message or by online chat.

As an educator, you have as much (or more) contact with teens as their parents and healthcare professionals and the messages you provide often shape their behavior choices. Your promotion of the My Life, My Quit program is important to teens looking for resources quit using tobacco.

National Jewish Health operates tobacco quitlines in numerous states around the country and has helped more than one million people with their quit attempts.

**How do I help teens stop smoking or vaping?**

Teens want their teachers and school personnel to support their decisions and they need your help to stop using tobacco products, including vaping devices and e-cigarettes. If a teen asks you about tobacco or seems interested in quitting tobacco, here is some information that may help shape the conversation:

- Nicotine addiction can happen very quickly.
- All tobacco products, including vaping devices like e-cigarettes, contain nicotine and are addictive. Many teens believe vaping is not tobacco. Let



Additional youth resources available at [MyLifeMyQuit.com](http://MyLifeMyQuit.com).

Sample Marketing Materials – Nicotine Replacement Therapy

# How to Get the Most from Your Nicotine Replacement Therapy

## Congratulations!

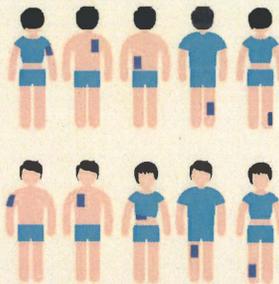
You have decided to use nicotine replacement therapy to help you quit smoking. Here is your four week supply of products and instructions for how to use these products.

Quitting is easy but staying quit is the hard part. QuitNow-NH wants to help you to stay quit with nicotine replacement therapy. This kit contains 2 weeks of nicotine patches and 2 weeks of either nicotine gum or nicotine lozenges.

Please follow these instructions for using the patch, gum or lozenge for the best chance of staying smoke free! Many people need to use nicotine replacements for 12 or more weeks. Call **1-800-QUIT-NOW** or log into [www.QuitNowNH.org](http://www.QuitNowNH.org) to talk to a specialized Quit Coach.



## NICOTINE PATCH

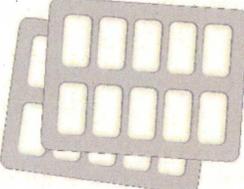


Put patch on first thing in the morning. Use for a steady dose of nicotine for 24 hours.

Choose a patch of skin without hair. Wash and dry the area of skin the nicotine patch will be placed. Peel back off nicotine patch and press patch on skin. Press sticky side onto clean, dry skin.

Leave the patch on 24 hours. If you cannot sleep or have dreams that wake you up, take the patch off before sleeping.

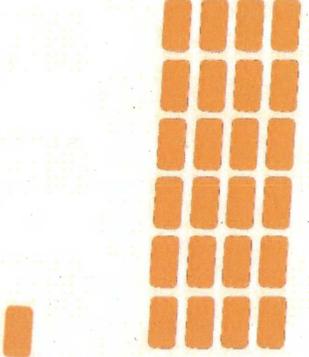
## GUM



Use when craving a cigarette while wearing the nicotine patch. The gum is hard, so if you have dentures, switch to the nicotine lozenge.



When the gum tastes spicy, "park" the piece between cheek and gum area in your mouth. When the spicy taste stops, start chewing again until the spicy taste comes back, then "park" it again. Repeat until the spicy taste runs out.



**1 hour** OR **24 hours**

You can chew 1 piece an hour, or 24 pieces per day.

---

## LOZENGE



Use when craving a cigarette while wearing the nicotine patch.



Do not chew or swallow the lozenge. Let the lozenge dissolve slowly, moving it from side to side in your mouth. The medicine works after the lozenge is completely dissolved.



Wait at least an hour between lozenges.



**QUIT NOW** New Hampshire  
1-800-QUIT-NOW

New Hampshire Department of Health and Human Services  
Division of Public Health Services  
Tobacco Prevention and Cessation Program  
29 Hazen Drive | Concord, NH | 03301



## Appendix N: Monthly Reports (Samples)

**Intake Demographic Report  
Mockup QuitLine**

Intake Date Range: 7/1/2018 - 10/31/2018

Age Summary	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Under 18	0	3	2	1	0	0	0	0	0	0	0	0	6	0.13%
18-24	58	55	36	45	0	0	0	0	0	0	0	0	194	4.27%
25-34	200	191	164	166	0	0	0	0	0	0	0	0	721	15.87%
35-44	229	180	221	203	0	0	0	0	0	0	0	0	833	18.33%
45-54	273	227	253	240	0	0	0	0	0	0	0	0	993	21.85%
55-64	314	279	263	303	0	0	0	0	0	0	0	0	1159	25.51%
65-74	154	114	119	141	0	0	0	0	0	0	0	0	528	11.62%
75-84	24	33	20	31	0	0	0	0	0	0	0	0	108	2.38%
85 and Over	1	1	0	0	0	0	0	0	0	0	0	0	2	0.04%
No Answer	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
<b>Total</b>	<b>1253</b>	<b>1083</b>	<b>1078</b>	<b>1130</b>	<b>0</b>	<b>4544</b>	<b>100.00%</b>							
Gender Summary	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Male	530	461	475	493	0	0	0	0	0	0	0	0	1959	43.11%
Female	716	613	596	630	0	0	0	0	0	0	0	0	2555	56.23%
Unspecified	7	9	7	6	0	0	0	0	0	0	0	0	29	0.64%
<b>Total</b>	<b>1253</b>	<b>1083</b>	<b>1078</b>	<b>1130</b>	<b>0</b>	<b>4544</b>	<b>100.00%</b>							
Pregnant	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	16	16	10	11	0	0	0	0	0	0	0	0	53	2.06%
Possibly Pregnant	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
No	706	605	588	621	0	0	0	0	0	0	0	0	2520	97.94%
<b>Total</b>	<b>722</b>	<b>621</b>	<b>598</b>	<b>632</b>	<b>0</b>	<b>2573</b>	<b>100.00%</b>							
How can I help you?	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Want help/information about quitting	1011	891	910	926	0	0	0	0	0	0	0	0	3738	83.10%
Want help/information about staying quit	233	177	159	191	0	0	0	0	0	0	0	0	760	16.90%
<b>Total</b>	<b>1244</b>	<b>1068</b>	<b>1069</b>	<b>1117</b>	<b>0</b>	<b>4498</b>	<b>100.00%</b>							
Tribe	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	9	13	9	12	0	0	0	0	0	0	0	0	43	97.73%
No	0	0	0	1	0	0	0	0	0	0	0	0	1	2.27%
<b>Total</b>	<b>9</b>	<b>13</b>	<b>9</b>	<b>13</b>	<b>0</b>	<b>44</b>	<b>100.00%</b>							
Enrolled or Principal Tribe	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Apache	2	2	1	3	0	0	0	0	0	0	0	0	8	18.60%
Blackfeet	0	2	0	1	0	0	0	0	0	0	0	0	3	6.98%
Cherokee	2	2	3	3	0	0	0	0	0	0	0	0	10	23.26%
Chippewa- Cree	0	1	0	0	0	0	0	0	0	0	0	0	1	2.33%
Creek	0	1	0	0	0	0	0	0	0	0	0	0	1	2.33%
Lakota (Sioux)	1	0	2	0	0	0	0	0	0	0	0	0	3	6.98%
Navajo	0	2	1	0	0	0	0	0	0	0	0	0	3	6.98%
Northern Cheyenne	0	0	0	1	0	0	0	0	0	0	0	0	1	2.33%
Other	4	2	1	3	0	0	0	0	0	0	0	0	10	23.26%
Sioux	0	1	1	0	0	0	0	0	0	0	0	0	2	4.65%
Ute Mountain Ute	0	0	0	1	0	0	0	0	0	0	0	0	1	2.33%
<b>Total</b>	<b>9</b>	<b>13</b>	<b>9</b>	<b>12</b>	<b>0</b>	<b>43</b>	<b>100.00%</b>							

**Insurance:**

**Language:**

**Age:**

**Protocols:**

**Coalition:**

**Region/District:**

**States:**

**Employer:**

**Counties:**

**Referral Type:**

**Gender:**

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**Intake Demographic Report  
Mockup QuitLine**

Intake Date Range: 7/1/2018 - 10/31/2018

Evaluator Follow Up	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	1193	1031	1035	1067	0	0	0	0	0	0	0	0	4326	96.09%
No	51	39	34	52	0	0	0	0	0	0	0	0	176	3.91%
<b>Total</b>	<b>1244</b>	<b>1070</b>	<b>1069</b>	<b>1119</b>	<b>0</b>	<b>4502</b>	<b>100.00%</b>							
<b>Cigarettes</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Total</b>	<b>%</b>
Yes	1180	1013	1013	1037	0	0	0	0	0	0	0	0	4243	94.31%
No	64	56	56	80	0	0	0	0	0	0	0	0	256	5.69%
<b>Total</b>	<b>1244</b>	<b>1069</b>	<b>1069</b>	<b>1117</b>	<b>0</b>	<b>4499</b>	<b>100.00%</b>							
<b>SLT or Chewing Tobacco</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Total</b>	<b>%</b>
Yes	66	47	53	57	0	0	0	0	0	0	0	0	223	4.96%
No	1178	1020	1016	1059	0	0	0	0	0	0	0	0	4273	95.00%
Don't know	0	1	0	1	0	0	0	0	0	0	0	0	2	0.04%
<b>Total</b>	<b>1244</b>	<b>1068</b>	<b>1069</b>	<b>1117</b>	<b>0</b>	<b>4498</b>	<b>100.00%</b>							
<b>Exposed to second hand?</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Total</b>	<b>%</b>
Yes	8	11	7	10	0	0	0	0	0	0	0	0	36	81.82%
No	1	2	2	3	0	0	0	0	0	0	0	0	8	18.18%
<b>Total</b>	<b>9</b>	<b>13</b>	<b>9</b>	<b>13</b>	<b>0</b>	<b>44</b>	<b>100.00%</b>							
<b>Cigars or Small Cigars</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Total</b>	<b>%</b>
Yes	36	29	29	40	0	0	0	0	0	0	0	0	134	2.98%
No	1208	1038	1039	1075	0	0	0	0	0	0	0	0	4360	96.93%
Don't know	0	1	1	2	0	0	0	0	0	0	0	0	4	0.09%
<b>Total</b>	<b>1244</b>	<b>1068</b>	<b>1069</b>	<b>1117</b>	<b>0</b>	<b>4498</b>	<b>100.00%</b>							
<b>Pipe</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Total</b>	<b>%</b>
Yes	10	3	2	2	0	0	0	0	0	0	0	0	17	0.38%
No	1234	1065	1066	1113	0	0	0	0	0	0	0	0	4478	99.56%
Don't know	0	0	1	2	0	0	0	0	0	0	0	0	3	0.07%
<b>Total</b>	<b>1244</b>	<b>1068</b>	<b>1069</b>	<b>1117</b>	<b>0</b>	<b>4498</b>	<b>100.00%</b>							
<b>Commercial Cigarettes</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Total</b>	<b>%</b>
Yes	7	12	10	12	0	0	0	0	0	0	0	0	41	87.23%
No	3	1	1	1	0	0	0	0	0	0	0	0	6	12.77%
<b>Total</b>	<b>10</b>	<b>13</b>	<b>11</b>	<b>13</b>	<b>0</b>	<b>47</b>	<b>100.00%</b>							
<b>Other Tobacco Products</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Total</b>	<b>%</b>
Yes	3	1	3	4	0	0	0	0	0	0	0	0	11	0.24%
No	1240	1066	1065	1112	0	0	0	0	0	0	0	0	4483	99.67%
Don't know	1	1	1	1	0	0	0	0	0	0	0	0	4	0.09%
<b>Total</b>	<b>1244</b>	<b>1068</b>	<b>1069</b>	<b>1117</b>	<b>0</b>	<b>4498</b>	<b>100.00%</b>							
<b>Commercial SLT or Chewing Tobacco</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Total</b>	<b>%</b>
Yes	1	1	0	1	0	0	0	0	0	0	0	0	3	6.82%
No	8	12	9	12	0	0	0	0	0	0	0	0	41	93.18%
<b>Total</b>	<b>9</b>	<b>13</b>	<b>9</b>	<b>13</b>	<b>0</b>	<b>44</b>	<b>100.00%</b>							
<b>Commercial Cigars or Small Cigars</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Total</b>	<b>%</b>
Yes	2	3	2	4	0	0	0	0	0	0	0	0	11	25.00%
No	7	10	7	9	0	0	0	0	0	0	0	0	33	75.00%
<b>Total</b>	<b>9</b>	<b>13</b>	<b>9</b>	<b>13</b>	<b>0</b>	<b>44</b>	<b>100.00%</b>							

**Insurance:**

**Language:**

**Age:**

**Protocols:**

**Coalition:**

**Region/District:**

**States:**

**Employer:**

**Counties:**

**Referral Type:**

**Gender:**

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**Intake Demographic Report  
Mockup QuitLine**

Intake Date Range: 7/1/2018 - 10/31/2018

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
<b>Pipe w comm tobacco</b>														
Yes	1	3	1	1	0	0	0	0	0	0	0	0	6	13.64%
No	8	10	8	12	0	0	0	0	0	0	0	0	38	86.36%
<b>Total</b>	<b>9</b>	<b>13</b>	<b>9</b>	<b>13</b>	<b>0</b>	<b>44</b>	<b>100.00%</b>							
<b>Bidis:</b>														
No	3	1	3	4	0	0	0	0	0	0	0	0	11	100.00%
<b>Total</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>11</b>	<b>100.00%</b>							
<b>Other Commercial Tobacco</b>														
Yes	1	0	1	0	0	0	0	0	0	0	0	0	2	4.44%
No	8	13	9	13	0	0	0	0	0	0	0	0	43	95.56%
<b>Total</b>	<b>9</b>	<b>13</b>	<b>10</b>	<b>13</b>	<b>0</b>	<b>45</b>	<b>100.00%</b>							
<b>Kreteks or clove cigarettes:</b>														
No	3	1	3	4	0	0	0	0	0	0	0	0	11	100.00%
<b>Total</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>11</b>	<b>100.00%</b>							
<b>E-Cigarettes</b>														
Yes	1	2	3	1	0	0	0	0	0	0	0	0	7	15.91%
No	8	11	6	12	0	0	0	0	0	0	0	0	37	84.09%
<b>Total</b>	<b>9</b>	<b>13</b>	<b>9</b>	<b>13</b>	<b>0</b>	<b>44</b>	<b>100.00%</b>							
<b>Tobacco pouches or 'snus':</b>														
Yes	0	0	1	1	0	0	0	0	0	0	0	0	2	18.18%
No	3	1	2	3	0	0	0	0	0	0	0	0	9	81.82%
<b>Total</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>11</b>	<b>100.00%</b>							
<b>Tobacco 'orbs':</b>														
No	3	1	3	4	0	0	0	0	0	0	0	0	11	100.00%
<b>Total</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>11</b>	<b>100.00%</b>							
<b>Tobacco strips:</b>														
Yes	0	0	1	0	0	0	0	0	0	0	0	0	1	9.09%
No	3	1	2	4	0	0	0	0	0	0	0	0	10	90.91%
<b>Total</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>11</b>	<b>100.00%</b>							
<b>Water pipes or hookahs:</b>														
Yes	1	0	0	0	0	0	0	0	0	0	0	0	1	9.09%
No	2	1	3	4	0	0	0	0	0	0	0	0	10	90.91%
<b>Total</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>11</b>	<b>100.00%</b>							
<b>E-Cigarette</b>														
Yes	122	96	111	110	0	0	0	0	0	0	0	0	439	9.76%
No	1118	963	952	1005	0	0	0	0	0	0	0	0	4038	89.77%
Don't know	1	4	1	1	0	0	0	0	0	0	0	0	7	0.16%
Not asked	3	5	5	1	0	0	0	0	0	0	0	0	14	0.31%
<b>Total</b>	<b>1244</b>	<b>1068</b>	<b>1069</b>	<b>1117</b>	<b>0</b>	<b>4498</b>	<b>100.00%</b>							
<b>Cigars- Frequency</b>														
Every day	17	22	17	26	0	0	0	0	0	0	0	0	82	56.55%
Some days	19	10	13	18	0	0	0	0	0	0	0	0	60	41.38%
Not smoking at all	2	0	1	0	0	0	0	0	0	0	0	0	3	2.07%
<b>Total</b>	<b>38</b>	<b>32</b>	<b>31</b>	<b>44</b>	<b>0</b>	<b>145</b>	<b>100.00%</b>							

**Insurance:**

**Language:**

**Age:**

**Protocols:**

**Coalition:**

**Region/District:**

**States:**

**Employer:**

**Counties:**

**Referral Type:**

**Gender:**

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**Intake Demographic Report  
Mockup QuitLine**

**Intake Date Range:** 7/1/2018 - 10/31/2018

Cigarettes- Frequency	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Every day	1111	961	973	997	0	0	0	0	0	0	0	0	4042	94.44%
Some days	45	35	28	35	0	0	0	0	0	0	0	0	143	3.34%
Not smoking at all	30	28	19	17	0	0	0	0	0	0	0	0	94	2.20%
Don't know	0	0	1	0	0	0	0	0	0	0	0	0	1	0.02%
<b>Total</b>	<b>1186</b>	<b>1024</b>	<b>1021</b>	<b>1049</b>	<b>0</b>	<b>4280</b>	<b>100.00%</b>							
SLT- Frequency	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Every day	43	29	37	46	0	0	0	0	0	0	0	0	155	68.58%
Some days	21	18	16	10	0	0	0	0	0	0	0	0	65	28.76%
Not smoking at all	3	1	0	2	0	0	0	0	0	0	0	0	6	2.65%
<b>Total</b>	<b>67</b>	<b>48</b>	<b>53</b>	<b>58</b>	<b>0</b>	<b>226</b>	<b>100.00%</b>							
Pipe- Frequency	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Every day	8	3	0	2	0	0	0	0	0	0	0	0	13	56.52%
Some days	3	2	3	1	0	0	0	0	0	0	0	0	9	39.13%
Not smoking at all	0	1	0	0	0	0	0	0	0	0	0	0	1	4.35%
<b>Total</b>	<b>11</b>	<b>6</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>23</b>	<b>100.00%</b>							
Other Tobacco- Frequency	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Every day	0	1	1	3	0	0	0	0	0	0	0	0	5	41.67%
Some days	2	0	1	0	0	0	0	0	0	0	0	0	3	25.00%
Not smoking at all	2	0	0	0	0	0	0	0	0	0	0	0	2	16.67%
Don't know	0	0	1	1	0	0	0	0	0	0	0	0	2	16.67%
<b>Total</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>12</b>	<b>100.00%</b>							
E-Cigarettes - Frequency	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Every day	0	1	2	0	0	0	0	0	0	0	0	0	3	42.86%
Some days	1	1	1	1	0	0	0	0	0	0	0	0	4	57.14%
<b>Total</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>7</b>	<b>100.00%</b>							
E-Cigarettes – reason for use	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Cut down on other tobacco	1	2	1	0	0	0	0	0	0	0	0	0	4	57.14%
Quit other tobacco	0	0	1	0	0	0	0	0	0	0	0	0	1	14.29%
When I cannot smoke/use other tobacco	0	0	1	0	0	0	0	0	0	0	0	0	1	14.29%
Other	0	0	0	1	0	0	0	0	0	0	0	0	1	14.29%
<b>Total</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>7</b>	<b>100.00%</b>							
E-Cigarettes – interest in quitting	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
No, not thinking about quitting ENDS	0	1	0	0	0	0	0	0	0	0	0	0	1	14.29%
Yes, thinking about quitting ENDS	1	1	3	1	0	0	0	0	0	0	0	0	6	85.71%
<b>Total</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>7</b>	<b>100.00%</b>							
Cigarettes- How Soon	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Within five minutes	468	430	475	443	0	0	0	0	0	0	0	0	1816	43.40%
6 to 30 minutes	435	349	320	349	0	0	0	0	0	0	0	0	1453	34.73%
31 to 60 minutes	138	113	95	127	0	0	0	0	0	0	0	0	473	11.30%
More than 60 minutes	107	99	109	105	0	0	0	0	0	0	0	0	420	10.04%
Don't know	8	4	3	4	0	0	0	0	0	0	0	0	19	0.45%
Refused	0	0	0	3	0	0	0	0	0	0	0	0	3	0.07%
<b>Total</b>	<b>1156</b>	<b>995</b>	<b>1002</b>	<b>1031</b>	<b>0</b>	<b>4184</b>	<b>100.00%</b>							

**Insurance:**

**Language:**

**Age:**

**Protocols:**

**Coalition:**

**Region/District:**

**States:**

**Employer:**

**Counties:**

**Referral Type:**

**Gender:**

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**Intake Demographic Report  
Mockup QuitLine**

Intake Date Range: 7/1/2018 - 10/31/2018

SLT- How Soon	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Within five minutes	14	13	19	9	0	0	0	0	0	0	0	0	55	25.00%
6 to 30 minutes	17	8	11	19	0	0	0	0	0	0	0	0	55	25.00%
31 to 60 minutes	10	7	6	9	0	0	0	0	0	0	0	0	32	14.55%
More than 60 minutes	22	17	16	17	0	0	0	0	0	0	0	0	72	32.73%
Don't know	1	2	0	2	0	0	0	0	0	0	0	0	5	2.27%
Refused	0	0	1	0	0	0	0	0	0	0	0	0	1	0.45%
<b>Total</b>	<b>64</b>	<b>47</b>	<b>53</b>	<b>56</b>	<b>0</b>	<b>220</b>	<b>100.00%</b>							
Pipe- How Soon	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Within five minutes	5	1	1	0	0	0	0	0	0	0	0	0	7	31.82%
6 to 30 minutes	0	1	0	1	0	0	0	0	0	0	0	0	2	9.09%
31 to 60 minutes	4	1	0	0	0	0	0	0	0	0	0	0	5	22.73%
More than 60 minutes	2	2	2	2	0	0	0	0	0	0	0	0	8	36.36%
<b>Total</b>	<b>11</b>	<b>5</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>22</b>	<b>100.00%</b>							
Cigars- How Soon	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Within five minutes	6	7	8	9	0	0	0	0	0	0	0	0	30	21.13%
6 to 30 minutes	5	7	8	13	0	0	0	0	0	0	0	0	33	23.24%
31 to 60 minutes	7	7	3	7	0	0	0	0	0	0	0	0	24	16.90%
More than 60 minutes	15	11	11	14	0	0	0	0	0	0	0	0	51	35.92%
Don't know	3	0	0	1	0	0	0	0	0	0	0	0	4	2.82%
<b>Total</b>	<b>36</b>	<b>32</b>	<b>30</b>	<b>44</b>	<b>0</b>	<b>142</b>	<b>100.00%</b>							
Other Tobacco- How Soon	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Within five minutes	0	0	0	4	0	0	0	0	0	0	0	0	4	40.00%
6 to 30 minutes	0	1	1	0	0	0	0	0	0	0	0	0	2	20.00%
More than 60 minutes	2	0	1	0	0	0	0	0	0	0	0	0	3	30.00%
Refused	0	0	1	0	0	0	0	0	0	0	0	0	1	10.00%
<b>Total</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>10</b>	<b>100.00%</b>							
Health info?	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	2	4	2	5	0	0	0	0	0	0	0	0	13	29.55%
No	7	9	7	8	0	0	0	0	0	0	0	0	31	70.45%
<b>Total</b>	<b>9</b>	<b>13</b>	<b>9</b>	<b>13</b>	<b>0</b>	<b>44</b>	<b>100.00%</b>							
NRT Info?	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	9	12	8	12	0	0	0	0	0	0	0	0	41	93.18%
No	0	1	1	1	0	0	0	0	0	0	0	0	3	6.82%
<b>Total</b>	<b>9</b>	<b>13</b>	<b>9</b>	<b>13</b>	<b>0</b>	<b>44</b>	<b>100.00%</b>							
Cigarettes- Quit in 30 Days	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	1119	980	977	1003	0	0	0	0	0	0	0	0	4079	95.30%
No	35	18	21	29	0	0	0	0	0	0	0	0	103	2.41%
Don't know	32	24	23	17	0	0	0	0	0	0	0	0	96	2.24%
Refused	0	2	0	0	0	0	0	0	0	0	0	0	2	0.05%
<b>Total</b>	<b>1186</b>	<b>1024</b>	<b>1021</b>	<b>1049</b>	<b>0</b>	<b>4280</b>	<b>100.00%</b>							

Insurance:

Language:

Age:

Protocols:

Coalition:

Region/District:

States:

Employer:

Counties:

Referral Type:

Gender:

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**Intake Demographic Report  
Mockup QuitLine**

Intake Date Range: 7/1/2018 - 10/31/2018

Cigars- Quit in 30 Days	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	33	30	31	44	0	0	0	0	0	0	0	0	138	95.17%
No	2	1	0	0	0	0	0	0	0	0	0	0	3	2.07%
Don't know	3	1	0	0	0	0	0	0	0	0	0	0	4	2.76%
<b>Total</b>	<b>38</b>	<b>32</b>	<b>31</b>	<b>44</b>	<b>0</b>	<b>145</b>	<b>100.00%</b>							
Tobacco use change?	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Quit	9	13	9	11	0	0	0	0	0	0	0	0	42	95.45%
Cut down	0	0	0	2	0	0	0	0	0	0	0	0	2	4.55%
<b>Total</b>	<b>9</b>	<b>13</b>	<b>9</b>	<b>13</b>	<b>0</b>	<b>44</b>	<b>100.00%</b>							
Pipes- Quit in 30 Days	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	10	3	2	1	0	0	0	0	0	0	0	0	16	94.12%
No	0	0	0	1	0	0	0	0	0	0	0	0	1	5.88%
<b>Total</b>	<b>10</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>17</b>	<b>100.00%</b>							
SLT- Quit in 30 Days	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	62	44	49	54	0	0	0	0	0	0	0	0	209	92.48%
No	4	2	2	2	0	0	0	0	0	0	0	0	10	4.42%
Don't know	1	2	2	2	0	0	0	0	0	0	0	0	7	3.10%
<b>Total</b>	<b>67</b>	<b>48</b>	<b>53</b>	<b>58</b>	<b>0</b>	<b>226</b>	<b>100.00%</b>							
Pipe- Quit in 30 Days	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	1	1	1	1	0	0	0	0	0	0	0	0	4	66.67%
No	0	2	0	0	0	0	0	0	0	0	0	0	2	33.33%
<b>Total</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>6</b>	<b>100.00%</b>							
Other Tobacco- Quit in 30 Days	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	4	1	1	4	0	0	0	0	0	0	0	0	10	83.33%
No	0	0	2	0	0	0	0	0	0	0	0	0	2	16.67%
<b>Total</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>12</b>	<b>100.00%</b>							
Consent to Contact	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	8	13	9	12	0	0	0	0	0	0	0	0	42	95.45%
No	1	0	0	1	0	0	0	0	0	0	0	0	2	4.55%
<b>Total</b>	<b>9</b>	<b>13</b>	<b>9</b>	<b>13</b>	<b>0</b>	<b>44</b>	<b>100.00%</b>							
Continue to Intake II	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	9	13	9	12	0	0	0	0	0	0	0	0	43	97.73%
No	0	0	0	1	0	0	0	0	0	0	0	0	1	2.27%
<b>Total</b>	<b>9</b>	<b>13</b>	<b>9</b>	<b>13</b>	<b>0</b>	<b>44</b>	<b>100.00%</b>							
First Time Caller	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	9	11	8	11	0	0	0	0	0	0	0	0	39	88.64%
No	0	2	1	2	0	0	0	0	0	0	0	0	5	11.36%
<b>Total</b>	<b>9</b>	<b>13</b>	<b>9</b>	<b>13</b>	<b>0</b>	<b>44</b>	<b>100.00%</b>							

**Insurance:**  
**Language:**  
**Age:**  
**Protocols:**  
**Coalition:**  
**Region/District:** ALL  
**States:** ALL  
**Employer:** ALL  
**Counties:** ALL  
**Referral Type:** ALL  
**Gender:** ALL  
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**Intake Demographic Report  
Mockup QuitLine**

Intake Date Range: 7/1/2018 - 10/31/2018

Referral Source	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Doctor/Nurse/other healthcare provider	3	3	3	4	0	0	0	0	0	0	0	0	13	27.08%
Internet/Website	0	0	0	1	0	0	0	0	0	0	0	0	1	2.08%
Insurance/HMO	0	0	1	0	0	0	0	0	0	0	0	0	1	2.08%
Medicaid	0	0	1	0	0	0	0	0	0	0	0	0	1	2.08%
Radio	0	0	0	3	0	0	0	0	0	0	0	0	3	6.25%
Relative/Family/Friends	3	3	2	0	0	0	0	0	0	0	0	0	8	16.67%
Television	5	7	4	5	0	0	0	0	0	0	0	0	21	43.75%
<b>Total</b>	<b>11</b>	<b>13</b>	<b>11</b>	<b>13</b>	<b>0</b>	<b>48</b>	<b>100.00%</b>							
Duration of Use	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
< 6 months	7	7	4	4	0	0	0	0	0	0	0	0	22	0.48%
6 months to < 1 year	8	7	8	4	0	0	0	0	0	0	0	0	27	0.59%
1-5 years	45	47	40	44	0	0	0	0	0	0	0	0	176	3.87%
6-10 years	70	70	58	60	0	0	0	0	0	0	0	0	258	5.68%
> 10 years	1115	945	961	1010	0	0	0	0	0	0	0	0	4031	88.75%
No response	8	5	7	8	0	0	0	0	0	0	0	0	28	0.62%
<b>Total</b>	<b>1253</b>	<b>1081</b>	<b>1078</b>	<b>1130</b>	<b>0</b>	<b>4542</b>	<b>100.00%</b>							
Quit Meds Used	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Nicotine Gum	0	0	1	1	0	0	0	0	0	0	0	0	2	4.55%
Nicotine Inhaler	0	1	0	0	0	0	0	0	0	0	0	0	1	2.27%
Nicotine Lozenge	0	1	1	1	0	0	0	0	0	0	0	0	3	6.82%
Nicotine Patch	3	4	3	6	0	0	0	0	0	0	0	0	16	36.36%
None	5	6	3	4	0	0	0	0	0	0	0	0	18	40.91%
Varenicline/Chantix	1	1	1	1	0	0	0	0	0	0	0	0	4	9.09%
<b>Total</b>	<b>9</b>	<b>13</b>	<b>9</b>	<b>13</b>	<b>0</b>	<b>44</b>	<b>100.00%</b>							
Quit Attempts	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
None	0	1	1	1	0	0	0	0	0	0	0	0	3	6.82%
1 to 2	2	2	0	4	0	0	0	0	0	0	0	0	8	18.18%
3 to 4	3	1	4	2	0	0	0	0	0	0	0	0	10	22.73%
5 to 6	1	5	2	4	0	0	0	0	0	0	0	0	12	27.27%
7 to 8	1	1	0	1	0	0	0	0	0	0	0	0	3	6.82%
9 to 10	0	2	1	1	0	0	0	0	0	0	0	0	4	9.09%
11 or more	2	1	1	0	0	0	0	0	0	0	0	0	4	9.09%
<b>Total</b>	<b>9</b>	<b>13</b>	<b>9</b>	<b>13</b>	<b>0</b>	<b>44</b>	<b>100.00%</b>							
Quit Methods	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Medication	1	3	2	3	0	0	0	0	0	0	0	0	9	20.45%
Counseling	0	0	0	1	0	0	0	0	0	0	0	0	1	2.27%
Other	2	1	0	1	0	0	0	0	0	0	0	0	4	9.09%
No aid	6	9	7	8	0	0	0	0	0	0	0	0	30	68.18%
<b>Total</b>	<b>9</b>	<b>13</b>	<b>9</b>	<b>13</b>	<b>0</b>	<b>44</b>	<b>100.00%</b>							
Live With Tobacco User	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	4	6	4	5	0	0	0	0	0	0	0	0	19	43.18%
No	5	7	5	8	0	0	0	0	0	0	0	0	25	56.82%
<b>Total</b>	<b>9</b>	<b>13</b>	<b>9</b>	<b>13</b>	<b>0</b>	<b>44</b>	<b>100.00%</b>							

**Insurance:**  
**Language:**  
**Age:**  
**Protocols:**  
**Coalition:**  
**Region/District:**  
**States:**  
**Employer:**  
**Counties:**  
**Referral Type:**  
**Gender:**  
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**Intake Demographic Report  
Mockup QuitLine**

Intake Date Range: 7/1/2018 - 10/31/2018

Person Willing to Quit	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	2	4	3	4	0	0	0	0	0	0	0	0	13	68.42%
No	2	2	1	1	0	0	0	0	0	0	0	0	6	31.58%
<b>Total</b>	<b>4</b>	<b>6</b>	<b>4</b>	<b>5</b>	<b>0</b>	<b>19</b>	<b>100.00%</b>							
Reduced Use	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	7	7	3	6	0	0	0	0	0	0	0	0	23	52.27%
No	2	6	6	7	0	0	0	0	0	0	0	0	21	47.73%
<b>Total</b>	<b>9</b>	<b>13</b>	<b>9</b>	<b>13</b>	<b>0</b>	<b>44</b>	<b>100.00%</b>							
Education	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Less than grade 9	0	0	1	0	0	0	0	0	0	0	0	0	1	2.08%
Grade 9 to 11, no degree	4	4	3	2	0	0	0	0	0	0	0	0	13	27.08%
GED	0	1	0	0	0	0	0	0	0	0	0	0	1	2.08%
High school degree	3	4	1	2	0	0	0	0	0	0	0	0	10	20.83%
Some college or university (includes some)	3	1	5	6	0	0	0	0	0	0	0	0	15	31.25%
College or university degree (includes AA, BA)	1	3	1	3	0	0	0	0	0	0	0	0	8	16.67%
<b>Total</b>	<b>11</b>	<b>13</b>	<b>11</b>	<b>13</b>	<b>0</b>	<b>48</b>	<b>100.00%</b>							
Marital Status	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Married	1	3	1	5	0	0	0	0	0	0	0	0	10	21.28%
Divorced	1	2	1	2	0	0	0	0	0	0	0	0	6	12.77%
Separated	0	2	0	1	0	0	0	0	0	0	0	0	3	6.38%
Widow	1	0	1	1	0	0	0	0	0	0	0	0	3	6.38%
Single	7	6	8	4	0	0	0	0	0	0	0	0	25	53.19%
<b>Total</b>	<b>10</b>	<b>13</b>	<b>11</b>	<b>13</b>	<b>0</b>	<b>47</b>	<b>100.00%</b>							
Mental Health Conditions	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	645	541	551	570	0	0	0	0	0	0	0	0	2307	50.79%
No	608	540	527	560	0	0	0	0	0	0	0	0	2235	49.21%
<b>Total</b>	<b>1253</b>	<b>1081</b>	<b>1078</b>	<b>1130</b>	<b>0</b>	<b>4542</b>	<b>100.00%</b>							
Anxiety	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	446	381	370	398	0	0	0	0	0	0	0	0	1595	69.14%
No	199	160	181	172	0	0	0	0	0	0	0	0	712	30.86%
<b>Total</b>	<b>645</b>	<b>541</b>	<b>551</b>	<b>570</b>	<b>0</b>	<b>2307</b>	<b>100.00%</b>							
Depression	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	577	488	531	501	0	0	0	0	0	0	0	0	2097	45.76%
No	705	588	564	629	0	0	0	0	0	0	0	0	2486	54.24%
<b>Total</b>	<b>1282</b>	<b>1076</b>	<b>1095</b>	<b>1130</b>	<b>0</b>	<b>4583</b>	<b>100.00%</b>							
Bipolar	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	2	2	4	4	0	0	0	0	0	0	0	0	12	38.71%
No	6	4	3	6	0	0	0	0	0	0	0	0	19	61.29%
<b>Total</b>	<b>8</b>	<b>6</b>	<b>7</b>	<b>10</b>	<b>0</b>	<b>31</b>	<b>100.00%</b>							
White	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	939	803	785	798	0	0	0	0	0	0	0	0	3325	73.92%
No	305	265	284	319	0	0	0	0	0	0	0	0	1173	26.08%
<b>Total</b>	<b>1244</b>	<b>1068</b>	<b>1069</b>	<b>1117</b>	<b>0</b>	<b>4498</b>	<b>100.00%</b>							

Insurance:  
Language:  
Age:  
Protocols:  
Coalition:  
Region/District: ALL  
States: ALL  
Employer: ALL  
Counties: ALL  
Referral Type: ALL  
Gender: ALL  
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**Intake Demographic Report  
Mockup QuitLine**

Intake Date Range: 7/1/2018 - 10/31/2018

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
<b>Schizophrenia</b>														
Yes	1	2	3	0	0	0	0	0	0	0	0	0	6	19.35%
No	7	4	4	10	0	0	0	0	0	0	0	0	25	80.65%
<b>Total</b>	<b>8</b>	<b>6</b>	<b>7</b>	<b>10</b>	<b>0</b>	<b>31</b>	<b>100.00%</b>							
<b>Black or African American</b>														
Yes	91	71	75	101	0	0	0	0	0	0	0	0	338	7.51%
No	1153	997	994	1016	0	0	0	0	0	0	0	0	4160	92.49%
<b>Total</b>	<b>1244</b>	<b>1068</b>	<b>1069</b>	<b>1117</b>	<b>0</b>	<b>4498</b>	<b>100.00%</b>							
<b>ADHD</b>														
Yes	66	59	55	70	0	0	0	0	0	0	0	0	250	10.84%
No	579	482	496	500	0	0	0	0	0	0	0	0	2057	89.16%
<b>Total</b>	<b>645</b>	<b>541</b>	<b>551</b>	<b>570</b>	<b>0</b>	<b>2307</b>	<b>100.00%</b>							
<b>Asian</b>														
Yes	10	7	13	13	0	0	0	0	0	0	0	0	43	0.96%
No	1234	1061	1056	1104	0	0	0	0	0	0	0	0	4455	99.04%
<b>Total</b>	<b>1244</b>	<b>1068</b>	<b>1069</b>	<b>1117</b>	<b>0</b>	<b>4498</b>	<b>100.00%</b>							
<b>PTSD</b>														
Yes	228	177	198	200	0	0	0	0	0	0	0	0	803	17.52%
No	1054	899	897	930	0	0	0	0	0	0	0	0	3780	82.48%
<b>Total</b>	<b>1282</b>	<b>1076</b>	<b>1095</b>	<b>1130</b>	<b>0</b>	<b>4583</b>	<b>100.00%</b>							
<b>Native Hawaiian or Pacific Islander</b>														
Yes	2	6	3	4	0	0	0	0	0	0	0	0	15	0.33%
No	1242	1062	1066	1113	0	0	0	0	0	0	0	0	4483	99.67%
<b>Total</b>	<b>1244</b>	<b>1068</b>	<b>1069</b>	<b>1117</b>	<b>0</b>	<b>4498</b>	<b>100.00%</b>							
<b>Other</b>														
Yes	0	1	0	1	0	0	0	0	0	0	0	0	2	6.67%
No	8	4	7	9	0	0	0	0	0	0	0	0	28	93.33%
<b>Total</b>	<b>8</b>	<b>5</b>	<b>7</b>	<b>10</b>	<b>0</b>	<b>30</b>	<b>100.00%</b>							
<b>American Indian or Alaska Native?</b>														
Yes	66	54	47	54	0	0	0	0	0	0	0	0	221	4.91%
No	1178	1014	1022	1063	0	0	0	0	0	0	0	0	4277	95.09%
<b>Total</b>	<b>1244</b>	<b>1068</b>	<b>1069</b>	<b>1117</b>	<b>0</b>	<b>4498</b>	<b>100.00%</b>							
<b>Enrolled or Principal Tribe</b>														
Navajo	3	0	3	4	0	0	0	0	0	0	0	0	10	4.52%
Cherokee	18	22	13	25	0	0	0	0	0	0	0	0	78	35.29%
Lakota (Sioux)	3	3	3	4	0	0	0	0	0	0	0	0	13	5.88%
Ute Mountain Ute	0	1	0	1	0	0	0	0	0	0	0	0	2	0.90%
Southern Ute	1	1	0	0	0	0	0	0	0	0	0	0	2	0.90%
Apache	4	1	5	6	0	0	0	0	0	0	0	0	16	7.24%
Other/American Indian	37	26	23	14	0	0	0	0	0	0	0	0	100	45.25%
<b>Total</b>	<b>66</b>	<b>54</b>	<b>47</b>	<b>54</b>	<b>0</b>	<b>221</b>	<b>100.00%</b>							

**Insurance:**  
**Language:**  
**Age:**  
**Protocols:**  
**Coalition:**  
**Region/District:** ALL  
**States:** ALL  
**Employer:** ALL  
**Counties:** ALL  
**Referral Type:** ALL  
**Gender:** ALL  
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**Intake Demographic Report  
Mockup QuitLine**

Intake Date Range: 7/1/2018 - 10/31/2018

Medication	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	422	335	369	383	0	0	0	0	0	0	0	0	1509	32.93%
No	860	741	726	747	0	0	0	0	0	0	0	0	3074	67.07%
<b>Total</b>	<b>1282</b>	<b>1076</b>	<b>1095</b>	<b>1130</b>	<b>0</b>	<b>4583</b>	<b>100.00%</b>							
Hispanic or Latino/Latina	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	224	202	205	210	0	0	0	0	0	0	0	0	841	18.69%
No	1018	866	863	906	0	0	0	0	0	0	0	0	3653	81.20%
Don't know	2	1	1	1	0	0	0	0	0	0	0	0	5	0.11%
<b>Total</b>	<b>1244</b>	<b>1069</b>	<b>1069</b>	<b>1117</b>	<b>0</b>	<b>4499</b>	<b>100.00%</b>							
Wellbutrin	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	0	1	0	1	0	0	0	0	0	0	0	0	2	6.45%
No	8	5	7	9	0	0	0	0	0	0	0	0	29	93.55%
<b>Total</b>	<b>8</b>	<b>6</b>	<b>7</b>	<b>10</b>	<b>0</b>	<b>31</b>	<b>100.00%</b>							
Hispanic Ethnicity	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Mexican	134	107	115	110	0	0	0	0	0	0	0	0	466	55.41%
Puerto Rican	10	11	10	9	0	0	0	0	0	0	0	0	40	4.76%
Cuban	2	3	3	2	0	0	0	0	0	0	0	0	10	1.19%
Central or South American	8	5	9	7	0	0	0	0	0	0	0	0	29	3.45%
Other	62	70	64	81	0	0	0	0	0	0	0	0	277	32.94%
Refused	8	6	4	1	0	0	0	0	0	0	0	0	19	2.26%
<b>Total</b>	<b>224</b>	<b>202</b>	<b>205</b>	<b>210</b>	<b>0</b>	<b>841</b>	<b>100.00%</b>							
Counseling	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	248	189	187	231	0	0	0	0	0	0	0	0	855	37.06%
No	397	352	364	339	0	0	0	0	0	0	0	0	1452	62.94%
<b>Total</b>	<b>645</b>	<b>541</b>	<b>551</b>	<b>570</b>	<b>0</b>	<b>2307</b>	<b>100.00%</b>							
Some Other Race	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	37	41	35	35	0	0	0	0	0	0	0	0	148	3.29%
No	1207	1028	1034	1082	0	0	0	0	0	0	0	0	4351	96.71%
<b>Total</b>	<b>1244</b>	<b>1069</b>	<b>1069</b>	<b>1117</b>	<b>0</b>	<b>4499</b>	<b>100.00%</b>							
Meds and Counseling	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	5	2	3	4	0	0	0	0	0	0	0	0	14	45.16%
No	3	4	4	6	0	0	0	0	0	0	0	0	17	54.84%
<b>Total</b>	<b>8</b>	<b>6</b>	<b>7</b>	<b>10</b>	<b>0</b>	<b>31</b>	<b>100.00%</b>							
None	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	48	49	47	29	0	0	0	0	0	0	0	0	173	7.50%
No	597	492	504	541	0	0	0	0	0	0	0	0	2134	92.50%
<b>Total</b>	<b>645</b>	<b>541</b>	<b>551</b>	<b>570</b>	<b>0</b>	<b>2307</b>	<b>100.00%</b>							

Insurance:  
Language:  
Age:  
Protocols:  
Coalition:  
Region/District: ALL  
States: ALL  
Employer: ALL  
Counties: ALL  
Referral Type: ALL  
Gender: ALL  
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**Intake Demographic Report  
Mockup QuitLine**

Intake Date Range: 7/1/2018 - 10/31/2018

Asian Ethnicity	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Asian Indian	0	0	1	0	0	0	0	0	0	0	0	0	1	2.33%
Chinese	0	0	1	1	0	0	0	0	0	0	0	0	2	4.65%
Filipino	4	1	0	1	0	0	0	0	0	0	0	0	6	13.95%
Japanese	2	2	3	2	0	0	0	0	0	0	0	0	9	20.93%
Korean	3	1	4	2	0	0	0	0	0	0	0	0	10	23.26%
Vietnamese	0	1	2	0	0	0	0	0	0	0	0	0	3	6.98%
Other	1	2	2	7	0	0	0	0	0	0	0	0	12	27.91%
<b>Total</b>	<b>10</b>	<b>7</b>	<b>13</b>	<b>13</b>	<b>0</b>	<b>43</b>	<b>100.00%</b>							
Hawaiian Ethnicity	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Guamanian or Chamorro	0	1	1	0	0	0	0	0	0	0	0	0	2	13.33%
Samoaan	0	2	0	0	0	0	0	0	0	0	0	0	2	13.33%
Other Pacific Islander	2	3	2	4	0	0	0	0	0	0	0	0	11	73.33%
<b>Total</b>	<b>2</b>	<b>6</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>15</b>	<b>100.00%</b>							
Substance abuse?	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	86	99	86	70	0	0	0	0	0	0	0	0	341	14.70%
No	560	449	467	503	0	0	0	0	0	0	0	0	1979	85.30%
<b>Total</b>	<b>646</b>	<b>548</b>	<b>553</b>	<b>573</b>	<b>0</b>	<b>2320</b>	<b>100.00%</b>							
Marijuana	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	23	29	23	23	0	0	0	0	0	0	0	0	98	28.74%
No	63	70	63	47	0	0	0	0	0	0	0	0	243	71.26%
<b>Total</b>	<b>86</b>	<b>99</b>	<b>86</b>	<b>70</b>	<b>0</b>	<b>341</b>	<b>100.00%</b>							
Alcohol	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	58	60	56	41	0	0	0	0	0	0	0	0	215	63.05%
No	28	39	30	29	0	0	0	0	0	0	0	0	126	36.95%
<b>Total</b>	<b>86</b>	<b>99</b>	<b>86</b>	<b>70</b>	<b>0</b>	<b>341</b>	<b>100.00%</b>							
Other drugs	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	29	35	21	26	0	0	0	0	0	0	0	0	111	32.55%
No	57	64	65	44	0	0	0	0	0	0	0	0	230	67.45%
<b>Total</b>	<b>86</b>	<b>99</b>	<b>86</b>	<b>70</b>	<b>0</b>	<b>341</b>	<b>100.00%</b>							
Mental Hlth- Emotional Challenges	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	5	7	4	7	0	0	0	0	0	0	0	0	23	52.27%
No	4	6	5	6	0	0	0	0	0	0	0	0	21	47.73%
<b>Total</b>	<b>9</b>	<b>13</b>	<b>9</b>	<b>13</b>	<b>0</b>	<b>44</b>	<b>100.00%</b>							
Mental Hlth- Interfering with Life	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
Yes	2	6	4	5	0	0	0	0	0	0	0	0	17	38.64%
No	7	7	5	8	0	0	0	0	0	0	0	0	27	61.36%
<b>Total</b>	<b>9</b>	<b>13</b>	<b>9</b>	<b>13</b>	<b>0</b>	<b>44</b>	<b>100.00%</b>							
Mental Hlth- Interfere with Quitting	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
N/A	1	4	3	2	0	0	0	0	0	0	0	0	10	22.73%
Yes	3	3	3	4	0	0	0	0	0	0	0	0	13	29.55%
No	5	6	3	7	0	0	0	0	0	0	0	0	21	47.73%
<b>Total</b>	<b>9</b>	<b>13</b>	<b>9</b>	<b>13</b>	<b>0</b>	<b>44</b>	<b>100.00%</b>							

**Insurance:**  
**Language:**  
**Age:**  
**Protocols:**  
**Coalition:**  
**Region/District:** ALL  
**States:** ALL  
**Employer:** ALL  
**Counties:** ALL  
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**Intake Demographic Report  
Mockup QuitLine**

Intake Date Range: 7/1/2018 - 10/31/2018

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
<b>Schizophrenia Disorder</b>														
Yes	56	55	56	52	0	0	0	0	0	0	0	0	219	9.62%
No	581	480	488	508	0	0	0	0	0	0	0	0	2057	90.38%
<b>Total</b>	<b>637</b>	<b>535</b>	<b>544</b>	<b>560</b>	<b>0</b>	<b>2276</b>	<b>100.00%</b>							
<b>Meds &amp; Counseling</b>														
Yes	231	176	188	208	0	0	0	0	0	0	0	0	803	35.28%
No	406	359	356	352	0	0	0	0	0	0	0	0	1473	64.72%
<b>Total</b>	<b>637</b>	<b>535</b>	<b>544</b>	<b>560</b>	<b>0</b>	<b>2276</b>	<b>100.00%</b>							
<b>Local Resources</b>														
Yes	542	468	475	478	0	0	0	0	0	0	0	0	1963	43.64%
No	702	600	594	639	0	0	0	0	0	0	0	0	2535	56.36%
<b>Total</b>	<b>1244</b>	<b>1068</b>	<b>1069</b>	<b>1117</b>	<b>0</b>	<b>4498</b>	<b>100.00%</b>							
<b>Texting</b>														
Yes	883	718	782	789	0	0	0	0	0	0	0	0	3172	70.49%
No	361	351	287	329	0	0	0	0	0	0	0	0	1328	29.51%
<b>Total</b>	<b>1244</b>	<b>1069</b>	<b>1069</b>	<b>1118</b>	<b>0</b>	<b>4500</b>	<b>100.00%</b>							
<b>Insurance Providers</b>														
Aetna	9	16	20	21	0	0	0	0	0	0	0	0	66	1.45%
Mockup Insurance	8	7	6	3	0	0	0	0	0	0	0	0	24	0.53%
Child Health Plan Plus	0	0	0	1	0	0	0	0	0	0	0	0	1	0.02%
CICP	0	1	2	2	0	0	0	0	0	0	0	0	5	0.11%
Cigna	3	2	2	2	0	0	0	0	0	0	0	0	9	0.20%
Mockup Insurance 2	0	1	0	2	0	0	0	0	0	0	0	0	3	0.07%
Mockup Health Medical Plan	3	0	0	0	0	0	0	0	0	0	0	0	3	0.07%
Don't Know	8	7	8	8	0	0	0	0	0	0	0	0	31	0.68%
Humana	2	2	0	0	0	0	0	0	0	0	0	0	4	0.09%
Kaiser	59	49	49	67	0	0	0	0	0	0	0	0	224	4.93%
Medicaid	493	420	397	400	0	0	0	0	0	0	0	0	1710	37.63%
Medicaid Mockup Insurance 1	31	17	21	34	0	0	0	0	0	0	0	0	103	2.27%
Medicaid Community Health Plan	4	2	2	1	0	0	0	0	0	0	0	0	9	0.20%
Medicaid Mockup Health Medical Plan	7	7	13	8	0	0	0	0	0	0	0	0	35	0.77%
Medicaid Kaiser	5	3	5	4	0	0	0	0	0	0	0	0	17	0.37%
Medicaid of Mockup HMO	15	5	5	11	0	0	0	0	0	0	0	0	36	0.79%
Medicare	260	210	198	245	0	0	0	0	0	0	0	0	913	20.09%
Medicare Blue Advantage of Seniors	0	1	0	1	0	0	0	0	0	0	0	0	2	0.04%
Medicare Kaiser Permanente Senior Advantage	7	7	5	3	0	0	0	0	0	0	0	0	22	0.48%
Medicare Secure Horizons	2	1	1	0	0	0	0	0	0	0	0	0	4	0.09%
No Response	0	0	1	0	0	0	0	0	0	0	0	0	1	0.02%
Other Insurance	65	56	60	55	0	0	0	0	0	0	0	0	236	5.19%
Pinnacol Assurance Workman's Comp	1	1	2	1	0	0	0	0	0	0	0	0	5	0.11%
Prudential HealthCare	0	1	0	0	0	0	0	0	0	0	0	0	1	0.02%
Refused	4	4	4	11	0	0	0	0	0	0	0	0	23	0.51%
Mockup Health Plan 3	4	9	4	1	0	0	0	0	0	0	0	0	18	0.40%

**Insurance:**

**Language:**

**Age:**

**Protocols:**

**Coalition:**

**Region/District:**

**States:**

**Employer:**

**Counties:**

**Referral Type:**

**Gender:**

11/13/2018 9:52:13 AM

ALL

ALL

ALL

ALL

ALL

ALL

ALL

**Intake Demographic Report  
Mockup QuitLine**

**Intake Date Range:** 7/1/2018 - 10/31/2018

Mockup Health Plan 4	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0.02%
Mockup Health Plan 5	5	9	2	6	0	0	0	0	0	0	0	0	0	0	22	0.48%
Uninsured	194	198	211	187	0	0	0	0	0	0	0	0	0	0	790	17.39%
United Healthcare	64	47	60	55	0	0	0	0	0	0	0	0	0	0	226	4.97%
<b>Total</b>	<b>1253</b>	<b>1083</b>	<b>1078</b>	<b>1130</b>	<b>0</b>	<b>4544</b>	<b>100.00%</b>									

**Insurance:**

**Language:**

**Age:**

**Protocols:**

**Coalition:**

**RegionDistrict:**

**States:**

**Employer:**

**Counties:**

**Referral Type:**

**Gender:**

11/13/2018 9:52:13 AM

ALL

ALL

ALL

ALL

ALL

ALL

ALL

**County Demographic Report - Extended  
Mockup QuitLine**

Date Range:

09/01/19 to 09/30/19

AGE SUMMARY:		Age As of First Contact Date										
State	County	Under18	18-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over	No Answer	TOTAL
AA												
	A	0	0	0	0	0	1	0	0	0	0	1
	B	0	0	0	3	1	1	0	0	0	0	5
	C	0	1	2	2	0	3	1	0	0	0	9
	D	0	2	2	0	0	1	1	0	0	0	6
	E	0	5	8	2	6	4	0	0	0	0	25
	F	0	0	0	1	0	2	0	0	0	0	3
	G	0	0	1	0	0	0	0	0	0	0	1
	H	0	0	0	0	1	0	0	1	0	0	2
	I	0	1	2	1	6	5	1	0	0	0	16
	J	0	0	1	1	0	0	0	0	0	0	2
	K	0	1	1	1	1	1	0	0	0	0	5
	L	0	0	0	0	0	0	1	0	0	0	1
	M	0	21	59	44	40	23	18	1	0	0	206
	N	0	1	2	0	1	1	0	0	0	0	5
	O	0	0	0	0	1	0	0	0	0	0	1
	P	0	0	0	0	1	1	0	0	0	0	2
	Q	0	2	3	2	3	0	1	0	0	0	11
	R	0	0	1	0	1	0	0	0	0	0	2
	S	3	9	19	15	12	2	0	0	0	0	60
	T	0	0	0	2	0	1	0	0	0	0	3
	U	0	1	3	5	3	4	1	0	0	0	17
	V	0	0	0	1	0	0	0	0	0	0	1
	W	0	6	9	9	10	8	6	0	0	0	48
	<b>Total</b>	<b>3</b>	<b>50</b>	<b>113</b>	<b>89</b>	<b>87</b>	<b>58</b>	<b>30</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>432</b>

### County Demographic Report - Extended Mockup QuitLine

Date Range: 09/01/19 to 09/30/19

GENDER SUMMARY:					
State	County	Male	Female	Unspecified	TOTAL
AA					
	A	0	1	0	1
	B	3	2	0	5
	C	3	6	0	9
	D	4	2	0	6
	E	14	11	0	25
	F	1	2	0	3
	G	0	1	0	1
	H	0	2	0	2
	I	12	4	0	16
	J	2	0	0	2
	K	2	3	0	5
	L	1	0	0	1
	M	95	111	1	207
	N	4	1	0	5
	O	1	0	0	1
	P	1	1	0	2
	Q	4	7	0	11
	R	0	2	0	2
	S	29	31	0	60
	T	1	2	0	3
	U	7	10	0	17
	V	0	1	0	1
	W	18	30	0	48
	<b>Total</b>	<b>202</b>	<b>230</b>	<b>1</b>	<b>433</b>

**County Demographic Report - Extended  
Mockup QuitLine**

Date Range: 09/01/19 to 09/30/19

RACE & ETHNICITY SUMMARY:		Participants may be counted in multiple categories							
State	County	White	Black or African American	Asian	Native Hawaiian or Pacific Islander	American Indian or Native Alaska	Some Other Race	Hispanic or Latino/Latina	TOTAL
AA									
	A	1	0	0	0	0	1	0	1
	B	5	0	0	0	0	0	0	5
	C	9	0	0	0	0	0	0	9
	D	6	0	0	0	0	0	0	6
	E	23	0	1	0	0	0	0	23
	F	3	0	0	0	0	0	0	3
	G	1	0	0	0	0	0	0	1
	H	2	0	0	0	0	0	0	2
	I	16	0	0	1	0	0	0	16
	J	2	0	0	0	0	0	1	2
	K	5	0	0	0	0	0	0	5
	L	1	0	0	0	0	0	0	1
	M	167	10	0	1	5	5	26	198
	N	4	0	0	0	0	0	1	5
	O	1	0	0	0	0	0	0	1
	P	2	0	0	0	0	0	0	2
	Q	9	0	1	0	0	1	1	10
	R	2	0	0	0	0	0	0	2
	S	51	0	1	0	4	0	6	57
	T	3	0	0	0	0	0	0	3
	U	15	0	0	0	1	1	0	16
	V	1	0	0	0	0	0	0	1
	W	38	2	0	0	1	0	7	45
	<b>Total</b>	<b>367</b>	<b>12</b>	<b>3</b>	<b>2</b>	<b>11</b>	<b>8</b>	<b>42</b>	<b>414</b>

### County Demographic Report - Extended Mockup QuitLine

Date Range: 09/01/19 to 09/30/19

PREGNANCY STATUS				
State	County	N	Y	TOTAL
AA				
	A	1	0	1
	B	2	0	2
	C	6	0	6
	D	2	0	2
	E	10	1	11
	F	2	0	2
	G	1	0	1
	H	2	0	2
	I	4	0	4
	J	3	0	3
	K	105	3	108
	L	1	0	1
	M	1	0	1
	N	6	0	6
	O	2	0	2
	P	30	1	31
	Q	2	0	2
	R	10	0	10
	S	1	0	1
T	26	1	27	
	<b>Total</b>	<b>217</b>	<b>6</b>	<b>223</b>

**County Demographic Report - Extended Mockup QuitLine**

Date Range: 09/01/19 to 09/30/19

EDUCATION:										TOTAL
State	County	Less Than Grade 9	Grade 9-11	GED	High Schol Diploma	Some College	College Degree	Dont Know	Refused	
AA										
	A	0	1	0	0	0	0	0	0	1
	B	0	0	0	2	2	1	0	0	5
	C	0	0	0	6	3	0	0	0	9
	D	0	0	0	3	2	1	0	0	6
	E	1	4	0	7	9	4	0	0	25
	F	0	1	0	1	1	0	0	0	3
	G	0	0	0	1	0	0	0	0	1
	H	0	0	2	0	0	0	0	0	2
	I	0	2	3	1	7	3	0	0	16
	J	0	0	0	2	0	0	0	0	2
	K	0	3	0	2	0	0	0	0	5
	L	0	0	0	0	0	1	0	0	1
	M	4	23	20	79	51	25	0	0	202
	N	0	0	1	2	2	0	0	0	5
	O	0	0	0	0	1	0	0	0	1
	P	0	0	0	0	0	2	0	0	2
	Q	0	0	1	5	2	2	0	0	10
	R	0	0	1	0	0	1	0	0	2
	S	2	16	5	12	17	5	0	0	57
	T	0	0	0	0	1	2	0	0	3
	U	1	1	1	6	3	4	0	0	16
	V	0	0	0	0	1	0	0	0	1
	W	0	7	2	12	20	4	0	0	45
	<b>Total</b>	<b>8</b>	<b>58</b>	<b>36</b>	<b>141</b>	<b>122</b>	<b>55</b>	<b>0</b>	<b>0</b>	<b>420</b>

**County Demographic Report - Extended Mockup QuitLine**

Date Range: 09/01/19 to 09/30/19

Additional Services							Total
State	County	Phone	Web	Text	Email	NRT	
AA							
	A	0	1	0	1	2	2
	B	0	1	3	1	6	6
	C	0	0	0	0	1	1
	D	0	0	1	0	1	1
	E	0	2	2	2	6	6
	F	3	5	11	10	22	25
	G	0	0	0	0	1	1
	<b>Total</b>	<b>15</b>	<b>34</b>	<b>56</b>	<b>43</b>	<b>119</b>	<b>134</b>

## Client Activity Report QuitLine

Date Range: 02/01/19 to 02/28/19

Phone Intakes	
Completed Phone Intakes	1104
<b>Total Phone Intakes</b>	<b>1104</b>

Coaching Calls	Incoming Calls	Outgoing Calls	Total
Call Number 1	927	152	1079
Call Number 2	257	480	737
Call Number 3	174	316	490
Call Number 4	102	240	342
Call Number 5	64	155	219
Call Number 6	5	10	15
Call Number 7	1	5	6
Call Number 8	0	3	3
Call Number 9	0	4	4
Call Number 10	0	1	1
<b>Total Coaching Calls</b>	<b>1530</b>	<b>1366</b>	<b>2896</b>

General Inquires	Number of General Inquires	Number of General Inquiry Mailings
Caller Hung up	31	0
Community Program	1	0
Friends/Family*	13	6
Other	14	0
Out of State	17	0
Prank Call	3	0
Provider	9	0
Self*	57	4
Wrong number	3	0
<b>Totals</b>	<b>148</b>	<b>10</b>

### Client Activity Report QuitLine

Date Range: 02/01/19 to 02/28/19

Referral Status	Fax Referral	Provider Web Referral	e-Referral
Closed - Already Participating	10	1	0
Closed - Alternate Client	0	1	1
Closed - Alternate Program	1	0	1
Closed - Current Appointment	1	0	0
Closed - Declined	6	0	19
Closed - Duplicate	6	0	0
Closed - Enrolled	1	0	2
Closed - Illegible	2	0	0
Closed - Incomplete	8	0	0
Closed - Ineligible	1	0	1
Closed - Intake Only	31	3	53
Closed - Invalid	22	0	0
Closed - New Referral	13	6	9
Closed - Participant Consent Needed	2	0	0
Closed - Unreachable	117	42	229
<b>Total</b>	<b>221</b>	<b>53</b>	<b>315</b>

Additional Services	
Completed Web Enrollments	1874
Text Participants	879
Email Participants	1652

Client Insurance Transfers	Number
Cigna	14
Humana	3
<b>Total Client Transfers</b>	<b>17</b>

Disenrollments	
Alternate program	91
Declined to Participate	22
For Cause	6
Program Complete	232
Returning Participant	226
Unable to Contact	1329
<b>Total Disenrollments</b>	<b>1906</b>

**Client Activity Report  
QuitLine**

Date Range: 02/01/19 to 02/28/19

NRT Type Breakdown						1st Odr	2nd Odr	3rd Odr	Other	Total
Year	Month	Type	Week Prod	Description						
2019					2025	575	86	20		2686
	February				2025	575	86	20		2686
		Nicotine Gum			420	95	12	7		534
			2 - Week Products		87	23	5	2		117
				2mg Cinnamon Surge Gum, 2 weeks (1 box, 100ct)	12	8	0	1		21
				2mg Fruit Chill Gum, 2 weeks (1 box, 100ct)	15	1	2	0		18
				2mg Spearmint Gum, 2 weeks (1 box, 100ct)	20	3	0	0		23
				2mg White Ice Gum, 2 weeks (1 box, 100ct)	9	1	1	0		11
				4mg Cinnamon Surge Gum, 2 weeks (1 box, 100ct)	9	4	1	1		15
				4mg Fruit Chill Gum, 2 weeks (1 box, 100ct)	7	0	1	0		8
				4mg Spearmint Gum, 2 weeks (1 box, 100ct)	10	6	0	0		16
				4mg White Ice Gum, 2 weeks (1 box, 100ct)	5	0	0	0		5
			4 - Week Products		333	72	7	5		417
				2mg Cinnamon Surge Gum, 4 weeks (2 boxes, 100ct each)	24	10	0	0		34
				2mg Fruit Chill Gum, 4 weeks (2 boxes, 100ct each)	16	8	0	1		25
				2mg Spearmint Gum, 4 weeks (2 boxes, 100ct each)	29	5	1	1		36
				2mg White Ice Gum, 4 weeks (2 boxes, 100ct each)	15	6	1	1		23
				4mg Cinnamon Surge Gum, 4 weeks (2 boxes, 100ct each)	75	5	1	0		81
				4mg Fruit Chill Gum, 4 weeks (2 boxes, 100ct each)	37	10	2	1		50
				4mg Spearmint Gum, 4 weeks (2 boxes, 100ct each)	76	13	1	0		90
				4mg White Ice Gum, 4 weeks (2 boxes, 100ct each)	61	15	1	1		78
		Nicotine Mini-Lozenge			438	81	9	2		530
			2 - Week Products		195	29	2	1		227
				2mg Mini Mint Lozenges (1 carton, 81ct)	157	20	0	1		178
				Nicorette Mini Mint Lozenges (1 carton) 4mg, 81ct	38	9	2	0		49
			4 - Week Products		243	52	7	1		303
				2mg Mini Mint Lozenge, 4 weeks (2 boxes, 81ct each)	75	28	1	0		104
				4mg Mini Mint Lozenge, 4 weeks (2 boxes, 81ct each)	168	24	6	1		199
		Nicotine Patch			1103	398	45	11		1557
			2 - Week Products		13	102	5	0		120
				14mg, 2 weeks Patch (1 cartons, 14ct)	4	50	2	0		56
				21mg, 2 weeks Patch (1 cartons, 14ct)	7	27	2	0		36
				7mg, 2 weeks Patch (1 cartons, 14ct)	2	25	1	0		28
			4 - Week Products		1090	296	40	11		1437
				14 and 7mg, 2 weeks Patch (2 cartons, 14ct each). This dosage	99	135	5	2		241
				14mg, 4 weeks Patch (2 cartons, 14ct each)	107	38	11	4		160

Created: 3/28/2019 2:46:01 PM

Page 4 of 5

Client Activity Report - Mockup\_LANDSCAPE

### Client Activity Report QuitLine

Date Range: 02/01/19 to 02/28/19

				21/14mg, 4 weeks Patch (2 cartons, 14ct each). This dosage	230	37	8	3	278
				21mg, 4 weeks Patch (2 cartons, 14ct each)	623	46	13	2	684
				7mg, 4 weeks Patch (2 cartons, 14ct each)	31	40	3	0	74
		Patch/Gum Combo			64	1	0	0	65
		6 - Week Products			64	1	0	0	65
				14mg, 4 weeks Patch (2 boxes, 14ct each) and 2mg Spearmint	3	0	0	0	3
				14mg, 4 weeks Patch (2 boxes, 14ct each) and 4mg Spearmint	1	0	0	0	1
				21/14mg, 4 weeks Patch (2 boxes, 14ct each) and 2mg	6	0	0	0	6
				21/14mg, 4 weeks Patch (2 boxes, 14ct each) and 2mg	8	0	0	0	8
				21/14mg, 4 weeks Patch (2 boxes, 14ct each) and 4mg	2	0	0	0	2
				21mg, 4 weeks Patch (2 boxes, 14ct each) and 4mg Spearmint	10	0	0	0	10
				21mg, 4 weeks Patch (2 boxes, 14ct each) and 2mg Cinnamon	12	1	0	0	13
				21mg, 4 weeks Patch (2 boxes, 14ct each) and 2mg Spearmint	17	0	0	0	17
				21mg, 4 weeks Patch (2 boxes, 14ct each) and 4mg Cinnamon	5	0	0	0	5

Insurance:	ALL
Age:	ALL
Language:	ALL
States:	ALL
Coalition:	ALL
Region/District:	NONE
Protocols:	ALL
Employers:	ALL
Studies:	All
Modifiers:	ALL

### Referral Summary Report

**Client(s):** Mockup Client  
**Referral Date Closed:** 7/1/2019 - 9/30/2019  
**Insurance:** ALL  
**Age:** ALL  
**Language:** ALL  
**Referral Type:** e-Referral, Fax Referral, Provider Web Referral  
**Referral Status:** ALL  
**States:** ALL  
**Employer:** ALL

Referral Status	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	%
<b>e-Referral</b>														
Closed - Already Participating	46	50	48	0	0	0	0	0	0	0	0	0	144	10.32%
Closed - Alternate Client	1	0	2	0	0	0	0	0	0	0	0	0	3	0.22%
Closed - Declined	17	20	10	0	0	0	0	0	0	0	0	0	47	3.37%
Closed - Enrolled	29	33	26	0	0	0	0	0	0	0	0	0	88	6.31%
Closed - Ineligible	1	0	1	0	0	0	0	0	0	0	0	0	2	0.14%
Closed - Intake Only	6	10	14	0	0	0	0	0	0	0	0	0	30	2.15%
Closed - New Referral	7	0	1	0	0	0	0	0	0	0	0	0	8	0.57%
Closed - Unreachable	243	200	211	0	0	0	0	0	0	0	0	0	654	46.88%
<b>Totals</b>	<b>350</b>	<b>313</b>	<b>313</b>	<b>0</b>	<b>976</b>	<b>69.96%</b>								
<b>Fax Referral</b>														
Closed - Already Participating	4	0	2	0	0	0	0	0	0	0	0	0	6	0.43%
Closed - Alternate Client	0	1	0	0	0	0	0	0	0	0	0	0	1	0.07%
Closed - Alternate Program	0	1	0	0	0	0	0	0	0	0	0	0	1	0.07%
Closed - Current Appointment	0	1	0	0	0	0	0	0	0	0	0	0	1	0.07%
Closed - Declined	3	4	4	0	0	0	0	0	0	0	0	0	11	0.79%
Closed - Duplicate	4	4	1	0	0	0	0	0	0	0	0	0	9	0.65%
Closed - Enrolled	26	18	13	0	0	0	0	0	0	0	0	0	57	4.09%
Closed - Ineligible	1	4	0	0	0	0	0	0	0	0	0	0	5	0.36%
Closed - Incomplete	3	2	3	0	0	0	0	0	0	0	0	0	8	0.57%
Closed - Ineligible	1	1	0	0	0	0	0	0	0	0	0	0	2	0.14%
Closed - Intake Only	5	6	10	0	0	0	0	0	0	0	0	0	21	1.51%
Closed - Invalid	5	5	3	0	0	0	0	0	0	0	0	0	13	0.93%
Closed - New Referral	1	2	2	0	0	0	0	0	0	0	0	0	5	0.36%
Closed - Participant Consent Needed	3	3	2	0	0	0	0	0	0	0	0	0	8	0.57%
Closed - Unreachable	95	87	49	0	0	0	0	0	0	0	0	0	231	16.56%
<b>Totals</b>	<b>151</b>	<b>139</b>	<b>89</b>	<b>0</b>	<b>379</b>	<b>27.17%</b>								
<b>Provider Web Referral</b>														
Closed - Declined	1	1	4	0	0	0	0	0	0	0	0	0	6	0.43%
Closed - Enrolled	3	5	2	0	0	0	0	0	0	0	0	0	10	0.72%
Closed - Intake Only	2	0	1	0	0	0	0	0	0	0	0	0	3	0.22%
Closed - Unreachable	9	11	1	0	0	0	0	0	0	0	0	0	21	1.51%
<b>Totals</b>	<b>15</b>	<b>17</b>	<b>8</b>	<b>0</b>	<b>40</b>	<b>2.87%</b>								
<b>Total</b>	<b>516</b>	<b>469</b>	<b>410</b>	<b>0</b>	<b>1395</b>									



## Appendix O: Standard Data Extraction and Data Dictionary (Sample)

The following tables are a selection from a deidentified data extract, followed by a sample of our data dictionary. The full data extracts and data dictionaries are long and would take up a considerable amount of space for this section. Full data dictionaries and extract samples available upon request.

DM_EnrollStat	DM_Client	DM_EnrollDate	DM_DisEnrollDate	DM_DisEnrollReason	DM_ParticipantID	DM_DOB	AttemptId
Disenrolled	Nebraska	1/1/2019	1/1/2019	Unable to Contact	9999999	1/1/1970	1234567
Disenrolled	Nebraska	1/1/2019	1/1/2019	Unable to Contact	9999999	1/1/1970	1234567
Enrolled	Nebraska	1/1/2019			9999999	1/1/1970	1234567
Disenrolled	Nebraska	1/1/2019	1/1/2019	Unable to Contact	9999999	1/1/1970	1234567
Disenrolled	Nebraska	1/1/2019	1/1/2019	Unable to Contact	9999999	1/1/1970	1234567
Enrolled	Nebraska	1/1/2019			9999999	1/1/1970	1234567
Disenrolled	Nebraska	1/1/2019	1/1/2019	Program Complete	9999999	1/1/1970	1234567
Enrolled	Nebraska	1/1/2019			9999999	1/1/1970	1234567
Not Enrolled	Nebraska				9999999	1/1/1970	1234567

DM_Insurance	Elig_Other_Insurance	Elig_Member_Id	DM_Last_Intake	DM_Web_Intake_Date	DM_Protocol	DM_LastName	DM_FirstName
			1/1/2019	1/1/2019	Web	Doe	Jamie
Other	Mockup		1/1/2019	1/1/2019	Web-Phone	Doe	Jamie
Cigna				1/1/2019	Web	Doe	Jamie
Cigna		12345ABC	1/1/2019		Web-Phone	Doe	Jamie
United Healthcare		12345ABC	1/1/2019		Web	Doe	Jamie
Medicaid					Web	Doe	Jamie
Kaiser		12345ABC	1/1/2019		Web	Doe	Jamie
					Web	Doe	Jamie
Cigna		12345ABC	1/1/2019	1/1/2019	Web	Doe	Jamie

DM_Address1	DM_City	DM_State	DM_ZipCode	DM_County	DM_Phone	DM_EmailAddress	Elig Gender
123 St	Lincoln	NE	68501	Lancaster	402-555-5555	abc@abc.com	Male
123 St	Lincoln	NE	68501	Lancaster	402-555-5555	abc@abc.com	Female
	Lincoln	NE	68501	Lancaster	402-555-5555	abc@abc.com	Female
123 St	Lincoln	NE	68501	Lancaster	402-555-5555		Male
123 St	Lincoln	NE	68501	Lancaster	402-555-5555	abc@abc.com	Transgender
123 St	Lincoln	NE	68501	Lancaster	402-555-5555		Female
123 St	Lincoln	NE	68501	Lancaster	402-555-5555	abc@abc.com	Male
123 St	Lincoln	NE	68501	Lancaster	402-555-5555		Female
123 St	Lincoln	NE	68501	Lancaster	402-555-5555	abc@abc.com	Female

MS Asthma	MS COPD	MS Seizures	MS Diabetes	MS Cancer	MS HeartDisease	SpecPop Opt In	How can I help you
N	N	N	N	N	N	No	Quitting
Y	Y	N	N	N	N	No	Quitting
N	N	N	Y	N	N		
N	N	N	N	N	N	No	Quitting
N	N	N	N	N	N	No	Staying Quit
N	Y	N	N	N	N	No	Quitting
N	N	N	N	N	N	No	Quitting
N	N	N	N	N	N	No	Quitting

Evaluator Consent	Intake Cigarettes	Intake SLT	Intake Cigarettes-Frequency	Intake Cigarettes per day	E-Cigarette- Used In Last 30 Days	Cigarettes-How Soon	Intend Quit Cigarettes
Yes	Yes	Yes	Every day	20	No	Within 5 min	Yes
Yes	Yes	No	Every day	5	No	6 to 30 min	Yes
Yes							
Yes	Yes	No	Every day	13	No	Within 5 min	Yes
Yes	No	Yes			No		
Yes	Yes	No	Every day	20	No	6 to 30 min	Yes
Yes	No	No			No		
Yes	Yes	No	Every day	15	No	31 to 60 min	Yes

Intake White	Intake Black or African American	Intake Asian	Intake Native Hawaiian or Pacific Islander	Intake American Indian or Alaska Native	Intake Some Other Race	Intake Hispanic or Latino/Latina	Intake Age started tobacco
Yes	No	No	No	No	No	No	12
No	No	No	No	No	No	Yes	24
Yes	No	No	No	Yes	No	No	14
Yes	No	No	No	No	No	No	17
Yes	No	No	No	No	No	No	18
Yes	No	No	No	No	No	No	25
Yes	No	No	No	No	No	No	19

MDS Question Id	Answer Type	Question Text	Begin Date	End Date	Report Label	Answer Pool Text
N/A	DropDown	The participant's most recent enrollment status	1/1/2000	12/31/2099	DM_EnrollStat	N/A
N/A	DropDown	Participant's Client Name	1/1/2000	12/31/2099	DM_Client	N/A
N/A	DropDown	Date the participant went into the "Enrolled" enrollment status	1/1/2000	12/31/2099	DM_EnrollDate	N/A
N/A	DropDown	Date the participant went into the "Disenrolled" enrollment status	1/1/2000	12/31/2099	DM_DisEnrollDate	N/A
N/A	DropDown	Reason listed for the "Disenrolled" enrollment status	1/1/2000	12/31/2099	DM_DisEnrollReason	N/A
N/A	DropDown	The participant's ID	1/1/2000	12/31/2099	DM_ParticipantID	N/A
NJ 160	DropDown	We are currently offering programs for populations that have been disproportionately impacted by tobacco. May I ask you a few questions to determine if you are eligible?	8/1/2015	12/31/2099	Special Populations - Opt In	Yes No
SI 18e	DropDown	"Many of our participants identify with many different groups. The American Indian program is for those participants who identify with American Indian as their primary group." Are you American Indian or Alaska Native?:	8/1/2015	12/31/2099	American Indian or Alaska Native	Yes No
SI 12	DropDown	I need to verify, are you male or female?	8/1/2015	12/31/2099	Gender	Male Female Refused
NJ 16	DropDown	Are you Pregnant?	1/1/2010	12/31/2099	Pregnant	Yes

						No
SI 1	DropDown	How can I help you?	1/1/2010	12/31/2099	How can I help you	Want help/information about quitting
						Want help/information about staying quit
NJ 2	DropDown	Participant feedback helps us improve our services. Providing feedback is voluntary and does not impact your participation in the program. You can choose what you want to share and when you want to share it. After you complete the program, may we contact you about your experience?	1/1/2010	12/31/2099	Evaluator Follow Up	
						Yes
						No
SI 5	No Answer	What type of tobacco products do you use? (Agent doesn't need to read all of them, just check what the PT answers) ***NOTE TO AGENT: If e-cigarettes and vaping are not mentioned, ask specifically.	1/1/2010	12/31/2099	Types of tobacco	
SI 5a	DropDown	Cigarettes:	1/1/2010	12/31/2099	Cigarettes	Yes
						No
						Don't know
						Refused
SI 5d	DropDown	SLT, chew tobacco, snuff, or dip:	1/1/2010	12/31/2099	SLT	Yes
						No
						Don't know
						Refused
SI 5b	DropDown	Cigars, cigarillos, or small cigars:	1/1/2010	12/31/2099	Cigars, cigarillos, or small cigars	Yes
						No
						Don't know
						Refused

SI 5c	DropDown	Pipe:	1/1/2010	12/31/2099	Pipe	Yes
						No
						Don't know
						Refused
SI 5e	DropDown	Other tobacco products:	1/1/2010	12/31/2099	Other Tobacco	Yes
						No
						Don't know
						Refused
OI 5e-1	No Answer	What types of other products do you use?	1/1/2010	12/31/2099	Other Types of Tobacco	Don't know
						Refused
OI 5e-1a	DropDown	Bidis:	1/1/2010	12/31/2099	Bidis	Yes
						No
						Don't know
						Refused
OI 5e-1b	DropDown	Kreteks or clove cigarettes:	1/1/2010	12/31/2099	Kreteks or clove cigarettes	Yes
						No
						Don't know
						Refused
OI 5e-1c	DropDown	Tobacco pouches or 'snus':	1/1/2010	12/31/2099	Tobacco Pouches or Snus	Yes
						No
						Don't know
						Refused
OI 5e-1d	DropDown	Tobacco 'orbs':	1/1/2010	12/31/2099	Tobacco orbs	Yes
						No
						Don't know
						Refused
OI 5e-1e	DropDown	Tobacco strips:	1/1/2010	12/31/2099	Tobacco strips	Yes
						No
						Don't know
						Refused

OI 5e-1f	DropDown	Water pipes or hookahs:	1/1/2010	12/31/2099	Water pipes or hookahs	Yes
						No
						Don't know
						Refused
NJ 176	DropDown	Have you used an e-cigarette or other electronic "vaping" product in the past 30 days?	5/1/2016	12/31/2099	E-Cigarette- Used In Last 30 Days?	Yes
						No
						Don't know
						Refused
						Not asked
SI 6a	DropDown	Do you smoke cigarettes every day, some days, or not at all?	1/1/2010	12/31/2099	Cigarettes-Frequency	Every day
						Some days
						Not smoking at all
						Don't know
						Refused
SI 7a	Numeric	How many cigarettes do you smoke per day on the days that you smoke? DO NOT READ. Note to agent: If caller refuses to answer, leave blank.	1/1/2010	12/31/2099	Cigarettes per day	
VF 12	Numeric	How old were you when you started using tobacco?	1/4/2019	12/31/2099	Age started tobacco	
SI 18	No Answer	What is your race?	1/1/2010	12/31/2099	Race	
SI 18a	DropDown	White	1/1/2010	12/31/2099	White	Yes
						No
SI 18b	DropDown	Black or African American	1/1/2010	12/31/2099	Black or African American	Yes
						No
NJ 31	DropDown	Do you have any mental health conditions, such as anxiety disorder, depression disorder, bipolar disorder,	1/1/2010	12/31/2099	Mental Health Conditions	

		alcohol/drug abuse, or schizophrenia?				
						Yes
						No



## Appendix P: Notice of Privacy Practices



**NATIONAL JEWISH HEALTH  
NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND  
HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This notice describes how National Jewish Health may use and share your medical information. It also describes your rights to access and control your medical information. We will notify you if there is a breach of your unsecured protected health information. Your health care team, support staff, our researchers and all our other employees, affiliates and volunteers are required to follow the Health Insurance Portability and Accountability Act (HIPAA) requirements.

**What medical information is protected?**

Each time you visit National Jewish Health a record of your visit is made. The information we create or receive about your past, present or future physical or mental health is called protected health information (PHI.) PHI may include documentation of your symptoms, examinations, test results, diagnoses and treatment. It also includes documents related to billing and payment for care provided.

**How will National Jewish Health use and disclose my PHI?**

The following categories describe ways in which we are allowed to use your PHI within National Jewish Health and release your health information without first seeking your written permission (which is called an "authorization" under HIPAA.) We have not listed every single use or release but all permitted uses and releases fall within one of the following categories:

Treatment - We may use or disclose your PHI to provide you with medical treatment and health care services. We may share your PHI with or request it from doctors, nurses, technicians, medical students, interns, hospitals or others who are involved in taking care of you during your visit with us or elsewhere for continuity of care.

Payment - We may use or disclose your PHI so the treatment and services you receive may be billed to and payment collected from you, an insurance company or other payer. This may also include the release of PHI to obtain prior authorization for treatment and procedures from your insurance plan.

Health Care Operations - These uses or disclosures are necessary to operate our health care facility and make sure all of our patients receive quality care. We may use only the minimum necessary patient identifiers for these purposes. Some of these uses may include quality assurance activities; granting medical staff credentials to physicians; administrative activities, including the hospital financial and business planning; customer service activities, including investigation of complaints; auditing and compliance program activities; and educational and training activities.

Business Associates - Some of our services are provided through contracts with third parties who are Business Associates of National Jewish Health. We may share your health information with them so that they can perform the job we've asked them to do. We require our Business Associates to sign a contract that states they will appropriately protect your PHI. Examples of Business Associates include information storage services, management consultants, quality assurance reviewers and auditors.

Appointment Reminders - We may use PHI to contact you as a reminder that you have an appointment for treatment or medical care at National Jewish Health.

Fundraising - We may use certain PHI for fundraising including your name, address, dates of service, date of birth, age, gender, department of service, treating physician, outcome information, and insurance information. The money raised through these activities is used to expand and support the research, health care services and educational programs we provide. If you receive a fundraising communication from us, it will include information about how to opt out of any further fundraising communications if you wish to do so. Future treatment or payment is not affected by your decision to participate in or opt out of fundraising communications.

Individuals Involved in your Care or Payment for your Care - We may share your health information with a friend, family member or personal representative who is involved in your medical care when we believe that information is directly relevant to the person's involvement. You may object to such sharing if you are present and may tell us in advance not to do so.

Public Health and Other Required Governmental Reports - We may share your PHI for public health activities. For example, we report information about various diseases to government officials in charge of collecting that information.

Health Oversight Activities - We may disclose your health information with a health oversight agency for activities authorized by law. These include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and HIPAA compliance.

Workers' Compensation. We may disclose your medical information to the extent necessary to comply with laws relating to workers' compensation or similar programs providing benefits for work-related injuries or illness.

**Reports Required by Law.** We will disclose your medical information when required to do so by federal, state or local law. For example, we make disclosures when a law requires that we report information to government agencies and/or law enforcement personnel about victims of abuse, neglect or domestic violence; to report reactions to medications or problems with products; or to notify people of product recalls.

**Lawsuits and Disputes.** If you are involved in a lawsuit or other legal dispute, we may disclose medical information if we are ordered to do so by a court, for an administrative hearing, or if we receive a subpoena. In most situations, you will receive advance notice about this disclosure so that you will have a chance to object to sharing your medical information.

**Disaster Relief Efforts.** As part of a disaster relief effort, we may disclose your PHI to an authorized entity assisting in the relief efforts. One use of the information may be notifying your family about your condition, status and location.

**Military, Veterans, National Security and other Government Purposes.** If you are a member of the armed forces, we may release your health information to military command authorities or to the Department of Veterans Affairs if they require us to do so. We may also disclose medical information for certain national security purposes and to the Secret Service for the provision of protective services.

**Correctional Institutions, In Custody:** If you are or become an inmate of a correctional institution or are under the custody of a law enforcement official, we may disclose your health information to the correctional institution or the law enforcement official when it is necessary to (i) provide you with health care; (ii) to protect your health and safety or the health and safety of others; or (iii) for the safety and security of the correctional institution.

**Coroners, Medical Examiners and Funeral Home Directors.** We may share your health information consistent with applicable law with a coroner, medical examiner or funeral home director when needed to carry out their legal duties.

#### **Can National Jewish Health use and disclose my PHI for research?**

National Jewish Health may use and disclose your PHI for health research. Before using your PHI in a research project, National Jewish Health will either obtain your written permission or obtain permission from an Institutional Review Board (IRB) that approves such use or disclosure. An IRB is a committee that is responsible, under federal law, for reviewing and approving human subjects research to protect the safety of the participants and the confidentiality of your personal information. The IRB will only give its permission if the proposed use of your PHI has met HIPAA's requirements for release for research purposes. We may also use or share your information to plan a research project or tell you about research opportunities that might interest you. We may contact you about these research opportunities by mail, phone, or email if you have provided it to us.

#### **Are there situations that require my written permission before NJH uses or shares of my PHI?**

Use or sharing of your PHI in situations that are not covered by this Notice or the laws that apply will be made only with your written permission. If you do give us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or share PHI about you for the reasons covered in your written authorization but we cannot take back any disclosures we have already made. Some typical situations that require your authorization are as follows:

**Marketing.** We may ask you to sign an authorization to use or disclose PHI as a part of a marketing effort. Marketing is generally defined as a communication about a product or service that encourages the recipient to purchase or use the items described. Marketing does not include (i) communications about your treatment or recommendations about alternative treatments or providers unless NJH is being paid to make the communication, (ii) mere descriptions of products or services that NJH offers, (iii) communications made face-to-face or (iv) a promotional gift of nominal value provided by NJH. If NJH will be paid for sending the marketing communication, the authorization will state that payment is involved.

**Alcohol and Drug Abuse Treatment Records.** Use and disclosure of any medical information about you relative to alcohol or drug abuse treatment programs receives additional protection under federal law (42 CFR Part 2.) Generally, we will not disclose any information identifying you as a recipient of alcohol or drug abuse treatment unless you have consented in a writing that qualifies under the law or we receive a court order requiring the disclosure.

**Disclosures of Mental Health Treatment Information.** We may share your information for treatment purposes to qualified professionals, for payment purposes or if we receive a court order. In most other cases, Colorado law requires your written authorization or the written authorization of your representative.

**Psychotherapy Notes.** Psychotherapy notes are the personal notes of psychotherapists. Under most circumstances, we must obtain your permission to use or disclose psychotherapy notes.

**HIV/AIDS Information.** Use and disclosure of any medical information about you relative to HIV testing, HIV status or AIDS, is protected by federal and state law. Generally we will need your permission to disclose this information; however, state laws require certain reporting and disclosure when public safety, emergency medical services or detention center staff might have been exposed.

**Minors.** As a general rule, we disclose PHI about minors to their parents or legal guardians. However, in instances where state law allows minors to consent to their own treatment without parental consent (such as HIV testing, minors who are emancipated), we will not disclose that information to the minor's parents without the minor's permission unless otherwise specifically allowed under state law.

**Can I review and have a copy of my medical information?**

Yes, in most circumstances, you may inspect and get a paper or electronic copy of medical information that may be used to make decisions about your care. To request to inspect or to get a copy of your information, please contact the [Health Information Management Department](#) (Medical Records) at (303) 398-1989. We may charge a reasonable, cost-based fee for making copies. In certain limited situations, we may deny your request to inspect and copy your PHI. If we deny your request, you may request a review of our decision.

**Can I restrict how National Jewish Health uses my PHI for treatment, payment or operations?**

You may ask us not to use or disclose any part of your PHI for a particular reason related to treatment, payment or health care operations. We will consider your request, but we are not legally obligated to agree to most such requests. If you have paid for services out-of-pocket in full, you may request that we not disclose information related solely to those services to your health plan and we are required to agree to your request unless another law requires us to make the disclosure. You also may request that we not disclose your PHI to family members, friends or others who may be involved in your care. Your request must be in writing. You may obtain a restriction form by contacting the [Health Information Management Department](#) at (303) 398-1989.

**Can I amend my protected health information (PHI)?**

If you believe the medical information we have about you is incorrect or incomplete, you have the right to request that we correct the existing information or add missing information. Requests to amend PHI must be made in writing and include a reason for your request. You may obtain an amendment form by contacting the [Health Information Management Department](#) at (303) 398-1989. We may deny your request. If we deny your request, you have the right to file a statement of disagreement. We may respond to this statement. Both your statement of disagreement and our response will be attached to the medical record. If we grant your request, we will make the changes and distribute it to the people whom we believe need it and to those whom you state should receive a copy.

**Can I ask you to communicate with me using different means or at a different place?**

Yes. We agree to such requests when they are reasonable and we have a process available to accommodate your request. You may obtain a form for this purpose by contacting the [Health Information Management Department](#) at (303) 398-1989.

**Can I receive an accounting of the disclosures made by National Jewish Health?**

You can obtain an accounting of any disclosures made by National Jewish Health that occurred within the last six (6) years. This accounting does not include disclosures made to you or the disclosures under categories that do not require your written permission and certain other legal exceptions. It will contain the date information was disclosed, the name of the party receiving the information and a brief description of what was disclosed and why. The first accounting in a 12-month period is free. After that, with advance notice to you, we may charge a reasonable, cost-based fee. To request a disclosure, please contact the [Health Information Management Department](#) at (303) 398-1989.

**What if I think National Jewish Health has violated my right to privacy?**

If you wish to make a complaint to us or have questions about this Notice, please contact our Privacy Office at (800) 414-5939. Or, you may obtain a complaint form from the Privacy Office or the Health Information Management Department by calling (303) 398-1989. You may also complain to the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 515F, HHH Building, Washington D.C. 20201 within 180 days of an alleged violation of your rights. You will not be penalized for filing a complaint about our privacy practices. You will not be asked to waive this right as a condition of treatment.

**This Notice may change.**

The Health Insurance Portability and Accountability Act (HIPAA) requires that we provide this Notice to you. We may change the terms of this Notice at any time. You can obtain a copy of our current Notice of Privacy Practices on our website ([www.njhealth.org](http://www.njhealth.org)) or by asking for one at your next appointment.

This notice was revised and became effective on December 5, 2018.



## Appendix Q: Quality Improvement Project Example

## **Example of Quality Improvement Plan: Abbreviated Intake Proposal and Evaluation**

### **Sample Client Project Plan**

#### **Project Name**

Abbreviated Intake Pilot

#### **Client**

XX

#### **National Jewish Health - Client Manager**

XX

#### **Project Objective**

1. Explore participant satisfaction and engagement with reduced intake length
2. Increase the conversion rate from Intake to Coaching Call 1
3. Increase participant engagement in subsequent coaching calls
4. Reduce the amount of time needed to perform the intake

#### **Project Description**

The State of XX and National Jewish Health would like to develop and implement an abbreviated participant intake pilot for all XX participants. At the end of the pilot, National Jewish Health will evaluate results and provide recommendations for consideration for future action.

#### **Project Summary & Timeline**

##### Phase 1 – PLANNING – Completed FY18 – 15% of project

1. Create internal project team
2. Develop draft plan for pilot approach and ongoing work with clients
3. Pull initial data for analysis and consideration, e.g. conversion rates by state, length of current intake, etc.
4. Establish cadence of meetings, communication, and follow-up with internal team and clients
5. Review operational impact

##### Phase 2 – DEVELOPMENT– Completed FY18 – 15% of project

1. Initial discussions with the State of XX regarding the objectives and desired outcome of the pilot
2. National Jewish Health Clinical Director Review
  - Identify questions that could be eliminated without impacting the participant's experience
3. National Jewish Health Reporting Analysis
  - Review how abbreviated intake will impact reporting and make sure questions that are needed will be kept during the intake process
4. National Jewish Health Recommendations
  - Propose which questions should be eliminated, kept, or reworked in the intake process
5. Client Review of Proposed Changes
  - Client Manager review with the State of XX on proposed changes

6. Approval

- The State of XX and National Jewish Health agree on final intake questions and process.  
(Note: Approved intake questions are available upon request.)

Phase 3 – IMPLEMENTATION– Completed FY18 – 45% of project

March - April 2018

1. Project Plan

- Project plan written that outlines all steps needed to take place for each department at National Jewish Health

2. Determine Pilot Success Metrics & KPI's

- Initial considerations: Conversion Rate, Average Talk Time, Engagement, Satisfaction

3. Operations Meetings

- Review proposed changes with call center operations including impact on call flow

4. Training with Coaches

- Training with all Coaches on the new intake process to review any questions

5. Planning Meetings with Information System Technology (IST)

- IST and Health Initiatives discuss IT requirements and establish timeline

6. System Requirements

- Develop system requirements that outline in detail all changes for developers

7. IT Development

- Coding and development of the abbreviated process

8. QA Testing

- Test to make sure everything is working correctly

9. Implementation

- Abbreviated intake pushed to the production server

10. Go Live

- Abbreviated intake is live on all XX calls

Phase 4 – EVALUATION – Evaluation starting in FY 18 through FY 19 -25% of project

Monitor the program for 90 days. We estimate the pilot will run April 6-July 9, 2018. The abbreviated intake process will continue during the evaluation phase unless issues are identified with continuing this pilot process.

Evaluation will take 60 days – July-August 2018

Summary of Findings delivered September 2018

1. Report and tracking of key metrics

- Reports pulled to measure conversion rate, length of intake calls, retention to subsequent coaching calls

2. Collect feedback from Coaches

- Survey sent to Coaches
- Meeting to gather additional feedback on the abbreviated intake process, if necessary

3. Survey to participants on experience

- Email survey sent to participants to measure satisfaction and experience

4. Data Analysis
  - Collect and analyze all data from surveys and reports to measure results
5. Findings Summary
  - Summarize what was learned from the pilot and recommend next steps

#### **Project Evaluation**

National Jewish Health will measure and analyze the following information as part of the pilot evaluation. Additional measures and data may be included during the pilot process. Monthly reports will be shared with the State of XX on the status of the pilot.

#### **National Jewish Health will:**

- Measure the impact that abbreviated intake has on call length by comparing average talk time of first call after the start of the pilot to baseline data
- Solicit feedback from the Coaches on their perspective of call flow, length of call, engagement, and participant satisfaction
- Measure enrollment rates and conversion from enrollment to Coaching Call 1 based off a shorter intake
- Measure participant satisfaction and experience with a shorter intake
- Measure the retention between Coaching Call 1 and subsequent calls
- Provide to the State of XX a standard report of average talk time, enrollment %, and retention between calls at the 30-, 60-, and 90-day mark

#### **Project Deliverable**

- Implementation of the new abbreviated intake process with outlined tracking and reporting metrics for the pilot. Once the pilot is complete, a summary and written report outlining the findings from the pilot will be provided. The report will be delivered 60 days after the end of the pilot.

#### **Project Budget**

- Abbreviated Intake Pilot
  - Planning, Development, and Implementation Phases - \$x
  - Evaluation Phase - \$x

XX will contribute \$x to the Abbreviated Intake Pilot.





## Appendix R: Outcomes Report (Sample)

# Sample Quitline 2018 Outcomes Report

## Executive Summary

Between July 2017 and June 2018, the Sample Quitline offered a comprehensive tobacco cessation program with telephone-based coaching and a web-based interactive cessation resource, both operated by National Jewish Health, to provide support for participants who want to quit using tobacco. National Jewish Health conducted the evaluation on these participants using a survey six months after enrollment with callers who agreed to follow-up, regardless of their readiness to quit, during January through December 2018.

A total of 2,628 individuals consented to a follow-up survey, and 641 completed the survey resulting in a 24% response rate.

Key highlights from the survey are:

- Overall, 40% of Quitline participants quit using tobacco.
- Participants who used Chantix® for two or more months achieved a high quit rate of 60%. Participants who were provided only one month of Chantix® had a quit rate of 31%, lower than the quit rate for nicotine replacement therapy (NRT) at 39%.
- Participants in the American Indian Commercial Tobacco Program saw higher quit rates than American Indians who did not take part in this program.
- Participants who completed three or more calls had a quit rate of 48%.
- Participants with a behavioral health condition had a 29% quit rate.
- 95% of participants expressed satisfaction with the program.

## Sample Quitline Program

The Sample Quitline program provides free cessation support to participants trying to stop using tobacco. The Quitline offers coaching to quit tobacco by phone, through an interactive web portal, and by providing FDA-approved tobacco cessation medications. Individuals may enroll in services by calling 1.800.QUIT.NOW, completing an enrollment form on the web portal, or by a provider fax, web, or electronic referral. The Quitline also recognizes that some populations require unique support to stop tobacco use, and offers tailored programs for both pregnant and American Indian participants to meet this need.

National Jewish Health, the largest nonprofit provider of telephone cessation services in the nation, operates the Sample Quitline program. National Jewish Health is a founding member of the North American Quitline Consortium (NAQC) and follows NAQC guidelines for operating and evaluating its Quitline.

### Phone-based Program

The phone-based program provides coaching over the phone to any resident thinking about or actively trying to quit tobacco. Telephone coaching includes strategies to increase the motivation to quit, setting a quit date, managing triggers to smoke, and provides interpersonal support to become tobacco-free. Participants in telephone coaching receive up to five proactive calls from the Quitline, with information tailored to their unique medical or demographic characteristics.

### eHealth Programs (Text, Email, Online)

Participants can opt-in to receive motivational text and email messages. Phone program participants may also use the eHealth programs to supplement their quit attempt. Participants seeking support can receive coaching support over multiple quit attempts each year, if needed.

An interactive web portal is available to all participants thinking about quitting tobacco ([sample.quitlogix.org](http://sample.quitlogix.org)). Participants can view information about quitting, engage with interactive calculators, design quit plans, and build a community with others trying to stop tobacco. Participants can access online support through multiple quit attempts. The web-based program allows enrolled participants to track quit medication shipments through the website. Participants who only used the website for their quit attempt were not included in this report.

### Quit Medications

All residents age 18 years or older who are enrolled in phone coaching and are trying to quit tobacco can receive up to eight weeks of NRT once every 12 months, including nicotine

patches, nicotine gum, nicotine lozenges, or combination therapy. They may choose instead to receive up to three months of prescription medication such as bupropion or Chantix® (varenicline).

### Special Populations Programs

Pregnant and postpartum participants and American Indian participants may enroll in a program that provides tailored support that addresses unique factors for quitting for these populations.

#### Pregnancy and Postpartum Program (PPP)

Pregnant participants often find quitting during pregnancy relatively easy compared to maintaining their quit following the birth of their child. The PPP provides extended support to avoid relapse. The PPP is available to participants who complete intake during pregnancy. In addition to the standard quit medications available to all participants, PPP participants may receive up to five coaching calls during pregnancy and an additional four calls following the birth of their baby. A \$5 incentive is provided for every pregnancy call and \$10 for every postpartum call. The program uses a dedicated Coach model in which we strive to provide the same Coach for all calls for a specific participant.

#### American Indian Commercial Tobacco Program (AITCP)

Traditional tobacco has a cultural, spiritual, and ceremonial role in many American Indians' lives. The AITCP supports American Indian participants in quitting commercial tobacco use by providing up to 10 coaching calls, additional outreach attempts, and a shorter intake process. The Program uses a designated Coach model — all AITCP Coaches are American Indian and are specially trained to provide culturally sensitive services to this population. The quit medication offering for AITCP participants follows the general Quitline policy.

## Tobacco Cessation Rates

The following section describes the quit rate for survey respondents based on their program enrollment type, tobacco use patterns, demographics, and behavioral and medical health conditions. Throughout this evaluation report, quitting tobacco is defined as self-reported abstinence from tobacco for the past 30 days during the six-month evaluation survey. Tobacco use includes any form of conventional tobacco (cigarettes, cigars, pipes, and smokeless tobacco) and electronic cigarettes or other vaping devices. Quit rates were calculated based on the proportion of evaluation survey respondents who reported not using any tobacco in the past 30 days. NAQC recommends that quitlines should attempt to complete at least 400 responder surveys per year<sup>1</sup> to increase precision in the estimates for quit rates, and Sample Quitline completed 641.

National Jewish Health does not consider a respondent using an electronic nicotine delivery system (ENDS; e.g., e-cigarette, vape pens, or JUUL) as being free from tobacco for several reasons. First, ENDS are considered tobacco products by the FDA and are not approved for cessation. Additionally, observational research shows that most people who use ENDS continue to smoke simultaneously or return to conventional tobacco products completely. At National Jewish Health, individuals who use ENDS and want to quit their use of ENDS receive the same type of personalized cessation intervention that other tobacco users receive. As a result, the quit rate for conventional tobacco alone for coaching participants during 2018 was 40.9%. However, the overall responder quit rate of all tobacco products for coaching participants during 2018 was 40.6% (95% confidence interval = 36.8% - 44.5%).

In the following tables, “Participants” refer to the overall survey sample, “Survey Respondents” refer to the number of completed surveys, and “Quit” refers to the number of participants that reported having quit, based on the criteria described above.

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<sup>1</sup> NAQC Issue Paper, Calculating Quit Rate, 2015 Update  
[https://cdn.ymaws.com/www.naquitline.org/resource/resmgr/Issue\\_Papers/WhitePaper2015QRUpdate.pdf](https://cdn.ymaws.com/www.naquitline.org/resource/resmgr/Issue_Papers/WhitePaper2015QRUpdate.pdf)

## Quit Rate by Program Offering

In this section, the proportion of respondents reporting having quit using tobacco are described by participation type, quit medication offering, technology utilized, and number of coaching calls received.

### Overall Quit Rate by Participation

Intake-only participants reported the lowest quit rate, at 20%. These participants only receive informational packets and no evidence-based support. The majority of coaching participants made use of the Quitline's quit medication offering. Those who did reported a quit rate of 42%. The rate of medication use was high among responders, and the quit rate for participants who did not use medications is likely impacted by the small number.

Participation	Participants	Survey Respondents	Quit	Responder Quit Rate
<b>All Quitline participants</b>	2,628	641	256	40%
<b>Intake-only participants</b>	243	20	4	20%
<b>All coaching participants</b>	2,385	621	252	41%
<b>Coaching, no medication</b>	251	51	11	22%
<b>Coaching, with medication</b>	2,134	570	241	42%

### Quit Rate by Quit Medication Type

Use of quit medication combined with telephone coaching is an evidence-based strategy to increase successful tobacco cessation. Sample Quitline participants are recommended to use either prescription medication for up to three months or NRT for at least eight weeks.

Individuals who received prescription medication, most often Chantix, saw the highest quit rate at 51% while those who did not use any medication had the lowest quit rate at 21%.

Quit Medication Type	Participants	Survey Respondents	Quit	Responder Quit Rate
<b>No medication</b>	494	71	15	21%
<b>NRT</b>	1,726	444	172	39%
<b>Prescription medication</b>	471	142	73	51%

Of the participants who received Chantix® with telephone coaching, those who received one month had a quit rate of 31% whereas those who received two or three months of medication achieved a quit rate of 61%. The following table excludes participants who received bupropion.

Months of Chantix®	Participants	Survey Respondents	Quit	Responder Quit Rate
One month	194	36	11	31%
Two months	100	30	19	63%
Three months	144	67	40	60%

#### Quit Rate by Supplemental eHealth Product

Participants who enroll in telephone coaching may choose to receive additional support using motivational text and email messages or enroll in the online program. Since participants may opt-in to more than one eHealth program, some participants may be counted in multiple categories. Participants who enrolled in an eHealth program alone without telephone coaching were not surveyed. Participants who opt-in to one of these programs reported higher quit rates than those who did not opt-in.

Technology	Participants	Survey Respondents	Quit	Responder Quit Rate
Text program	1,801	419	172	41%
Email program	1,315	279	119	43%
Web program	672	133	58	44%
No text, email, or web programs	496	152	52	34%

### Quit Rate by Call Completed

Coaching over the phone increases the chances of cessation, and research suggests that completing three or more calls is best for cessation. Participants who completed more coaching calls achieved higher quit rates, and participants who completed three or more coaching calls had a combined quit rate of 48%.

Coaching Calls Completed	Participants	Survey Respondents	Quit	Responder Quit Rate
<b>Intake only</b>	243	20	4	20%
<b>1</b>	938	138	38	28%
<b>2</b>	497	101	29	29%
<b>3</b>	317	88	29	33%
<b>4</b>	193	62	23	37%
<b>5+ calls</b>	440	232	133	57%

The table below shows for each coaching call, how many participants reached that coaching call, and the percentage of those who enrolled — of the participants who enrolled in the program (i.e. completed the first coaching call), 40% completed at least three coaching calls and 18% completed at least five coaching calls.

Coaching Calls Completed	Participants Reaching Call	Percent of Enrolled Participants Reaching Call
<b>Intake only</b>	2,628	
<b>1</b>	2,385	100%
<b>2</b>	1,447	61%
<b>3</b>	950	40%
<b>4</b>	633	27%
<b>5+ calls</b>	440	18%

### Special Population Programs

The Sample Quitline provides specialty programs for pregnant and postpartum participants and American Indian participants.

The Pregnant and Postpartum Program (PPP) proves challenging to evaluate. Participation in coaching calls is incentivized, while the survey is not, which contributes to a low number of responses. Additionally, most pregnant participants opt-in to the program (89%), and the low number of pregnant participants who do not take part in the program makes it difficult to compare the effect of the program for participants who do not participate. Lastly, since participants enroll during pregnancy, six months may not be enough time to evaluate quit status after birth. Despite these limitations, we have seen high engagement and quit medication use in this program.

Participants who identify as American Indian are offered a tailored program that addresses the traditional role of tobacco for American Indian communities. Eighteen percent of American Indian callers opt-in to the American Indian Commercial Tobacco Program (AICTP). AICTP participants have a unique challenge in quitting commercial tobacco, as tobacco has a traditional role in their communities. We have seen higher engagement in this program as well.

Specialty Program	Participants	Survey Respondents	Quit	Responder Quit Rate
<b>Pregnancy and Postpartum</b>				
PPP participant	25	4	1	25%
Pregnant and not PPP participant	Excluded			
<b>American Indian Commercial Tobacco Program</b>				
AITCP participant	45	5	3	60%
AI and not AITCP participant	206	43	21	49%

Due to the low number of participants, we include overall quit rates and results for all state clients, as well as average number of coaching calls and portion of groups who received quit medications. Please note each state client has different quit medication offerings.

Specialty Program (All State Clients)	Percent Receiving Quit Medication	Average Number of Coaching Calls	Responder Quit Rate
<b>Pregnancy and Postpartum</b>			
PPP participant	14%	3.4	37%
Pregnant and not PPP participant	8%	2.7	Excluded
<b>American Indian Commercial Tobacco Program</b>			
AITCP participant	57%	3.8	30%
AI and not AITCP participant	68%	2.1	28%

## Quit Rate by Tobacco Use Patterns

In this section, the proportion of respondents reporting having quit using tobacco are delineated by tobacco use type, duration of tobacco use, number of cigarettes per day, number of previous quit attempts, and whether participants live with other tobacco users.

### Quit Rate by Tobacco Use Type

Most participants report smoking cigarettes as the primary form of tobacco use, with a reported quit rate of 38% overall. Because participants may use more than one form of tobacco, individuals may be represented in multiple categories.

Tobacco Type	Participants	Survey Respondents	Quit	Responder Quit Rate
Cigarettes	2,400	567	216	38%
Cigars, cigarillos, small cigars	95	22	6	27%
e-Cigarettes or vaping products	252	47	15	32%
Pipe	23	8	1	13%
Smokeless tobacco (chew, dip, snuff)	296	66	34	52%
Other tobacco	9	2	1	50%

### Years of Tobacco Use

Most participants have used tobacco for 10 or more years. There were no clear trends in quit rates based on the number of years that participants have used tobacco.

Years of Tobacco Use	Participants	Survey Respondents	Quit	Responder Quit Rate
Less than a year	17	6	2	33%
1-5 years	112	16	7	44%
6-9 years	167	29	11	38%
Over 10 years	2,324	586	234	40%
No response	8	4	2	50%

### Cigarettes per Day

Most participants smoked 11-20 cigarettes per day (CPDs). Participants who smoked up to one pack a day had the highest quit rate at 40%, heavier smokers had an average quit rate of 26%. This table excludes participants who did not smoke cigarettes.

Cigarettes Per Day	Participants	Survey Respondents	Quit	Responder Quit Rate
1-10 CPDs	771	189	77	41%
11-20 CPDs	1,182	259	103	40%
21-30 CPDs	215	53	17	32%
31+ CPDs	157	45	8	18%
No response	75	21	11	52%

### Previous Quit Attempts

Most participants had up to four previous quit attempts. Participants with 3-4 and 7-8 previous quit attempts saw the highest quit rates.

Previous Quit Attempts	Participants	Survey Respondents	Quit	Responder Quit Rate
None	219	52	23	44%
1-2	816	192	80	42%
3-4	670	151	70	46%
5-6	388	103	38	37%
7-8	88	16	8	50%
9-10	194	58	14	24%
11+	253	69	23	33%

### Living with Another Tobacco User

Most participants did not live with another tobacco user. They also saw greater success with a quit rate of 41%, compared to those who did live with another tobacco user and had a quit rate of 38% for those who did not live with another tobacco user.

Live with Another Tobacco User	Participants	Survey Respondents	Quit	Responder Quit Rate
<b>Yes</b>	1,033	231	87	38%
<b>No</b>	1,485	401	165	41%
<b>No response</b>	110	9	4	44%

## Quit Rate by Demographics

In this section, the proportion of respondents reporting having quit using tobacco are described by gender, age, race and ethnicity, insurance, education level, sexual orientation and gender identity, and marital status.

### Gender Distribution

Fifty-nine percent of Sample Quitline participants identified as female, while males had a higher quit rate. These results are consistent with trends in tobacco cessation research and quitlines overall. Due to the low number of responses, transgender-identified individuals and those without a response have been excluded.

Gender	Participants	Survey Respondents	Quit	Responder Quit Rate
Female	1,543	347	133	38%
Male	1,083	294	123	42%

### Age Distribution

Eighty-two percent of Sample Quitline participants were evenly distributed between ages 25 and 64. The 18-24 age group had the highest quit rate at 52%. Only seven participants were under the age of 18 and are excluded. There is potential to promote tobacco cessation services among the youth population group.

Age Group	Participants	Survey Respondents	Quit	Responder Quit Rate
18-24	154	23	12	52%
25-34	496	80	23	29%
35-44	486	80	23	29%
45-54	517	120	42	35%
55-64	645	193	74	38%
65+	323	139	62	45%

## Racial Distribution

Each participant could identify with more than one race or ethnic identity. Participants who identified as two or more races were grouped under the “More than one race” category. Eighty-three percent of participants identified as white. Though the number of responses was low, American Indian and Alaska Native, Black or African American, Hispanic/Latino/Latina, and participants identifying as some other race had a quit rate of 50% or higher. Since participants speaking Korean, Vietnamese, Cantonese, and Mandarin are referred to the Asian Smokers’ Quitline, Asian participants are expected to be underrepresented in the Sample Quitline population.

Race and Ethnicity	Participants	Survey Respondents	Quit	Responder Quit Rate
<b>Race</b>				
American Indian or Alaska Native	111	20	10	50%
Asian	9	1	0	0%
Black or African American	17	2	1	50%
Native Hawaiian or other Pacific Islander	2	1	0	0%
White	2,193	547	216	39%
Some other race	14	3	2	67%
More than one race	236	52	21	40%
No response	46	15	6	40%
<b>Ethnicity</b>				
Hispanic/Latino/Latina	64	11	6	55%
Not Hispanic/Latino/Latina	2,406	615	243	40%
No response	158	15	7	47%

### Quit Rate by Insurance

Individuals with Medicaid health insurance who enrolled in the program reported a lower quit rate of 28%, compared to a quit rate of 44% for participants with all other types of insurance. Participants with other insurance (mostly commercial) saw the highest quit rate at 52%.

Insurance	Participants	Survey Respondents	Quit	Responder Quit Rate
Medicaid	841	158	44	28%
Medicare	562	207	75	36%
Other insurance	725	197	103	52%
Uninsured	325	60	25	42%
No response	175	19	9	47%

### Education Distribution

Most participants reported their highest education level was a high school diploma or GED, or some college education. There was an education-level gradient in quit rates, with college-educated participants at 46%, and only 36% among participants with less than high school. These results correspond to national data that shows individuals with higher levels of education are more successful in stopping their tobacco use.

Highest Level of Education	Participants	Survey Respondents	Quit	Responder Quit Rate
8 <sup>th</sup> grade or less	68	14	5	36%
Some high school	274	56	20	36%
High school diploma or GED	977	229	88	38%
Some college or university	860	220	87	40%
College degree, including vocational school	445	121	56	46%
No response/don't know	4	1	0	0%

### Sexual Orientation and Gender Identity

Each participant could identify with more than one sexual orientation or gender identity. Most participants reported being straight, and those participants had a higher quit rate (at 40%) than LGBTQ-identified participants (at 36%). Due to the low number of responses, queer-identified individuals have been excluded.

Sexual Orientation and Gender Identity	Participants	Survey Respondents	Quit	Responder Quit Rate
<b>Straight</b>	2,465	611	244	40%
<b>All LGBTQ</b>	121	25	9	36%
<b>Bisexual</b>	65	14	5	36%
<b>Gay or lesbian</b>	53	12	4	33%
<b>Transgender</b>	8	0	0	N/A
<b>Queer</b>	Excluded			
<b>No response</b>	42	5	3	60%

Due to the low number of participants, we include overall quit rates and results for all state clients. Please note each state client has different quit medication offerings.

Sexual Orientation and Gender Identity (All State Clients)	Responder Quit Rate
<b>Straight</b>	30%
<b>All LGBTQ</b>	28%
<b>Bisexual</b>	27%
<b>Gay or lesbian</b>	29%
<b>Transgender</b>	15%
<b>Queer</b>	30%
<b>No response</b>	25%

### Marital Status

Most participants reported being single. The married participant population had the highest quit rate at 49%, and the divorced or separated population had the lowest quit rate as 31%.

Marital Status	Participants	Survey Respondents	Quit	Responder Quit Rate
<b>Divorced or separated</b>	525	140	44	31%
<b>Married</b>	923	232	114	49%
<b>Single</b>	1,009	212	73	34%
<b>Widowed</b>	161	55	24	44%
<b>No response/don't know</b>	10	2	1	50%

## Quit Rate for Health Conditions

### Quit Rate by Behavioral Health Conditions

Participants responded to questions during their intake call regarding current behavioral health (BH) problems, including depression, anxiety, and substance abuse, among several others. Forty-six percent of participants reported having at least one BH condition. Having a BH condition reduced participants' quit rate. Participants with any two or more BH conditions had a quit rate of 27%, 31% of participants with one BH condition reported having quit, and participants without a BH condition had a 48% quit rate.

Number of BH Conditions	Participants	Survey Respondents	Quit	Responder Quit Rate
No BH conditions	1,421	369	177	48%
One BH condition	450	124	39	31%
Two or more BH conditions	757	148	40	27%

The participants who reported having a BH condition were then asked about its impact on their lives. Those who reported it causing an emotional challenge, that it interferes with their life (in their work, family life, or social life), or that it interferes with their ability to quit, saw lower quit rates than the rest of the BH population. The following table excludes participants without a BH condition.

BH Impact	Participants	Survey Respondents	Quit	Responder Quit Rate
<b>Causes emotional challenges</b>				
Yes	781	172	42	24%
No	426	100	37	37%
<b>Interferes with life</b>				
Yes	514	104	23	22%
No	693	168	56	33%
<b>Interferes with ability to quit</b>				
Yes	379	90	20	22%

No	828	182	59	32%
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### Quit Rate by Medical Conditions

Participants are screened for medical conditions during intake. Participants with diabetes, chronic obstructive pulmonary disease (COPD), or a cardiovascular disease (a diagnosis of heart attack or stroke in the past 12 months, a diagnosis of high blood pressure, or a diagnosis of heart disease) had lower quit rates than those without these conditions.

Medical Condition	Participants	Survey Respondents	Quit	Responder Quit Rate
Cancer	213	55	26	47%
Diabetes	254	71	21	30%
COPD	521	140	43	31%
Cardiovascular disease	810	219	80	37%
No cancer, diabetes, COPD, or cardiovascular disease	1,423	320	135	42%

## Program Satisfaction

Sample Quitline program participants were surveyed about their satisfaction with the overall service of the Quitline program, the materials they received, and the quality of the Coaches and counselors. Neutral responses (don't know or no answer) are excluded from the denominator. Very high satisfaction was noted for all content types.

Satisfied With...	Survey Respondents	Satisfied	Percent Satisfied
Overall program	612	582	95%
Provided materials	442	435	98%
Coaches and counselors	564	543	96%

## Conclusions and Opportunities

Overall, the Sample Quitline assisted an estimated 968 participants to quit using tobacco through the telephone coaching program between July 2017 and June 2018. Participants who engaged in telephone coaching and received cessation medication were more than twice as likely to quit smoking compared to individuals who did not use telephone coaching (42% vs. 20%). The overall quit rate for coaching participants in 2018 was higher than in 2017 (41% vs 35%). The higher quit rate in this year's report should be interpreted with caution because of year-over-year differences in participants completing the survey in program utilization, demographics, and tobacco use patterns. More survey respondents this year received coaching and quit medications, reached their third coaching call, or had commercial insurance, and fewer respondents this year smoked more than one pack per day or had behavioral health conditions.

The personalized telephone-based intervention was effective in helping people in their efforts to quit tobacco and Sample Quitline participants were highly engaged in tobacco cessation. More than 40% of participants completed at least three coaching calls, more than two-thirds of participants used a supplemental eHealth product (text, email, web) in addition to telephone coaching, and nearly 90% of participants also used a cessation medication to aid their quit attempt. These participants had higher quit rates than participants who used only telephone support without other supports.

The quit rates for individuals receiving Chantix® was particularly high when used for more than one month (61% quit rate). When participants received only one month of Chantix, we observed that using NRT resulted in higher quit rates likely due to the extended treatment offered (8 weeks of NRT). Using more than one month of medication also results in a higher number of coaching calls, and the combination of medication and counseling is the recommended method of tobacco treatment.

The American Indian Commercial Tobacco Program, offered by the Sample Quitline, was accessed by 20% of self-identified American Indian participants. American Indian participants who used the program reported higher quit rates than participants who did not, however the number of respondents was low. Other priority populations also had high quit rates including participants who used smokeless tobacco (52%), young adults age 18-24 (52%), the uninsured (42%), participants with less than high school education (36%), and LGBTQ participants (36%).

In the evaluation survey sample, approximately 46% of respondents indicated that they had a behavioral health (BH) condition, and fewer reported cessation. National Jewish Health has completed evaluating a pilot program that improved Quitline engagement for participants with two major BH issues: depression and anxiety disorder. Additional efforts are needed to improve cessation with participants who reported a BH condition, as they were 40% less likely to quit than participants with no BH condition.

At National Jewish Health, we are honored and excited to continue our partnership with the Sample Quitline's Tobacco Use Prevention Program to serve the residents of the state with evidence-based treatment. We continue our efforts in finding new ways to reach disparate populations and meet the mutual goals of decreasing tobacco use among all Sample Quitline's residents.

## Acknowledgements

Implementation of the services provided is a coordinated and collaborative effort made possible by many individuals at National Jewish Health and our clients. We would like to acknowledge the extensive efforts of the Quitline Coaches, Management Team and survey staff that provide guidance, enrollment, and tobacco treatment services to the Quitline callers.

## Survey Methodology

The surveys in this report were conducted during January and December 2018 by phone, representing intakes from July 2017 to June 2018. All outcomes data are derived from self-reported data submitted in participant surveys collected by an independent survey agency, Westat Inc.

Callers are asked about their tobacco use and assigned a current status of “Quit” if the participant indicated that they have not used tobacco — even a puff — in the 30 days prior to the call, and included e-cigarettes in the same period, as recommended by NAQC. This definition of abstinence is referred to as the point prevalence rate and is the industry standard for determining follow-up quit rate. Due to the number of survey responses, some demographic breakdowns yielded limited results. Throughout the report, rows with five participants or fewer have been excluded.

Of the individuals identified and contacted for a follow-up survey, a percentage were not successfully contacted for a survey. Some are not contacted because they cannot be reached after multiple attempts and others because they choose not to participate in the survey despite consenting during the intake process.

NAQC/Professional Data Analysts Inc. (PDA) recommend calculating responder rates and not intention to treat (ITT) rates, because calculating ITT assumes that all non-responders are using tobacco and includes them in the sample. In this evaluation report, responder quit rates are reported.