Connecticut Department of Public Health Tobacco Control Program

CT Quitline

Annual Report
July 2019 – June 2020

Prepared for:
Connecticut Department of Public Health

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I. Executive Summary

Evaluation data show that the Connecticut (CT) Quitline provides a valuable and necessary service to Connecticut residents across the state. In Fiscal Year (FY) 2020 (July 2019 - June 2020), the CT Quitline registered 1,746 tobacco users. While overall registration decreased from FY 2019, Quitline services continue to reach Connecticut tobacco users from populations experiencing disparities in tobacco use and tobacco related diseases, especially those with low socio-economic status. Monthly caller volume was substantially higher at the beginning of FY 2020, which corresponds with the federal *Tips from Former Smokers* media campaign and the state-based *Commit to Quit* media campaign. Improving CT Quitline reach will require both continued investment in tailored media promotion at the state level and enhanced investments in CT Quitline capacity to support strategies such as conducting sustained outreach to health and social service providers, increasing the amount of nicotine replacement therapy (NRT) provided free of charge through the Quitline, and developing public private partnerships with health insurers and other groups.

The CT Quitline reached Connecticut residents across the state in FY 2020, with 1,746 tobacco users registering for services, resulting in a registration reach of 0.50% and a treatment reach of 0.40%. Tobacco users from every county in CT called the Quitline, with the highest concentration of callers in New Haven and Hartford counties, CT's most heavily populated counties. While the CT Quitline continued to serve populations with disparately high rates of tobacco use and related health outcomes, the overall call volume decreased compared to the previous years. A majority of callers reported being uninsured or having Medicaid or Medicare insurance (62%), income less than $35,000 per year (64%), a high school education or less (47%), or a mental health condition (53%). A substantial proportion of CT Quitline callers (17%) also reported multiple tobacco product use. The Quitline is especially succeeding in serving a high proportion of callers with low socioeconomic and behavioral health conditions, two groups that experience multiple barriers to quitting and that show increasing disparities in tobacco use.

Call volume was heavily influenced by both the federally funded *Tips from Former Smokers* (*Tips*) from the Centers for Disease Control and Prevention (CDC) and the state-based *Commit to Quit* campaigns, which used both television and digital media to deliver cessation messages and promote the Quitline. As these campaigns overlapped, the individual impact of each cannot be determined. However, call volume was significantly higher during the period in the fall when both campaigns were active: July - September 2019.

In FY 2020, funding was not available to conduct a 7-month follow up survey, so evaluation data related to satisfaction with the Quitline, quit rates, other behavior change, and cost effectiveness were not collected and are not reported.

As tobacco use prevalence continues to decrease in Connecticut, it may be more difficult to reach the remaining population of tobacco users, many of whom face numerous barriers to quitting. Continuing to invest in state-based media to complement the federal *Tips* campaign will be important to ensure that the Quitline is an attractive resource that all tobacco users, including those from populations that experience tobacco disparities, are aware of and are motivated to use. Scheduling state-based media promotion to occur at different times than the *Tips* campaign may support more stability in call volume from month to month. The CT Quitline should consider making additional investments focused on building their capacity to improve reach; suggestions include conducting sustained and coordinated partnership building efforts with community health, behavioral health, and social service organizations serving disparate populations, increasing the amount of NRT provided through the Quitline, and

developing public private partnerships to increase Quitline utilization and support sustained funding. Such strategies have been successful in other states to increase both the reach and effectiveness of the Quitline.

II. CT Quitline Background

The Connecticut Quitline (CT Quitline) began operations in 2005 and has been operating continuously since FY 2009. Quitlines are an effective and evidence-based approach to tobacco cessation, increasing quit rates by 38% compared to quitting with less intensive interventions.[1] Combining cessation coaching with free nicotine replacement therapy (NRT) increases Quitline call volume, caller satisfaction, and quit rates,[2-5] and marketing campaigns promoting Quitline services effectively increase utilization.[2]

Currently, the CT Quitline is operated by Optum. The CT Quitline is managed by the Connecticut Department of Public Health (CT DPH) Tobacco Control Program; coaching services are provided by Optum. Funding for the CT Quitline is from the Centers for Disease Control and Prevention and the CT Tobacco and Health Trust Fund.

The Quitline provides free, proactive telephone cessation coaching services 24 hours a day in multiple languages. Callers may participate in single-session or multi-session (5 calls) counseling. Youth (ages 13-17) callers and callers who are pregnant are eligible for specialized 10 call programs. Quitline users may supplement phone coaching with online support via the Web Coach program or opt to use only the Web Coach program. All Quitline users over the age of 17 may access free text support. Medically eligible callers can receive two weeks of free nicotine replacement therapy (NRT) in the form of patch, lozenge, gum or a combination.

Quitline users can register over the phone (1-800-QUIT-NOW or in Spanish at 1-855-Dejelo-Ya) or via the CT Quitline websites: www.committoquitct.com and www.quitnow.net/Connecticut. Users can also access the Spanish portal at https://www.quitnow.net/connecticutsp/. The CT Quitline accepts fax referrals from healthcare providers. Fax referrals generate proactive calls from Quitline coaches. The CT Quitline can also receive electronic referrals and some providers continue to explore the possibility of connecting via their electronic health records system.

Callers must be at least 13 years old to receive coaching services and at least 18 years old to receive free NRT. Quitline services are available to any Connecticut resident who uses tobacco and is ready to make a quit attempt. The CT Tobacco Program identifies people with the following characteristics as "target" populations for outreach based on disparities in tobacco use rates and associated morbidity and mortality: ages 25 – 34; men; Hispanic ethnicity; African-American race; mental health and/or substance abuse diagnosis; and low socioeconomic status.

During Fiscal Year 2020 (July 1, 2019 – June 30, 2020), CT DPH completed a contract with Rescue Social Change Group (Rescue), a national behavior change marketing company to implement the *Commit to Quit* marketing campaign designed to drive CT tobacco users to the Quitline. The campaign relied primarily on digital (e.g., paid searches) and social (e.g., Facebook) media strategies to promote the Quitline. Rescue developed *Commit to Quit* to target CT tobacco users who may be "down on their luck" and facing hard times, particularly tobacco users who are 'blue collar' and/or lower socioeconomic status. Rescue designed messages conveying to tobacco users that the Quitline can help them quit on their own terms when they're ready. The company developed a streamlined, "no-frills" web portal as

part of the campaign to remove barriers to Quitline registration. *Commit to Quit* campaign activities during FY 19 were active from July 1 – September 20, 2019.

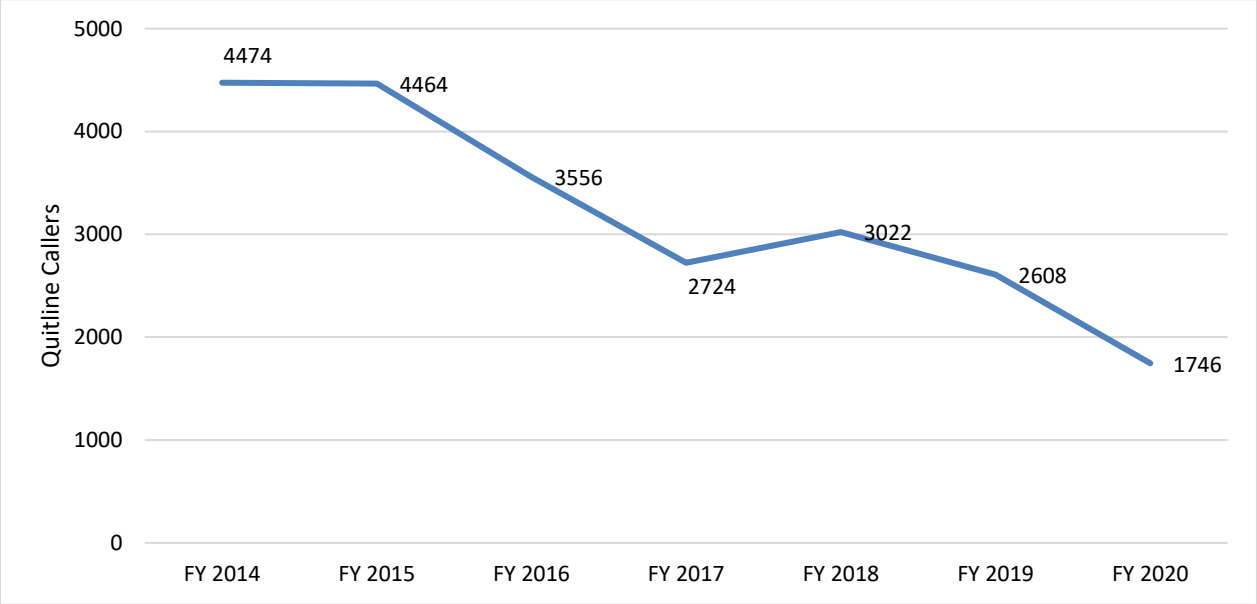
The Tobacco Prevention and Evaluation Program (TPEP) at the University of North Carolina at Chapel Hill has provided independent evaluation of the CT Quitline since 2014. This report outlines the evaluation findings from FY 2020. In FY 2020, funding was not available to conduct a 7-month follow up survey, so evaluation data related to satisfaction with the Quitline, quit rates, other behavior change, and cost effectiveness were not collected and are not reported.

III. Key Findings and Outcomes

All data presented in this report reflect Quitline callers who use tobacco and completed a registration call, excluding any callers (e.g., healthcare professionals or family members) who contacted the Quitline as a proxy for a tobacco user. Data reflect unique Quitline call volume (i.e., callers who registered for services more than once during the reporting period are counted only once).

A. To what extent does CT Quitline reach CT tobacco users?
In FY 2020, 1,746 Connecticut residents who use tobacco registered with the CT Quitline for assistance with quitting. As shown in figure 1, overall caller volume was 33% lower than in FY 2019, and substantially lower than any year since FY 2014.

Figure 1. Connecticut Quitline Caller Volume by Fiscal Year

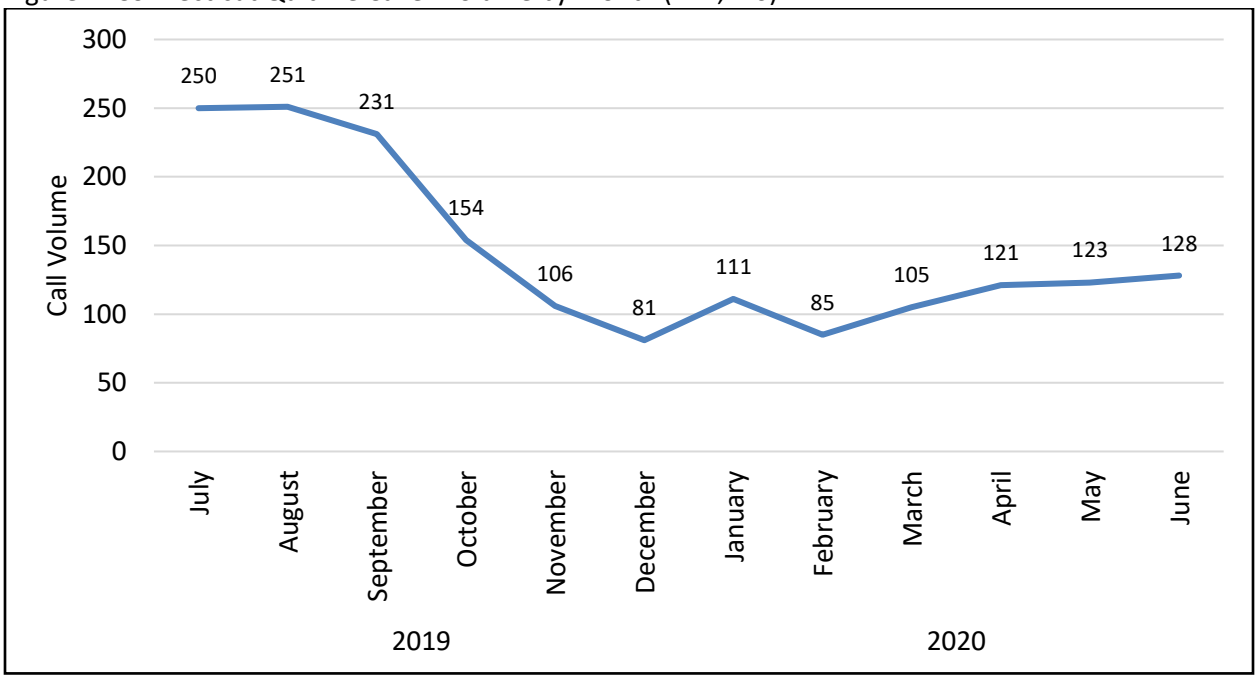


Monthly caller volume fluctuated substantially during the year, declining from July to December, higher in January, and increasing again slightly from March to June (Figure 2).

Adequately funding and promoting state Quitlines should result in between 1% - 2% of adult tobacco users completing a registration call in a given year, a measure known as registration reach.[2] Treatment reach provides a measure of the proportion of the state's tobacco users who receive evidence-based cessation treatment in the form of a completed cessation coaching call. In FY 2020, the CT Quitline registration reach was 0.50% compared to 0.68% in FY 2019 and 0.79% in FY 2018. Treatment reach in FY 2020 was 0.40%, lower than treatment reach for the CT Quitline in FY 2019 and FY 2018 (0.58%).

Reach estimates for CT are below the most recent available national estimate of 0.92% across 49 state Quitlines in FY 2019.[6]

Figure 2. Connecticut Quitline Caller Volume by Month (n=1,746)



Most callers accessed the Quitline via a direct inbound call (76.7%); 1.7% callers entered Quitline services via a fax referral from a healthcare provider (n=29), much lower than the 123 that joined via fax referral in FY 2019 (Table 1). Fax referrals sent to the quitline from healthcare providers often do not result in the person referred registering for quitline services, so the number of referrals sent exceeds the number of people that registered via a referral. Barriers to successfully registering referred callers are likely complex and need additional exploration in order to identify strategies for improved fax referral utilization and impact. Barriers to registering referred callers may include reduced motivation to quit between time of referral and time of Quitline contact, reluctance to answer calls from unknown numbers, or lack of provider understanding about appropriate use of the fax referral (i.e., referring tobacco users who are not actually ready to make a quit attempt).

Table 1. Entry method for CT Quitline callers (n=1,746)

Entry Method	#	%
Inbound call	1,339	76.7%
Online registration	336	19.2%
Fax referral	29	1.7%
Outbound recruitment offer	13	0.7%
Other	21	1.2%
Unknown	8	0.5%

B. Who calls the CT Quitline?

Tobacco users from every county in CT called the Quitline, with the highest concentration of callers in Hartford and New Haven counties, CT's most heavily populated counties (Table 2).

Table 2. Call volume by county (n=1,746)

County	#	%
Hartford	484	27.7%
New Haven	480	27.5%
Fairfield	255	14.6%
New London	172	9.9%
Litchfield	123	7.0%
Middlesex	96	5.5%
Windham	58	3.3%
Tolland	71	4.1%
Unknown	7	0.4%

In FY 2020 CT Quitline callers were predominately female (62.2%), white (70.6%), and non-Hispanic (81.3%), with a median age of 54 (Table 3).

Table 3. CT Quitline callers' demographic characteristics (n=1,746)

Demographic Characteristic*	#	%
Gender		
Female	1086	62.2%
Male	660	37.8%
Age		
18 – 24	55	3.2%
25 – 34	191	10.9%
35 – 64	1205	69.0%
65+	295	16.9%
Race		
White	1232	70.6%
Black/African American	206	11.8%
Other†	184	10.5%
Unknown	124	7.1%
Ethnicity		
Hispanic	132	7.6%
Non-Hispanic	1420	81.3%
Unknown	194	11.1%
Primary Language		
English	1705	97.7%
Spanish	40	2.3%
Other	1	0.1%
Sexual Orientation		
Heterosexual/Straight	1371	78.5%
LGBT	96	5.5%
Other	12	0.7%
Unknown	267	15.3%
Health Insurance Status		
Private insurance	378	21.7%
Medicaid	750	43.0%

Medicare	334	19.1%
No insurance	200	11.5%
Unknown	84	48%
Education Level		
Less than high school	192	11.0%
High school/GED	621	35.6%
More than high school	839	48.1%
Unknown	94	5.4%
Annual Income		
Less than $15,000	657	37.6%
$15,000 to $35,000	462	26.5%
$35,000 to $50,000	149	8.5%
More than $50,000	201	11.5%
Unknown	277	15.9%

*Unknown includes refused, not collected, not asked, rather not answer, does not know, and missing

†Other race includes callers reporting American Indian or Alaskan Native (n=7, 0.4%), Arab or Arab American (n=1, 0.06%), Asian (n=10, 0.6%), Native Hawaiian/Other Pacific Islander (n=2, 0.1%), or Other (n=164, 9.4%)

The CT Quitline is reaching callers with challenging social, tobacco use, and health characteristics that present barriers to successfully quitting tobacco. Nearly half of callers have a high school diploma or less (46.6%), more than forty percent have Medicaid coverage (43.0%), and more than one third make an annual income of less than $15,000 (37.6%, Table 3). Nearly half of callers (46.3%) report using tobacco within five minutes of waking, indicating strong nicotine dependence (Table 4). Rates of dual or poly tobacco use are similar to the past two years, with 16.5% using cigarettes and other tobacco products (compared to 14.1 in FY 2019, and 16.9% in FY 2018), and 13.5% of all callers reporting dual use of cigarettes and e-cigarettes (compared to 11.4% in FY 2019 and 13.0% in FY 2018). Given the continued high rate of dual use, especially with e-cigarettes, new strategies may be needed to effectively treat these callers, especially with regards to effective guidance on NRT use.

More than half of CT Quitline callers face a co-occurring chronic health condition (58.1%) and more than half of callers report a behavioral health condition (53.2%). A substantial number of callers (45.1%) live and/or work in an environment that exposes them to other people smoking, which poses a significant challenge to quitting and staying quit.

Table 4. CT Quitline callers' tobacco use and health characteristics (n=1,746)

Tobacco Use/Health Characteristics	**#**	**%**
Tobacco use*§		
Cigarettes only	1335	76.5%
Cigarettes and other tobacco products (includes e-cigarettes)	288	16.5%
Cigarettes and e-cigarettes	235	13.5%
Other tobacco products only (includes e-cigarettes)	123	7.4%
Cigarette smokers' smoking intensity (n=1,623)		
Light (0-10 cpd)	495	30.5%
Moderate (11-19 cpd)	307	18.9%

Heavy (20+ cpd)	816	50.3%
Unknown	5	0.3%
Nicotine dependence*§		
Use tobacco within 5 minutes of waking	800	46.3%
Use tobacco within 30 minutes of waking	1,386	80.2%
Health Status§		
Tobacco-related health condition†	1,015	58.1%
At least 1 behavioral health condition‡	928	53.2%
2+ behavioral health conditions	596	34.1%
Drug or alcohol abuse	265	15.2%
Smoking Exposure		
Live/work in smoking environment	788	45.1%
Pregnancy Status (female callers only, n=1086)		
Planning pregnancy, pregnant, or breastfeeding	13	1.2%

CPD: cigarettes per day

*Excludes missing

§Categories may overlap, and are not exclusive

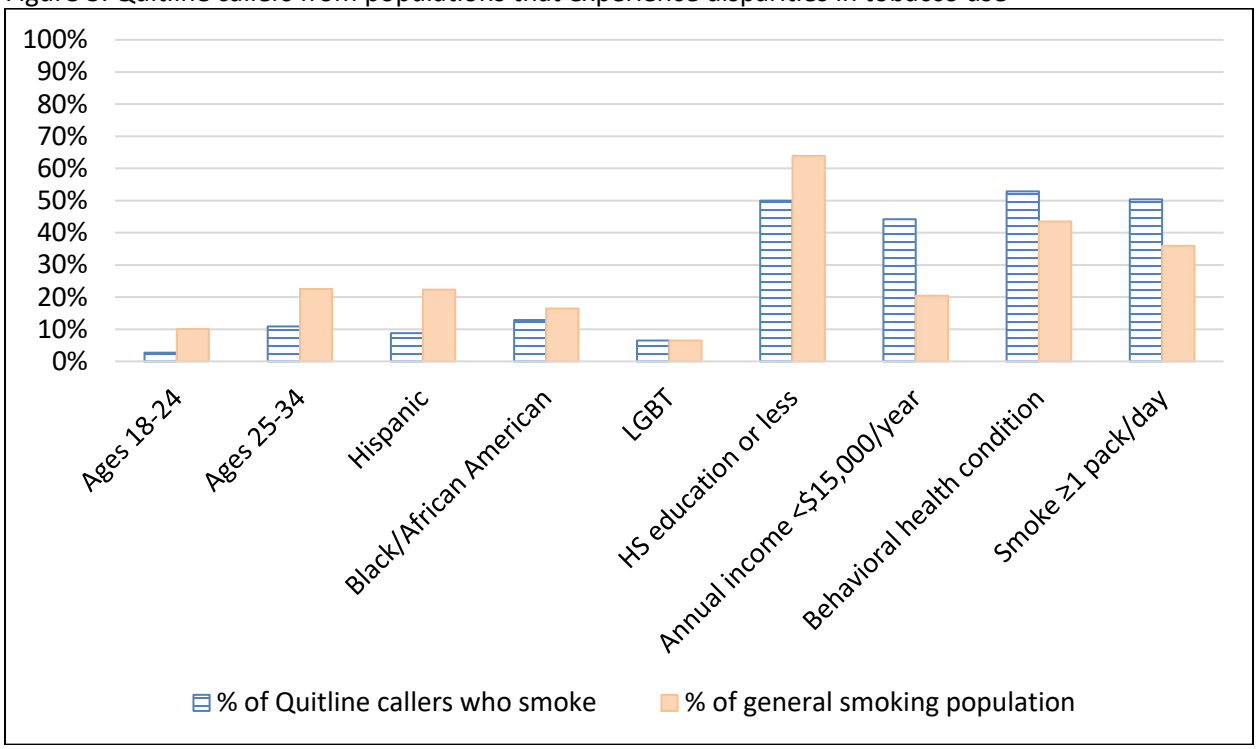
†Includes asthma, coronary artery disease (CAD), chronic lower respiratory disease (CLRD), chronic obstructive pulmonary disease (COPD), cancer, heart attack, heart disease, heart failure, high blood pressure, high cholesterol, kidney disease, peripheral artery disease, stroke, type 1 and type 2 diabetes.

‡Includes attention deficit hyperactivity disorder (ADHD), anxiety disorder, bipolar, depression, gambling addiction, post-traumatic stress disorder (PTSD), schizophrenia.

Certain populations experience disparities in tobacco use and related disease or have more difficulty quitting. The CT Quitline is serving callers from these vulnerable populations with varying success compared to the estimated proportion of Connecticut residents who smoke cigarettes in each of these populations (Figure 3). The Quitline is especially succeeding in serving a high proportion of callers with low income and behavioral health conditions, two groups that experience multiple barriers to quitting and that show increasing disparities in tobacco use. The CT Quitline also appears to be successfully engaging a high proportion of CT adults who smoke one or more packs per day, a group likely to need more intensive support to successfully quit smoking. LGBT smokers also make up a similar proportion of callers who smoke cigarettes to the estimated proportion of cigarette smokers in CT who are LGBT.

While callers identifying as Hispanic or Black and those with a high school education or less make up a slightly lower proportion of Quitline callers compared to their proportion of overall CT cigarette smokers, missing intake data may account for some of those differences. Callers between ages 18 – 34 are represented at substantially lower rates. Young adult callers are traditionally difficult for Quitlines to reach, and the Quitline community at large continues to develop strategies to better engage this group.[7]

Figure 3. Quitline callers from populations that experience disparities in tobacco use



Estimates based on 2018 Connecticut Behavioral Risk Factor Surveillance Survey, 2016 and 2017 National Health Interview Survey, 2018 National Survey on Drug Use and Health, LGBTmap.org, and 2018 American Community Survey [8-13]

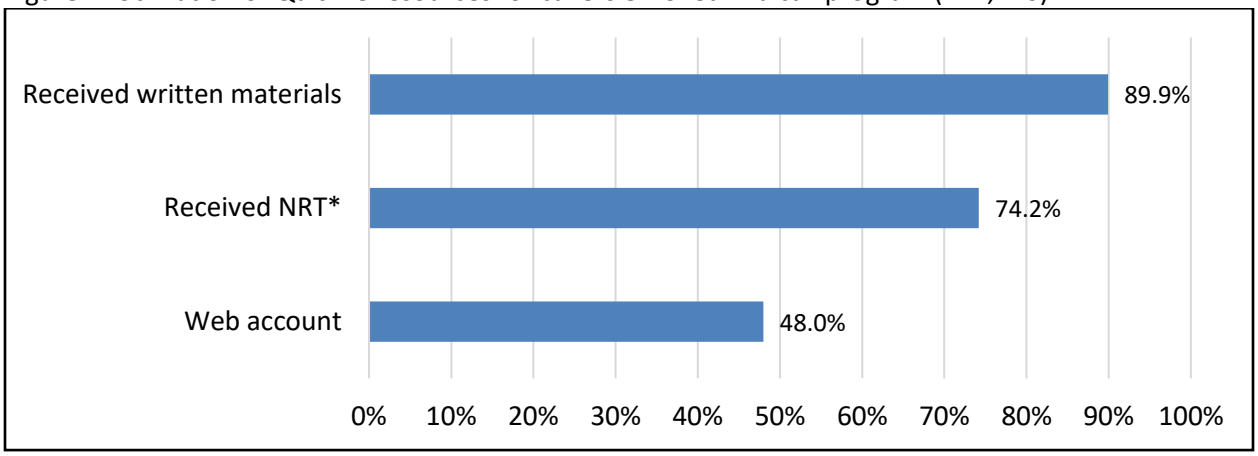
C. How do callers engage with CT Quitline services?

A large majority of registered callers (95.9%) enrolled in the multi-call (5 call) program, 4.1% enrolled in the one-call program. Enrollment in the multi-call program is required of callers who wish to receive two weeks of free NRT. A small number of callers (18.9%) registering for the multi-call program did not complete any counseling calls. Close to half (45.9%) completed only one call, which may be an indication that some callers enroll in the multi-call program primarily to take advantage of the free NRT benefit. With 74.2% of all eligible callers receiving NRT, it is clear that this benefit is a significant incentive for many callers. Strategies are needed to increase the number of callers completing at least four coaching calls as recommended by tobacco use treatment guidelines.[14]

Bivariate analyses were used to assess whether particular demographic groups were more likely to complete more than one coaching call. Demographic variables explored were: gender, age group, race, ethnicity, language, sexual orientation, health insurance, income group, tobacco related chronic disease, behavioral health condition, use of drugs and alcohol, living or working in a smoking environment, and cigarettes per day. The following demographic groups were less likely to complete more than one coaching call: younger age groups (compared to registrants over 35), people without a behavioral health condition, and people who live or work in a smoking environment. Encouragingly, people with a tobacco related health condition were more likely to complete more than 1 coaching call. Across insurance categories, callers with no health insurance were least likely to complete more than one coaching call, followed by private insurance, and then Medicaid. Callers with Medicare were most likely to complete 2 or more calls compared to the other insurance groups. No difference in the proportion of callers

completing more than one coaching call was observed across gender, race, ethnicity, language, sexual orientation, education, cigarettes per day, or use of drugs and alcohol.

Figure 4. Utilization of Quitline resources for callers enrolled in a call program (n=1,746)



*Percentage reflects only callers enrolled in multi-call program (n=1,674)

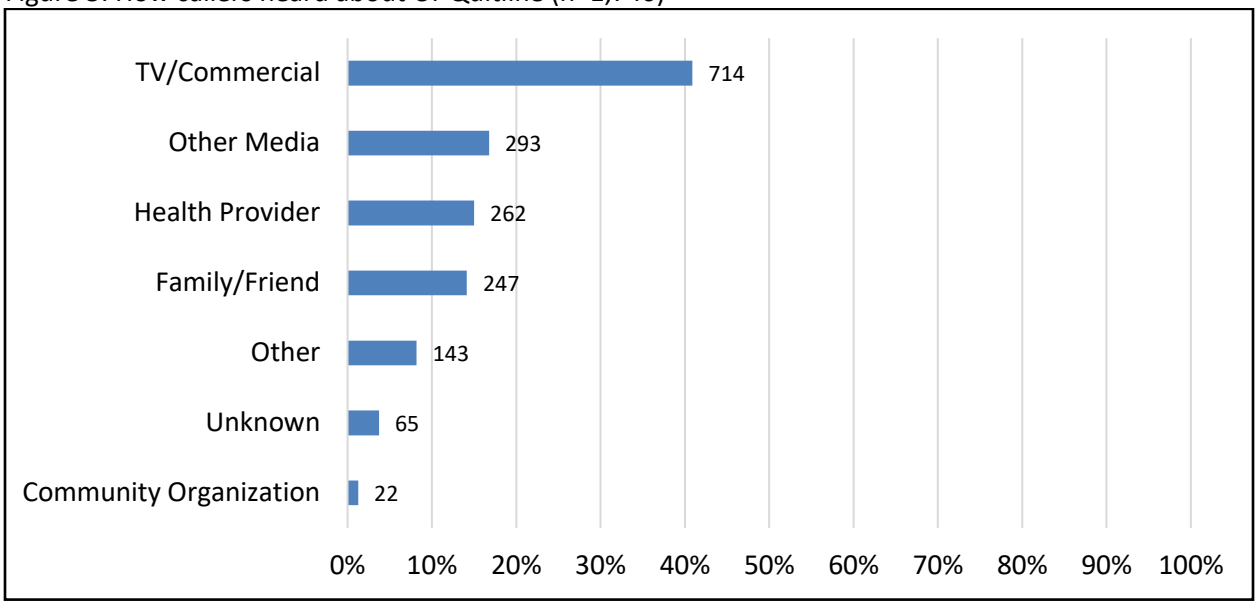
Quitline callers who are not ready to set a quit date during the registration process are directed to the one-call program. Strategies to increase Quitline service utilization by one-call program enrollees are also needed, as most (56.9%) callers enrolling in the one-call program did not complete a coaching call following registration. These callers may be less motivated or confident in their ability to quit and thus may be less likely to accept a coaching call following the registration process.

D. What impact does promotion have on CT Quitline caller volume?

Callers are asked at registration how they heard about the Quitline, which provides one measure of promotional activity impact on overall call volume (Figure 5). The most common place callers reported hearing about the Quitline was TV commercials (40.9% of callers), corresponding with *Tips* campaign ads airing TV commercials during several months in FY 2020. Other sources of Quitline information, including health providers, accounted for much smaller proportions of CT Quitline callers. Healthcare providers were cited as a source of information by only 15% of callers, suggesting that resources are needed to support large scale, consistent outreach and education efforts that may effectively leverage the potential for providers to be a strong source of information and motivation for tobacco users to call the Quitline.

During FY 2019, multiple mass communication campaigns designed to encourage tobacco use cessation and promote the Quitline ran in Connecticut. Television ads from the federally funded, nationwide *CDC Tips from Former Smokers* (*Tips)* campaign, tagged with the Quitline number, aired from the beginning of the fiscal year (July 2019) through October 6, 2019. *Tips* ads also aired again in the spring starting on March 23, 2020 continued through the end of FY 2020. However, for a portion of the spring, *Tips* ads did not include the Quitline phone number.

Figure 5. How callers heard about CT Quitline (n=1,746)

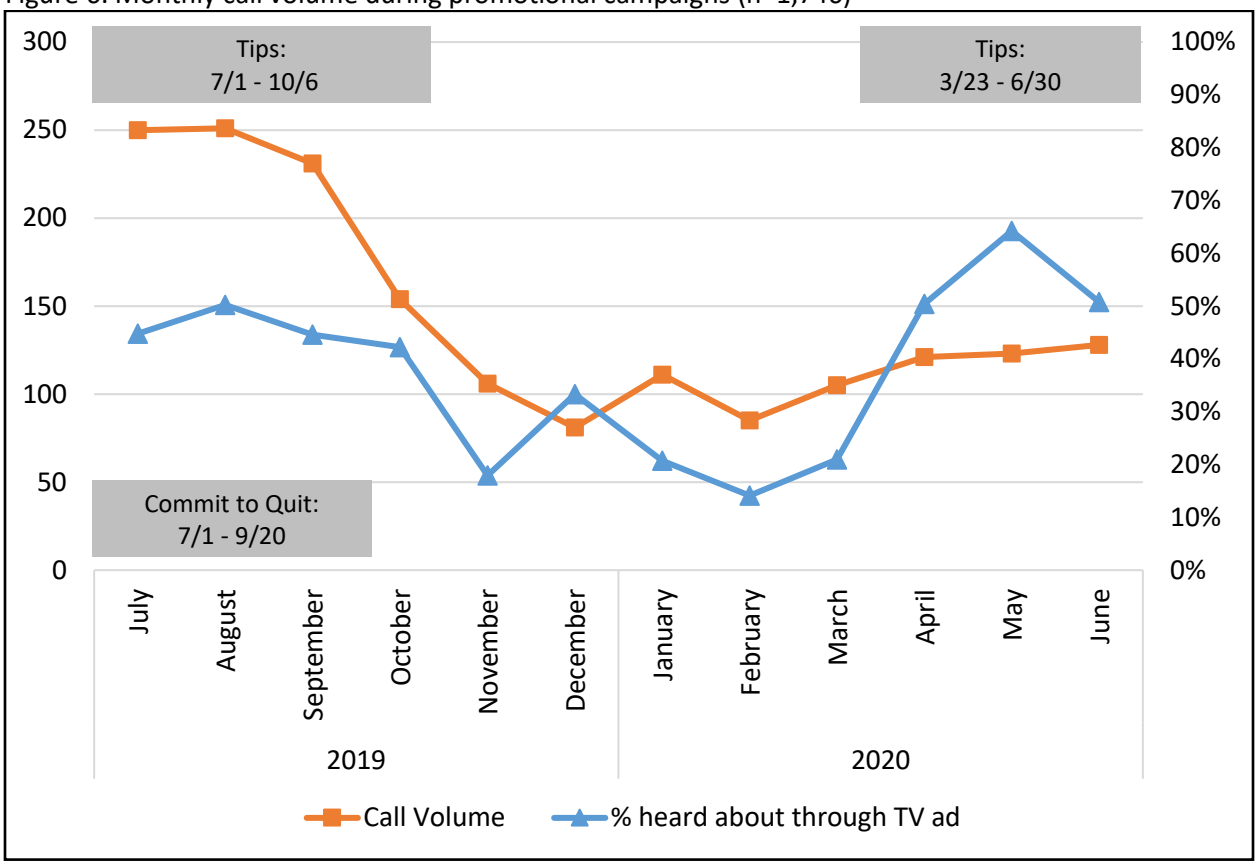


TV commercial includes TV Commercial and Commit to Quit Campaign; Health provider includes CVS/Pharmacy, Health Department, Health Professional, Pharmacy/Drugstore; Other includes Cigarette Pack, Employer/Worksite, Health Insurance, and Other, Other media includes Brochure/Newsletter/Flyer, Newspaper/Magazine, Outdoor Ad, QuitNow Mobile App, Radio, TV/News, and Website; Unknown includes Does Not Know, Not Collected, Refused, and Missing

State-based marketing of the Quitline focused on media other than television. Rescue, a marketing firm contracted by CT DPH, ran the *Commit to Quit* campaign developed specifically for Connecticut. In FY 2020, the campaign utilized digital and social media channels, and ran from the beginning of FY 2020 to September 20, 2019.

CT Quitline monthly call volume fluctuated substantially in FY 2020, with higher call volume at the beginning of the fiscal year during periods in which *Tips* and *Commit to Quit* campaigns were active (Figure 6). Call volume then increased again in January, and had a gradual increase from March to the end of the fiscal year in June. Given the overlap in timing for *Tips* and *Commit to Quit*, it is difficult to pinpoint the relative impact of each campaign. However, it is clear that call volume increased significantly during times in which *Tips* ads were on air, and that significantly higher proportions of callers reported hearing about the Quitline via a television ad during those periods. Due to the overlap between the time when the *Tips* campaign and the *Commit to Quit* campaign were active at the end of the fiscal year, it is difficult to disentangle the effects of these campaigns.

Figure 6. Monthly call volume during promotional campaigns (n=1,746)



Since the *Commit to Quit* campaign focused on driving web enrollment, one way to look at its impact is to assess how web enrollment changed during the period that the campaign was ongoing compared to before and after. In the month before the campaign began, 11 people enrolled in the Quitline via web, in the month after the campaign concluded, 23 people enrolled in the quitline via the web. During the campaign, 85 people on average enrolled in the Quitline via web, a substantial increase.

IV. Conclusions

As tobacco use prevalence continues to decrease in Connecticut, the remaining population of tobacco users are generally heavier cigarette smokers who are highly addicted to nicotine and who face multiple barriers to quitting. Targeted strategies are needed to engage these more difficult to reach tobacco users. Continuing to invest in state-based media to complement the federal *Tips* campaign will be important to ensuring that the Quitline is an attractive resource that all tobacco users, including those from disparate populations, are aware of and are motivated to use. Planning state-based media promotion to occur when the *Tips* campaign is off air may support more stability in call volume from month to month. The CT Quitline should consider making additional investments focused on building their capacity to improve reach. Potential strategies include conducting sustained and coordinated partnership building efforts with community health, behavioral health, and social service organizations serving disparate populations, increasing the amount of NRT provided through the Quitline, and developing public private partnerships to increase Quitline utilization and support sustained funding. Such strategies have been successful in other states to increase both the reach and effectiveness of the Quitline.

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