Connecticut Tobacco Use Prevention and Control Program

CT Quitline Annual Report

JULY 2013 - JUNE 2014

PREPARED FOR:

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DPH Keeping Connecticut Healthy

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1 EXECUTIVE SUMMARY

Evaluation data show that in Fiscal Year 2013-2014 (FY 2014) the Connecticut (CT) Quitline continues to provide a valuable and necessary service to Connecticut residents across the state and to preferentially reach tobacco users from groups with disparities in tobacco use and related health outcomes. Overall caller volume decreased compared to previous years, despite a statewide media promotional campaign conducted through the final eight months of the year. Moving forward, media efforts should employ alternate ads and strategies to more effectively promote the Quitline, and additional resources should be devoted to increasing outreach to healthcare providers, who are an important source of information about the Quitline. The CT Quitline provides effective cessation support to Connecticut residents and is necessary to achieving the ambitious Healthy People 2020 target of reducing adult smoking prevalence in Connecticut to 12.8%.

The CT Quitline is a free telephone-based, tobacco cessation service for all CT residents who want to quit tobacco, and is a central component of the CT Department of Public Health's Tobacco Use Prevention and Control Programs efforts to reduce tobacco use in Connecticut. Quitlines are an effective and evidence-based approach to tobacco cessation, increasing quit rates by 56% compared to quitting with no support.[1] Combining cessation coaching with free NRT increases Quitline caller volume, caller satisfaction, and quit rates.[2-5] Marketing campaigns promoting Quitline services effectively increase utilization.[2,6] The University of North Carolina at Chapel Hill School of Medicine Tobacco Prevention and Evaluation Program began providing independent evaluation of the CT Quitline in April, 2014.

In FY 2014, the CT Quitline reached Connecticut residents across the state, with 4,474 tobacco users registering for services, resulting in a registration reach of 0.92% and a treatment reach of 0.78%. While overall caller volume was 38% lower compared to the previous year, the CT Quitline successfully reached populations with disparities in tobacco use and related health outcomes. A majority of callers reported low income (68.9%) and/or mental health conditions (56%), and callers from other disparate populations were represented at rates higher than their proportion in the general adult smoking population. Efforts to increase the overall number of CT Quitline callers should focus on continuing to reach these populations and to increase reach to tobacco users from other disparate populations (e.g., Hispanic, GLBT).

Additional outreach to health and behavioral health providers should be considered as one strategy for increasing overall caller volume. While 22% of callers reported hearing about the Quitline from a provider, only 6% of callers entered services via a fax referral. Direct provider mailings such as the one conducted in July, 2014 have shown promise,[7] but additional efforts are likely needed to significantly improve provider referrals. More intensive strategies such as academic detailing are effective in increasing provider referrals and should be considered.[8,9]

A statewide media promotional campaign was launched in November, 2013 to promote adult tobacco cessation and encourage Connecticut tobacco users to call the CT Quitline. Ads from the federal "Tips from Formers Smokers" campaign were placed on TV, radio, online, and in other venues; placement primarily targeted "straight to work" young adults ages 18-24, as well as other disparate groups. The media campaign did not have the anticipated impact, as caller volume among young adults was quite low, and overall caller volume was 38% lower than in the previous 12 months (during which time both state and federal campaigns were on air in CT). However, monthly caller volume did increase in relation to campaign exposure, suggesting a small but meaningful impact of the campaign. Future media promotional efforts should consider using different ads, focusing placement on TV and online, and including information about the CT Quitline nicotine replacement benefit.[10]

2 CT QUITLINE BACKGROUND

The Connecticut Quitline began operations in 2005 and has been operating on a continuous basis since 2009. Currently, the Quitline is operated by Alere Wellbeing, Inc. 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 may access free text support. Medically eligible callers who register for the multi-call program can receive two weeks of free nicotine replacement therapy (NRT) in the form of patch, lozenge, or gum.

Quitline users can register over the phone or via the CT Quitline website: https://www.quitnow.net/connecticut/. The CT Quitline accepts fax referrals from healthcare providers and has the capacity to receive electronic referrals from healthcare systems; work on utilizing this referral option is in the planning stages. Referrals generate proactive calls from Quitline coaches within 24 hours.

Callers must be at least 13 years old to receive coaching services and at least 18 years old to receive free NRT. While 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 based on disparate tobacco use rates and associated morbidity and mortality:

- Ages 25 – 34
- Men
- Hispanic ethnicity
- African American race
- Mental health and/or substance abuse diagnosis
- Low socioeconomic status (use education as proxy)

The CT Quitline is managed by the Connecticut Department of Public Health, Tobacco Use and Control Program (CT Tobacco Program); coaching services are provided by Alere Wellbeing. CT Quitline coaching services and NRT are paid for by funding allocated by the CT Tobacco and Health Trust Fund. Additional funds from CDC supplement services and outreach and training activities. In November, 2013, a contract was awarded to PITA Communications to design and execute a promotional media campaign, including TV and radio advertising and social media components.

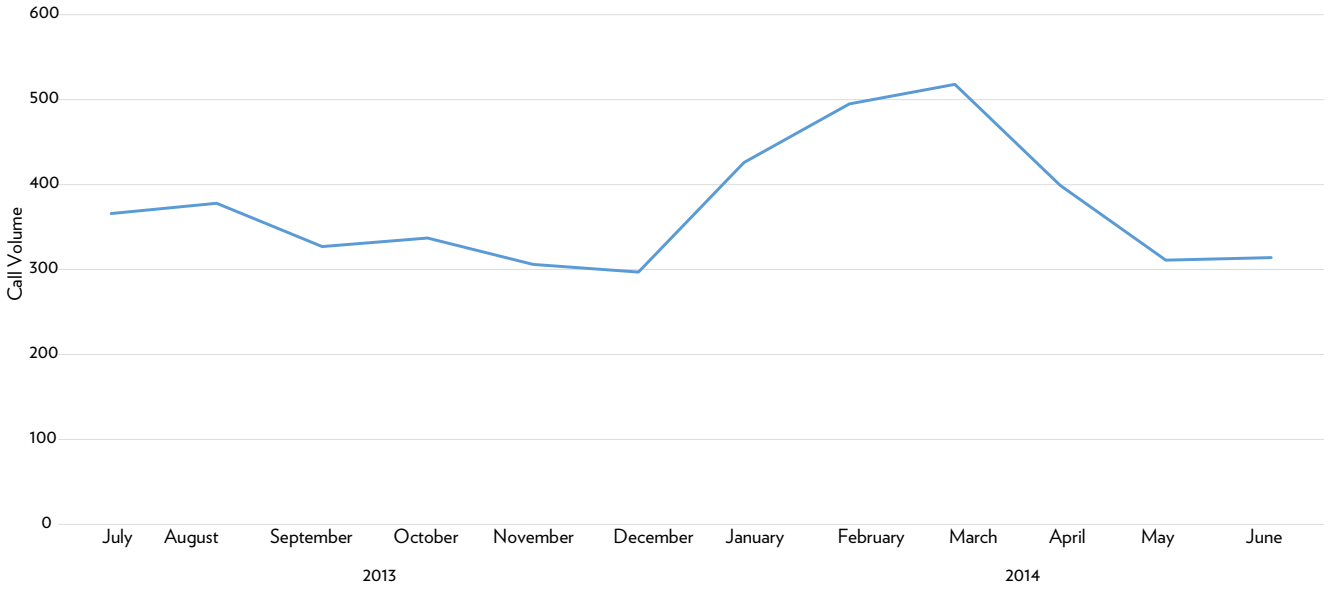
3 KEY FINDINGS & OUTCOMES

All data presented in this report reflects adult (age ≥18) Quitline callers who use tobacco and completed a registration call, excluding any callers (e.g., healthcare professionals or family members) who contacted Quitline as a proxy for a tobacco user. Data presented reflect unique Quitline caller volume (i.e., callers who registered for services more than once during the year are counted only once). Because recent independent evaluation data are not available, this report includes only very limited trend analysis.

A. To what extent does the CT Quitline reach CT tobacco users?

In FY 2014, 4,474 Connecticut residents who use tobacco registered with the CT Quitline for assistance with quitting. Overall caller volume was 38% lower than in FY 2013 (comparison based on data provided by the CT Quitline vendor, not by independent evaluators).

FIGURE 1. CT QUITLINE MONTHLY CALLER VOLUME, FY 2014 (N=4,474)



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.[6,11] Treatment reach provides a measure of the proportion of the state's smokers who receive evidence-based cessation treatment in the form of a completed cessation coaching call. In FY 2014, the CT Quitline registration reach was 0.92%, and treatment reach was 0.78%. CT Quitline reach in this fiscal year was lower than national estimates (1.22% registration reach and 1.08% treatment reach in 2013, the most recent year for which data are available).[11]

Most callers accessed the Quitline via a direct inbound call, with relatively few callers referred by a healthcare provider via the fax referral system or reached through outbound recruitment offers (i.e., calls initiated to former callers by the Quitline) (Table 1).

TABLE 1. ENTRY METHOD FOR CT QUITLINE CALLERS (N=4,474)

Entry Method	n	%
Inbound call	3825	85.5%
Fax referral	279	6.2%
Outbound recruitment offer	249	5.6%
Online registration	121	2.7%

B. Who calls the CT Quitline?

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

TABLE 2. CALLER VOLUME BY COUNTY (N=4,474)

County	n	%
New Haven	1242	27.8%
Hartford	1106	24.7%
Fairfield	695	15.5%
New London	375	8.4%
Litchfield	229	5.1%
Middlesex	222	5.0%
Windham	164	3.7%
Tolland	137	3.1%
Unknown	304	6.8%

CT Quitline callers are predominately adults ages 35 and older (74%), white (60%), and female (56%). Most callers have public health insurance (62%) or no health insurance (15%), a little more than half have lower educational attainment (51%), and nearly half have very low income (46.5%) (Table 3). The high number of callers with Medicaid coverage is likely influenced by the Medicaid "Rewards to Quit" program (sponsored by the CT Medicaid program), which incentivizes providers to refer patients to the Quitline and offers participants $5 for each completed Quitline call.

TABLE 3. CT QUITLINE CALLER DEMOGRAPHIC CHARACTERISITICS (N=4,474)

Demographic Characteristic*		#	%
Gender	Female	2490	55.7%
	Male	1805	40.3%
	Unknown	179	4.0%
Age	18 – 24	251	5.6%
	25 – 34	687	15.4%
	35 – 64	3020	67.5%
	≥65	275	6.2%
	Unknown	241	5.4%
Race	White	2683	60.0%
	Black/African American	730	16.3%
	Other†	579	13.2%
	Unknown	472	10.6%
Ethnicity	Hispanic	678	15.2%
	Non-Hispanic	3337	74.6%
	Unknown	459	10.3%
Primary Language	English	4252	95.0%
	Spanish	218	4.9%
	Other	4	0.1%
Sexual Orientation	Heterosexual/Straight	3596	80.4%
	GLBT	209	4.7%
	Other	17	0.4%
	Unknown	652	14.6%
Health Insurance Status	Private Insurance	732	16.4%
	Medicaid	2269	50.7%
	Medicare	501	11.2%
	No Insurance	657	14.7%
	Unknown	315	7.0%
Education Level	Less than High School	765	17.1%
	High School/GED	1525	34.1%
	Some College/College or more	1671	37.4%
	Unknown	513	11.5%
Annual Income	Less than $15,000	2082	46.5%
	$15,000-$34,999	1001	22.4%
	$35,000 +	557	12.5%
	Unknown	652	14.6%

*Unknown includes refused, not collected, not asked, does not know and missing
†Other includes callers reporting American Indian/Alaskan native (1.2%), Arab/Arab American (0.1%), Asian (0.5%), Native Hawaiian/Other Pacific Islander (0.1%), or Other (11.2%)

The CT Quitline is reaching callers with challenging tobacco use and health characteristics (Table 4). While most callers to the CT Quitline smoke cigarettes exclusively, nearly 10% use multiple tobacco products, with 6% of all callers reporting dual use of cigarettes and electronic cigarettes (e-cigarettes). Approximately half of callers report using tobacco within five minutes of waking, indicating strong nicotine dependence. Nearly half (46%) live and/or work in an environment that exposes them to other people smoking, which poses a significant challenge to quitting and staying quit. Furthermore, CT Quitline callers face a number of co-occurring chronic health and mental health conditions.

The CT Quitline reached very few callers who were planning a pregnancy, pregnant, or breastfeeding (n=56). Increasing reach to these women and providing effective cessation services has the potential for significant health benefits and medical cost savings for women and infants in CT.

TABLE 4. CT QUITLINE CALLERS' TOBACCO USE AND HEALTH CHARACTERISTICS (N=4,474)

Tobacco Use/Health Characteristics		#	%
Tobacco use	Cigarettes only	3647	88.8%
	Cigarettes and other tobacco products (includes e-cigarettes)	359	8.7%
	Cigarettes and e-cigarettes	191	6.4%
Cigarette smokers' smoking intensity (n=4,006)	Light (0-10 cpd)	1372	34.3%
	Moderate (11-19 cpd)	569	14.2%
	Heavy (20+ cpd)	2065	51.5%
Nicotine dependence	Use tobacco within 5 minutes of waking	2060	52.6%
	Use tobacco within 30 minutes of waking	3237	82.6%
Health status	Tobacco-related health condition*	2663	59.5%
	At least 1 mental health condition†	2345	52.4%
	2+ mental health conditions	1604	35.9%
	Drug or alcohol abuse	1016	22.7%
Smoking exposure	Live/work in smoking environment	2044	45.7%
Pregnancy status (female callers only, n=2,490)	Planning pregnancy, pregnant, or breastfeeding	56	2.2%

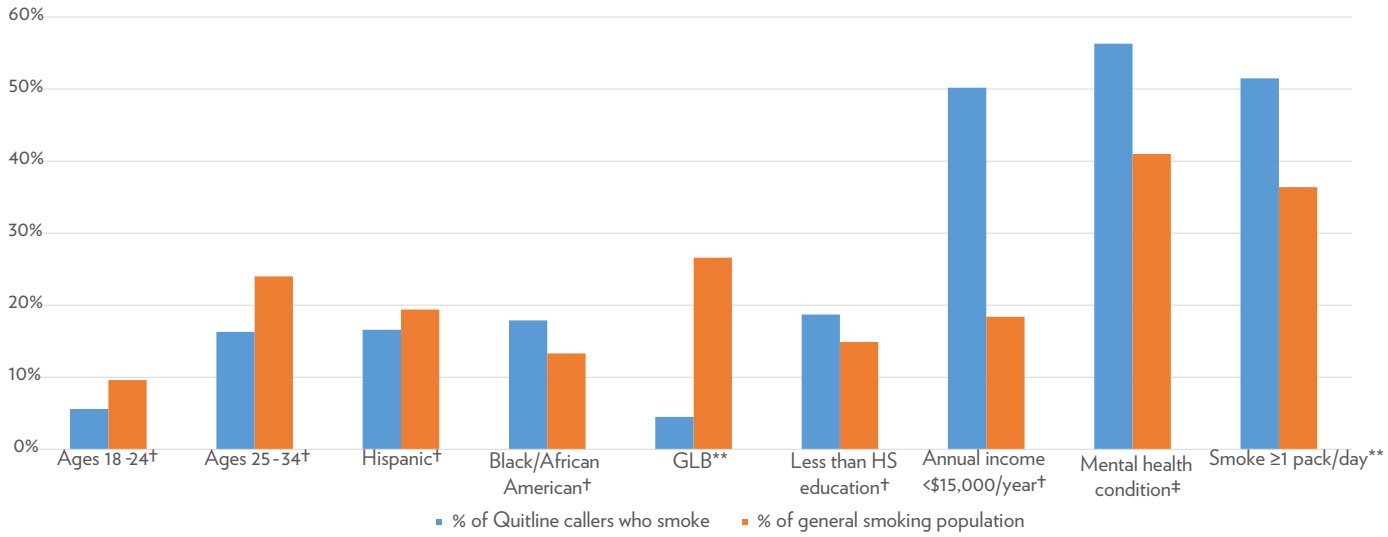
CPD: cigarettes per day

*Includes asthma, chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), diabetes, high blood pressure, arthritis, high cholesterol, stroke, or cancer

†Includes depression, ADHD, bipolar, gambling addiction, anxiety disorder, PTSD, or schizophrenia

Overall, the CT Quitline is reaching callers from populations that experience disparities in tobacco use and related disease and/or have more difficulty quitting at rates higher than the proportion of Connecticut residents who smoke (Figure 2). In particular, many CT Quitline callers have very low incomes, report mental health conditions, and/or smoke heavily (more than one pack of cigarettes per day). However, callers who are between ages 18-24, Hispanic, and/or gay, lesbian, or bisexual (GLB) – populations targeted by the CT Quitline promotional campaign – are represented at rates lower than their proportion of Connecticut residents who smoke.

FIGURE 2. QUITLINE CALLERS FROM DISPARATE POPULATIONS*

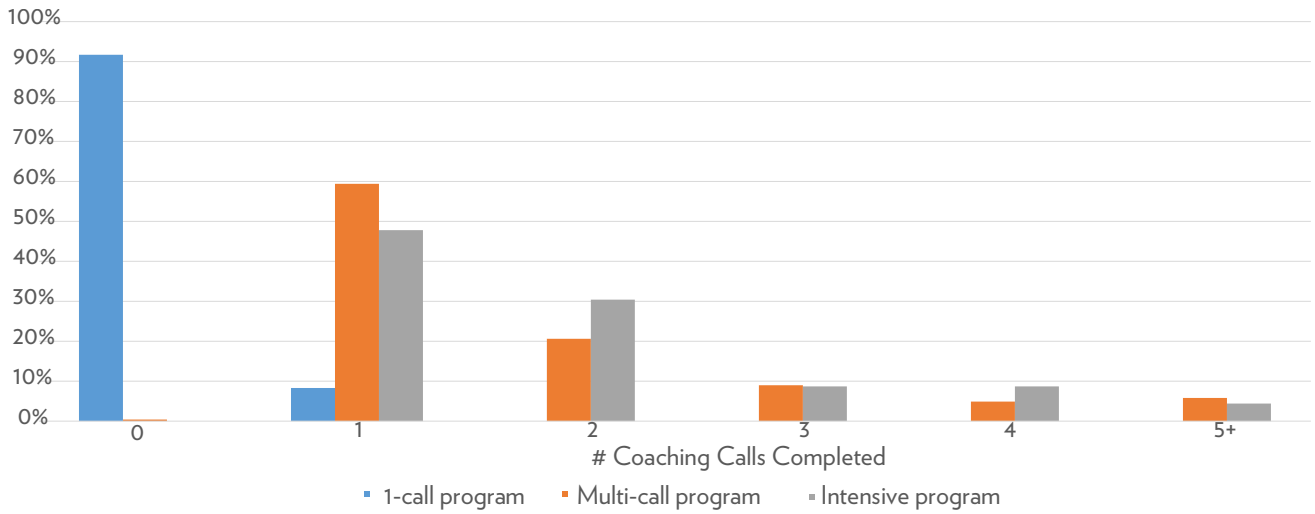


*Estimates exclude missing data
† Estimates based on 2013 Connecticut Behavioral Risk Factor Surveillance Survey
** Estimate based on 2013 National Health Interview Survey
‡Estimate based on 2009-2011 National Survey on Drug Use and Health

C. How do callers engage with CT Quitline services?

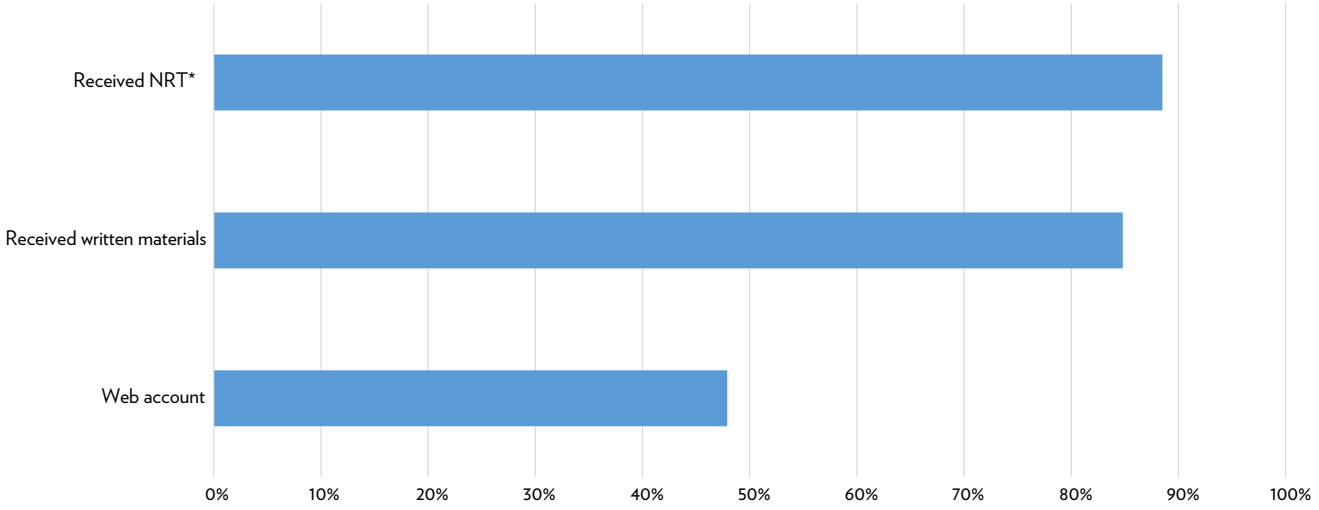
Most (91%) tobacco users who call the CT Quitline request an intervention (i.e., request a coaching call rather than requesting materials only or asking general questions). Of callers requesting an intervention, roughly 16% enrolled in the one-call program, most (84%) enrolled in the multi-call (5 calls) program, and less than 1% enrolled in the intensive (10 calls) program available to pregnant women. Enrollment in the multi-call program is required to be eligible for two weeks of free NRT. While the majority of callers enrolled in the multi-call program, it appears that many callers may be enrolling in the multi-call program solely to take advantage of the NRT benefit, as 60% do not complete more than one call (Figure 3). Very few (8.3%) of callers enrolling in the one-call program completed a coaching call, reflecting difficulty in reaaching callers who do not complete a coaching call at the time of registration. With 88.5% of eligible callers receiving NRT, it is clear that this benefit is a significant incentive for many callers. Utilization of additional supports, including online and written materials, was also fairly high among all callers (Figure 4).

FIGURE 3. COACHING CALLS COMPLETED BY PROGRAM ENROLLMENT (N=4,091)*



*1-call program = 648 enrollees; Multi-call program = 3,420 enrollees; Intensive program = 23 enrollees

FIGURE 4. UTILIZATION OF QUITLINE RESOURCES FOR CALLERS ENROLLED IN A CALL PROGRAM (N=4,091)



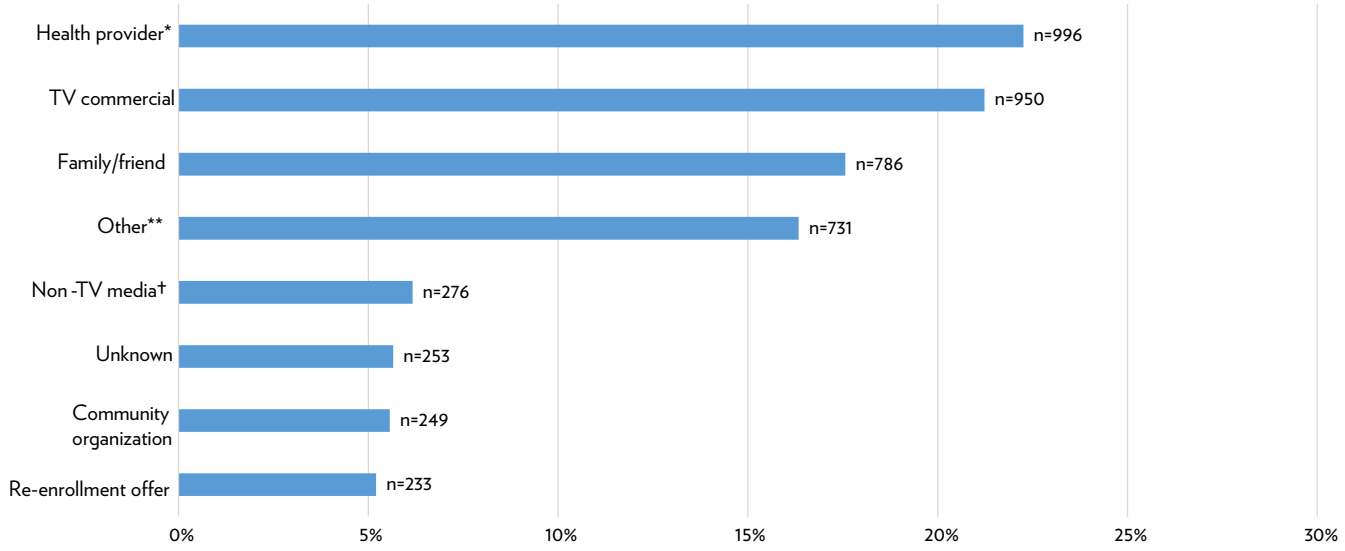
*Percentage reflects only callers enrolled in multi-call program (n=3,420)

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

In November, 2013, CT DPH launched a statewide media campaign designed to promote cessation among adult tobacco users and drive calls to the CT Quitline. Ads from the Centers for Disease Control and Prevention's Tips from Former Smokers campaign, which were associated with spikes in Quitline caller volume during previous federal campaigns, were tagged with the CT Quitline number and website. Importantly, the ads did not include information about the availability of free NRT. Ads were placed on TV, radio, online, and other venues. The DPH statewide campaign ran from November, 2013 - December, 2014. Ad placement primarily targeted young adults (ages 18-24), a group with higher tobacco use rates and notoriously low utilization of Quitline services. Ads were also targeted to tobacco users from other disparate populations (e.g., Hispanic, African-American, and GLBT). The CT DPH Tobacco Prevention and Control Branch provides Quitline resources to healthcare providers around the state, including a statewide mailing targeted to dental providers conducted in July, 2013. CT DPH Community Cessation Programs are also encouraged to refer their clients to the Quitline and to promote Quitline services with partnering providers and agencies.

Callers are asked how they heard about the Quitline, which provides one measure of the impact of media and other promotional activities on overall caller volume. Healthcare providers were the most commonly reported source of information, suggesting that CT DPH outreach to providers has had some impact (Figure 5). With 18% of callers hearing about the Quitline from a family member or friend, it appears that word of mouth promotion may play an important role and that continued efforts are needed to increase overall awareness of the CT Quitline.

FIGURE 5. HOW CALLERS HEARD ABOUT THE CT QUITLINE (N=4,474)

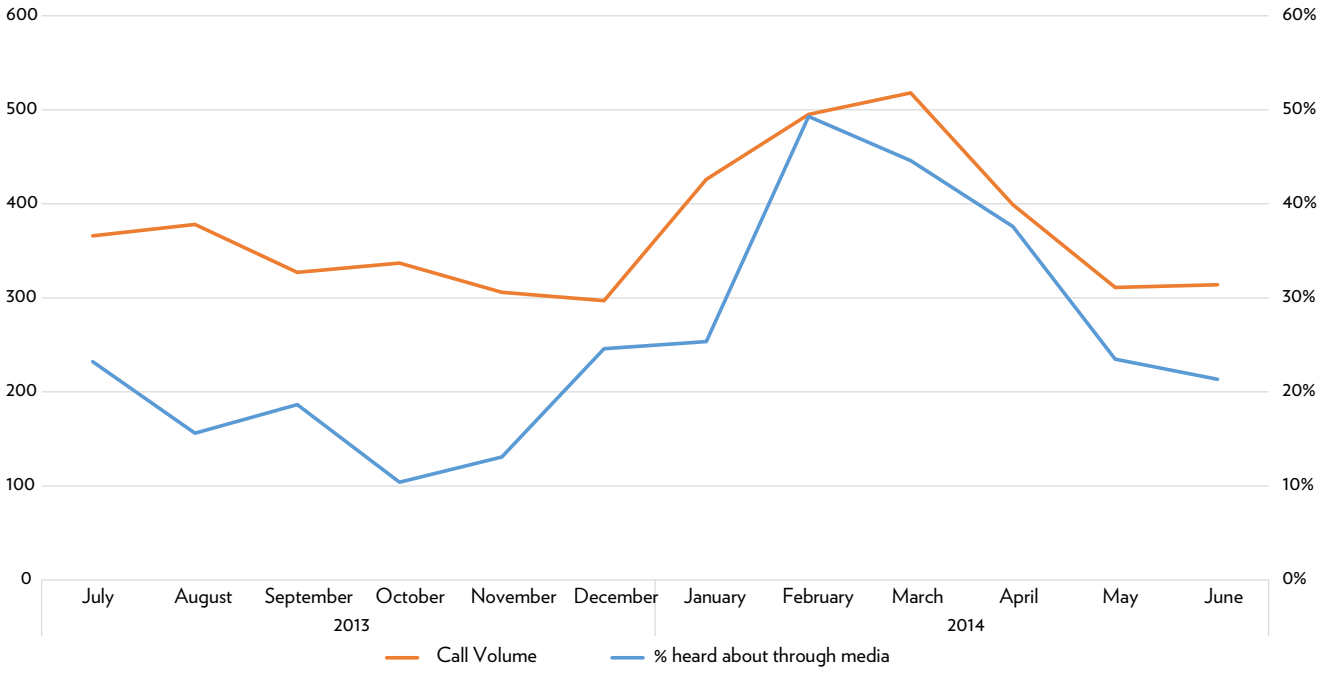


*Health provider includes health department, health professional, and pharmacy/drugstore
**Other includes health insurance providers, TV news, cigarette pack, employer/worksite, brochure/newsletter/flyer, and other
†Non-TV media includes radio, outdoor ad, newspaper/magazine, and online

Almost one-third of callers reported hearing about the Quitline from a TV ad (21%) or from other non-TV media (6%) (i.e., radio, outdoor ad, newspaper/magazine, and online). Figure 6 shows a clear relationship between campaign exposure and overall monthly caller volume, with the proportion of callers reporting hearing about the Quitline from TV or other media source associated with a higher number of tobacco users registering with the CT Quitline during that month. While there may be a small amount of influence from campaigns run in New York City that may have been seen by callers from Fairfield County, it seems likely that the majority of media exposure is related to the CT DPH campaign, as there were no federal campaigns airing during this time period. While the DPH campaign did not result in higher caller volume levels to the extent anticipated, it is clear that there was some impact of the campaign on caller volume. It is possible that campaign ad placement more heavily targeted to adults, who are more likely to call the Quitline, may have resulted in higher overall impact.

Media exposure was also assessed at 7-month follow-up, with most survey respondents (93%) reporting having seen an ad where people talk about how smoking harmed their health, and a majority of these (59%) reporting that these ads motivated them to call the Quitline. Many described the CDC Tips ads featuring Terrie, which were used in the CT DPH statewide campaign, as particularly poignant, suggesting the potential of emotionally salient media content to motivate tobacco users to seek cessation support.

FIGURE 6. HOW CALLERS HEARD ABOUT THE CT QUITLINE IN RELATION TO MONTHLY CALL VOLUME



E. How effective are CT Quitline services?

A telephone survey was conducted to assess Quitline callers' satisfaction with the Quitline and tobacco use status at 7 months post-Quitline registration. Survey samples were selected from tobacco users age 18 and older who registered between January 2014 and June 2014, had a valid phone number, and completed at least one intervention coaching call (n=1,893). Oversampling of callers who were male, ages 25-34, low SES, and/or did not receive NRT was conducted when monthly sample sizes were sufficiently large. Overall survey response rates was 30.8% (n=583). However, callers from several disparate group had significantly lower survey response rates (i.e., younger callers ages 18-34, callers who are Hispanic ethnicity, non-English speaking, Medicaid insured or have no insurance, have low education, use tobacco within five minutes of waking, and completed less than two coaching calls), which should be considered when interpreting follow-up results. All data reflects weighted survey estimates.

Table 5 presents 30-day point prevalence (i.e., no tobacco use in past 30 days) responder and intent-to-treat quit rates at 7-month follow-up. Responder rates do not account for the tobacco use status of non-respondents to the follow-up survey and are an overestimate of the actual quit rate. Intent-to-treat rates assume that all non-respondents to the follow-up survey continue to use tobacco and are an underestimate of the actual quit rate. The true quit rate lies somewhere between these two measures.

TABLE 5. TOBACCO USE AT 7-MONTH FOLLOW-UP (N=583)

30-Day point prevalence quit rate		
	n	% (95% CI)
Responder quit rate	168	29.1% (25.9% - 32.2%)
Intent-to-treat quit rate	168	8.9% (7.7% - 10.2%)
Quit attempts & behavior changes		
	n	%
Quit attempt made*	517	88.6%
Reduced cigarettes per day	225	63.4%
Increased length of time before using tobacco after waking†	141	40.4%

*Stopped tobacco use for at least 24 hours in a quit attempt
†Excludes missing data

CT Quitline callers achieved a 30-day tobacco quit rate between 9% and 29%, nearly identical to the 30-day quit rate range of 9%-27% reported by Alere during the 2011-2012 fiscal year.[12] Most respondents (89%) reported stopping tobacco use for at least 24 hours in a quit attempt, and many changed their tobacco use behavior by reducing daily use or increasing the amount of time after waking before first using tobacco. These data indicate that Quitline services were effective in moving many callers along the continuum towards quitting.

Multivariable logistic regression models were used to identify factors associated with tobacco use quit status at 7-month follow-up. Odds of being quit were significantly lower for Quitline callers who started using tobacco before the age of 18 and for callers who reported using an e-cigarette or other vaping device in the past 30 days at the time of the follow-up survey (Table 6). Each additional coaching call completed increased the odds of quitting, and callers who were very satisfied with their Quitline experience were more likely to be quit.

TABLE 6. PREDICTORS OF QUIT AT 7-MONTH FOLLOW-UP

Adjusted odds ratios* for multivariable logistic regression model of 30-day point prevalence smoking abstinence at 7-month follow-up (n=436)†		
	Adjusted odds ratio (95% CI)	p-value
Started using tobacco <18 years old	0.62 (0.39-1.0)	.05
E-cigarette use in past 30 days	0.46 (0.27-0.78)	.0041
# of coaching calls	1.1 (1.0-1.3)	.0181
Very satisfied with Quitline	2.1 (1.4-3.4)	.001

*Model is adjusted for all listed variables, as well as age, gender, race, sexual orientation, ethnicity, education, income, health insurance, mental health condition, drug or alcohol abuse, living/working in a smoking environment, time to tobacco use after waking, cigarettes smoked per day at time of enrollment, NRT use, and motivation to quit

†Only includes respondents with complete follow-up information

Most 7-month follow-up respondents reported being very (57.5%) or mostly (23.4%) satisfied with the CT Quitline, consistent with satisfaction rates of the CT Quitline from previous years.[12,13] Ninety-one percent of respondents indicated they would contact the Quitline if they were to seek help again.

F. How efficient are CT Quitline services?

Cost per Quitline caller and cost per quit provide a measure of Quitline efficiency. As all ads in the CT media campaign included the Quitline number and website with the intention of driving calls to the Quitline, cost outcomes include estimates that account for media campaign costs.

Cost per caller is a measure of the efficiency with which the CT Quitline reaches tobacco users with cessation support (Table 7). Cost per caller estimates based on treatment reach provide the upper end of cost per caller estimates, at $522 including media expenditures and $202 excluding media expenditures. Cost per caller excluding media expenditures compare favorably to estimates from other state quitlines, reported at $175 to $230 per caller.[6]

TABLE 7. COST PER CALLER

Total expenditures	Promotion reach*	Treatment reach†	Cost per promotion reach	Cost per treatment reach
With media costs				
$1,820,745	4474	3485	$406	$522
Without media costs				
$706,902	4474	3485	$158	$202

*Tobacco users aged 18+ who completed a registration call[12]
†Tobacco users aged 18+ who completed a registration call and received evidence-based services (i.e., completed at least one cessation coaching call)[12]

Cost per quit provides a measure of outcome efficiency. Both responder and intent-to-treat 30-day quit rates are used to estimate the cost per quit, with and without media campaign costs; the true cost per quit lies somewhere between these values (Table 8). The true cost per quit excluding media is similar to an estimated $1,156 cost per quit reported by the Oregon quitline, which provided similar services as the CT Quitline.[14]

TABLE 8. COST PER QUIT

Quit rate estimate*	# Callers quit	Cost per quit with media costs	Cost per quit without media costs
Responder rate			
29.1%	1014	$1,795	$697
Intent-to-treat rate			
8.9%	310	$5,873	$2,280

*Quit rate estimates are based on 30-day tobacco use abstinence at 7-month follow-up

4 CONCLUSIONS

Evaluation data show that the Connecticut (CT) Quitline continues to provide a valuable and necessary service to Connecticut residents across the state and to preferentially reach tobacco users from groups with disparities in tobacco use and related health outcomes. Overall caller volume decreased in Fiscal Year 2013-2014 (FY 2014) compared to previous years, despite a statewide media promotional campaign conducted through the final eight months of the fiscal year. Moving forward, media efforts should employ alternate ads and strategies to more effectively promote the Quitline and additional resources should be devoted to increasing outreach to healthcare providers, who are an important source of information about the Quitline. The CT Quitline provides effective cessation support to Connecticut residents and is necessary to achieving the ambitious Healthy People 2020 target of reducing adult smoking prevalence in Connecticut to 12.8%.

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Connecticut Tobacco Use Prevention and Control Program

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