CT Quitline Annual Report

JULY 2014 - JUNE 2015

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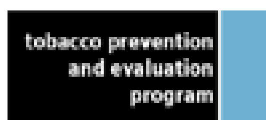

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1 EXECUTIVE SUMMARY

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. With more than 4,000 CT tobacco users registering with the Quitline between July, 2014 – June, 2015 (Fiscal Year (FY) 2015), overall call volume was similar to FY 2014, and lower than in previous years. Healthcare providers were the most frequently cited source of information about the Quitline among all callers; television ads from the national "Tips from Former Smokers" campaign also played an important role in sustaining call volume during FY 2015. In the absence of sustained mass media promotion, increased outreach to healthcare providers will be critical to maintaining or improving overall call volume in the future. 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 nicotine replacement therapy (NRT) increases Quitline call volume, caller satisfaction, and quit rates.[2-5] Marketing campaigns promoting Quitline services effectively increase utilization.[2] 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.

The CT Quitline reached Connecticut residents across the state in FY 2015, with 4,464 tobacco users registering for services, resulting in a registration reach of 1.03% and a treatment reach of 0.79%. Overall call volume and reach was nearly identical to the previous year, and the CT Quitline continued to serve populations with disparately high rates of tobacco use and related health outcomes. A majority of callers reported low income (72%), low education (55%), and/or mental health conditions (54%), and callers from other disparate populations were represented at rates higher than their proportion in the general adult smoking population.

Television ads from the federally funded Centers for Disease Control and Prevention "Tips from Former Smokers," tagged with the Quitline number, aired in Connecticut for a total of six months during FY 2015 (July – September, 2014 and April-June, 2015) and were supplemented by older Tips ads aired as part of CT DPH's state-based campaign through November, 2014. While the CT based campaign appeared to have relatively low impact on call volume, the national Tips campaign was an important driver of call volume, with higher call volume during the six months in which national Tips ads aired.

In the absence of continuous state-based mass media promotion targeting the general adult population of tobacco users, other promotional strategies will be needed to sustain Quitline call volume during times in which national mass media campaigns are not on the air. Such strategies should focus on continued outreach to healthcare providers, callers' most frequently cited source of information about the Quitline. As resources allow, more intensive outreach strategies, such as academic detailing[6-7] with providers serving populations with higher rates of tobacco use, may be needed. Targeted promotion to healthcare providers serving populations with higher tobacco use will support overall call volume and also ensure that the Quitline continues to reach Connecticut tobacco users experiencing disparately high rates of tobacco use and related disease.

2 CT QUITLINE BACKGROUND

The Connecticut Quitline (CT Quitline) began operations in 2005 and has been operating on a continuous basis since FY 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 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. Fax 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 (education used as a 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. This paid campaign ended in November, 2014.

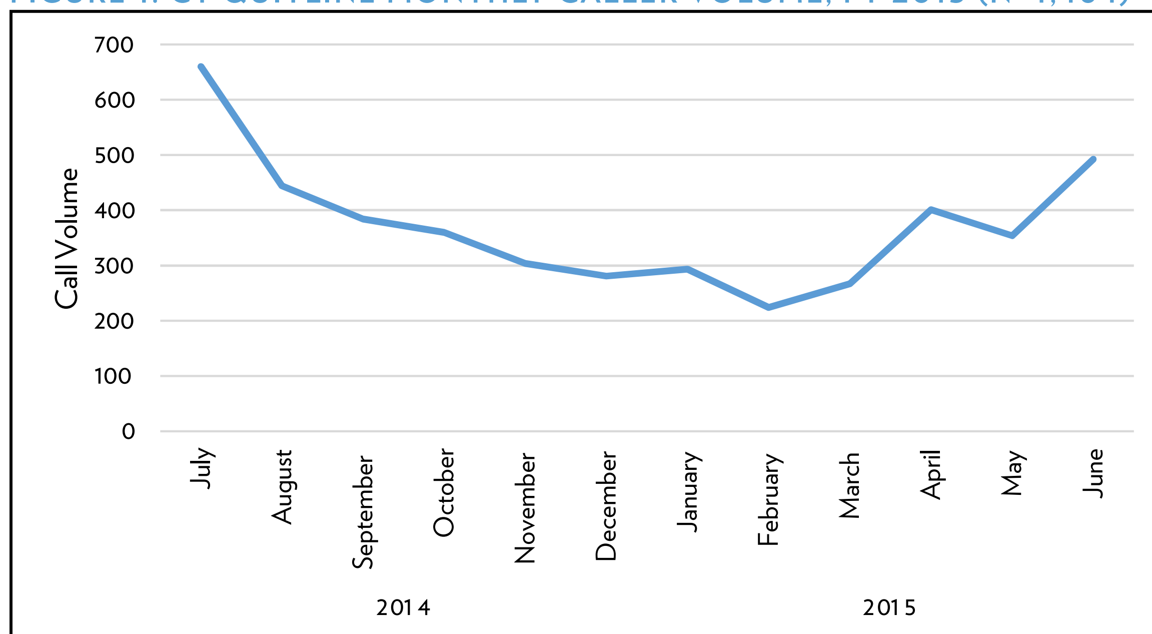
3 KEY FINDINGS & OUTCOMES

All data presented in this report reflects 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 call volume (i.e., callers who registered for services more than once during the fiscal year reporting period are counted only once). Because independent evaluation data are available for only the previous fiscal year, this report includes limited trend analysis.

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

In FY 2015 (July 1, 2014 – June 30, 2015), 4,464 Connecticut residents who use tobacco registered with the CT Quitline for assistance with quitting. Overall call volume was roughly equal to call volume in FY 2014 (n=4,474), and 38% lower than reported for FY 2013 (based on data reported from Quitline vendor Alere Wellbeing). Monthly call volume fluctuated substantially during the year (Figure 1).

FIGURE 1. CT QUITLINE MONTHLY CALLER VOLUME, FY 2015 (N=4,464)



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.[2,8] 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 2015, the CT Quitline registration reach was 1.03%, and treatment reach was 0.79%. 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).[8]

Most callers accessed the Quitline via a direct inbound call (Table 1). A relatively low proportion of callers (8%) entered Quitline services via a fax referral from a healthcare provider. While 2,340 fax referrals were sent to the CT Quitline during FY 2015, only 15.6% of people referred completed a registration call. 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. Such barriers may include 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) and reduced motivation to quit between time of referral and time of Quitline contact.

TABLE 1. ENTRY METHOD FOR CT QUITLINE CALLERS (N=4,464)

Entry Method	n	%
Inbound call	3697	82.8%
Fax referral	366	8.2%
Outbound recruitment offer	308	6.9%
Online registration	93	2.1%

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=4,464)

County	n	%
Hartford	1372	30.7%
New Haven	1206	27.0%
Fairfield	638	14.3%
New London	295	6.6%
Windham	215	4.8%
Middlesex	184	4.1%
Litchfield	183	4.1%
Tolland	135	3.0%
Unknown	236	5.3%

CT Quitline callers are predominately adults ages 35 and older (76%), white (55%), and female (56%). Most callers have public health insurance (71%) or no health insurance (7%), more than half have lower educational attainment (55%), and half have very low income (51%) (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=4,464)

Demographic Characteristic*		n	%
Gender	Female	2498	56.0%
	Male	1833	41.0%
	Unknown	133	3.0%
Age	18 – 24	190	4.3%
	25 – 34	689	15.4%
	35 – 64	3118	69.9%
	≥65	294	6.6%
	Unknown	173	3.9%
Race	White	2444	54.8%
	Black/African American	924	20.7%
	Other†	683	15.3%
	Unknown	413	9.3%
Ethnicity	Hispanic	756	16.9%
	Non-Hispanic	3328	74.6%
	Unknown	380	8.5%
Primary Language	English	4230	94.8%
	Spanish	229	5.1%
	Other	5	0.1%
Sexual Orientation	Heterosexual/Straight	3566	79.9%
	GLBT	229	5.1%
	Other	27	0.6%
	Unknown	642	14.4%
Health Insurance Status	Private Insurance	702	15.7%
	Medicaid	2692	60.3%
	Medicare	478	10.7%
	No Insurance	315	7.1%
	Unknown	277	6.2%
Education Level	Less than High School	870	19.5%
	High School/GED	1588	35.6%
	Some College/College or more	1569	35.2%
	Unknown	437	9.8%
Annual Income	Less than $15,000	2284	51.2%
	$15,000-$34,999	937	21.0%
	$35,000-$49,999	210	4.7%
	$50,000+	224	5.0%
	Unknown	809	18.1%

*Unknown includes refused, not collected, not asked, does not know and missing
†Other includes callers reporting American Indian/Alaskan native (1.3%), Arab/Arab American (0.13%), Asian (0.52%), Native Hawaiian/Other Pacific Islander (0.29%), or Other (13.1%)

The CT Quitline is reaching callers with challenging tobacco use and health characteristics (Table 4). While most CT Quitline callers smoke cigarettes exclusively, 10% use multiple tobacco products, with 5.8% of all callers reporting dual use of cigarettes and electronic cigarettes (compared to 6.4% in FY 2014). Half of callers report using tobacco within five minutes of waking, indicating strong nicotine dependence. Nearly half (47%) 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=49). 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.

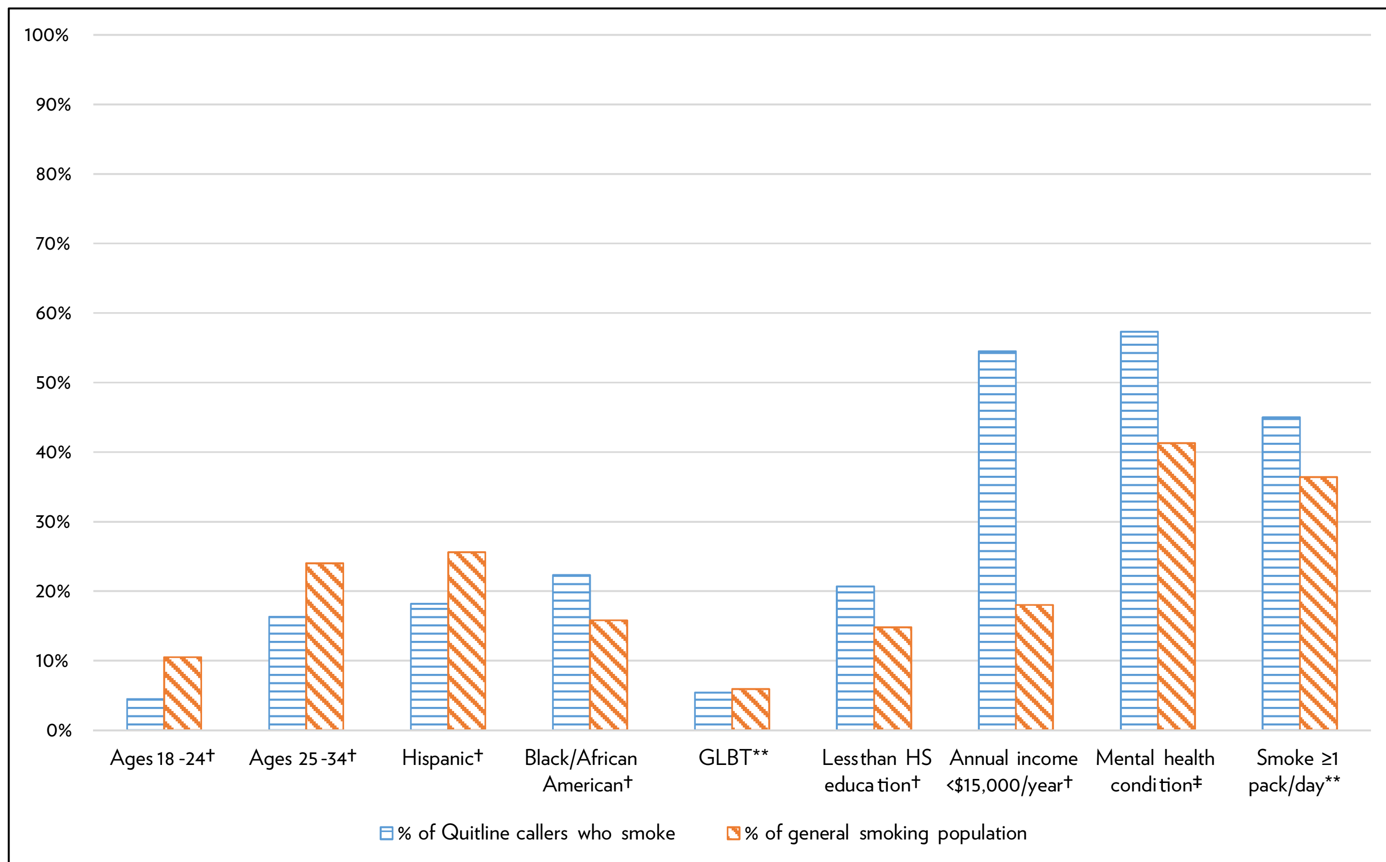
TABLE 4. CT QUITLINE CALLERS' TOBACCO USE AND HEALTH CHARACTERISTICS (N=4,464)

Tobacco Use/Health Characteristics		n	%
Tobacco use*	Cigarettes only	3632	87.3%
	Other tobacco products only (includes e-cigarettes)	110	2.6%
	Cigarettes and other tobacco products (includes e-cigarettes)	415	10.0%
	Cigarettes and e-cigarettes dual use	237	5.8%
Cigarette smokers' smoking intensity (n=4,047)	Light (0-10 cpd)	1641	40.6%
	Moderate (11-19 cpd)	584	14.4%
	Heavy (20+ cpd)	1822	45.0%
Nicotine dependence*	Use tobacco within 5 minutes of waking	2007	50.7%
	Use tobacco within 30 minutes of waking	3190	80.6%
Health status	Tobacco-related health condition†	2789	62.5%
	At least 1 mental health condition‡	2425	54.3%
	2+ mental health conditions	1620	36.3%
	Drug or alcohol abuse	950	21.3%
Smoking exposure	Live/work in smoking environment	2114	47.4%
Pregnancy status (female callers only, n=2,498)	Planning pregnancy, pregnant, or breastfeeding	49	2.0%

CPD: cigarettes per day
*Excludes missing
†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 serving 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 in each of these populations (Figure 2). In particular, many CT Quitline callers have very low incomes, report mental health conditions, and/or smoke heavily (at least one pack of cigarettes per day). However, callers who are between ages 18-34 and/or report Hispanic ethnicity – populations with disparately high tobacco use rates – are represented at rates lower than the proportion of Connecticut residents who smoke in these populations.

FIGURE 2. QUITLINE CALLERS FROM DISPARATE POPULATIONS



† Estimates based on 2014 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

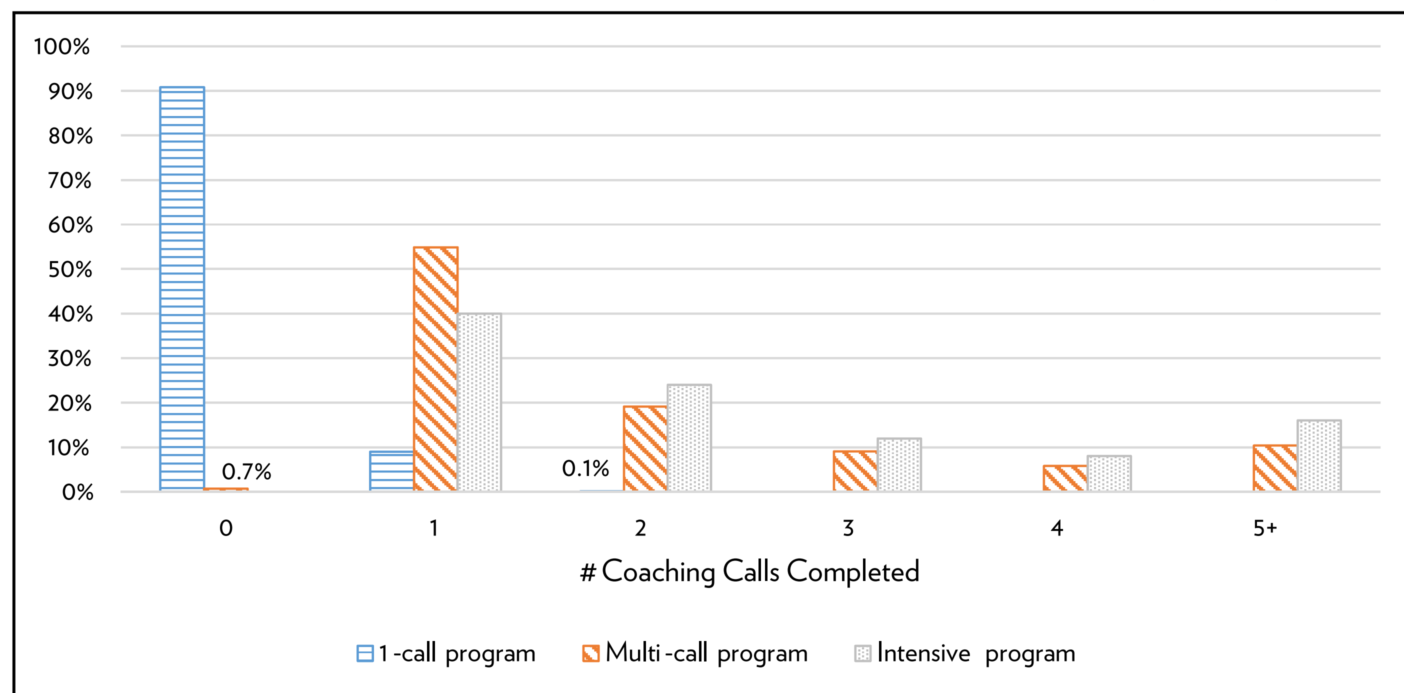
C. How do callers engage with CT Quitline services?

Most (93%) 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). Among callers requesting an intervention, most (81%) enrolled in the multi-call (5 calls) program, 18% enrolled in the one-call program, and less than 1% enrolled in the intensive (10 calls) program available to pregnant women. However, many callers do not complete the intervention program in which they enroll (Figure 3).

Enrollment in the multi-call program is required of callers who wish to receive two weeks of free NRT. As observed in the previous year, more than half of callers (56%) registering for the multi-call program completed only one call, which may be an indication that many callers enroll in the multi-call program in order to take advantage of the free NRT benefit (Figure 3). With 85% 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.[9] Particular focus should be given to caller groups that were less likely to complete multiple calls, including young adults ages 18-24, those with no health insurance, those who live and/or work in a smoking environment, and those who reported smoking at least one pack of cigarettes per day at the time of registration.

Strategies to increase Quitline service utilization by one-call program enrollees are also needed, as most (91%) callers enrolling in the one-call program did not complete a coaching call following registration. Quitline callers who are not ready to set a quit date during the registration process are directed to the one-call program. 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.

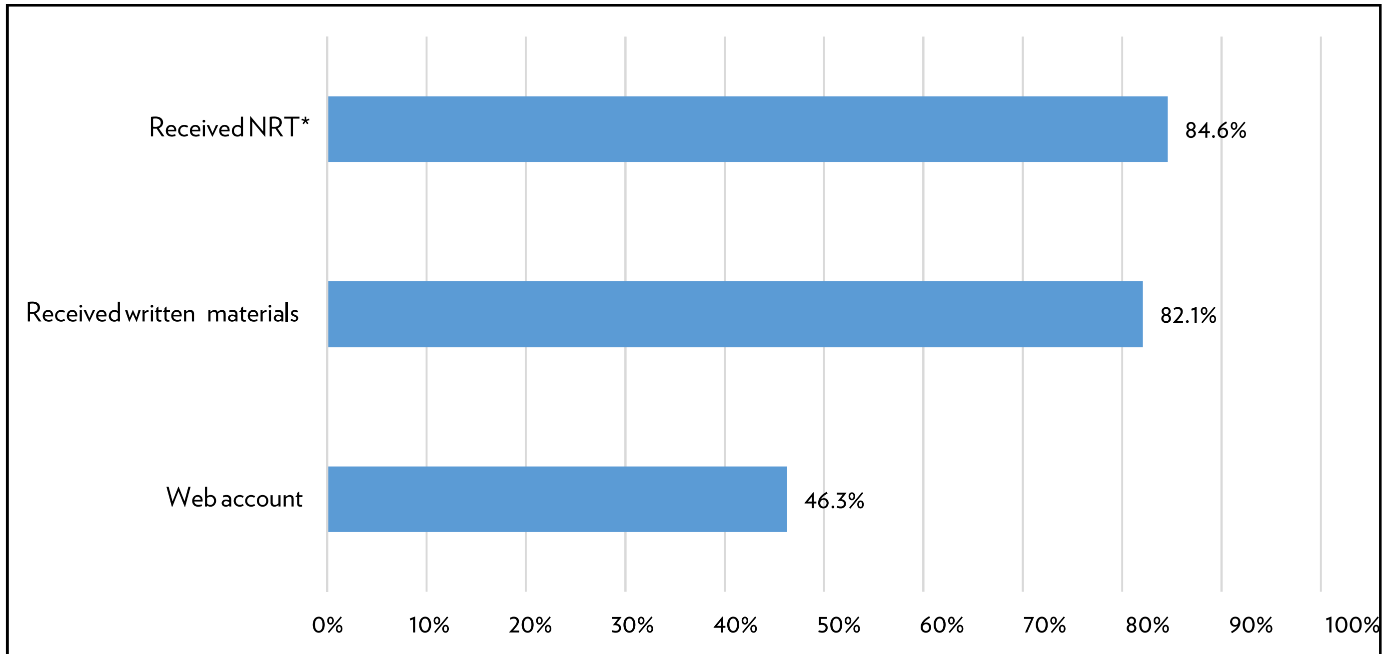
FIGURE 3. COACHING CALLS COMPLETED BY PROGRAM ENROLLMENT (N=4,161)*



*1-call program = 752 enrollees; Multi-call program = 3,384 enrollees; Intensive program = 25 enrollees

Most callers received supplemental written materials designed to support quit attempts, and nearly half registered to use additional online supports provided by the Quitline vendor (Figure 4).

FIGURE 4. UTILIZATION OF QUITLINE RESOURCES FOR CALLERS ENROLLED IN A CALL PROGRAM (N=4,161)



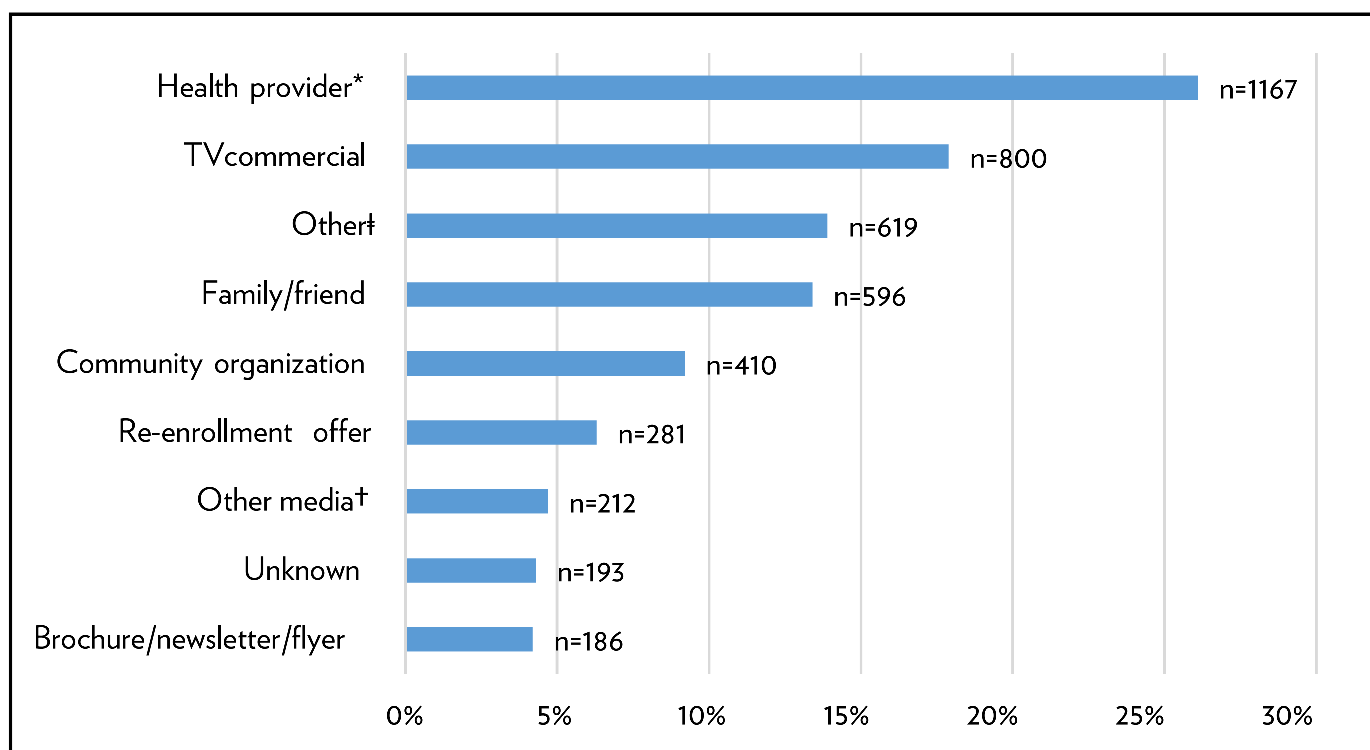
*Percentage reflects only callers enrolled in multi-call program (n=3,409)

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

Callers are asked how they heard about the Quitline, which provides one measure of the impact of promotional activities on overall call volume. In FY 2015, the CT DPH Tobacco Prevention and Control Branch conducted mail and in person outreach targeted to dentists, respiratory therapists, primary care providers, and pediatricians across the state, providing materials on addressing tobacco use with patients and referring patients to the Quitline. 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. While there do not appear to be changes in monthly call volume directly associated with particular outreach efforts, healthcare providers were the most commonly reported source of information about the Quitline (Figure 5), suggesting that efforts to educate providers about the Quitline and distribute patient education materials have had some impact on driving CT tobacco users to the Quitline.

With 13% of callers hearing about the Quitline from a family member or friend, it appears that word of mouth promotion plays an important role in driving Quitline calls. Continued efforts to increase overall awareness of the CT Quitline among tobacco users and those who motivate or support their efforts to quit is needed.

FIGURE 5. HOW CALLERS HEARD ABOUT THE CT QUITLINE (N=4,464)



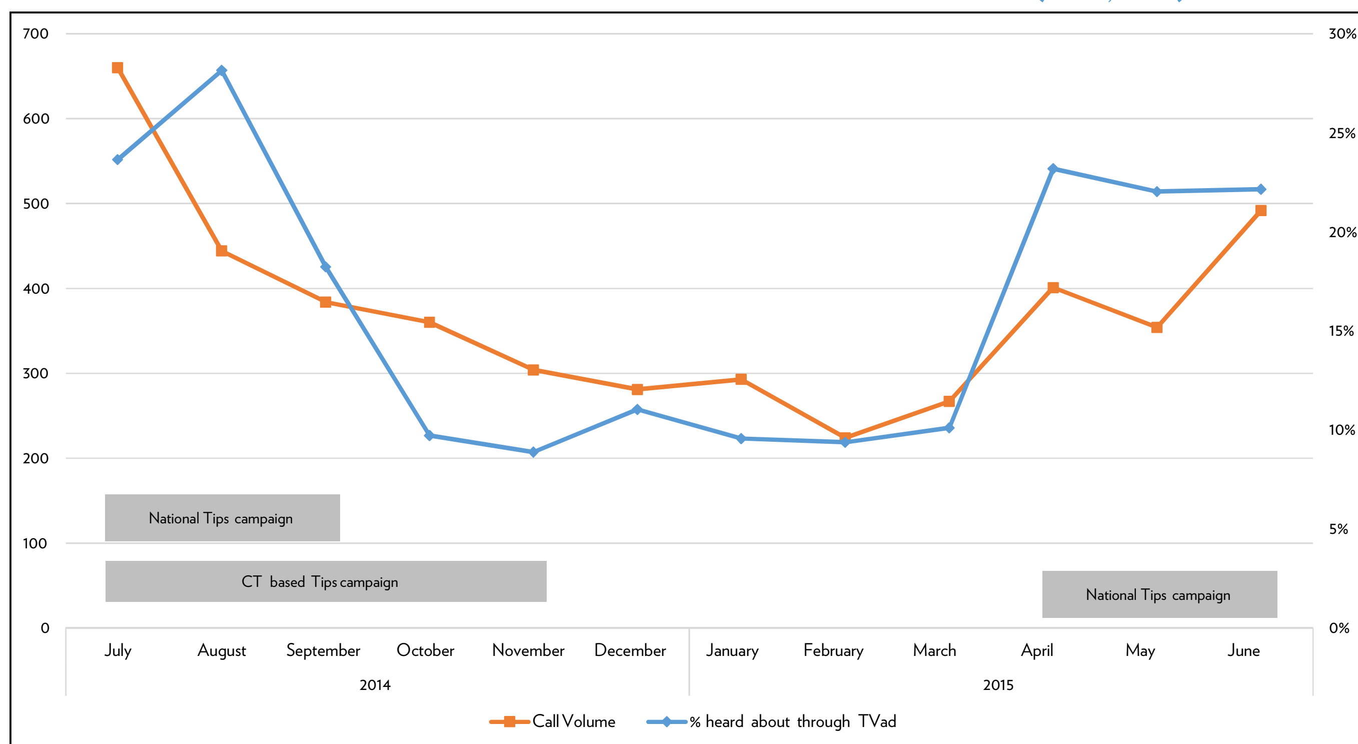
*Health provider includes health department, health professional, and pharmacy/drugstore
†Other media includes radio, outdoor ad, newspaper/magazine, website, and TV/news
‡Other includes health insurance providers, cigarette pack, employer/worksite, and other

TV ads from the federally funded, nationwide CDC Tips from Former Smokers campaign, tagged with the Quitline number, aired in Connecticut for a total of six months during FY 2015. Ads from the 2014 national Tips campaign aired for nine weeks between July and September, 2014, and ads from the 2015 national Tips campaign aired for the final 13 weeks of the year, between April and June, 2015. Ads from previous Tips campaigns were also on air between July and November, 2014 as part of the DPH-funded statewide media campaign; limited ads from this campaign continued to air into December past the expiration of DPH funding for the campaign. Ad placement from the CT-based campaign primarily targeted young adults (ages 18-24), a group with higher tobacco use rates and notoriously low utilization of Quitline services.

CT Quitline monthly call volume fluctuated substantially in FY 2014 (Figure 6), with higher call volume during months in which Tips TV ads from the national campaign aired. Figure 6 shows a clear relationship between media exposure and overall monthly call volume during that time, with the proportion of callers reporting hearing about the Quitline from a TV ad associated with a higher number of tobacco users registering during that month. A significantly higher proportion of callers reported hearing about the Quitline via a TV ad during months when national Tips ads aired (23%) compared to months with no paid TV ads or state-based campaign ads only (9.8%). It is not possible to determine the relative influence of the national versus Connecticut-based campaigns during the time in which both aired; however, after national campaign ads went off the air in late September, 2014, call volume and the proportion of callers hearing about the Quitline via a TV ad declined, suggesting that ads from the CT-based campaign had a smaller influence on overall call volume. This is likely related to ad placement being heavily skewed towards young adults.

Media exposure was also assessed at 7-month follow-up, with most survey respondents (92%) reporting having seen an ad where people talk about how smoking harmed their health, and a majority of these (57%) reporting that these ads motivated them to call the Quitline.

FIGURE 6. MONTHLY CALL VOLUME AND EXPOSURE TO TV ADS (N=4,464)



During July, 2014, the CT Quitline conducted a series of outbound re-enrollment calls, in which former Quitline callers are proactively contacted by the Quitline to encourage re-enrollment in services. Outbound re-enrollment accounted for 25% of all July callers, compared to just 4% of registrations in the remainder of the year. Conducting outbound re-enrollment during months without paid TV media may be an effective strategy for achieving more stable 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 July 2014 and December 2014, had a valid phone number, and completed at least one intervention coaching call (n=1,735). 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 rate was 37.3% (n=647). However, callers from several disparate groups had significantly lower survey response rates (i.e., younger callers ages 18-34, callers who are Hispanic ethnicity, non-English speaking, have low education, and completed two coaching calls or fewer), 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

30-Day point prevalence quit rate		
	n	% (95% CI)
Responder quit rate	197	30.5% (27.6%-33.3%)
Intent-to-treat quit rate	197	11.4% (9.9%-12.8%)
Quit attempts & behavior changes		
	n	%
Quit attempt made*	565	87.4%
Reduced cigarettes per day†	255	65.7%
Increased length of time before using tobacco after waking†	157	40.5%

*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 11.4% and 30.5%, similar to the 30-day quit rate observed in FY 2014 (9%-29%). Most respondents (87%) reported stopping tobacco use for at least 24 hours as part of 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 had a tobacco-related chronic condition (Table 6). Each additional coaching call completed increased the odds of quitting. As feasible, strategies to incentivize callers to complete additional sessions (e.g., additional NRT provided after completing a certain number of sessions) may improve quit rates.

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=516)†		
	Adjusted odds ratio (95% CI)	**p-value**
Tobacco-related chronic condition	0.63 (0.42-0.94)	.03
# coaching calls	1.1 (1.0-1.2)	.03

*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, cigarettes smoked per day at time of enrollment, NRT use, use of a web account, and motivation to quit
†Only includes respondents with complete follow-up information

Most 7-month follow-up respondents reported being very (55.4%) or mostly (25.1%) satisfied with the CT Quitline, consistent with satisfaction rates of the CT Quitline from FY 2014. Ninety-two 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 by which the CT Quitline reaches tobacco users with cessation support (Table 7). Cost per caller based on treatment reach provide the upper end of cost per caller estimates, at $283 including media expenditures and $166 excluding media expenditures. Cost per caller excluding media expenditures compare favorably to estimates from other state quitlines, reported at $175 to $230 per caller.[2]

TABLE 7. COST PER CALLER

Total expenditures	Registration reach*	Treatment reach†	Cost per registration reach	Cost per treatment reach
With media costs				
$976,230	4464	3453	$219	$283
Without media costs				
$574,113	4464	3453	$128	$166

*Tobacco users aged 18+ who completed a registration call[8]
†Tobacco users aged 18+ who completed a registration call and received evidence-based services (i.e., completed at least one cessation coaching call)[8]

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.[10]

TABLE 8. COST PER QUIT

Quit rate estimate*	# Callers quit	Cost per quit with media costs	Cost per quit without media costs
Responder rate			
30.5%	1053	$927	$545
Intent-to-treat rate			
11.4%	394	$2,478	$1,457

*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. With more than 4,000 CT tobacco users registering with the Quitline in FY 2015, overall call volume was similar to FY 2014, and lower than reported for FY 2013. Ongoing efforts to promote the Quitline via healthcare providers, including more intensive outreach strategies to providers serving populations with higher tobacco use rates, will be critical to sustaining call volume in the absence of sustained mass media promotion. 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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