Connecticut Tobacco Use Prevention and Control Program

Community Cessation Programs

2013 FUNDING CYCLE-INTERIM REPORT

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1 EXECUTIVE SUMMARY

Interim evaluation data suggest that the 2013 Connecticut (CT) community-based cessation programs, at the mid-point of their contract periods, are on track to reach overall enrollment goals. Programs are reaching tobacco users from disparate populations, such as those with low educational attainment, low income, or a history of treatment for mental illness, at rates higher than their proportion of CT adult smokers. Most of those being reached report no prior access to evidence-based cessation counseling and medication. A high number of participants are attending multiple sessions, and interim quit rates compare favorably with those observed in previously funded programs.

In 2009, the CT Department of Public Health (DPH) Tobacco Use Prevention and Control Program incorporated community-based tobacco cessation programs as a key component of CT's comprehensive tobacco control efforts. This report provides interim evaluation findings for the nine agencies funded during the 2013 funding cycle; findings for one agency, Communicare, are reported separately as its program is structured quite differently than other agencies. All programs are based in health or mental health agencies and provide face-to-face counseling in individual and group settings and up to 12 weeks of free NRT. At the mid-point of the 2013 funding cycle, agencies have provided evidence-based cessation treatment to over 700 tobacco users, serving at-risk clients from populations that experience disparities in tobacco use and related health conditions at rates higher than the proportion of adult smokers in CT. Most agencies have met or are on track to meet target enrollment goals. Two agencies may need additional support to increase enrollment in the second half of the contract period.

Client quit rates at the time of program completion or dropout are between 10.7% and 23.2%, comparable to final rates observed in the previous round of programming. Overall, utilization of counseling sessions is high, with 60% of clients in the community-based agencies and 45% of clients in Communicare agencies attending 4 or more sessions. Among clients in the community-based agencies, likelihood of quitting increased for each counseling session attended. Most clients who reported a quit attempt at time of program dropout or completion used NRT during their enrollment.

While overall data reporting appears to be much improved compared to the previous funding cycle, data on NRT provision during enrollment is missing in one-third of client records and response rates are very low for four and seven month follow-up and the satisfaction survey. Additional efforts to improve data collection and reporting in these areas will be needed to more fully assess short and long-term program outcomes. Data reporting also varied across agencies; one agency has not reported any data. More consistent reporting across agencies will support a more accurate assessment of overall program indicators and outcomes.

As agencies enter the final months of their contract, the following recommendations should be considered:

1. Provide additional support around promotion (e.g., additional materials or other resources, connections with other agencies) for agencies that are not on track to achieve enrollment goals.

2. Work with contracting agencies to identify and solve barriers to data collection and reporting, especially around NRT provision during program enrollment.

3. If feasible, consider offering participant incentives for completing four and seven month follow-up calls and satisfaction surveys.

2 PROGRAM OVERVIEW AND METHODS

The nine community-based cessation programs funded with the 2013 funding cycle are based in local health and mental health agencies and are designed to provide tobacco users with face-to-face tobacco cessation counseling in individual and group settings. At enrollment, each client receives an intensive one-on-one counseling session. Clients can then opt to continue with individual sessions, group sessions, or a combination of individual and group support. Clients are eligible to receive up to 12 weeks of free nicotine replacement therapy (NRT) or other cessation medication (as medically appropriate) and are allowed to re-enroll in the program as needed. Agencies are contracted to report client enrollment and program utilization data via a CT DPH maintained database.

Each agency targets its outreach and services to tobacco users from populations that experience disparities in tobacco use and tobacco-related disease (e.g., people with low socio-economic resources or mental illness). All agency contracts specify program enrollment goals and target outcomes of reduced tobacco use in 70% of clients and environmental changes (e.g., no longer smoke inside house) in 75% of clients. The CT DPH contracted with the Tobacco Prevention and Evaluation Program at the University of North Carolina at Chapel Hill (TPEP) to conduct an evaluation of the cessation programs (Table 1) funded by the 2013 cycle. The evaluation is based on a logic model developed with CT DPH.

This interim report is designed to provide a mid-point overview of agency progress. All data reported are drawn from participant data entered into the CT DPH database by agency staff. This interim report reflects reported data for services delivered between November 1, 2013 and October 31, 2014. It should be noted that this report does not include qualitative data from staff interviews that provides important context for these numbers; qualitative data will be collected in the coming months and incorporated into the final report. This report does not include cost analysis, which will be conducted for the final report. Section III of this report focuses on cumulative program indicators and outcomes from seven of the nine agencies, with select agency-specific data points highlighted. One agency, Fair Haven Community Health Center, had not submitted data at the time of this report. Interim evaluation findings from the ninth agency, Communicare, are provided in Section IV, as this agency's programming structure differs substantially. Agency-specific snapshots are provided as appendices to this report.

TABLE 1. AGENCY TIMELINES

Agency	Contract Period	Contract Execution Date
City of Meriden	Nov 1, 2011 – Apr 30, 2015	Continued from previous contract
Community Mental Health Affiliates, Inc.	Nov 1, 2013 – Apr 30, 2015	April 21, 2014
Fair Haven Community Health Center	Nov 1, 2013 – Jun 30, 2015	June 24, 2014
Hartford Hospital	Nov 1, 2013 – Apr 30, 2015	April 2, 2014
Ledge Light Health District	Nov 1, 2013 – Jun 30, 2015	April 8, 2014
Mid-Western Connecticut Council of Alcoholism, Inc.	Nov 1, 2013 – June 30, 2015	March 26, 2014
Uncas Health District	Nov 1, 2013 – Jun 30, 2-15	March 26, 2014
Wheeler Clinic	Nov 1, 2013 – Jun 30, 2015	April 11, 2014
Communicare, Inc.	Sept 1, 2009 – Mar 31, 2016	Continued from previous contract

3 KEY FINDINGS & OUTCOMES: COMMUNITY-BASED AGENCIES

A. To what extent did programs meet their contracted enrollment goals?

While the degree to which agencies are on track to meet target enrollment goals varies, most agencies have already met or are on track to meet their goals (Table 2). Community Mental Health Affiliates and Mid-Western Connecticut Council of Alcoholism appear at risk of falling short of enrollment targets. Additional technical assistance may be needed to help these agencies identify and problem solve barriers to recruitment and enrollment.

TABLE 2. AGENCY ENROLLMENTS

Agency	Unique Client Enrollment Goal	Total Enrollments[1]	Unique Clients[1]	Clients Re-Enrolling (%)	% Enrollment Goal Met
City of Meriden	100	104	98	6 (6.1%)	98%
Community Mental Health Affiliates, Inc.	140	38	38	0	27.1%
Fair Haven Community Health Center	200				
Hartford Hospital	100	102	102	0	100%
Ledge Light Health District	50	62	58	4 (6.9%)	100%
Mid-Western Connecticut Council of Alcoholism, Inc.	300	118	117	1 (0.8%)	39%
Uncas Health District	100	142	130	12 (9.2%)	100%
Wheeler Clinic	50	41	35	5 (14.3%)	70%

[1]Includes only clients who attended at least 1 session

Over one-third of clients report being referred by a health care provider or counselor, suggesting that agencies are successfully promoting the program to other providers within and outside of the host agency (Table 3). Substantial numbers of referrals via social networks, community advertising, and health fairs suggest that agencies are successfully promoting the program across multiple venues.

TABLE 3. REFERRAL SOURCES

Referral Source	#	%
Health care provider/counselor	229	39.6%
Friend/family	118	20.4%
Advertisement/health fair	100	17.3%
Health department/community health center	66	11.4%
Unknown	34	5.9%
Other	31	5.4%

B. What are the characteristics of clients served by the programs?

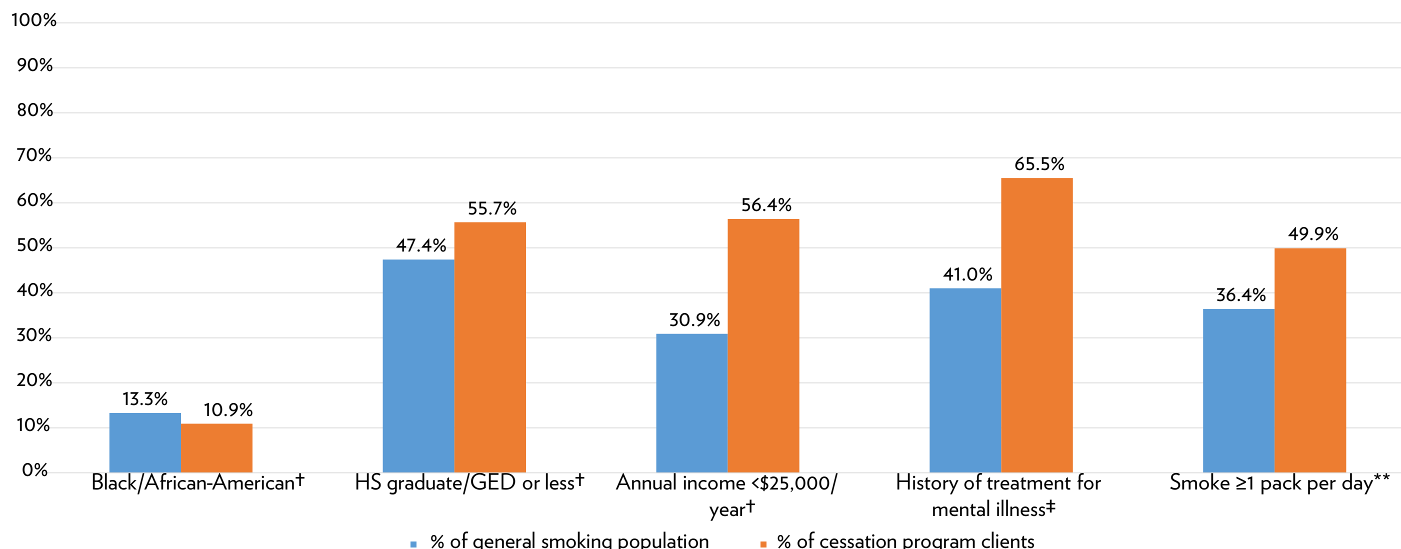
Overall client demographics are presented in Table 4. Clients are predominately over age 34 (80%), and white (69%). Most (71%) report smoking cigarettes only; 21% report using multiple tobacco products, and 7% are dual users of cigarettes and e-cigarettes. Many (42%) live with someone who smokes and/or have a tobacco-related health condition such as COPD (50%). Most (85%) report previous quit attempts; of those, 70% report previous experience using NRT or prescription cessation medication, and 11% report using e-cigarettes as a cessation aid. Only 12% report previous cessation counseling.

TABLE 4. CLIENT DEMOGRAPHICS (N=578)

Demographic Characteristic		#	%
Gender	Female	289	50.0%
	Male	265	45.9%
	Unknown	24	4.2%
Age	18 – 24	24	4.2%
	25 – 34	91	15.7%
	35 – 64	396	68.5%
	65+	59	10.2%
	Unknown	8	1.4%
Race/Ethnicity	White, non-Hispanic	398	68.9%
	Black, non-Hispanic	59	10.2%
	Other race, non-Hispanic	13	2.3%
	Hispanic	72	12.5%
	Unknown	36	6.2%
Primary Language	English	512	88.6%
	Spanish	27	4.7%
	Other	5	0.9%
	Unknown	34	5.9%
Sexual Orientation	Heterosexual/Straight	499	86.3%
	LGBT	28	4.8%
	Other	2	0.4%
	Unknown	49	8.5%
Health Insurance Status	Private Insurance	141	24.4%
	Medicaid	282	48.8%
	Medicare	76	13.2%
	No Insurance	23	4.0%
	Unknown	56	9.7%
Education Level	Less than High School	101	17.5%
	High School/GED	206	35.6%
	Some College/College or more	244	42.2%
	Unknown	27	4.7%
Annual Household Income	< $25,000	326	56.4%
	$25,000 - $34,999	52	9.0%
	$35,000 - $74,999	89	15.4%
	≥ $75,000	28	4.8%
	Unknown	83	14.4%

These programs are successfully reaching clients from groups with disparities in tobacco use and related health outcomes, serving clients with low educational attainment, low income, and history of treatment for mental illness at rates higher than their proportion of CT adult smokers (Figure 1). Among clients who smoke cigarettes, 50% reported smoking 20 or more cigarettes per day (i.e., one pack or more per day), a higher proportion compared to the national rate of 36%.

FIGURE 1. CLIENTS FROM DISPARATE POPULATIONS*



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

C. To what extent are clients utilizing cessation services provided by the funded programs?

Overall, individual counseling sessions, either by themselves or in combination with group sessions, appear to be preferred by most (96%) clients (Table 5).

Program completion is contractually defined as completing five individual sessions or eight group sessions. Nearly half of clients attended five or more sessions during their enrollment (Table 5). This is likely an underestimate of program completion as some clients were continuing to attend sessions beyond the end point of this data reporting period.

Though 38% of client records lacked data on NRT provision during program enrollment (Table 5), 85% of clients who reported a quit attempt at program completion or dropout used NRT during their enrollment. While this suggests that NRT is an important component of clients' experience, more consistent reporting of NRT provision is needed to more fully understand the role NRT plays in clients' program utilization and outcomes.

TABLE 5. PROGRAM UTILIZATION INDICATORS (n=578)

		n	%
Type of session	Individual Only	326	56.4%
	Group Only	23	4.0%
	Combination	229	39.6%
Number of sessions attended	1	94	16.3%
	2	83	14.4%
	3	55	9.5%
	4	68	11.8%
	5+	278	48.1%
Prescribed NRT	Yes	290	50.2%
	No	67	11.6%
	Unknown	221	38.2%

Programs are contracted to provide relapse-prevention follow-up care in the form of individual or group sessions for those clients who successfully quit during program enrollment. However, relapse prevention sessions were reported for only 24% of clients who quit. Qualitative data from evaluation of previous programs suggest that there were client and staff level barriers to completing relapse prevention sessions; it is likely that similar barriers are contributing to this low rate of completion. Programs are also contracted to refer clients to the CT Quitline for additional cessation support or relapse prevention. Utilization of CT Quitline referrals is moderate, with 71% of clients who quit during program enrollment and 31% of all clients having documented Quitline referrals.

D. What are tobacco abstinence rates?

Agencies are contracted to collect client tobacco use status at the time of program completion or dropout and at four and seven months after a client's last session. Tobacco use data are self-reported, with an unknown number completing carbon monoxide verification. As response rates at four and seven months are low (35% and 17%, respectively), quit rates for those time periods are not reliable and are not reported here.

Table 6 presents 30-day point prevalence (i.e., no tobacco use in past 30 days) responder and intent-to-treat quit rates at program completion or dropout. Responder rates do not account for the tobacco use status of clients with missing data and are an overestimate of the actual quit rate. Intent-to-treat rates assume that all clients with missing data continue to use tobacco and are an underestimate of the actual quit rate. The true quit rate lies somewhere between these two measures.

TABLE 6. TOBACCO USE AT COMPLETION/DROPOUT (n=578)

30-Day point prevalence quit rate		
	n	% (95% CI)
Response Rate	267	46.2%
Responder Quit Rate	62	23.2% (18.6% - 28.6%)
Intent-to-treat Quit Rate	62	10.7% (8.5% - 13.5%)
Quit attempts & behavior changes		
	n	%
Quit attempt made[1]	221	38.2%
Reduced use or made other changes[2]	182	31.5%

[1]Data missing for 54.3% of clients; this is likely an underestimate

[2]Includes reducing/stopping smoking at home, in public, at work, in the car, or smoking only outside. Data missing for 53.3% of clients; this is likely an underestimate.

With a true quit rate of between 11% and 23%, interim quit rates are comparable to final quit rates observed for cessation programs funded between 2011-2013 (15.1% [ITT] – 25.1% [RR]). Importantly, many clients reported making a quit attempt, reducing daily use, or making other changes to their smoking behaviors (e.g., smoking only outside their homes) that indicate progress towards quitting. Due to a high degree of missing data for these indicators, it is likely that the numbers presented here underestimate the extent to which programs met their contractual goals related to client tobacco use reduction and behavior changes.

Multivariable logistic regression models were used to identify factors associated with quit status at program completion or dropout. The likelihood of quitting significantly increased for each counseling session attended, highlighting the importance of recurrent counseling (Table 7).

TABLE 7. PREDICTORS OF QUIT AT TIME OF PROGRAM COMPLETION OR DROPOUT

Adjusted Odds Ratio[1] (AOR) for multivariable logistic regression model of 30-day point prevalence smoking abstinence at program completion/dropout (n=205)[2]		
	Adjusted Odds Ratio (95% CI)	**p-value**
# sessions attended	1.17 (1.04, 1.31)	**0.0085**

[1]Model is adjusted for gender, age, race/ethnicity, education, insurance status, living with a smoker, number of cigarettes smoked per day at enrollment, and history of substance abuse or mental health treatment

[2]Includes only clients who had smoked in the 30 days prior to enrollment and had a recorded smoking status at program completion/dropout and excludes observations with missing predictor variables

E. How satisfied were clients with the services they received?

Agencies are contracted to provide clients with a satisfaction survey to be returned to CT DPH via a pre-addressed stamped envelope. At this time, survey response rates are very low (3%) and are insufficient to achieve a reliable estimate of client satisfaction.

4 KEY FINDINGS & OUTCOMES: COMMUNICARE

Communicare, a behavioral health agency, works with a number of sub-contracting agencies to implement tobacco-free policies and systems changes (evaluated under a different contract) and provide tobacco cessation programming.

A. To what extent did programs meet their contracted enrollment goals?

Communicare and its sub-contracting agencies enrolled 154 unique clients between November 1, 2013 and October 31, 2014 (Table 8). Additional promotion or other program adjustments will likely be needed to achieve target enrollment goals for the full contract period.

TABLE 8. AGENCY ENROLLMENT

Unique Client Enrollment Goal[1]	Total Enrollments[2]	Unique Clients[2]	Clients Re-Enrolling (%)	% Enrollment Goal Met
895	171	154	17 (11%)	17.2%

[1]Total enrollment goal for Jan 1., 2014-March 31, 2016

[2]Includes only clients who attended at least 1 session

Communicare appears to be successfully promoting the program to providers within and outside of its sub-contracting agencies, with nearly 60% of clients reporting referrals to the program from a health care provider or counselor (Table 9). Most other referrals were from advertisements, health fairs, or social networks, emphasizing the importance of promoting the program within the community.

TABLE 9. REFERRAL SOURCES

Referral Source	#	%
Health care provider/counselor	92	59.7%
Friend/family	24	15.6%
Advertisement/health fair	16	10.4%
Other	12	7.8%
Unknown	9	5.8%
Health department/community health center	1	0.7%

B. What are the characteristics of clients served by the programs?

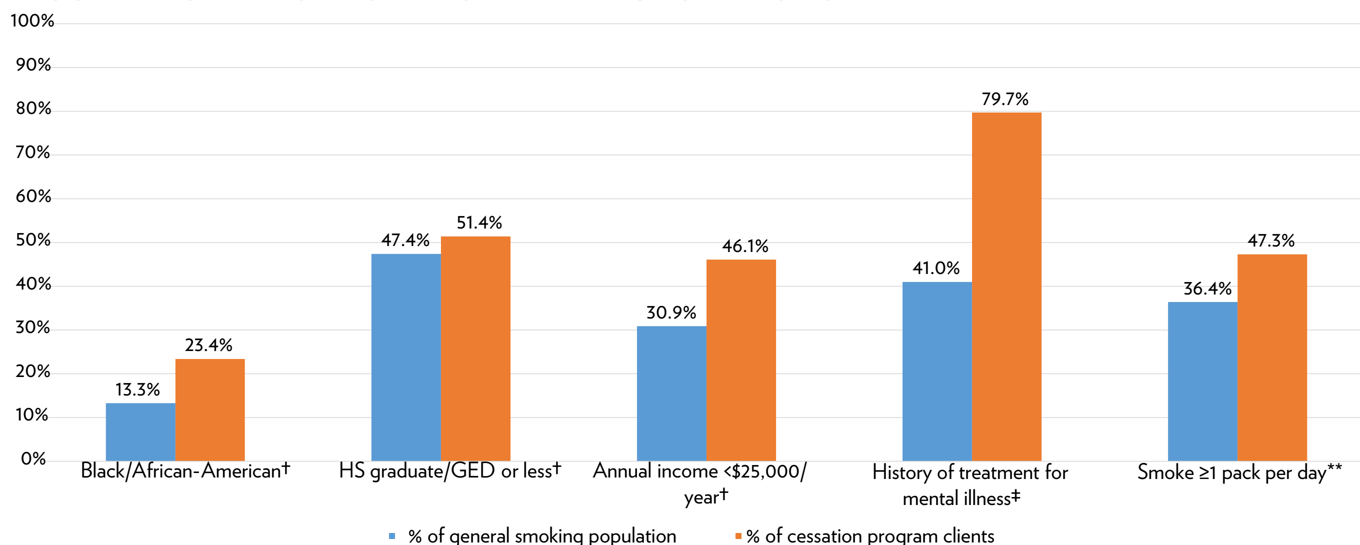
Overall client demographics are presented in Table 10. Most clients (75%) are over the age of 34, approximately half are white, and the majority (65%) are enrolled in Medicaid. Most clients (77%) report smoking cigarettes only; 16% report using multiple tobacco products and 7% report dual use of cigarettes and e-cigarettes. Many clients (40%) live with someone who smokes and half have a tobacco-related health condition such as COPD. Most clients (83%) report a previous quit attempt; of those, the majority (59%) report previous experience using NRT or prescription cessation medication, 4% report use of e-cigarettes as a cessation aid, and only 13% reported previous experience with cessation counseling.

TABLE 10. CLIENT DEMOGRAPHICS (N=154)

Demographic Characteristic		#	%
Gender	Female	68	44.2%
	Male	78	50.7%
	Unknown	8	5.2%
Age	18 – 24	7	4.6%
	25 – 34	32	20.8%
	35 – 64	110	71.4%
	65+	3	2.0%
	Unknown	2	1.3%
Race/Ethnicity	White, non-Hispanic	82	53.3%
	Black, non-Hispanic	33	21.4%
	Other race, non-Hispanic	4	2.6%
	Hispanic	22	14.3%
	Unknown	13	8.4%
Primary Language	English	141	91.6%
	Spanish	1	0.7%
	Other	1	0.7%
	Unknown	11	7.1%
Sexual Orientation	Heterosexual/Straight	126	81.8%
	LGBT	7	4.6%
	Other	2	1.3%
	Unknown	19	12.3%
Health Insurance Status	Private Insurance	20	13.0%
	Medicaid	100	64.9%
	Medicare	12	7.8%
	No Insurance	10	6.5%
	Unknown	12	7.8%
Education Level	Less than High School	31	20.1%
	High School/GED	41	26.6%
	Some College/College or more	68	44.2%
	Unknown	14	9.1%
Annual Household Income	< $25,000	71	46.1%
	$25,000 - $34,999	11	7.1%
	$35,000 - $74,999	11	7.1%
	≥ $75,000	5	3.3%
	Unknown	56	36.4%

Communicare is successfully reaching clients from groups with disparities in tobacco use and related health outcomes at rates higher than their proportion of CT adult smokers, particularly adults living with mental illness, the primary population served by Communicare and its sub-contracting agencies (Figure 2). Among clients who smoke cigarettes, 47% reported smoking 20 or more cigarettes per day (i.e., one pack or more per day), a higher proportion compared to the national rate of 36%.

FIGURE 2. CLIENTS FROM DISPARATE POPULATIONS*



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

C. To what extent are clients utilizing cessation services provided by the funded programs?

Most clients (79%) used group counseling sessions, either by themselves or in combination with individual sessions (Table 11).

Program completion is contractually defined as completing five individual sessions or eight group sessions. Nearly 40% of clients attended five or more sessions during their enrollment (Table 11), though this is likely an underestimate of program completion as some clients were continuing to attend sessions beyond the end point of this data reporting period.

Though 38% of clients were missing data on NRT provision during program enrollment (Table 11), 75% of clients who reported a quit attempt at program completion or dropout used NRT during their enrollment. To better understand factors influencing clients' program utilization and outcomes, more consistent reporting of NRT provision is needed, as it seems to be a resource highly utilized by clients based on client-reported data.

TABLE 11. PROGRAM UTILIZATION INDICATORS (n=154)

		n	%
Type of session	Individual Only	92	59.7%
	Group Only	32	20.8%
	Combination	30	19.5%
Number of sessions attended	1	43	27.9%
	2	20	13.0%
	3	21	13.6%
	4	11	7.1%
	5+	59	38.3%
Prescribed NRT	Yes	52	33.8%
	No	44	28.6%
	Unknown	58	37.7%

Programs are contracted to provide relapse-prevention Programs are contracted to provide relapse-prevention follow-up care in the form of individual or group sessions for those clients who successfully quit during program enrollment. However, relapse prevention sessions were reported for only 30% of clients who quit. Qualitative data from evaluation of previous programs suggest that there were client and staff level barriers to completing relapse prevention sessions; it is likely that similar barriers are contributing to this low rate of completion. Programs are also contracted to refer clients to the CT Quitline for additional cessation support or relapse prevention. Utilization of CT Quitline referrals is high, with 100% of clients who quit during program enrollment and 55% of all clients having documented Quitline referrals.

D. What are tobacco abstinence rates?

Agencies are contracted to collect client tobacco use status at the time of program completion or dropout and at four and seven months after a client's last session. Tobacco use data are self-reported, with an unknown number of clients completing carbon monoxide verification. As response rates for four and seven month follow-up are very low (12% and 3%, respectively), quit rates for those time periods are not reliable and are not reported here.

Table 12 presents 30-day point prevalence (i.e., no tobacco use in past 30 days) responder and intent-to-treat quit rates at program completion or dropout. Responder rates do not account for the tobacco use status of clients with missing data and are an overestimate of the actual quit rate. Intent-to-treat rates assume that all clients with missing data continue to use tobacco and are an underestimate of the actual quit rate. The true quit rate lies somewhere between these two measures.

TABLE 12. TOBACCO USE AT COMPLETION/DROPOUT (n=154)

30-Day point prevalence quit rate		
	n	% (95% CI)
Response Rate	92	59.7%
Responder Quit Rate	10	10.9% (6.0% - 18.9%)
Intent-to-treat Quit Rate	10	6.5% (3.6% - 11.5%)
Quit attempts & behavior changes		
	n	%
Quit attempt made[1]	48	31.2%
Reduced use or made other changes[2]	45	29.2%

[1]Data missing for 40.9% of clients; this is likely an underestimate
[2]Includes reducing/stopping smoking at home, in public, at work, in the car, or smoking only outside. Data missing for 40.3% of clients; this is likely an underestimate.

With a true quit rate of between 6.5% and 11%, interim quit rates are lower compared to final quit rates previously observed for Communicare (13.5% [ITT] – 17.8% [RR]). As clients may still be attending counseling sessions at the time of this report, quit rates may improve as clients complete the program. Importantly, one-third clients report making a quit attempt, reducing daily use, or making other changes to their smoking behaviors (e.g., smoking only outside their homes) that indicate progress towards quitting. Due to a high degree of missing data for these indicators, it is likely that the numbers presented here underestimate the extent to which Communicare is on track to meet its contractual goal related to client tobacco use reduction and behavior changes.

Due to a low sample size, reliable estimates of factors associated with quit status at program completion or dropout cannot be reported at this time but will be included in the final program report.

E. How satisfied were clients with the services they received?

At this time, survey response rates are very low (4.5%) and are insufficient to achieve a reliable estimate of client satisfaction.

5 CONCLUSIONS

Interim evaluation data suggest that the 2013 Connecticut community-based cessation programs are on track to reach overall enrollment goals and are reaching tobacco users from disparate populations, most of whom have had no prior access to evidence-based cessation counseling and medication. A high number of participants are attending multiple sessions, and interim quit rates compare favorably with those observed in previously funded programs.

Several limitations to the data exist. With more than one-third of client records missing data on NRT provision during program enrollment, it is difficult to assess the degree to which this aspect of the program is being implemented as intended and to more fully understand the role that NRT provision may play in client quit attempts. Uneven data reporting across agencies makes assessment of overall program indicators and outcomes difficult. Very low satisfaction survey response rates preclude conclusions about how clients are engaging with and perceiving program services and limit the ability to incorporate the client perspective into recommendations for program improvements. Low response rates at four and seven month follow-up longer term program quit rates and impact cannot be determined. Lastly, the numbers presented here lack important context from qualitative data from staff interviews that will be conducted ahead of the final report.

As agencies enter the final months of their contract, the following recommendations should be considered:

1. Provide additional support around promotion (e.g., additional materials or other resources, connecting with other agencies) for agencies that are not on track to achieve enrollment goals.
2. Work with contracting agencies to identify and solve barriers to data collection and reporting, especially around NRT provision during program enrollment.
3. If feasible, consider offering participant incentives for completing four and seven month follow-up calls and satisfaction surveys.

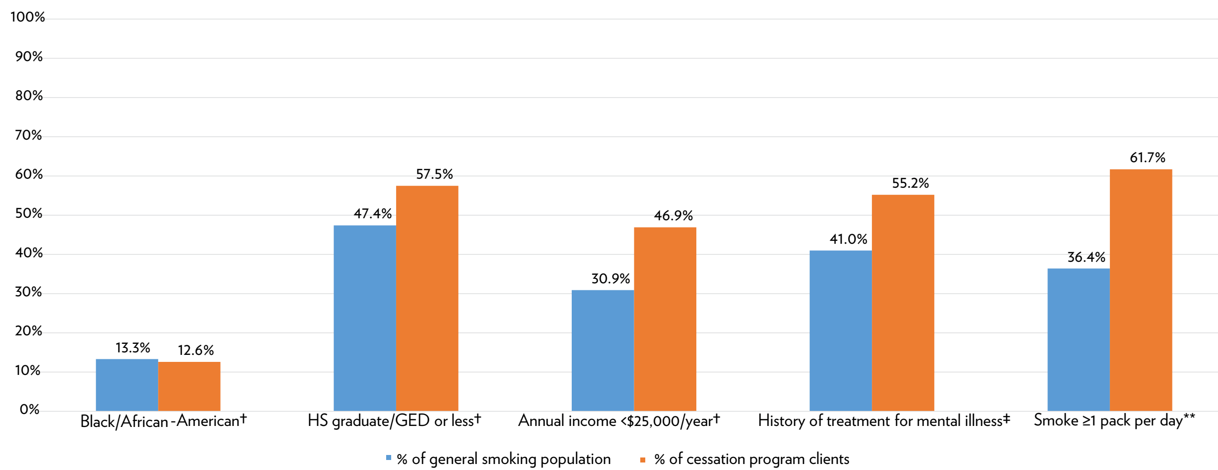
APPENDIX

A

CITY OF MERIDEN

Client Characteristics: The City of Meriden enrolled 98 unique clients, nearly reaching its total contracted goal of 100 clients well ahead of the end of its contract. Meriden served clients from populations that experience disparities in tobacco use and tobacco-related disease at rates similar to or greater than their proportion of adult smokers in Connecticut (Figure 1).

FIGURE 1. CLIENTS FROM TARGET POPULATIONS*



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

Program Utilization and Outcomes: Nearly 91% of Meriden clients attended more than one counseling session, with 43% attending at least five sessions (Figure 2). Quit rates at time of program completion/dropout were high, with clients quitting any tobacco use at a rate between 23.5% (intent-to-treat rate [ITT]) and 33.3% (responder rate [RR]) (Figure 3). At the time of program completion/dropout 42% of clients were referred to the Quitline.

FIGURE 2. NUMBER OF SESSIONS ATTENDED

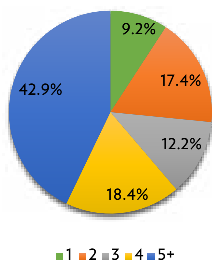
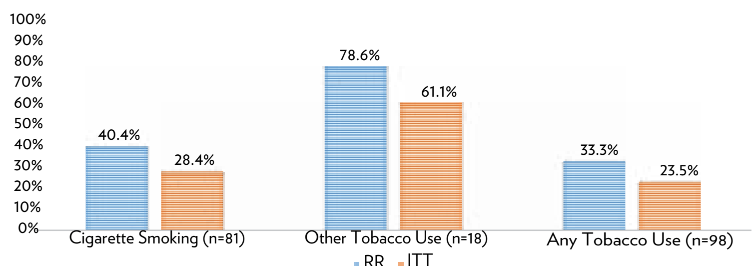


FIGURE 3. 30-DAY POINT-PREVALENCE QUIT RATES



*Response rates: cigarette smoking=70.4%; other tobacco use=77.8%; any tobacco use=70.4%

Summary: The City of Meriden is on track to surpass enrollment goals, and is reaching clients from disparate populations. Program utilization is high, and quit rates are higher than those observed in previous cessation programs.

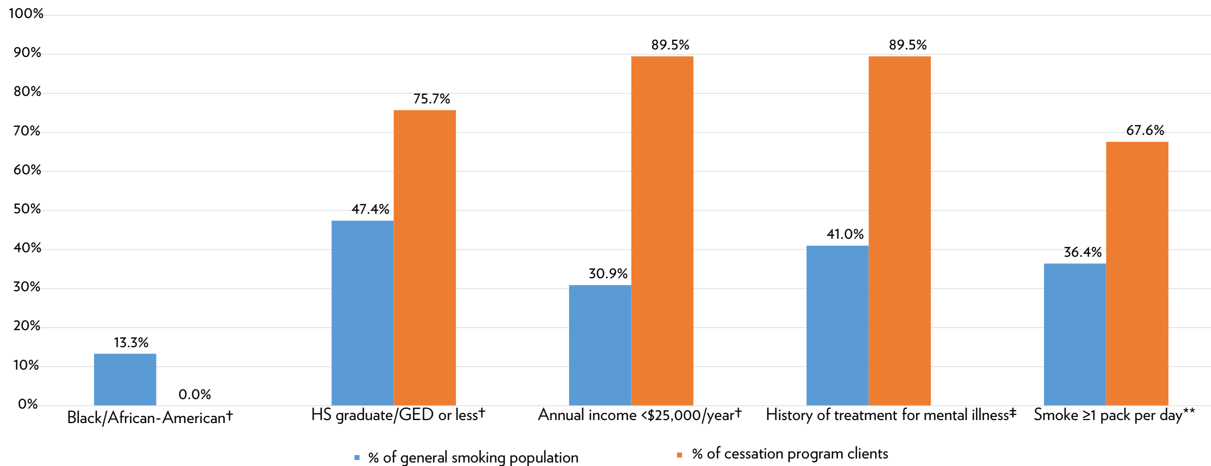
APPENDIX

B

COMMUNITY MENTAL HEALTH AFFILIATES

Client Characteristics: Community Mental Health Affiliates (CMHA) enrolled 38 unique clients, achieving 27% of its contracted goal of 140 clients with six months remaining on its contract. The program was successful at enrolling many clients from groups that experience disparities in tobacco use and tobacco-related disease—including clients with low socio-economic status and mental illness and clients who smoke heavily—with proportions greatly exceeding the proportions estimated in the Connecticut adult smoking population (Figure 1).

FIGURE 1. CLIENTS FROM TARGET POPULATIONS*



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

Program Utilization and Outcomes: Most clients (87%) attended more than one counseling session, with 45% attending at least five sessions (Figure 2). While overall quit rates at time of program completion/dropout were low, between 2.6 % (intent-to-treat rate [ITT]) and 4.4% (responder rate [RR]), quit rates among clients who used other tobacco products were quite high (Figure 3). At the time of program completion/dropout 8% of clients were referred to the Quitline.

FIGURE 2. NUMBER OF SESSIONS ATTENDED

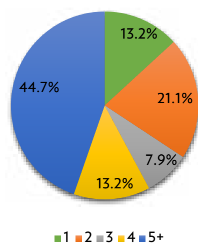
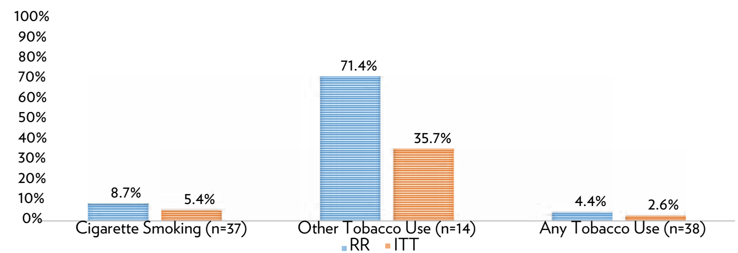


FIGURE 3. 30-DAY POINT-PREVALENCE QUIT RATES



*Response rates: cigarette smoking=62.2%; other tobacco use=50%; any tobacco use=60.5%

Summary: CMHA has successfully enrolled clients from disparate populations, but overall enrollment was low during the first six months of the contract. Additional promotional or recruiting efforts may be needed to achieve target enrollment goals. Client engagement seems high, with over half of clients attending four or more sessions. Low overall quit rates may reflect large number of clients with heavy smoking and mental illness.

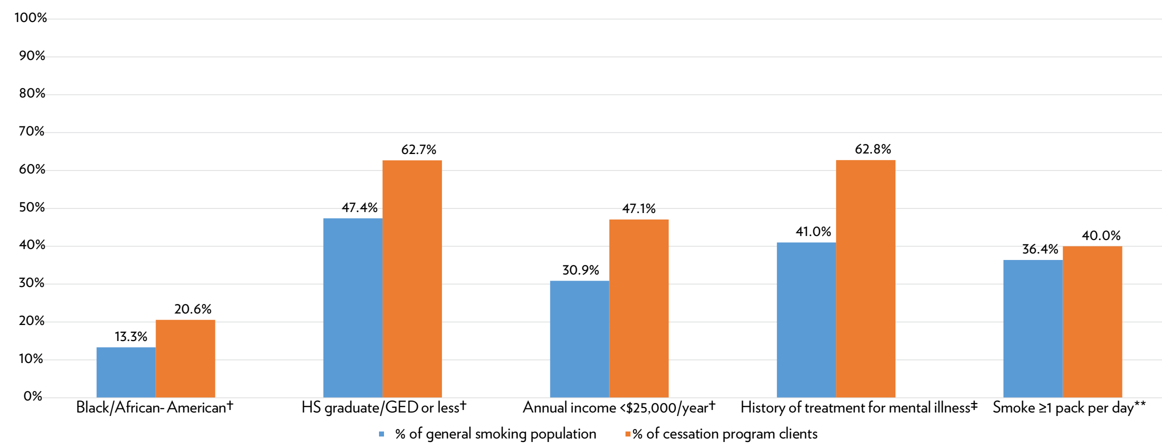
APPENDIX

C

HARTFORD HOSPITAL

Client Characteristics: Hartford Hospital enrolled 102 unique clients, exceeding its contracted goal of 100 clients. Hartford served clients from populations that experience disparities in tobacco use and tobacco-related disease at rates greater than their proportion of adult smokers in Connecticut (Figure 1), and appears to be successfully reaching its contracted target population of low-income clients.

FIGURE 1. CLIENTS FROM TARGET POPULATIONS*



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

Program Utilization and Outcomes: Most clients (92%) attended more than one counseling session, and nearly half of clients attended at least five sessions (Figure 2). The 30-day quit rate for any tobacco use at time of program completion/dropout is between 6.9% (intent-to-treat rate [ITT]) and 35.0% (responder rate [RR]) (Figure 3). However, very low response rates make these estimates unreliable. At the time of program completion/dropout, 20% of clients were referred to the Quitline.

FIGURE 2. NUMBER OF SESSIONS ATTENDED

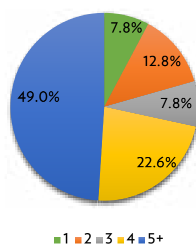
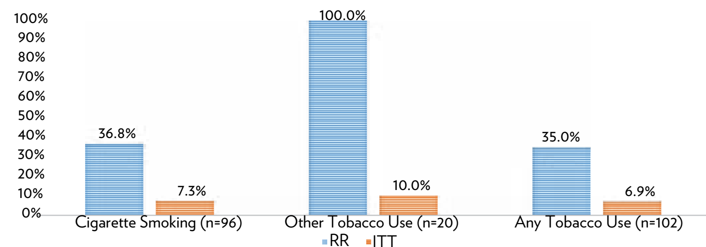


FIGURE 3. 30-DAY POINT-PREVALENCE QUIT RATES



*Response rates: cigarette smoking=19.8%; other tobacco use=10%; any tobacco use=19.6%

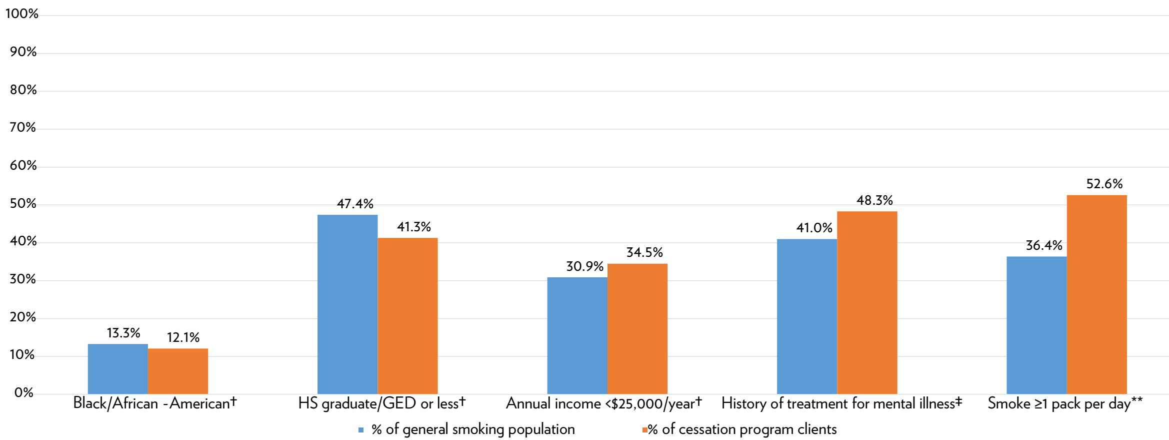
Summary: Hartford Hospital has already met its target enrollment goal, successfully enrolled clients from its target population and reached clients from other disparate populations. Program utilization is high, with half of clients attending at least five sessions, but quit rates are unreliable at this time due to low response rates.

APPENDIX D

LEDGE LIGHT HEALTH DISTRICT

Client Characteristics: Ledge Light Health District enrolled 58 unique clients, exceeding its contracted goal of 50 clients. The agency reached clients from its contracted target population of smokers with low socioeconomic status, as well as other populations with disparities in tobacco use and related disease at rates similar to or higher than proportions in the Connecticut adult smoking population (Figure 1).

FIGURE 1. CLIENTS FROM TARGET POPULATIONS*



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

Program Utilization and Outcomes: Over 60% of clients attended five or more sessions (Figure 2). Quit rates (30-day abstinence) for any tobacco use at time of program completion/dropout were between 15.5% (intent-to-treat rate [ITT]) and 20.5% (responder rate [RR]) (Figure 3). At the time of program completion/dropout, nearly 75% of clients were referred to the Quitline.

FIGURE 2. NUMBER OF SESSIONS ATTENDED

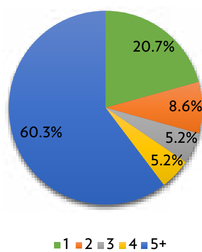
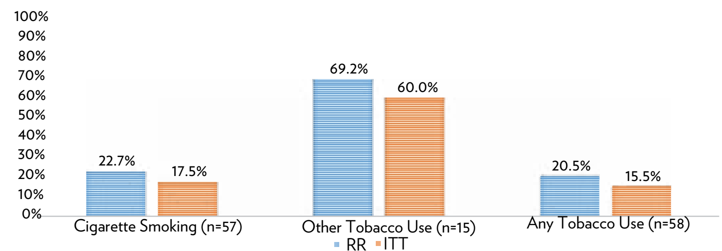


FIGURE 3. 30-DAY POINT-PREVALENCE QUIT RATES



*Response rates: cigarette smoking=77.2%; other tobacco use=86.7%; any tobacco use=75.9%

Summary: Ledge Light Health District has already met its target enrollment goal, successfully enrolled clients from its target population and reached clients from other disparate populations. Program utilization is high for most clients and overall quit rates are slightly below those observed for past cessation programs.

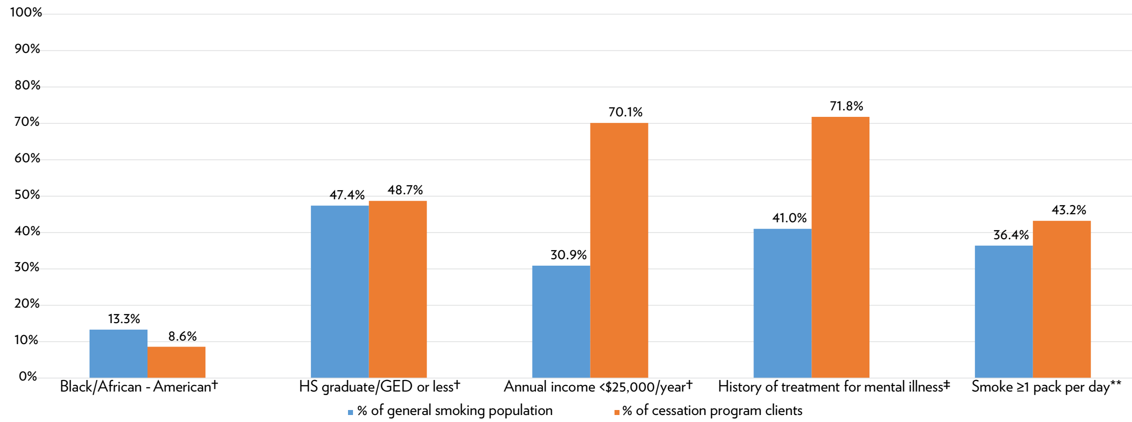
APPENDIX

E

MIDWEST CONNECTICUT COUNCIL ON ALCOHOLISM

Client Characteristics: Midwest Connecticuit Council on Alcoholism (MCCA) enrolled 117 unique clients, meeting 39% of its contracted goal of 300 clients. The agency was successful at enrolling clients from most populations with disparities in tobacco use and related disease, including its contracted target population of smokers with history of mental illness or other substance addiction (Figure 1).

FIGURE 1. CLIENTS FROM TARGET POPULATIONS*



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

Program Utilization and Outcomes: Nearly half of clients attended more than five sessions (Figure 2). Quit rates (30-day abstinence) for any tobacco use at time of program completion/dropout were between 5.1% (intent-to-treat rate [ITT]) and 15.8% (responder rate [RR]) (Figure 3), though low response rates limit reliability of these estimates. At the time of program completion/dropout, 15% of clients were referred to the Quitline.

FIGURE 2. NUMBER OF SESSIONS ATTENDED

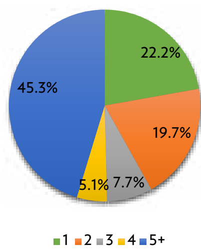
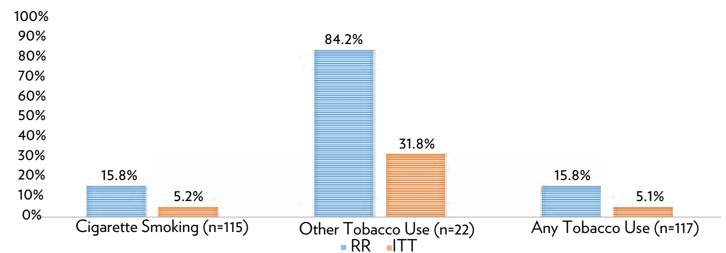


FIGURE 3. 30-DAY POINT-PREVALENCE QUIT RATES



*Response rates: cigarette smoking=33%; other tobacco use=36.4%; any tobacco use=32.5%

Summary: MCCA appears to be on track to meet its target enrollment goal by the end of its contract, is reaching its target population, and achieving relatively high program utilization. While quit rates at this interim point appear somewhat low, it is possible that they will increase as more clients complete the program.

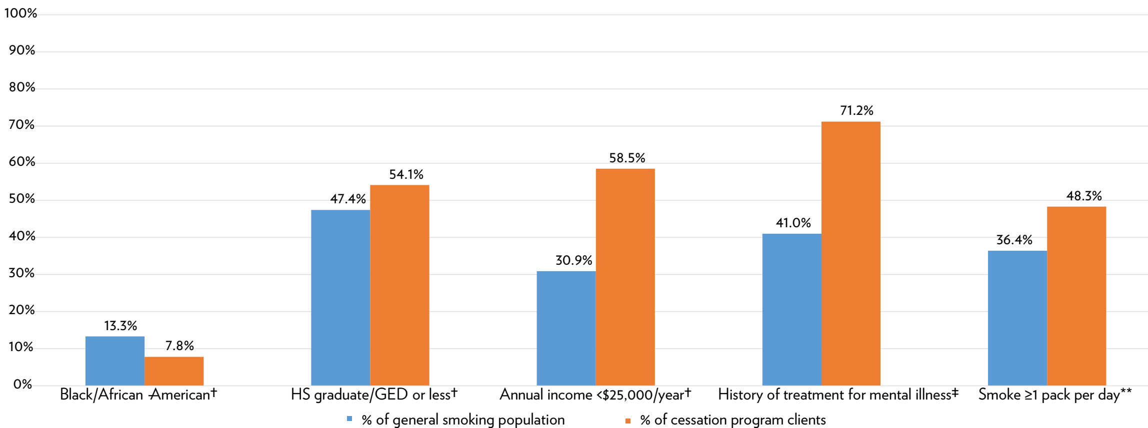
APPENDIX

F

UNCAS HEALTH DISTRICT

Client Characteristics: Uncas Health District enrolled 130 unique clients, exceeding its contracted goal of 100 clients. The agency successfully enrolled clients from disparate populations, including clients with low educational status, low income, mental illness, and heavy smoking, with proportions higher than the proportions estimated in the general adult smoking population (Figure 1).

FIGURE 1. CLIENTS FROM TARGET POPULATIONS*



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

Program Utilization and Outcomes: Nearly half of clients attended five or more counseling sessions (Figure 2). Quit rates for any tobacco use (30-day abstinence) at time of program completion/dropout were between 11.5% (intent-to-treat rate [ITT]) and 25.9% (responder rate [RR]) (Figure 3). At the time of program completion/dropout, 34% of clients were referred to the Quitline.

FIGURE 2. NUMBER OF SESSIONS ATTENDED

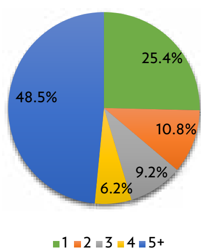
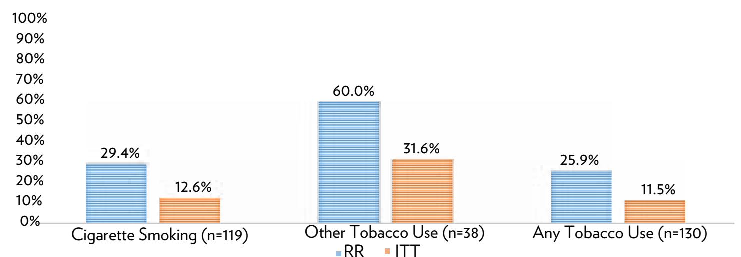


FIGURE 3. 30-DAY POINT-PREVALENCE QUIT RATES



*Response rates: cigarette smoking=42.9%; other tobacco use=52.6%; any tobacco use=44.6%

Summary: Uncas has already exceeded its enrollment goal, is successfully reaching clients from disparate populations, and engaging a high percentage of clients in multiple sessions. Interim program quit rates are comparable to those observed in previous cessation programs.

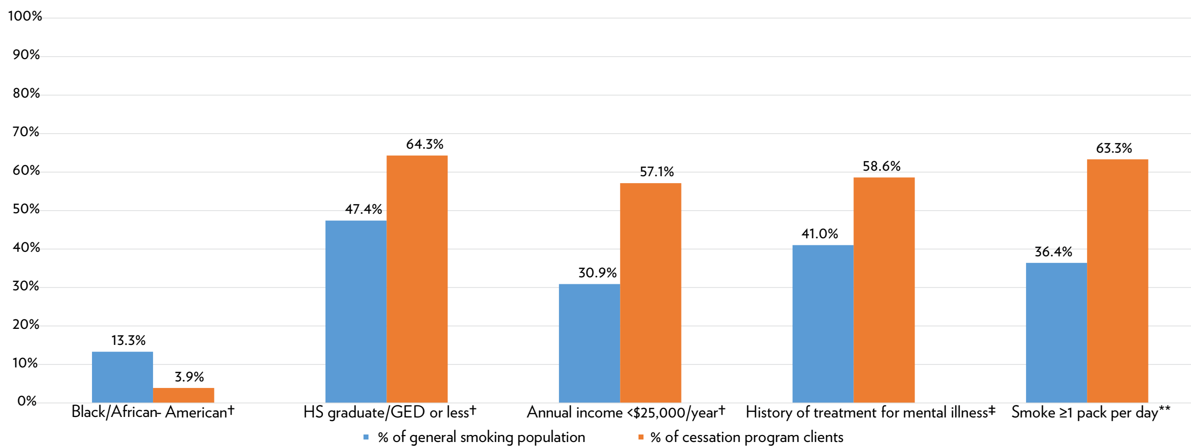
APPENDIX

G

WHEELER CLINIC

Client Characteristics: The Wheeler Clinic enrolled 35 unique clients, achieving 24% of its enrollment goal of 145 clients. While the agency has successfully reached many clients from populations with disparities in tobacco use and related disease, including clients with mental illness, identified as one its contracted target populations, it appears to be struggling to reach African-Americans, another contracted target population (Figure 1).

FIGURE 1. CLIENTS FROM TARGET POPULATIONS*



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

Program Utilization and Outcomes: To date, most clients (87%) have attended only one session (Figure 2). Quit rates for any tobacco use at time of program completion/dropout (30-day abstinence) were between 2.9% (intent-to-treat rate [ITT]) and 6.7% (responder rate [RR]) (Figure 3). At the time of program completion/dropout, 31% of clients were referred to the Quitline for relapse prevention.

FIGURE 2. NUMBER OF SESSIONS ATTENDED

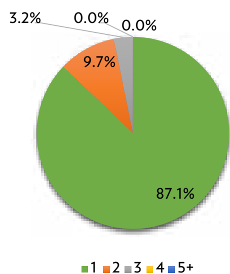
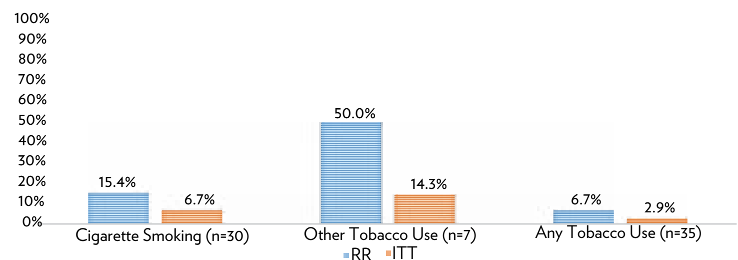


FIGURE 3. 30-DAY POINT-PREVALENCE QUIT RATES



*Response rates: cigarette smoking=43.3%; other tobacco use=28.6%; any tobacco use=42.9%

Summary: While the high rate of clients attending only one session (87%) may be partially explained by a high number of clients having recently enrolled, attention should be given to any unique barriers to client retention being experienced by Wheeler Clinic. Quit rate estimates are not reliable given the low number of clients completing more than one session.

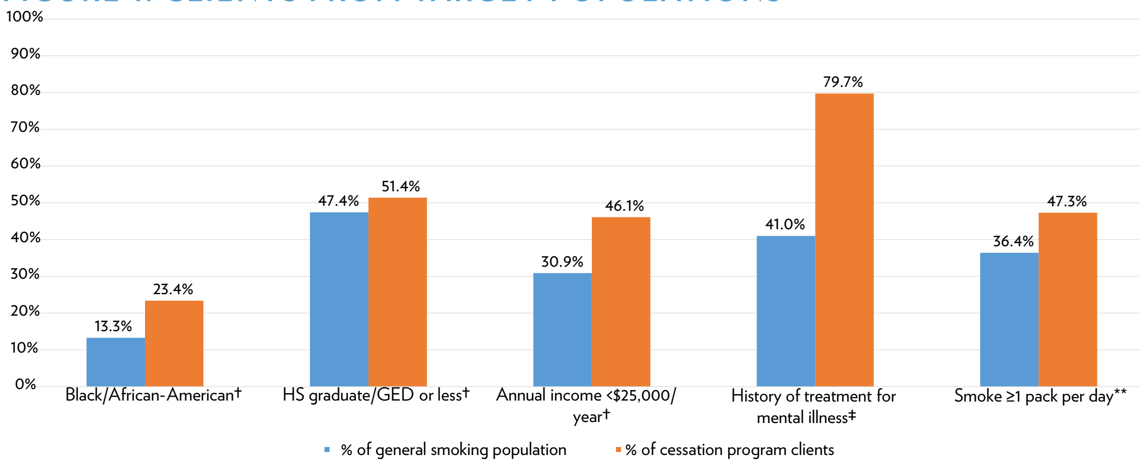
APPENDIX

H

COMMUNICARE

Client Characteristics: Communicare and its sub-contracting agencies enrolled 154 unique clients during the evaluation period, meeting 17% of its contracted goal ending March, 2016. Communicare is successfully enrolling clients from its targeted population—adults living with mental illness—at rates higher than that in the general Connecticut smoking population. The agency is also enrolling African-Americans, adults with low income, and heavy smokers at high rates (Figure 1).

FIGURE 1. CLIENTS FROM TARGET POPULATIONS*



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

Program Utilization and Outcomes: Nearly 40% of clients have attended at least five counseling sessions (Figure 2). Quit rates for any tobacco use at time of program completion/dropout (30-day abstinence) were between 6.5% (intent-to-treat rate [ITT]) and 10.9% (responder rate [RR]) (Figure 3). At the time of program completion/dropout, 55% of clients were referred to the Quitline for relapse prevention.

FIGURE 2. NUMBER OF SESSIONS ATTENDED

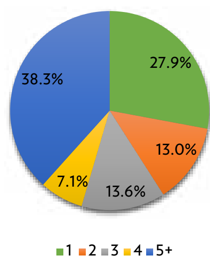
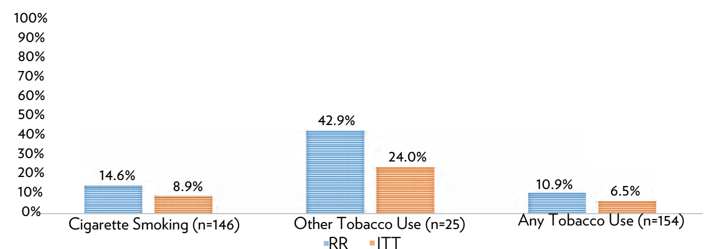


FIGURE 3. 30-DAY POINT-PREVALENCE QUIT RATES



*Response rates: cigarette smoking=61.0%; other tobacco use=56.0%; any tobacco use=59.7%

Summary: Additional efforts may be needed to reach Communicare's targeted enrollment goal by the end its contract period, though it is successfully reaching clients from disparate populations. The majority of clients have attended more than one session, but interim quit rates are slightly lower than those previously observed for Communicare.

Connecticut Tobacco Use Prevention and Control Program

FOR MORE INFORMATION ON THE CT TOBACCO USE PREVENTION AND CONTROL PROGRAM INITIATIVES

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Tobacco Use Prevention & Control Program
410 Capitol Avenue
PO Box 340308
Hartford, CT 06134

860-509-8251

ct.gov/dph

FOR MORE INFORMATION ON THE EVALUATION OF THE CT TOBACCO USE PREVENTION AND CONTROL PROGRAM

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