Effectiveness of Connecticut's Community-Based Cessation Programs

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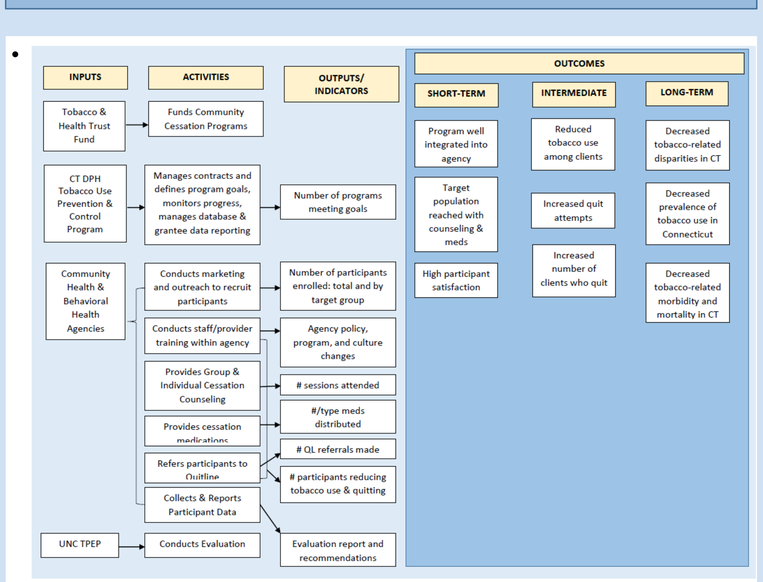
Background

- Community-based tobacco use treatment programs implemented as a key component of the Connecticut Department of Public Health (CT DPH) Tobacco Use Prevention and Control Program in 2009
- Five programs funded between 2011 – 2014 targeted clients from populations with disparities in tobacco use and related disease
- Services included face-to-face counseling in individual and group settings and up to 12 weeks of free nicotine replacement therapy (NRT)
- Programs implemented in behavioral health agencies (2), hospitals (2), and a public health department (1)
- Final evaluation conducted by UNC Tobacco Prevention and Evaluation Program

Methods



- Quantitative Data
  - Client demographic and program utilization data entered into CT DPH database by agency staff
  - SAS 9.4 was used to analyze client characteristic and program utilization data
- Qualitative Data
  - Semi-structured telephone interviews with agency staff
  - Provided context and insight on program barriers and facilitators

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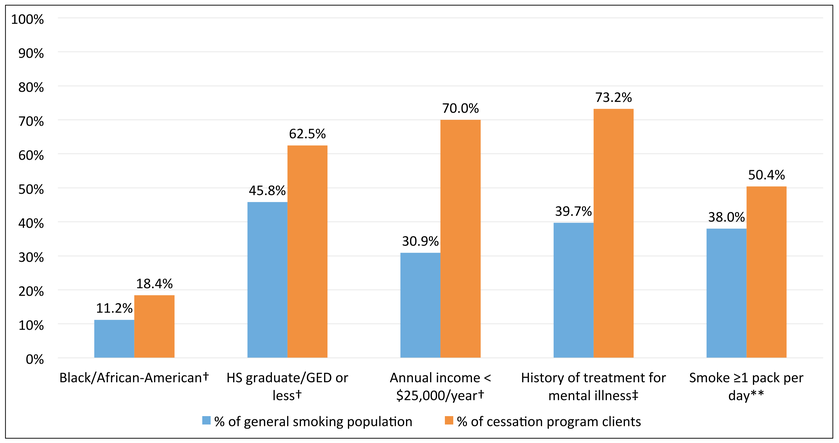
Quantitative Results

The 5 programs enrolled 1281 clients. Of those, 90% reported a previous quit attempt, but only 12% had previously used counseling and 24% had tried cessation medication. Programs successfully reached clients from disparate populations and clients with higher than average daily tobacco use.

Figure 1. Clients from disparate populations



* Program client estimates exclude missing data
‡Estimate based on 2009-2011 National Survey on Drug Use and Health
†Estimates based on 2012 CT Behavioral Risk Factor Surveillance Survey
**Estimate based on 2012 National Health Interview Survey

Individual counseling sessions appeared to be slightly favored over group sessions. Client retention was a challenge, with 30% attending only 1 session per enrollment. Likelihood of quitting was associated with attending multiple sessions.

Figure 2. Type of session attended

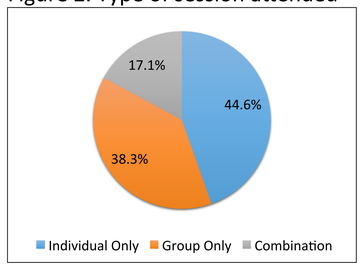
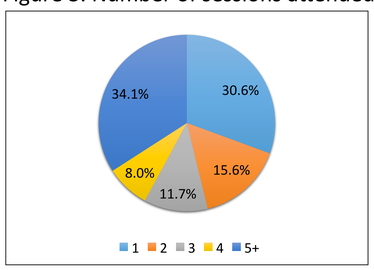


Figure 3. Number of sessions attended



One in four clients reported being tobacco-free for 30 days at the time of their final counseling session.

Table 1. 30-day point prevalence quit rates at time of final session

	n	% (95% CI)
Response rate	773	60.3%
Responder quit rate	194	25.1% (22.0% - 28.2%)
Intent-to-treat quit rate	194	15.1% (13.1% - 17.1%)

Qualitative Results

Staff-Identified Barriers

- Lack of lead time to build program infrastructure (e.g., referral networks)
- Data reporting structure perceived as burdensome and insufficient to capture full scope of staff effort
- Difficulty keeping clients engaged over multiple sessions related to clients' heavy nicotine addiction, social stressors, and/or co-occurring substance abuse or mental illness
  "…once they [clients] start trying to quit, I think life just kind of gets them."

Staff-Identified Facilitators

- Free NRT helped to get and keep clients engaged in counseling services
- In-person outreach crucial to securing buy-in from partnering agencies and establishing referral networks
  "…when we marketed directly to the doctors' offices or the agencies, that had a lot - - showing a face to the program, in person, I think helped a lot."
- Personally connecting with clients at time of referral increased likelihood of enrollment
- Facilitating peer modeling helped clients stay engaged in program and helped peer models maintain their quit
  "And what I'm seeing is as each program begins to see their diehard, oh my god they will never quit people quit and stay smoke free, it opens the eyes of the staff and the other clients, like, oh, this is doable."

Limitations

- Low response rates at four and seven-month follow-up prevented evaluation of long-term impact of programs
- Client tobacco use and quit data were self-reported

Conclusions and Recommendations

- Programs successfully reached tobacco users from disparate populations
- Providing services in community-based settings likely reached clients who might not choose telephone or online support
- Programs achieved quit rates comparable to CT Quitline
- Recommendations for future community-based cessation programs include:
  - Engaging evaluation and program staff to develop responsive, easy to use data collection system
  - Provide ample lead time and resources for building program infrastructure
  - Maintain free NRT as a core program component
  - Considers strategies, such as incentives for completing sessions or telephone support, that will encourage clients to attend multiple sessions, thus increasing their chances of quitting