North Carolina
Health and Wellness Trust Fund

State Health Plan
Tobacco Cessation Wellness Initiative

Focus Group Evaluation
March 7, 2011

Prepared for:
North Carolina Health & Wellness Trust Fund

Prepared by:
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Research Ethics
University of North Carolina Public Health-Nursing Institutional Review Board reviewed the research plan and determined participant risk involved was minimal (10-1888).

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I. Executive Summary

The North Carolina General Assembly passed Session Law 2009-16 in April 2009. This legislation required the State Health Plan for Teachers and State Employees (SHP) to develop and implement a Comprehensive Wellness Initiative (CWI) focusing specifically on tobacco cessation and weight management.

The NC Health and Wellness Trust Fund (HWTF), which leads a substantial portion of the State's tobacco prevention and cessation efforts, partnered with the SHP to fund process evaluations of the tobacco cessation component of the CWI. *These process evaluations are designed to help the SHP understand and improve the implementation of their future programs.* The evaluations included: a) focus groups and interviews with diverse SHP members enrolled in the 70/30 Plan who also use tobacco products, and b) a web-based satisfaction survey of SHP members who utilized QuitlineNC, a free telephone cessation coaching service. This report summarizes the qualitative data from the focus groups and individual interviews. Outcome evaluations of how the CWI tobacco cessation component may have led to increased cessation among SHP tobacco users are the subject of separate research.

The focus groups and individual interviews indicate:

1. **A lack of knowledge and understanding of SHP tobacco cessation benefits and resources.**
   Participants were aware of the enrollment change from 80/20 to 70/30 for members who utilized tobacco, but they exhibited little understanding of the benefits and resources available for tobacco cessation.
2. **The need for clearer and more comprehensible communication materials.**
   Participants' views of the communication materials as too complex and/or challenging to read limited their knowledge and understanding of SHP tobacco cessation benefits and resources.
3. **The necessity of an improved dissemination strategy.**
   Dissemination of the SHP enrollment change and associated tobacco cessation benefits and resources appeared inconsistent and varied too much by worksite or individual. Inconsistent dissemination likely limits access to benefits and resources and increases the opportunity for misunderstanding among SHP members.
4. **A negative association among participants about the SHP.**
   The combination of lack of understanding of the tobacco cessation benefits, insufficiently clear materials and inconsistent dissemination generated speculation, misunderstanding and alarm among tobacco users. Positive perceptions of SHP tobacco cessation benefits and resources were overshadowed by negative perceptions among participants of the SHP generated by the roll-out and implementation of the tobacco cessation component of the CWI.

The issue of money was a subtext that ran throughout the focus group discussions and individual interviews. Almost all participants touched on some aspect of the relationship

between tobacco use and/or cessation and money - the cost of tobacco products and tobacco cessation, the availability of free cessation tools and the price of insurance and accompanying benefits. Even though the tobacco cessation component of the CWI includes free access to counseling and NRT patches through QuitlineNC and reduced co-pays for medications, participants were unaware that the SHP offered these benefits.

The above findings indicate that opportunities exist to improve the promotion of the CWI among SHP members. Moving forward, the recommendations listed below would lead to improved comprehension of benefits, clearer materials, improved dissemination and improved perceptions of the CWI:

1. **Develop materials that are more easily understood by the target population.** Materials should be colorful, simple, clear and accessible. They should be written at a 5^{th} - 8^{th} grade literacy level and devoid of legal language or formal titles whenever possible.

2. **Promote SHP tobacco cessation benefits and resources to SHP members through a dissemination plan that includes multiple methods for circulating information.**
   To insure all SHP members receive the same information in a timely manner, the SHP could assess its dissemination strategy, identify gaps and create a revised dissemination protocol. A revised plan could utilize a combination of traditional and novel diffusion strategies to ensure that SHP members receive health insurance information about the CWI from the SHP and through their worksite. Strategies may include presentations, flyer distributions, paystub inserts, website, Facebook and twitter

3. **Utilize formative and summative evaluation data to tailor future health insurance information to target audiences.**

   Prior to dissemination, the SHP could recruit members and conduct a focus group on newly developed health insurance information materials, using the qualitative data to revise and improve materials. Post-dissemination, evaluation can determine if the target population knew and understood the benefits and resources described in the materials. This process can reduce future negative perceptions among SHP members that threaten program success.

4. **Build a brand around tobacco cessation, making SHP CWI benefits synonymous with tobacco cessation.**

   The SHP can utilize their marketing to “build a brand” around cessation, with resources readily known and easily accessible for tobacco users ready to quit.

II. Background

Approximately 20% of US adults smoke,[1] and only 5-7% of smokers successfully quit without assistance. These rates are doubled when appropriate tobacco cessation treatment is provided such as counseling and pharmacotherapy.[2] Providing tobacco cessation treatment as an insurance benefit increases the proportion of smokers who will use cessation treatment, attempt to quit and successfully quit. [2,3,4] The provision of free tobacco treatment medications has proven to motivate tobacco users to seek tobacco treatment. For instance, free nicotine replacement therapy (e.g., patches) increases call volume and quit attempts through state quitlines.[5,6]

In an attempt to improve the health of North Carolinians, the North Carolina General Assembly passed Session Law 2009-16. The law required the State Health Plan for Teachers and State Employees (SHP) to develop and implement a Comprehensive Wellness Initiative (CWI) focusing specifically on tobacco cessation and weight management. The tobacco cessation component of the CWI began for SHP subscribers and their covered dependents on July 1, 2010. All State Health Plan members were automatically moved to the 70/30 Plan. Members wanting to enroll in the 80/20 Plan were required to submit paperwork that they or their dependents were not current tobacco users. Those currently using tobacco could enroll in the 80/20 Plan through participation in an approved cessation program. Six months prior to the implementation of the CWI, SHP members had free access to QuitlineNC, including a multi-caller option with free nicotine replacement therapy patches, and to lowered co-payments for cessation medications.

The North Carolina Health and Wellness Trust Fund (HWTF), in conjunction with the SHP, sponsored independent process evaluations of SHP members' awareness, knowledge, and receptiveness of the SHP tobacco benefits and resources. It also assessed the SHP members' level of satisfaction and use of QuitlineNC (findings discussed in separate reports). This report summarizes the findings of the focus group and telephone interviews of current SHP members who use tobacco, providing an assessment of barriers and facilitators of the CWI among SHP members who use tobacco.

III. Methods

Evaluation Plan Development

UNC Tobacco Prevention and Evaluation Program (TPEP) staff worked with HWTF and the SHP to develop a program logic model to guide the evaluation of the CWI and associated benefits and resources and QuitlineNC services [Appendix C]. The research protocol entailed focus group discussions (supplemented with interviews) and a web-based survey. This report summarizes the focus group and interview results.

Focus Groups

TPEP recruited focus group participants by a letter sent to a random selection of SHP members (provided by the SHP) enrolled in the 70/30 plan that live within 50 miles of the focus group locations in Greensboro, Greenville and Asheville. The letter directed potential participants to a web-based screening tool or to call for a telephone screening. Staff attempted to contact a random sample of SHP members per focus group location. At least eight eligible participants were confirmed for each of the three focus groups and each participant was provided the date, time, and location of the focus group. Participants received two reminder calls and one reminder letter prior to the scheduled focus group sessions. Focus group participants were offered a small incentive for participation. Twelve SHP members attended the focus group discussions (Greensboro= 4; Greenville= 6; Asheville= 2). Because of lower than desired turnout at two focus group sessions, TPEP conducted supplemental phone interviews with SHP members (n=4) from these locations to increase the number of participants. Focus groups were conducted in early December 2010, and phone interviews were conducted in early January 2011.

Focus group participants were asked to assess their level of awareness and knowledge of the tobacco cessation benefits offered through the SHP, as well as ways to increase SHP members' utilization rates of available tobacco cessation benefits and resources.

Two research staff jointly conducted the focus groups, with audio recording. The audio recordings were transcribed and imported into MAXQDA 10 software for coding and analysis. Two research staff coded the transcripts. Deductive codes mirroring the focus group guide were established prior to the start of transcript analysis. Inductive codes (i.e., codes that are generated from the content of the transcripts) were developed to identify themes within and across evaluation plan concept areas.

IV. Results

Focus Groups
Four main themes emerged from the focus group discussions and individual interviews; the lack of knowledge and understanding of State Health Plan (SHP) benefits and resources, the need for clearer communication materials, the necessity of a well-designed and implemented dissemination strategy, and subsequent negative association among participants about the SHP's Comprehensive Wellness Initiative (CWI). In addition, the role of money, consciously or unconsciously, played a role in decision-making with respect to tobacco use and cessation.

1. Lack of knowledge and understanding of SHP benefits and resources.
Focus group and individual interview feedback highlighted a lack of knowledge and understanding of the SHP benefits and resources of the CWI.

While participants reported being aware of the enrollment change from 80/20 to 70/30 for tobacco users, they also reported misunderstanding and confusion about the differentiation of enrollment versus benefits/resources. The enrollment change was interpreted as the SHP reducing their level of benefits rather than an increase in deductibles and co-pays. Participants viewed the enrollment change as being "dropped" by the state health plan or as a "loss" of benefits.

> *"Just the changes that they made [where you can't qualify for one of the benefits] if you use tobacco."*

> *"Now you know because of my decision [to smoke] you want to drop my health insurance – now most companies and most insurance agencies don't do that. They make you have a higher premium or things of that, but they don't drop your coverage. The State went way out there."*

Most focus group participants expressed that they did not receive or were not aware of materials explaining SHP tobacco treatment benefits and resources. Participants did not know the types of benefits and resources available, how to access these benefits and resources, and most importantly what benefits and resources enabled a tobacco user to remain on the 80/20 Plan. Even participants who stated they had a clear understanding of the enrollment change and available tobacco cessation benefits and resources were unaware that participation in the QuitlineNC multi-caller option enabled them to remain on the 80/20 Plan. The majority of participants were unaware that the QuitlineNC multi-caller option offered access to free nicotine replacement therapy in the form of patches.

> *"For me this is the most, for the knowledge that I have of this plan from what I am hearing here and I haven't ever seen anything on it. This is my first."*

> *"I think this is informative, especially the 1-800 number which I've never seen. This is my first time seeing it and that it's providing eight weeks of nicotine replacement*

therapy, which I knew nothing about until tonight. So this is something I can certainly try."

Most participants reported minimal knowledge regarding specific cessation benefits and resources. The level of accurate information varied among participants and seemed to be dependent on the types of information they received in the workplace. Participants who reported a higher level of awareness and knowledge of the SHP benefits and resources attributed this to a well-functioning worksite human resources department or professional.

2. Need for clearer and more comprehensible communication materials.
A majority of participants stated the SHP tobacco cessation materials [Appendix B] were similar to other types of communications they received from the State and/or SHP, with a formal style and legal language that made the information challenging and inaccessible.

Communication materials, written in a letter or memoranda format, served as a communication barrier with many participants giving up before getting to the pertinent information that applied to them as tobacco users.

"There's a lot of names that's really just hard for me to, I guess, interpret where they're coming from and why they're important on here… I don't know who those people are or where they come from. So it seems just like a lot of big words but there's no background behind it."

"It looks like another memo that comes across your desk every single day."

"And when they send the little packets out to us like they sent all of this out, it's like reading a letter from a lawyer or something."

The format and challenging language of the materials were barriers to their willingness to read the materials, as well as comprehend the message being conveyed. Participants who read the materials while guided by the focus group moderator believed the communications contained important information.

Two communication materials were the exception, the postcard and chart from the SHP website. The postcard stood out as being different in size and style, with a graphic and utilized color. The chart from the website was clear, succinct, well designed, and easy to read and comprehend.

"*I especially like the first sheet [web chart – Appendix B] because it really breaks down what resources are available through this tobacco use quitline and the medications and the resources that are available." "This top sheet is the eye-catcher rather than giving [us] the other sheets first where [we] have to read through all this stuff and [we] don't readily see what's available."*

To better inform SHP members of benefits and resources, participants recommended changes in language and style. Communication materials should be simple, specific, clear, direct, eye-catching, and accessible.

> *"I think publicity or whatever… color, eye-catching things. Like I said you are going to need something that is going to stand out and say something that is going to bring me in and this thing right here says "you can quit smoking tobacco" [postcard – Appendix B] right there on top instead of in black and white North Carolina State Health Plan of teachers and state employees, memorandum [Appendix B], June 2010."*

> "*I think it could be shorter, a little less wordy, with bullets, color, etc*."

3. The necessity of an improved dissemination strategy.

Participant knowledge and understanding of the tobacco cessation benefits and resources was influenced by the perceived lack of a consistent dissemination strategy. Information flow from the SHP to its members appeared variable and worksite dependent. This gap contributed to ill-informed members. In many cases, word-of-mouth filled the communication gap, spreading misinformation and negatively impacting members' perceptions of the SHP and their utilization of available tobacco cessation benefits and resources.

> "*I think the main thing is that I think a lot of people here are saying is that this information is not getting to them. They haven't gotten it ... so they didn't know it was available. I didn't know it was available."*

> *"And then they really don't tell you. They have a bulletin board at where they put the sheets up and you just glance at it or then you hear another staff talking about it or whatever but them actually coming to you and telling you about it, no."*

> *"…I don't know where the buck stops. Is it my immediate supervisor who is not passing it on since some people actually did know about this but like I said, it's my first time seeing it and if something pertains to me specifically then I'm going to pay closer attention to it."*

Once informed of the tobacco cessation benefits and resources available through the CWI of the SHP, participants offered suggestions as to how improve the dissemination process. Beyond improved communication materials, participants suggested work place presentations or other opportunities for face-to-face explanations and Q&A. In addition, they suggested this be supported by increased use of human resource personnel, worksite bulletin board postings, incentives such as offering free coffee or snacks with an information booth, and the opportunity to set aside work time to attend a counseling or information session.

Worksite wellness was viewed as a potentially positive development by bringing the message to the people, offering services in the workplace, and creating a group support atmosphere. Participants expressed interest in tobacco worksite wellness programs modeled after current worksite wellness programs that are voluntary and incentive-based. The need for a well-designed marketing program to promote worksite wellness programs became apparent from participant reactions to the potential time commitment needed to participate and how this would reflect on their work ethic and relationship to co-workers.

> *"I mean don't forget, all of us are REAL state employees, we are not the ones that get a chance to sit down and have the time to sit back and… Believe me, they actually get work out of us."*

4. **A negative association among participants about the SHP.**

Perceptions of the tobacco component of the CWI among participants were generally negative. Tobacco users felt they were being "dropped" by the plan and that benefits were being taken away. It was perceived that the new requirements were initiated without warning or grace period, forcing SHP tobacco users to immediately decide to quit or to be dropped or excluded from the 80/20 Plan option. Participants' felt "singled out" and then "lumped" in a group.

> *"I am going to tell you, this is exactly how we felt. They didn't want smokers and big people working for the state."*

> *"Exactly … you had one extreme or the other. You had the smokers talking about they trying to get rid of [us]…*

Members reported insufficient outreach or opportunity to develop buy-in. While the tobacco cessation component of the CWI offered positive benefits and resources, it had to overcome a negative perception as a punitive policy. The perceived punishment of tobacco users angered SHP members who use tobacco and precluded many from considering the potential benefits.

> *"So I mean when this came out – it was negative to start with… So you already had to deal with the barrier of being a negative. And then, from that moment on, you got to start chipping away at the barrier…"*

Some participants felt they were not only being penalized for tobacco use but also punished for being honest about such use. Participants reported knowledge of people who misrepresented their tobacco use to stay on the 80/20 Plan. When the SHP withdrew their initial plan to randomly check for tobacco use among the 80/20 Plan members, it created a strong perception among the "honest" SHP members of being treated unfairly.

> *"And I told the truth and then they still didn't get everybody. Man, that made me mad."*

“I think about a month later after we filled that form out and turned it in, then they said they weren’t going to take and go back and check people to make sure they were being honest about everything and so most people I work with, they continued smoking and whatever and they’re still on 80/20 and I am on 70/3,0 and I was trying to be honest.“

“*Truthfully and honestly talking about those people who did not sign the form, if I would have known that they weren’t going to come around and ask if I smoke, I probably wouldn’t have filled it out either.”*

“I know there’s probably about ten people that I work around who basically stopped for a period of time and then I think it was even on… the local news that they were not going to check the issue. They weren’t going to go around and check people to make sure they were being true to the fact and they started back smoking.”

V. Discussion

The focus group results show that the SHP rollout of the CWI tobacco cessation component was not sufficiently understood, that materials disseminated were not easily comprehended, and that dissemination of materials was too inconsistent. Such reactions likely generated hostility among many smokers toward the SHP. Misinformation and negative perceptions superseded accurate representation of the tobacco component of the CWI. SHP tobacco users may have been insufficiently aware of the accessibility of free or reduced cost benefits for tobacco cessation, which a majority of participants mentioned as potential motivations or incentives for quitting tobacco.

The focus group and individual interviews clearly highlight an opportunity going forward to develop new communication materials and strategies as part of a larger dissemination plan to help better inform SHP members of their benefits and resources. Future development and design of communication materials should account for the low level of health literacy among adults in the United States. [7,8] Health literacy, the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions, should be considered while developing future SHP member materials.[9, 10] Simplification of design and wording of communication materials, including removal of legal language and titles whenever possible, may make information on tobacco cessation benefits and resources more accessible to a broader segment of the target population and potentially decrease negative perceptions of the SHP, particularly among underserved populations.[11]

Improved communication materials must be paired with a consistent dissemination plan to ensure maximum utilization of benefits and resources. Low benefit awareness translates into lower than desired utilization of benefits and resources.[12] Dissemination should employ multiple distribution methods and technologies to help expand outreach to inform and engage members.

The short timeline for implementing the CWI may have contributed to the members' level of reported buy-in. Focus group participants interpreted the rapid timeline as either potential indifference or disrespect for SHP members who use tobacco. Although a longer timeline was not feasible given the legislative mandate for the CWI, participants provided suggestions that would increase buy-in among tobacco users. For example, the SHP could:

- Conduct focus groups prior to the announcement and roll-out of the tobacco component of the CWI to "pilot test" materials and dissemination strategies.
- Announce, one year in advance, through various media channels, the new regulations included in the tobacco component of the CWI.
- Simultaneously roll-out the tobacco cessation benefits and resources with reduced or no co-pays to motivate tobacco users to seek cessation treatment prior to members enrolling in a particular benefit plan.

- Once publicly stated, follow through on honesty checks among SHP member tobacco users to ensure fairness ensues following member's selection of their appropriate benefit.

When focus group participants were guided through the SHP materials and informed of the tobacco cessation benefits and resources offered to them by the SHP, participants viewed the SHP in a more positive light and were interested in various services. The tobacco cessation services that appealed to the focus group participants were multi-caller option offered through the QuitlineNC because of the free NRT, direct counseling through a physician or nurse practitioner, and worksite wellness program that included tobacco cessation.

Following the initiation of the tobacco component of the CWI, there was a spike in call volume to QuitlineNC. While focus group and individual interview results highlight a lack of knowledge and a gap in information dissemination, the increased call volume indicates a segment of SHP tobacco users used some tobacco cessation benefits available. Whether they used this resource to truly attempt cessation or simply to shift financial responsibility of additional co-pays is unknown at this time. This report does not examine actual success in quitting or satisfaction as a result of those calls.

In an effort to increase dissemination of available tobacco cessation benefits and resources offered through the SHP, focus group participants suggested the SHP improve their marketing strategy. SHP may need to increase advertising to "build a brand" around tobacco cessation, making SHP benefits synonymous with tobacco cessation.[13] When tobacco users are ready to quit, all SHP resources would be readily known and easily accessible.

Negativity towards the SHP by tobacco users could be changed for the positive. Following the focus groups and interviews, SHP members who were fully informed about the tobacco treatment benefits and resources offered through the SHP were more open to exploring these benefits. Moreover, while participants expressed various levels of desire to quit and were protective of their decision to quit as a personal decision, money appeared to be a contributing factor that could heavily influence tobacco use and quit attempts.

These interviews and focus groups do have limitations. The number of participants participating to interviews was less than desired, but they did represent diversity from across the state. Focus group interviews by design are intended to be hypothesis generating more so than hypothesis testing, so generated themes and results must be interpreted with some caution. However, the consistent nature of the responses lends validity to the findings.

The SHP CWI offers recommended, evidence-based tobacco treatment for members who use tobacco. Improved messaging, marketing, and dissemination of their products and services to targeted members should lead to increased utilization of these benefits, increased quit rates and reductions in health care costs.

Appendix A: Focus Group Discussion Moderator's Guide

Participant Agency by Focus Group Discussion Location

Greensboro	Greenville	Asheville
Guilford County Schools	Office of Juvenile Justice	Asheville City Schools
Office Of Juvenile Justice	Dept of Correction	McDowell County Schools
Employment Security	Dept of Correction	
Alamance-Burlington School System	Dept of Health and Human Services	
	East Carolina University	
	Dept of Transportation	

Introduction and overview (10 minutes):

Hello, my name is _____. I have spoken to a few of you briefly to schedule and confirm your attendance for this discussion. Today, I will serve as the focus group moderator. I want to first say thank you to each of you for agreeing to participate. We understand your demanding schedule and we appreciate your willingness to provide feedback to the State Health Plan (SHP) on the tobacco cessation component of the Comprehensive Wellness Initiative. The focus group will last approximately 60-90 minutes and you will receive $25 for your participation. You have been invited to join this focus group because based on your responses to the screening questions you are currently a member of the SHP and a smoker.

Before we begin, I want to take this opportunity to highlight the guidelines for our discussion today to ensure the most productive use of our time.

[MODERATOR STATES FOCUS GROUP RULES FOR THE PARTICIPANTS AND PAUSES AFTER ASKING IF THERE ARE ANY QUESTIONS].

Moderator's Participant Guidelines

1. *We realize that maintaining privacy is important to each of you. Therefore, we ask that you maintain the privacy of all focus group participants by providing only your first names.*
2. *In accordance with the informed consent process, we want to remind you that today's discussion will be audio recorded and the discussion will be monitored by staff from The Tobacco Prevention and Evaluation Program located at the University of North Carolina at Chapel Hill. He or she will be unable to participate in the focus group or answer questions during the discussion.*
3. *We ask for your honest opinions.*

4. *We ask that you practice active listening by refraining from interrupting others so that we can capture the responses of everyone.*
5. *We ask that you share talking time by allowing others to provide comments on the topics we will be discussing.*
6. *And lastly, we ask that you minimize possible distractions by turning off the volume on your cellphones or pagers.*

As a reminder, the focus group is scheduled to last between 60 to 90 minutes. Is there anyone who will not be able to stay until the end of the session?

Are there any questions? Ok, let's begin our discussion.

Again my name is _____ and working with me to record your responses is my colleague _____. We will now go around the room and introduce ourselves by first name only.

[MODERATOR GREETS EACH PARTICIPANT BY THEIR FIRST NAME]

TOBACCO CESSATION

1. We are going to start today by talking about tobacco cessation. By a show of hands – who has tried to quit using tobacco?
   [PROBE: Encourage participants to raise hands even if they tried to quit for just one day]

   Findings: 14 participants

2. For those who have tried to quit – describe the types of methods you have used to quit tobacco?
   [PROBE: Cold-Turkey, patch, medication, counseling, reduce # of cigarettes, other smokeless tobacco products, etc]

   Findings:

Method	# of Participants
Cold Turkey	10
Chantix	6
Nicorette Chewing Gum	3
Patch	3
Zyban	2
Vapor Cigar	1
Nicotine Free Tobacco	1
Wellbutin	1
Peppermints/Lollipops	2

3. Please tell us some of the reasons why you have tried to quit?
   [PROBE: Friend asked, Insurance benefit changed, doctor told me to quit, job, health, etc…]

   Findings:

Quit Attempt Reasons	# of Participants
Health	13
Cost of Cigarettes	9
Spouse/Family	8
Smell	4
Control Over Life	3
Not as Socially Acceptable	1

BENEFIT AWARENESS & COMMUNICATION

4. Please share with us any changes that happened with your health benefits regarding tobacco use, and new benefits and resources this past year?
   [PROBE: Changes such as moving to 70/30 plan, availability of cessation counseling through physicians or QuitlineNC, free NRT]

   [MODERATOR: EXPLAIN ALL SHP TOBACCO CESSATION BENEFITS AND PROVIDE THE PARTICIPANTS WITH THE SHP TOBACCO CESSATION BENEFIT FLYER AND ANY OTHER PROMOTIONAL MATERIALS FOR TOBACCO CESSATION BENEFITS AND RESOURCES]

5. How did you learn about the State Health Plan benefit changes and new tobacco cessation benefits and resources?
   [PROBE: Did you receive a post card in the mail? Did your physician inform you? Did you read it in the newspaper, etc.?]

6. Describe what you liked about the materials you received describing the benefit changes and availability of cessation resources?
   [PROBE: Think about the information you received.
   - Was it easy to understand?
   - Was it all-inclusive?
   - Did it answer all your questions?
   - Did it give you another alternative to find answers to your questions?

   [PROBE: Use materials as prompts after initial round]

7. Describe what you disliked about the materials you received describing the benefit changes and availability of cessation resources?
   [PROBE: Think about the information you received.

- Was it easy to understand?
- Was it all-inclusive?
- Did it answer all your questions?
- Did it give you another alternative to find answers to your questions?

[PROBE: Use materials as prompts after initial round]

8. If you were in charge of informing SHP members about the tobacco cessation benefits how would you do it?
   [PROBE: What do you think is the best way to communicate this type of information to a large membership like the SHP? Attention getting postcard/flyers, advertisements, work place meetings, etc.]

PERCEPTIONS OF THE TOBACCO CESSATION COMPONENT AND BENEFITS

9. Tell us how the addition of tobacco cessation benefits to the State Health Plan affected your tobacco use?
   [PROBE: Did the potential change in your benefit plan encourage you to seek tobacco cessation services? Did the addition of the benefits to the Plan prompt any reconsideration or change in your tobacco use?]

10. Now that you are aware of all the tobacco cessation benefits available through the SHP, what barriers may stop you from using these services to help you quit using tobacco?
    [PROBE: Is your employer/supervisor non-supportive of your quit efforts? Would the co-payment for counseling and/or the prescription benefit pose a financial burden for your family? Does not offer services I desire.]

11. Describe the types of incentives that might motivate you to participate in the SHP tobacco cessation services?
    [PROBE: Would you be more likely to try and quit if the SHP offered gum or lozenges free of charge with the patch? Lower prescription medicine co-pays? Financial break on health insurance premium or financial incentive?]

12. When you are ready to quit using tobacco, which methods offered through the SHP would you be willing to use to help you quit?
    [PROBE: Some possible examples are: face-to-face counseling, QuitlineNC, web-based programs, self-help materials, prescription medication(s), gums or lozenges, alternative medicine options, combination of treatments, etc.]

INCREASED UTILIZATION OF QUITLINENC

12. Earlier I described the QuitlineNC, one of the SHP tobacco cessation services available to help you quit using tobacco, for those of you who have used QuitlineNC please tell us what you like about this service?

13. What do you dislike about this type of tobacco cessation service?
    [PROBE: Would you recommend QuitlineNC to your family and friends?]

14. If you were to call QuitlineNC which service option is most appealing to you?
    [PROBE: self-help materials, a coaching call, or the multi-caller option with NRT or without NRT]

15. What would help motivate you to participate in the multi-caller option with QuitlineNC?
    [PROBE: Remember the multi-caller program entitles smokers to participate in the 80/20 health care plan?]

16. What suggestion do you have that will help increase SHP member usage of QuitlineNC?

CONCLUSION

As we prepare to end our focus group today, I want to thank you again for your time and your participation in this discussion. It has been a very helpful for us to gain an understanding of how SHP members perceive recent changes in their health plan, new tobacco cessation benefits and resources, and the associated promotional benefit materials.

We will now read a summary of the focus group discussion.

1. Do you have any other comments or suggestions you would like to pass on to the State Health Plan regarding the tobacco cessation benefits and resources that we have not already covered?

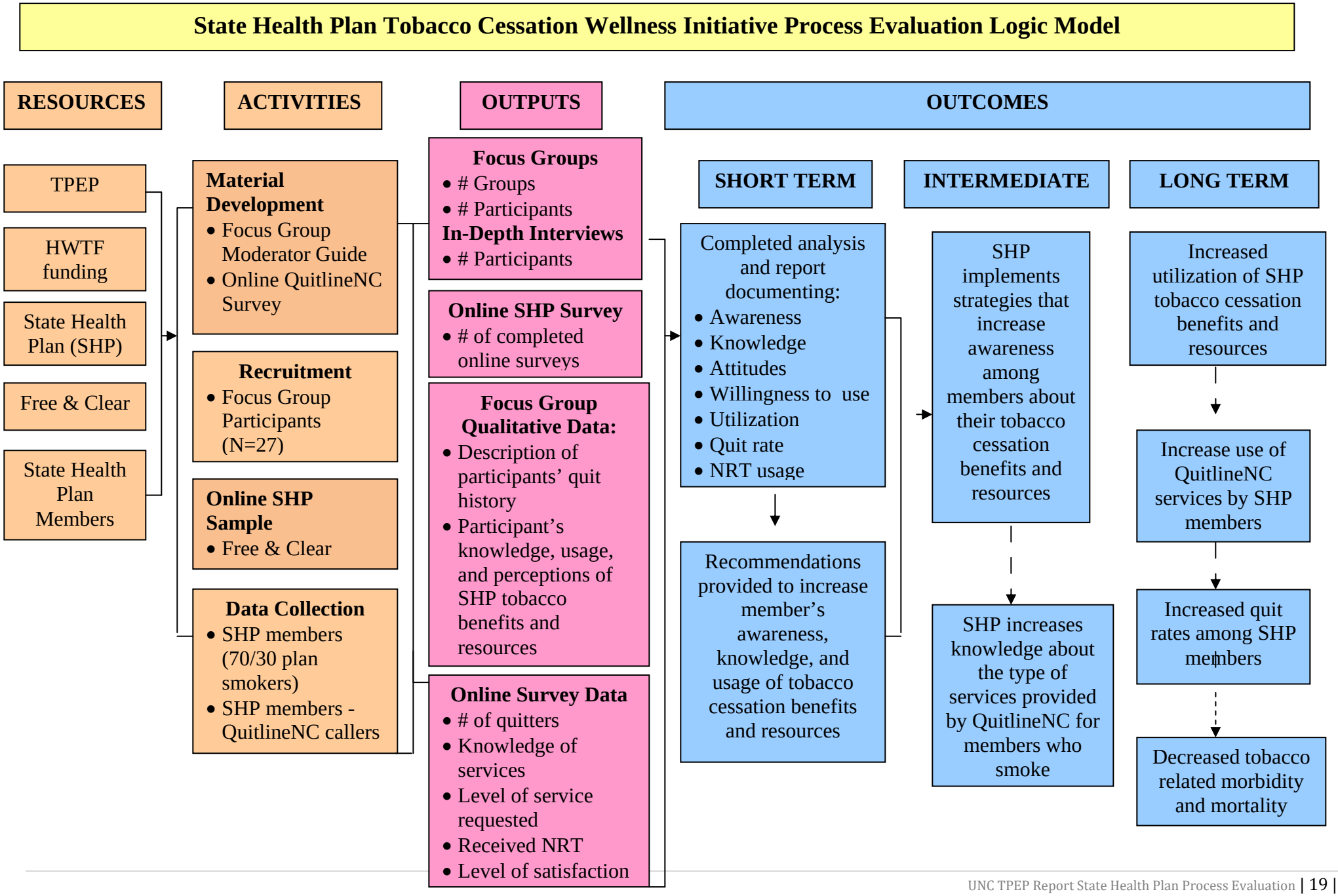
2. Does anyone have any questions or comments they would like to make before we adjourn?

ADJOURN

Appendix B: Communications from the State Health Plan

Please see supplemental document.

Appendix C: Logic Model



Appendix D: References

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