

# Quit Now Kentucky 2024 Outcomes Report

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## Executive Summary

From July 2023 through June 2024, Quit Now Kentucky, operated by National Jewish Health, offered a comprehensive commercial tobacco cessation program with telephone-based coaching and a web-based interactive cessation resource to support Kentucky residents who wanted to quit using commercial tobacco products.<sup>1</sup> National Jewish Health conducted an evaluation of the program by surveying participants seven months after enrollment (February 2024 through January 2025).

The evaluation aimed for 200 completed surveys among callers who completed intake from July 2023 through June 2024 and agreed to follow-up, regardless of their readiness to quit. Participants enrolled in the phone program were surveyed via phone seven months post intake. Web-only participants were not surveyed as part of this evaluation.

A total of 1,979 participants completed a phone intake in this report period, 1,883 consented to follow-up, and 1,193 were randomly sampled into the survey pool. The survey was completed by 235 participants, resulting in a 20% response rate.

Key highlights from the survey include:

- Overall, 31% of Quit Now Kentucky phone coaching participants quit using tobacco.
- Among the 25% of phone participants who completed five or more coaching calls, they had a quit rate of 35%.
- Regardless of participation in the BH protocol, participants who reported living with two or more behavioral health conditions had a 25% quit rate compared to a 36% quit rate for participants who do not report living with a behavioral health condition.
- Among phone participants, the satisfaction rate was higher among those who received quit medications compared to those who did not (95% versus 73%, respectively).

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<sup>1</sup> We affirm the sacred purpose of tobacco in American Indian communities. In this report, cessation services refer only to commercial tobacco. *All references to “tobacco” shall be qualified as “commercial tobacco” unless specified.*



## Quit Now Kentucky Program

Quit Now Kentucky program (the Quitline) provided free cessation support to residents trying to stop using tobacco. The Quitline offered support through telephone coaching, an interactive web portal, other digital services such as text and email, and by providing FDA-approved smoking cessation medications. Individuals were able to enroll in services by:

- Calling 1-800-QUIT-NOW or 1-855-DEJELO-YA;
- Completing an enrollment form using the web portal; or
- Through a fax, web, or EHR-based referral made by a health care provider.

The Quitline recognizes that some populations require unique support to stop using tobacco. To meet this need, the Quitline offered tailored phone programs for pregnant and postpartum participants, people living with behavioral health conditions, youth, and young adults. To support individuals for whom English is a second language, the Quitline offered phone coaching, print materials, and a website in Spanish. The Quitline also partnered with LanguageLine to provide real-time translation in more than 200 additional languages.

National Jewish Health, the largest nonprofit provider of telephone cessation services, operates Quit Now Kentucky program. As a founding member of the North American Quitline Consortium (NAQC), National Jewish Health follows NAQC guidelines for operating and evaluating the Quitline.

### Phone Program

For the evaluation period, the phone program provided coaching to any Kentucky resident who was thinking about or actively trying to quit. Coaching covered a variety of topics integral to quitting, such as strategies to increase motivation to quit, setting a quit date, and managing triggers. Coaching also provided interpersonal support to help participants maintain abstinence and live a life free from tobacco. Participants enrolled in the phone program were eligible to receive up to five proactive calls (in the standard coaching call program) from the Quitline and information tailored to their unique medical or demographic characteristics.



### Digital Services (Text, Email, Online, eCoaching and Live Text Coaching)

Participants were able to choose one or more digital services to enhance the support they received during their quit attempt, including:

- Opt-in interactive motivational text messages.
- Motivational email messages.
- An interactive online program ([kentucky.quitlogix.org](https://kentucky.quitlogix.org)), available 24/7, that provided:
  - Information about quitting.
  - Interactive calculators and quizzes.
  - Ability to design a quit plan tailored to the participant's needs.
  - Engagement with a community of other people trying to quit through online forums.
  - Ability to track quit medication shipments.

### Quit Medications

To receive quit medications participants must have been:

- Aged 18 years or older.
- Currently trying to quit tobacco.
- Enrolled in coaching.
- Have no medical contraindications, or provider consent to receive medications
- Belong to specific partner groups.

Eligible participants could receive:

- Nicotine replacement therapy (NRT) in the form of patch, gum or lozenge.
- Monotherapy (i.e., patch alone, gum alone or lozenge alone), or combination therapy (i.e., patch and gum, or patch and lozenge) for Behavioral Health program participants, Uninsured participants and participants enrolled in Medicare.

From June 2023 – September 2023, the number of weeks of medications available to eligible participants varied based on insurance type and available funding, and ranged from a four- to twelve-week supply. The full list of offerings for that time period is detailed in Appendix C NRT Offerings.

Starting October 2023, Quit Now Kentucky offered eight-weeks of monotherapy NRT to all eligible participants.



## Special Populations Programs

The Quitline offered several tailored programs and protocols for special populations designed to provide support and coaching to help navigate unique factors and life experiences that individuals may face when quitting tobacco.

### Pregnancy and Postpartum Program (PPP)

Pregnant participants often find quitting during pregnancy easier than maintaining their quit following the birth of their child (postpartum period). The Pregnancy and Postpartum Program (PPP) provided extended support to help pregnant participants successfully quit tobacco during their pregnancy and maintain their quit postpartum. The program was available to participants who began phone coaching during pregnancy. Quit medications were offered if the participant was a member of an eligible group and had consent from their provider. PPP participants received up to five coaching calls during pregnancy and an additional four coaching calls postpartum. The PPP program used a dedicated Coach model, which matches the same female Coach with a single participant throughout their time in the program. The Quitline's PPP program exceeded NAQC's service-level recommendations for serving pregnant and postpartum individuals.<sup>2</sup> In addition, the PPP offered an incentive for participants to complete coaching calls – \$20 for completion of each of the five pregnancy calls and \$30 for completion of each of the four postpartum calls (up to \$220 total).

### Youth Program: My Life, My Quit (MLMQ)

The My Life, My Quit program supported youth aged 13 to 17 years old with quitting tobacco and provided a focus on addressing use of e-cigarettes and nicotine vaping products. Youth seeking assistance could enroll online via a youth-tailored website (MyLifeMyQuit.com), by calling a toll-free number (855-891-9989), or by texting our short code (36072). Youth participants were eligible to engage in coaching by phone, online chat or live text coaching (two-way text coaching as recommended by NAQC). All Coaches engaging with youth participants were specially trained based on their ability to create rapport with younger tobacco users. Most youth participants enrolled in the web or text programs only.

### Young Adult Program

The Young Adult program offered participants aged 18 to 24 programs and services similar to those offered to adult participants (e.g., phone program, digital services, and quit medications), with the added benefit of a streamlined engagement and outreach to the Quitline via a short code text (36072).

### Behavioral Health Protocol

People living with a behavioral health condition and who use tobacco products have a harder time quitting and maintaining their quit, compared to tobacco users who do not live with a

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<sup>2</sup> North American Quitline Consortium. (2014). Quitline Services for Pregnant & Postpartum Women: A Literature Review and Practice Review. (V. Tong, T. Thomas-Hasse, Y. Hutchings). Phoenix, AZ.



behavioral health condition. The Behavioral Health (BH) protocol was tailored to provide additional support by offering participants up to seven coaching calls, including a preparation coaching call and two follow up 'check-in' calls one month apart, and specific coaching to support a person trying to quit based on their behavioral health conditions. Starting July 2020, based on participant feedback, National Jewish Health began testing additional outreach strategies, including supplemental activity workbooks, specialized text messaging, and providing information on local resources that support behavioral health. Participants in the BH protocol were eligible for eight weeks of combination therapy quit medications.



## Tobacco Cessation Rates

The following sections describe evaluation findings broken out by program enrollment type, tobacco use patterns, demographics, and behavioral and medical health conditions.

Results were excluded when the number of respondents in a reporting category were fewer than five.

See Appendix A for a full description of the evaluation methodology.

### Definition of Terms

The following terms are used throughout this evaluation report.

- **Conventional tobacco:** Defined as commercially manufactured combustible and non-combustible tobacco products (i.e., cigarettes, cigars, pipe, and any smokeless products).
- **Electronic nicotine delivery systems (ENDS):** Defined as e-cigarettes and other vaping devices (i.e., JUUL, vapes, vape pen).
- **Commercial tobacco:** Defined as conventional tobacco and ENDS products.
- **Participants:** Refers to anyone who completed an intake for Quitline services.
- **Responder Quit Rate:** Defined as self-reported abstinence for the past 30-days (also known as 30-day point prevalence).
- **Survey pool participants:** Refers to participants who were included in the evaluation survey pool.
- **Survey respondent/Respondent:** Refers to participants who completed the evaluation survey.
- **Traditional tobacco:** Defined as tobacco used by some American Indian tribes and communities for ceremonial and traditional practices.

### Response Rate

A total of 1,979 participants completed a phone intake in this report period, 1,883 consented to follow-up, and 1,193 were randomly sampled into the survey pool. The survey was completed by 235 participants, resulting in a 20% response rate. See Appendix B for a demographic comparison of survey respondents to survey pool participants.



## Overall Quit Rate

The responder quit rate for conventional commercial tobacco alone was 35.3% (95% confidence interval = 29.2% - 41.4%), while the responder quit rate for conventional commercial tobacco plus ENDS was 30.6% (95% confidence interval = 24.7% - 36.5%).

Please note, National Jewish Health and NAQC do not consider a respondent using ENDS as being free from tobacco for two major reasons:

- 1) ENDS are considered tobacco products by the Food and Drug Administration (FDA) and are not approved for cessation.
- 2) Observational research shows that most people who use ENDS continue to smoke simultaneously or return to using conventional tobacco products exclusively.

National Jewish Health offers the same personalized cessation support to individuals who wish to quit using ENDS.



## Quit Rate by Program Offering

In this section, the proportion of respondents who reported they quit using tobacco are described by:

- Program participation type.
- Quit medication orders.
- Digital services used.
- Number of coaching calls completed.
- Referral pathway.

### Overall Quit Rate by Phone Services

Overall, 31% of respondents reported they were quit at seven-month follow-up. The responder quit rate for coaching and NRT was 34%. For those who only completed intake or who received coaching and no NRT the responder quit rates were 23% and 25%, respectively.

Participation	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
<b>All participants</b>	1,193	235	72	31%
<b>Intake-only participants</b>	262	26	6	23%
<b>All coaching participants</b>	931	209	66	32%
<b>Coaching, no NRT</b>	320	53	13	25%
<b>Coaching and NRT</b>	611	156	53	34%



### Quit Rate by Digital Services

Quitline participants may opt to enroll in more than one digital service, therefore participants may be counted in multiple categories. The data presented in this section represents Quitline participants who opted into the phone and web programs.

Quit rates by type of digital service ranged from 27% for the email program to 35% for the web program. Quit rates by number of digital services were similar at 29% for one service, 30% for two services and 27% for three services.

Digital Service	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
<b>Text program</b>	892	172	51	30%
<b>Email program</b>	656	140	38	27%
<b>Web program</b>	274	51	18	35%

By number of digital services	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
<b>No digital services (phone only)</b>	180	32	12	38%
<b>One service</b>	397	76	22	29%
<b>Two services</b>	423	94	29	31%
<b>Three services</b>	193	33	9	27%



### Quit Rate by Call Completed

Research has demonstrated that phone coaching increases an individual's odds of successfully quitting (odds ratio=1.6), compared to no counseling or self-help materials alone, and suggests that completing three or more calls further improves the odds of quitting.<sup>3,4</sup> The highest reported quit rate was among respondents who completed four coaching calls (63%), but these data should be interpreted with caution given the low number of respondents. Most survey pool participants who completed a fourth coaching call went on to complete a fifth coaching call. Among the 230 participants who completed 5+ coaching calls, they had a responder quit rate of 35%.

Coaching Calls Completed	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
<b>Intake only</b>	262	26	6	23%
<b>1</b>	381	57	9	16%
<b>2</b>	167	37	12	32%
<b>3</b>	86	14	5	36%
<b>4</b>	67	16	10	63%
<b>5+ calls</b>	230	85	30	35%

<sup>3</sup> Fiore MC, Jaen CR, Baker TB, Bailey WC, Benowitz NL, Curry SJ, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. In: Department of Health and Human Services Public Health Service, editor. Rockville, MD: Government Printing Office; 2008.

<sup>4</sup> Stead L, Perera R, Lancaster T. Telephone counselling for smoking cessation. Cochrane Database Syst Rev 2006;3:CD002850



The table below provides data on survey pool participants and shows the cumulative number of participants who completed each coaching call as a percentage of all survey pool participants who completed intake and coaching call one. Overall, the percentage of survey pool participants completing coaching calls two through five declines with each subsequent coaching call. In light of the quit rates reported in the previous table it is important to note that 41% of coaching participants completed three calls and 25% completed five or more calls. Continuing to increase the percentage of program participants who complete at least three coaching calls should continue to be a focus for future Quitline program efforts.

Calls Completed	# of Survey Pool Participants Reaching Call	Percent of Survey Pool Participants Reaching Call
1	931	100%
2	550	59%
3	383	41%
4	297	32%
5+ calls	230	25%



## Special Population Programs

The Quitline provided special population programs for pregnant and postpartum participants, youth, young adults, and people living with behavioral health conditions.

### Behavioral Health Protocol

The table below details the quit rates for two groups: 1) survey pool participants who were eligible but did not opt into the BH protocol, and 2) survey pool participants who were eligible and opted into the BH protocol. Survey pool participants living with a behavioral health condition were more likely to opt into the BH protocol (n=509). The reported quit rate was 25% for that group and 31% for those who did not. Note, the two groups are not directly comparable as the BH protocol is accessed via opt-in during intake, which introduces selection bias, and the two groups represent different populations of callers. National Jewish Health has undertaken a special evaluation to better understand the impact of the BH protocol and a report is anticipated in FY2026.

Behavioral Health Protocol	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
<b>Have a BH condition and did not opt in to the program</b>	156	35	11	31%
<b>Have a BH condition and opted in to the program</b>	509	96	24	25%

### The Pregnancy and Postpartum Program (PPP)

The PPP for Kentucky enrolled 25 participants during the evaluation time period and 18 consented to follow-up. Less than five participants responded to the survey, therefore we are unable to report evaluation data. Kentucky provided incentives for participation in the PPP program, while participation in the evaluation survey was not incentivized. The use of an incentive during the program may have set an expectation among participants for an incentive to complete the evaluation survey. Based on a FY 2020 National Jewish Health multi-state evaluation of the PPP program, participants who engaged in three or more coaching calls during pregnancy and postpartum reported quit rates of 68%. The evaluation also showed that incentives increased engagement and higher incentives resulted in higher engagement.

### My Life, My Quit (MLMQ)

While engagement in MLMQ online services and live text coaching is high, engagement in MLMQ phone coaching is lower. For Kentucky, ten participants enrolled in the MLMQ phone services during the report period and five consented to follow-up. Less than five participants responded to the survey, therefore we are unable to report evaluation data. A multi-state evaluation of MLMQ conducted in 2021 found a responder quit rate of 66%.

### Young Adult Program

The Young Adult program is available by short code only. To ensure a low-barrier access channel to the program, short code participants are asked a limited number of questions, which doesn't include consent to survey, and therefore those participants are excluded from this evaluation report.



Evaluation of these above special programs is challenging for a variety of reasons including the low number of participants that enroll in a special program for individual states during the evaluation's intake period, ability to reach participants seven months post enrollment in the program, and use of special incentives during the program to encourage continued participation that are not available for the evaluation survey. The quit rates reported in the following table for special programs are from multiple state evaluations and do not represent only Kentucky.

National Jewish Health, in partnership with states, designed the special programs to increase access to services for priority populations. As such, we are including information about the portion of participants in these programs that received quit medications and the average number of coaching calls completed in the program. Each state client offered different types and durations of quit medication, which may be a factor that influenced the engagement in the program and responder quit rates. The PPP and MLMQ programs had responder quit rates that exceeded the 30% NAQC benchmark for success.

Specialty Program (Multiple States)	Survey Respondents	Percent Receiving Quit Medication	Average Coaching Calls	Responder Quit Rate
<b>PPP</b>	49	12%	3.6	33%
<b>MLMQ</b>	39	0%	2.9	67%
<b>BH</b>	3,359	71%	3.0	28%



Quit Rate by Referral Pathway

Some participants were referred to the Quitline by a health care provider (“provider-referred”), while other participants contacted the Quitline on their own (“self-referred”). The table below details the responder quit rates by these referral types.

The responder quit rates for provider-referred and self-referred were similar at 27% and 31%, respectively. These data should be viewed with caution due to the low number of provider referrals (n=52).

Referral Pathway	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Self-referred	1,141	224	69	31%
Provider-referred	52	11	3	27%



## Quit Rate by Tobacco Use Patterns

This section provides information on the proportion of respondents who reported quitting by type of tobacco product used, the number of cigarettes smoked per day, and menthol cigarette use.

### Quit Rate by Tobacco Use Type

The majority of survey pool participants reported smoking cigarettes (n=1,090) and single product use (n=1,001). The responder quit rates for cigarettes and single product use were 31%, respectively. Responder quit rates for other types of tobacco products and dual/poly product use should be interpreted with caution due to the low number of responders. Note, survey pool participants who reported dual/poly product use may be represented in multiple tobacco product categories.

By Tobacco Product Type	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
<b>Cigarettes</b>	1,090	213	66	31%
<b>Cigars, cigarillos, or little cigars</b>	47	10	4	40%
<b>Other tobacco, including pipe and smokeless tobacco</b>	42	Excluded		
<b>e-Cigarettes or vaping products</b>	217	31	7	23%

Single and dual use	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
<b>Single product use</b>	1,001	211	65	31%
<b>Dual/Poly product use</b>	192	24	7	29%



### Cigarettes per Day

The table below provides data only for survey pool participants who reported smoking cigarettes at intake. Among the 1,090 survey pool participants who smoked cigarettes, most participants (n=474) reported they smoked 11 to 20 cigarettes per day (CPD) and the responder quit rate was 26%. The highest quit rate was among respondents who smoked 1 to 10 CPD (40%), and quit rates mostly declined as CPD increased.

Cigarettes Per Day	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
<b>1-10 CPD</b>	262	53	21	40%
<b>11-20 CPD</b>	474	88	23	26%
<b>21-30 CPD</b>	175	39	13	33%
<b>31+ CPD</b>	143	30	7	23%
<b>No response</b>	36	Excluded		

### Menthol use

The table below provides data only for survey pool participants who reported smoking cigarettes at intake. Among survey pool participants who smoked cigarettes, most reported they did not smoke menthol cigarettes (n=778) and the responder quit rate was 31%. The quit rate for respondents who smoked menthol cigarettes was also 31%.

Menthol use	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
<b>Used menthol cigarettes</b>	303	68	21	31%
<b>Did not use menthol cigarettes</b>	778	143	44	31%
<b>No response</b>	9	Excluded		



## Quit Rate by Demographics

This section provides information on the proportion of respondents who reported quitting by key demographic variables: gender, age, race and ethnicity, insurance status/type, education level, and sexual orientation and gender identity.

### Gender Distribution

The majority of survey pool participants identified as female (n=806) with a responder quit rate of 30%, the responder quit rate reported among those who identified as male was 32%. There were insufficient data to provide a quit rate for other gender identities.

Gender	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Female	806	154	46	30%
Male	384	81	26	32%
Other gender identities	Excluded			
No Response	0			

### Age Distribution

The highest quit rates reported were among respondents aged 65+ (35%). The next highest quit rate was among participants aged 55-64 (32%). Overall, these data demonstrate that the Quitline supported tobacco users across the age spectrum.

Age Group	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
24 or under	31	6	1	17%
25-34	97	15	4	27%
35-44	124	11	3	27%
45-54	234	39	9	23%
55-64	364	75	24	32%
65+	343	89	31	35%



## Racial Distribution

During intake, participants were able to select more than one race or ethnic identity. Participants who identified as two or more races were grouped in a “More than one race” category. Participants who spoke Korean, Vietnamese, Cantonese, and Mandarin were referred to the Asian Smokers’ Quitline. Due to the limited number of responses from participants who identified as Asians and Native Hawaiians or other Pacific Islander participants, these were grouped with the “Some other race” group.

Most survey pool participants identified as White (n=975) and not Hispanic (n=1,168) with responder quit rates of 29% and 31%, respectively. The responder quit rate for Black or African American participants was 36%.

Race or Ethnicity	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
<b>Race</b>				
American Indian or Alaska Native	9	Excluded		
Black or African American	149	36	13	36%
White	975	183	53	29%
Some other race	12	Excluded		
More than one race	35	9	3	33%
No response	13	Excluded		
<b>Ethnicity</b>				
Hispanic	20	Excluded		
Not Hispanic	1,168	232	72	31%
No response	5	Excluded		



### Quit Rate by Insurance

Participants were asked to share what type of health insurance they have during intake (e.g., Medicaid, Medicare). Participants who reported having health insurance via an employer or were self-insured are reported as “Other insurance”. By insurance type, the highest responder quit rate was among Uninsured (73%), and these data should be interpreted with caution given the small number of responses. The overall responder quit rate for Kentucky Medicaid was 27%. Quit rates for specific Medicaid plans should be interpreted with caution given the low number of respondents within each subgroup.

Insurance	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
<b>Kentucky Medicaid</b>	365	60	16	27%
<b>Aetna Better Health of Kentucky</b>	45	5	1	20%
<b>Anthem</b>	57	10	1	10%
<b>Fee for Service</b>	14	Excluded		
<b>Humana CareSource</b>	49	11	1	9%
<b>Passport</b>	64	8	5	63%
<b>United HealthCare Community Plan of Kentucky</b>	30	6	3	50%
<b>Wellcare of Kentucky</b>	106	19	4	21%
<b>Medicare</b>	526	123	36	29%
<b>Other insurance</b>	187	38	12	32%
<b>Uninsured</b>	92	11	8	73%
<b>No response</b>	23	Excluded		



### Education Distribution

Survey pool participants with a high school diploma or GED comprised the largest group in the survey pool (n=453), followed by those with some college or university (n=327). The responder quit rates for these groups were 37% and 29%, respectively. Overall, these data demonstrate the Quitline served people of all education levels.

Highest Level of Education	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Less than grade 9	44	14	3	21%
Grade 9 to 11 and no degree	136	28	6	21%
High school diploma or GED	453	86	32	37%
Some college or university	327	56	16	29%
College degree, including vocational school	231	50	15	30%
No response	Excluded			

### Sexual Orientation and Gender Identity

Five percent of survey pool participants identified as LGBTQ+ (n=63) and their responder quit rate was 25%. These data should be interpreted with caution given the low number of survey respondents.

Sexual Orientation and Gender Identity	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Not LGBTQ+	1,130	223	69	31%
LGBTQ+	63	12	3	25%
Bisexual	35	8	1	13%
Lesbian or gay	25	Excluded		
Transgender	Excluded			
Queer	Excluded			
No Response	0	Excluded		



For additional context, National Jewish Health has provided data from multiple states for a larger number of respondents who identify as LGBTQ+. Each state client had different quit medication offerings, which may influence quit rates. In addition, the data below do not represent all states National Jewish Health serves. Overall, the responder quit rates for participants who identified as LGBTQ+ were similar to participants who did not identify as LGBTQ+. These data speak to the ability of the Quitline program to meet the needs of diverse populations and communities, and individuals across identity groups through program tailoring and use of motivational interviewing.

<b>Sexual Orientation and Gender Identity (Multiple State Clients)</b>	<b>Survey Respondents</b>	<b>Responder Quit Rate</b>
<b>Not LGBTQ+</b>	8,165	32%
<b>LGBTQ+</b>	641	33%
<b>Bisexual</b>	372	31%
<b>Lesbian or gay</b>	237	36%
<b>Transgender</b>	35	34%
<b>Queer</b>	54	46%
<b>No response</b>	98	33%



## Quit Rate for Health Conditions

This section provides information on the proportion of respondents who reported quitting by behavioral health conditions they may live with, and medical conditions they may have which are caused by or worsened by tobacco use.

### Quit Rate by Behavioral Health Conditions

During intake, participants were asked whether they have a behavioral health condition, including depression, anxiety, and substance abuse. A higher number of survey pool participants reported they live with two or more behavioral health conditions (n=472) compared to living with one behavioral health condition (n=193). The responder quit rate, regardless of participation in the BH protocol, for those living with one behavioral health condition was 32%, and 25% for those living with two or more behavioral health conditions. Survey pool participants who did not report living with a behavioral health condition had a responder quit rate of 36%.

Number of Behavioral Health Conditions	Survey pool Participants	Survey Respondents	Quit	Responder Quit Rate
No behavioral health conditions	528	104	37	36%
One behavioral health condition	193	34	11	32%
Two or more behavioral health conditions	472	97	24	25%

### Quit Rate by Medical Conditions

During intake participants were screened for a variety of medical conditions. The condition most commonly reported was cardiovascular disease (n=680). Responder quit rates by medical condition ranged from 28% for COPD to 36% for cancer.

Medical Condition	Participants	Survey Respondents	Quit	Responder Quit Rate
Cancer	177	36	13	36%
Diabetes	257	57	18	32%
COPD	532	111	31	28%
Cardiovascular disease	680	131	40	31%
No cancer, diabetes, COPD, or cardiovascular disease	324	59	18	31%



### Quit Rate by Disability Status

Participants were asked five disability questions during their intake, covering vision, hearing, cognitive and physical function, and activities of daily living. More than two thirds of survey pool participants reported living with one or more disabilities (n=824). The responder quit rates for people living with one disability was 26%, 29% for people living with two or more disabilities. Comparatively, the responder quit rate for those with no disability was 39%.

Number of Disabilities	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
<b>No disability</b>	369	61	24	39%
<b>One disability</b>	352	77	20	26%
<b>Two or more disabilities</b>	472	97	28	29%

The following table details the quit rate by each of the specific disabilities. Survey pool participants may be counted in multiple categories. The highest responder quit rate was among those who had trouble seeing or blindness (39%). The lowest responder quit rate was among those who reported serious difficulty walking or climbing stairs (26%).

Type of Disability	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
<b>Blindness or trouble seeing</b>	187	38	15	39%
<b>Difficulty concentrating, remembering, or making decisions</b>	445	88	25	28%
<b>Serious difficulty walking or climbing stairs</b>	543	118	31	26%
<b>Difficulty dressing or bathing</b>	169	50	15	30%
<b>Difficulty doing errands alone</b>	291	57	16	28%

### Quit Rate by Lung Cancer Screening

During intake participants were screened for risk of Lung Cancer based on length and quantity of cigarette use. Participants who meet the threshold were offered the opportunity to receive additional information about possible free lung cancer screening. Over 600 participants were eligible for this information (n=640). Responder quit rates for those who asked for additional information were higher than those who did not, 34% and 28%, respectively.



Received Additional LCS Information	Participants	Survey Respondents	Quit	Responder Quit Rate
<b>Yes</b>	171	47	16	34%
<b>No</b>	469	101	28	28%
<b>No response</b>	553	87	28	32%



## Participant Demographics

The following tables provide details for all participants who completed an intake from July 2023 through June 2024. Groups with fewer than five participants are excluded from the table. Demographic information that is not asked during intake for web-only participants is marked “N/A”.

From July 2023 through June 2024, National Jewish Health registered 1,979 participants with a phone intake and 2,245 participants with a web-only intake in Kentucky.

Note, web-only participants were not surveyed as part of this evaluation. To help Kentucky understand the demographic similarities and differences between phone program participants and web-only participants, intake demographic data for both groups are provided.

### Demographic Characteristics

Demographic	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
<b>Gender</b>				
<b>Female</b>	1,341	68%	1,588	71%
<b>Male</b>	634	32%	592	26%
<b>Transgender, gender non-binary, or another gender identity</b>	Excluded		64	3%
<b>No Response</b>	Excluded		Excluded	
<b>Age</b>				
<b>17 or under</b>	10	<1%	31	1%
<b>18-20</b>	11	<1%	59	3%
<b>21-24</b>	34	2%	125	6%
<b>25-34</b>	171	9%	460	21%
<b>35-44</b>	247	13%	500	22%
<b>45-54</b>	358	18%	520	23%
<b>55-64</b>	585	30%	391	17%
<b>65+</b>	563	28%	159	7%



Demographic	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
<b>Race</b>				
<b>American Indian or Alaska Native</b>	10	<1%	8	<1%
<b>Asian</b>	7	<1%	8	<1%
<b>Black or African American</b>	242	12%	119	5%
<b>White</b>	1,608	81%	1,889	84%
<b>Some other race</b>	14	<1%	Excluded	
<b>More than one race</b>	75	4%	36	2%
<b>No response</b>	23	1%	181	8%
<b>Ethnicity</b>				
<b>Hispanic</b>	33	2%	32	1%
<b>Not Hispanic</b>	1,932	98%	Excluded	
<b>No response</b>	14	<1%	2,212	99%
<b>Insurance</b>				
<b>Kentucky Medicaid</b>	610	31%	N/A	
<b>Medicare</b>	857	43%	N/A	
<b>Other insurance</b>	311	16%	N/A	
<b>Uninsured</b>	161	8%	N/A	
<b>No response</b>	40	2%	N/A	



Demographic	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
<b>Highest level of education</b>				
Less than grade 9	80	4%	69	3%
Grade 9 to 11 and no degree	237	12%	186	8%
High school diploma or GED	758	38%	713	32%
Some college or university	523	26%	718	32%
College degree, including vocational school	378	19%	406	18%
No response	Excluded		153	7%
<b>Sexual orientation and gender identity</b>				
Not LGBTQ+	1,878	95%	1,722	77%
LGBTQ+	101	5%	262	12%
Bisexual	58	3%	112	5%
Gay or lesbian	39	2%	92	4%
Transgender	Excluded		64	3%
Queer	Excluded		21	<1%
No response	0	0%	261	12%
<b>Behavioral health (BH) conditions</b>				
No BH conditions	880	44%	1,005	45%
One BH condition	317	16%	264	12%
Two or more BH conditions	782	40%	976	43%

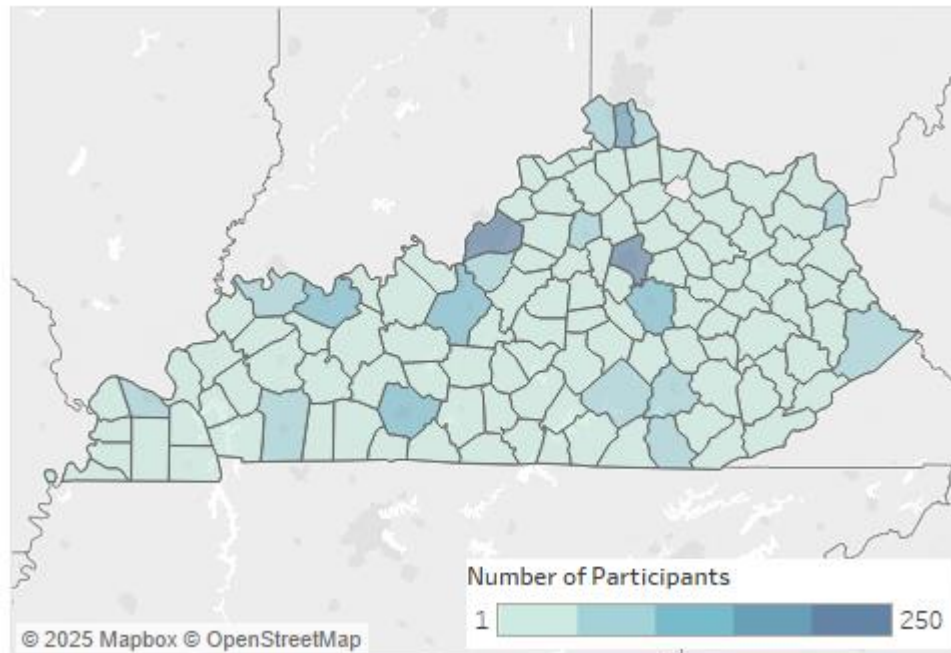


Demographic	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
<b>Medical condition</b> (participants may be counted in multiple categories)				
Cancer	278	14%	105	5%
Diabetes	415	21%	285	13%
COPD	832	42%	401	18%
Cardiovascular disease	1,089	55%	789	35%
No cancer, diabetes, COPD, or cardiovascular disease	569	29%	1,177	52%

Demographic	Phone participants	Percent of Phone
<b>Number of Disabilities</b> (Disability questions were only asked on the phone intake)		
No disability	752	38%
One disability	522	26%
Two or more disabilities	705	36%
<b>Type of Disabilities</b> (Participants can report more than one disability)		
Blindness or trouble seeing	311	16%
Difficulty concentrating, remembering, or making decisions	676	34%
Serious difficulty walking or climbing stairs	797	40%
Difficulty dressing or bathing	245	12%
Difficulty doing errands alone	428	22%
<b>Lung Cancer Screening</b>		
Yes	257	13%
No	748	38%
No response	974	49%



The following is a map of Kentucky counties shaded by the number of Quitline participants. According to 2022 BRFSS data 17.4% of Kentucky residents currently smoke,<sup>5</sup> equivalent to 618,227 adults. From July 2022 through June 2023, 4,224 adult cigarette users completed an intake with the Quitline by phone or online and 1,518 received coaching and or quit medications. As defined by NAQC, Kentucky achieved a promotional reach of 0.7% and a treatment reach of 0.2%.<sup>6,7</sup>



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<sup>5</sup> BRFSS Prevalence and Trends Data  
<https://nccd.cdc.gov/BRFSSPrevalence>

<sup>6</sup> NAQC. (2009). *Measuring Reach of Quitline Programs. Quality Improvement Initiative* (S. Cummins, PhD). Phoenix, AZ.

<sup>7</sup> North American Quitline Consortium. 2021. Results from the 2021 NAQC Annual Survey of Quitlines. K. Mason, editor. Available at <https://www.naquitline.org/page/2021survey>.

## Tobacco Use Patterns

The following tables present data on participant use of tobacco for the phone and web program from July 2023 through June 2024.

Demographic	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
<b>Tobacco use type</b> (participants may be counted in multiple categories)				
<b>By tobacco type</b>				
Cigarettes	1,791	91%	1,787	80%
Cigars, cigarillos, or little cigars	82	4%	148	7%
Pipe	6	<1%	27	1%
Smokeless tobacco	53	3%	138	6%
Other tobacco	18	<1%	11	<1%
e-Cigarettes or vaping products	403	20%	811	36%
<b>By single or dual/poly use</b>				
Single-use tobacco	1,624	82%	1,590	71%
Dual/Poly product use	355	18%	655	29%
<b>Cigarettes per day (CPD)</b> (out of all who use cigarettes)				
1-10 CPD	446	25%	410	23%
11-20 CPD	768	43%	878	49%
21-30 CPD	275	15%	283	16%
31+ CPD	241	14%	181	10%
No response or 0 CPD (trying to stay quit)	61	3%	35	2%
<b>Menthol users</b> (among those who reported using cigarettes)				
Menthol user	502	28%	N/A	
Non-menthol user	1,260	70%		
No response	29	2%		



## Services Provided

The following tables presents data on what services were provided to participants from July 2023 through June 2024.

Service Area	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
<b>Participation in services</b>				
<b>Intake-only participants</b>	466	24%	2,245	100%
<b>All coaching participants</b>				
1-2 coaching calls, no medication	415	21%	N/A	
1-2 coaching calls, with NRT	477	24%	N/A	
3+ coaching calls, no medication	62	3%	N/A	
3+ coaching calls, with NRT	559	28%	N/A	
<b>Digital services</b> (participants may be counted in multiple categories)				
<b>Text program</b>	1,466	74%	1,403	62%
<b>Email program</b>	1,085	55%	1,670	74%
<b>Web program</b>	490	25%	2,244	100%
<b>No text, email, or web program</b>	312	16%	N/A	
<b>Number of digital services</b>				
<b>No digital service</b>	312	16%	N/A	
<b>One service</b>	637	32%	341	15%
<b>Two services</b>	686	35%	735	33%
<b>Three services</b>	344	17%	1,169	52%



Service Area	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
<b>Coaching calls completed</b>				
<b>Intake only</b>	466	24%	N/A	
<b>1</b>	597	30%	N/A	
<b>2</b>	295	15%	N/A	
<b>3</b>	151	8%	N/A	
<b>4</b>	113	6%	N/A	
<b>5+ calls</b>	357	18%	N/A	

Enrolled Participant Engagement (phone participants only)	Participants Reaching Call	Percent Reaching Call (Retention)
<b>1</b>	1,513	100%
<b>2</b>	916	61%
<b>3</b>	621	41%
<b>4</b>	470	31%
<b>5+ calls</b>	357	24%

Special Programs (phone participants only)	Participants	Percent of Total
<b>BH participants</b>	819	41%
<b>PPP participants</b>	25	1%
<b>MLMQ participants</b>	10	<1%



Referral Pathway (phone participants only)	Participants	Percent of Total
Referral Pathway		
Self-referred	1,898	96%
Provider-referred	81	4%



## Program Satisfaction

The Quitline program participants were surveyed about their satisfaction with the overall service of the program, the usefulness of the materials they received, and the usefulness of the Coaches. Missing responses (don't know or no answer) are excluded from the denominator. Satisfaction rates of 95% to 98% were noted for all content types for phone program participants who received NRT. Satisfaction for those who did not receive NRT ranged from 73% to 89%.

Satisfied With...	Survey Respondents	Satisfied	Percent Satisfied
<b>Overall program</b>	204	180	88%
<b>For participants who ordered NRT</b>	142	135	95%
<b>For participants who did not order NRT</b>	62	45	73%
<b>Provided materials</b>	136	130	96%
<b>For participants who ordered NRT</b>	100	98	98%
<b>For participants who did not order NRT</b>	36	32	89%
<b>Coaches and counselors</b>	182	167	92%
<b>For participants who ordered NRT</b>	133	127	95%
<b>For participants who did not order NRT</b>	49	40	82%



## Conclusions

For people who enrolled from July 2023 through June 2024, Quit Now Kentucky achieved an overall responder quit rate of 31%, assisting an estimated 611 Kentucky residents with quitting tobacco. These outcome data demonstrate that the Quitline, an evidence-based program that tailored support to meet the needs of each participant, was effective in helping people quit using tobacco.

Research has found the use of both phone coaching and quit medications doubles an individual's chances of quitting and suggests that completing three or more coaching calls can further increase successful quit attempts.<sup>8,9</sup> Over half the phone coaching participants received both coaching and quit medications (52%) and 24% completed at least five coaching calls. Among those who completed the survey, 34% of coaching participants who received quit medications reported quitting, and 35% of those who completed at least five coaching calls reported quitting. These data further demonstrate the success of the Quitline, but also highlight possible areas for future program improvements. The Quitline may benefit from identifying strategies to sustain participant engagement in the program (i.e., completing more coaching calls) and provide additional NRT to increase quit rates. National Jewish Health can partner with Quit Now Kentucky to develop and test engagement strategies.

Another area for possible program improvement is to support people living with a behavioral health condition who are trying to quit tobacco. Over half of participants indicated they live with one or more behavioral health conditions (56%). The responder quit rate for living with one behavioral health condition was 32% and 25% for living with two or more behavioral health conditions. Comparatively, the responder quit rate for those who do not live with a behavioral health condition was 36%. These data help underscore that people living with behavioral health conditions face unique challenges when trying to quit and may need additional support. In July 2020, National Jewish Health began testing additional outreach strategies, including supplemental activities workbooks, specialized text messaging, and providing information on local resources that support behavioral health to further increase program retention and quit rates of participants living with behavioral health conditions. These efforts are currently under evaluation and National Jewish Health anticipates the results will be shared in FY2026.

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<sup>8</sup>Fiore MC, Jaen CR, Baker TB, Bailey WC, Benowitz NL, Curry SJ, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. In: Department of Health and Human Services Public Health Service, editor. Rockville, MD: Government Printing Office; 2008.

<sup>9</sup> Matkin W, Ordóñez-Mena J, Hartmann-Boyce J. Telephone counselling for smoking cessation. Cochrane Database of Systematic Reviews 2019, Issue 5. Art. No.: CD002850. DOI: 10.1002/14651858.CD002850.pub4



National Jewish Health is honored to partner with the Kentucky Tobacco Cessation & Prevention Program to serve the residents of the commonwealth with evidence-based tobacco treatment. We look forward to continuing our partnership and collaboration to find new ways to increase engagement of the populations most impacted by tobacco and decreasing the negative impact of tobacco for all Kentucky participants.



## Acknowledgements

Implementation of the services provided is a coordinated and collaborative effort by many individuals at National Jewish Health and our clients. We would like to acknowledge the extensive efforts of the Quitline Coaches, Management Team, and survey staff that provide guidance, enrollment, and tobacco treatment services to Quitline callers.

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## Appendix A – Survey Methodology

The evaluation was conducted February 2024 through January 2025, seven months post intake and aimed for up to 200 completed surveys by randomly sampling participants who consented to follow-up. The data were self-reported and responses collected by an independent survey agency, Westat Inc. The survey was conducted by phone and eligible participants could receive up to seven outreach calls to invite them to participate in the evaluation survey.

Respondents are asked about their tobacco use and assigned a current status of “Quit” if the participant indicated that they had not used tobacco — even a puff — in the 30 days prior to the call, including e-cigarettes in the same period, as recommended by NAQC. This definition of abstinence is referred to as the point prevalence rate and is the industry standard for determining follow-up quit rate. Due to the number of survey responses, some demographic breakdowns yielded limited results. Throughout the report, rows with fewer than five respondents have been excluded. Of the individuals identified and contacted for a follow-up survey, a percentage were not successfully contacted for a survey. Some were not contacted because they could not be reached after multiple attempts and others because they chose not to participate in the survey despite consenting during the intake process.

The evaluation survey was designed to meet NAQC guidelines and recommendations.<sup>10</sup>

- Conducted seven-months post enrollment in the Quitline program.
- Utilized a rolling, random sample of participants that aimed for a response rate of 50% or greater with at least n=400 of completed survey responders.
- Surveyed only participants who consented at intake to participating in an evaluation.
- Calculated a 30-day point prevalence responder quit rate that includes only participants who received treatments with the strongest evidence base, which are telephone counseling and/or FDA-approved medications.
- Reports basic information about participants’ characteristics and level of service use along with quit rates.
- Calculating responder rates and not intention to treat (ITT) rates, because calculating ITT assumes that all non-responders are using tobacco and includes them in the sample.
- Reports a 95% confidence interval in order to represent the inherent variability in surveys and provides a range in which the true quit rate likely falls within.

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<sup>10</sup> North American Quitline Consortium (2015). Calculating Quit Rates, 2015 Update. (Betzner, A., Lien, B., Rainey, J. et.al.). Phoenix, AZ.



## Appendix B – Survey and Respondent Group Comparison

The following table describes the demographic characteristics among the survey pool overall and the respondent group, in particular. Respondents were slightly older, slightly less likely to be female, or Black or African American. The education distribution was similar across groups. Respondents were more likely to be enrolled in Medicare, and more engaged than the overall survey pool.

Demographic	Survey pool	Respondent Group
<b>Median age (Standard Deviation)</b>	58 (14.0)	61 (13.7)
<b>Gender</b>		
Female	68%	66%
Male	32%	34%
<b>Race</b>		
American Indian or Alaska Native	<1%	1%
Black or African American	12%	15%
White	82%	78%
Some other race	1%	<1%
More than one race	3%	4%
No response	1%	<1%
<b>Education</b>		
Less than grade 9	4%	6%
Grade 9 to 11, no degree	11%	12%
High school diploma or GED	38%	37%
Some college or university	27%	24%
College degree or trade/vocational school	19%	21%
No Response	<1%	<1%



Demographic	Survey pool	Respondent Group
Insurance		
Kentucky Medicaid	31%	26%
Medicare	44%	52%
Other Insurance	16%	16%
Uninsured	8%	5%
No response	2%	1%
Average coaching calls for coaching participants (Standard Deviation)	2.68 (1.86)	3.38 (2.03)
Received quit medications (of coaching participants)	66%	75%



## Appendix C – NRT Offerings

The following table details the NRT offerings for each participant group from June 2023 – September 2023.

Participant group	NRT Offering
Green River Health District	8 weeks
Kentucky State employees	Up to 12 weeks, order not managed through the Quitline, submitted to external NRT provider
Medicare participants	8 weeks, including combination therapy
Northern Kentucky Health Department	4 weeks
Three Rivers Health Department	8 weeks
Louisville Metro Health	10 weeks
Uninsured participants	8 weeks, including combination therapy
All other participants (including Medicaid and commercial insurance)	No NRT available through the Quitline. Participant instructed to contact their insurance.
Behavioral Health protocol participants	8 weeks, including combination therapy

