

Quit Now Kentucky 2019 Outcomes Report

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Executive Summary

Between July 2018 and June 2019, Quit Now Kentucky offered a comprehensive commercial tobacco cessation program with telephone-based coaching and a web-based interactive cessation resource, operated by National Jewish Health, to support Kentuckians who wanted to quit using commercial tobacco products. National Jewish Health conducted an evaluation of the program by surveying participants six months after enrollment. All callers who completed intake from July 2018 to June 2019 and agreed to follow-up, regardless of their readiness to quit, were eligible for the survey. Thirty-seven percent of eligible participants were sampled for the survey.

A total of 1,112 individuals were included in the survey pool and 246 completed the survey, resulting in a 22% response rate.

Key highlights from the survey include:

- Overall, 26% of Quit Now Kentucky participants quit using commercial tobacco.
- Participants who completed three or more coaching calls had a quit rate of 32%.
- Participants who reported having two or more behavioral health conditions had a 16% quit rate.
- Ninety percent of participants expressed satisfaction with the overall program.



The Quit Now Kentucky Program

The Quit Now Kentucky program provides free cessation support to residents trying to stop using commercial tobacco. The Quitline offers support through telephone coaching, an interactive web portal and other eHealth services, and by providing FDA-approved smoking cessation medications. Individuals may enroll in services by calling 1.800.QUIT.NOW, completing an enrollment form using the web portal, or agreeing to enroll following a provider fax, web, or electronic referral.

The Quitline also recognizes that some populations require unique support to stop using commercial tobacco. To meet this need, we offer a tailored program for pregnant and postpartum women. The Quitline offers telephone coaching, print materials, and a website in English and Spanish (1.855.DEJELO.YA). We also leverage LanguageLine services to provide real-time translation in more than 200 additional languages.

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

Phone-based Program

The phone-based program provides coaching over the phone to any Kentuckian who is thinking about quitting or actively trying to quit. Telephone coaching covers numerous topics including strategies to increase the motivation to quit, setting a quit date, and managing triggers. It also provides interpersonal support to participants so they may successfully become tobacco-free. Participants in telephone coaching receive up to four proactive calls from the Quitline and information tailored to their unique medical or demographic characteristics.

Kentuckians seeking support can receive coaching over multiple quit attempts each year, if needed.

eHealth Programs (Text, Email, Online)

Participants engaged in telephone coaching may also use the eHealth programs to supplement their quit attempt. Participants can opt-in to receive motivational text and email messages. An interactive web portal is available to all Kentuckians thinking about quitting tobacco (kentucky.quitlogix.org). Enrolled participants can view information about quitting, engage with interactive calculators, design a quit plan, build a community with others trying to stop tobacco, and track their quit medication shipments. Access to online support is available at any time. Participants who only used the website for their quit attempt were not surveyed and are not included in this report.



Quit Medications

Participants must be age 18 years or older, enrolled in phone coaching, medically appropriate, and trying to quit tobacco. Eligible participants can receive nicotine replacement therapy (NRT) to support a quit attempt once every 12 months, including nicotine patches, nicotine gum, nicotine lozenges, or combination therapy.

The number of weeks of medications available to eligible participants varies based on insurance type and available funding, ranging from four to eight weeks. The following participant groups may receive medications through the Quitline:

- Uninsured participants
- Medicare participants
- Residents in priority counties
- Certain priority populations
- Kentucky-government and some local government employees
- Other Kentucky partners

The full list of offerings is detailed in Appendix B – NRT Offerings

Other participants are not eligible for NRT through the Quitline. Participants with Medicaid are encouraged to reach out to their insurance to receive available benefits.

Pregnancy and Postpartum Program (PPP)

Pregnant participants often find quitting during pregnancy somewhat easier than maintaining their quit following the birth of their child, and the PPP provides extended support to help reduce the rate of returning to using tobacco relapse. The program is available to participants who begin coaching during pregnancy. In addition to the standard quit medications available to all participants, PPP participants may receive up to five coaching calls during pregnancy and an additional four calls following the birth of their baby. A \$5 incentive is provided for each of the five pregnancy calls and \$10 for each of the four postpartum calls. The PPP uses a dedicated Coach model in which we strive to match the same Coach with a single participant throughout their time in the program.



Tobacco Cessation Rates

The following section describes quit rates for survey respondents based on their program enrollment type, tobacco use patterns, demographics, and behavioral and medical health conditions. Throughout this evaluation report, quitting tobacco is defined as self-reported abstinence from tobacco for the past 30 days prior to the evaluation survey. Tobacco use includes any form of conventional tobacco (cigarettes, cigars, pipes, and smokeless) and electronic nicotine delivery systems (ENDS). Quit rates were calculated based on the proportion of evaluation survey respondents who reported not using any tobacco in the past 30 days. NAQC recommends that quitlines should attempt to complete at least 400 responder surveys per year¹ to increase precision in the estimates of quit rates. For this evaluation period, there were 246 completed surveys for a 22% response rate.

National Jewish Health does not consider a respondent using ENDS, such as e-cigarettes, vape pens, or JUUL, as being free from tobacco for several reasons. First, ENDS are considered tobacco products by the Food and Drug Administration (FDA) and are not approved for cessation. Additionally, observational research shows that most people who use ENDS continue to smoke simultaneously or return to conventional tobacco products exclusively. At National Jewish Health, individuals who use ENDS and want to quit their use of ENDS receive the same type of personalized cessation intervention that other tobacco users receive. As a result, the quit rate for coaching participants using conventional tobacco alone during 2019 was 31.8%. However, the overall responder quit rate for coaching participants using any tobacco product during 2019 was 27.5% (95% confidence interval = 22.1% - 33.5%). This quit rate is higher than in 2018 (23.3%).

Not all participants were included in the survey pool. Of all eligible participants, 97% consent to be contacted for the follow-up survey. In addition, to manage the evaluation budget for the year 37% of consenting participants were randomly sampled. In the following tables, “Participants” refers to the overall survey pool, “Survey Respondents” refers to the number of completed surveys, and “Quit” refers to the number of participants who reported having quit, based on the criteria described above. Where the number of participants in a category was fewer than five persons, we did not include the results.

¹ NAQC Issue Paper, Calculating Quit Rate, 2015 Update

https://cdn.ymaws.com/www.naquitline.org/resource/resmgr/Issue_Papers/WhitePaper2015QR_Update.pdf



Quit Rate by Program Offering

In this section, the proportion of respondents who reported having quit using tobacco are described by program participation type, quit medication orders, eHealth programs used, and the number of coaching calls received.

Overall Quit Rate by Participation

Intake-only participants reported the lowest quit rate at 8%. Over half of coaching participants in the survey pool received medication through the Quitline (52%). Coaching participants who received NRT reported the highest quit rate.

Participation	Participants	Survey Respondents	Quit	Responder Quit Rate
All Quitline participants	1,112	246	65	26%
Intake-only participants	127	13	1	8%
All coaching participants	985	233	64	28%
Coaching, no NRT	473	103	22	21%
Coaching, with NRT	513	130	42	32%

Quit Rate by Supplemental eHealth Product

Participants who enroll in telephone coaching may also choose to receive additional support using motivational text and email messages or by enrolling in the online program. Since participants may opt-in to more than one eHealth program, some participants may be counted in multiple categories. Participants who enrolled in an eHealth program alone without telephone coaching were not surveyed. The quit rates for the eHealth programs were similar overall.

Technology	Participants	Survey Respondents	Quit	Responder Quit Rate
Text program	742	156	40	26%
Email program	506	99	25	25%
Web program	254	39	11	28%
No text, email, or web programs	280	68	20	29%



Quit Rate by Call Completed

Coaching over the phone increases the chances of cessation and research suggests that completing three or more calls is best for cessation. Participants who completed three or more calls reported a combined quit rate of 32% and those who completed the four-call program reported a quit rate of 34%.

Calls Completed	Participants	Survey Respondents	Quit	Responder Quit Rate
Intake only	127	13	1	8%
1	565	88	25	28%
2	197	56	11	20%
3	88	27	7	26%
4+ calls	135	62	21	34%

The table below shows the cumulative number of participants who completed each coaching call as a percentage of all callers who enrolled. Of the participants who enrolled in the program (i.e. completed the first coaching call), 23% completed at least three coaching calls and 14% completed at least four coaching calls.

Calls Completed	Participants Reaching Call	Percent of Enrolled Participants Reaching Call
Intake only	1,112	
1	985	100%
2	420	43%
3	223	23%
4+ calls	135	14%



Pregnancy and Postpartum Program

The PPP proves challenging to evaluate. While participation in coaching calls is incentivized for PPP participants, the survey is not, which contributes to a low number of responses. Additionally, almost all (88%) of pregnant participants opted-in to the PPP, which makes it difficult to compare the effect of the program with participants who do not participate. Lastly, since participants enroll during pregnancy, six months may not be enough time to evaluate quit status after birth. Despite these limitations, we have seen high engagement and quit medication use among participants in this program.

Pregnancy and Postpartum Program (PPP)	Participants	Survey Respondents	Quit	Responder Quit Rate
PPP participant	14	1	1	100%

Due to the low number of survey participants in Kentucky, we included a table below with overall quit rates and results for all National Jewish Health state clients, as well as the average number of coaching calls and portion of groups who received quit medications. Please note, each state client has different quit medication offerings.

Pregnancy and Postpartum Program	Percent Receiving Quit Medication	Average Number of Coaching Calls	Responder Quit Rate
PPP participant	14%	3.3	31%



Quit Rate by Tobacco Use Patterns

In this section, the proportion of respondents who reported having quit using tobacco are delineated by tobacco use type, duration of tobacco use, number of cigarettes per day, number of previous quit attempts, and whether participants live with other tobacco users.

Quit Rate by Tobacco Use Type

Most Kentuckians reported smoking cigarettes as the primary form of tobacco use, and this group reported a quit rate of 26% overall. Most people who use e-cigarettes or vaping products also use other forms of tobacco, and these dual users a low quit rate. Because participants may use more than one form of tobacco, individuals may be represented in multiple categories.

Tobacco Type	Participants	Survey Respondents	Quit	Responder Quit Rate
Cigarettes	1,063	232	61	26%
Cigars, cigarillos, or little cigars	48	15	2	13%
Pipe	6	0	N/A	
Smokeless tobacco (SLT)	42	8	5	63%
e-Cigarettes or vaping products	110	26	4	15%
e-Cigarette only	6	0	N/A	
Dual product use	104	26	4	15%

Years of Tobacco Use

Most participants had used tobacco for 10 or more years.

Years of Tobacco Use	Participants	Survey Respondents	Quit	Responder Quit Rate
Up to 5 years	34	6	1	17%
6-9 years	36	6	2	33%
10 or more years	1,035	231	62	27%
No response	7	3	0	0%



Cigarettes per Day

Most participants smoked between 11 and 20 cigarettes per day (CPD). Of those providing a response, participants who smoked 10 CPD or fewer had the highest quit rates. This table excludes participants who did not smoke cigarettes.

Cigarettes Per Day	Participants	Survey Respondents	Quit	Responder Quit Rate
1-10 CPD	231	55	20	36%
11-20 CPD	456	103	27	26%
21-30 CPD	178	25	7	28%
31+ CPD	176	43	6	14%
No response	22	6	1	17%

Previous Quit Attempts

Those with five or more attempts comprised the largest group. Participants with three or four previous quit attempts reported the highest quit rates.

Previous Quit Attempts	Participants	Survey Respondents	Quit	Responder Quit Rate
None	109	20	3	15%
1-2	308	69	20	29%
3-4	309	70	25	36%
5+ attempts	386	87	17	20%

Living with Another Tobacco User

Most participants did not live with another tobacco user. There were no clear differences in the quit rates of these two groups.

Live with Another Tobacco User	Participants	Survey Respondents	Quit	Responder Quit Rate
Yes	456	99	26	26%
No	656	147	39	27%



Quit Rate by Demographics

In this section, the proportion of respondents who reported having quit using tobacco are described by gender, age, race and ethnicity, insurance, education level, sexual orientation and gender identity, and marital status.

Gender Distribution

Sixty-six percent of Quit Now Kentucky participants identified as female. Female and male participants had similar quit rates.

Gender	Participants	Survey Respondents	Quit	Responder Quit Rate
Female	730	151	39	26%
Male	377	95	26	27%
No response, unspecified, or transgender	5	0	N/A	

Age Distribution

Adults age 65 and over comprised the largest group of participants. Participants age 18-24 and age 35-44 reported the lowest quit rates.

Age Group	Participants	Survey Respondents	Quit	Responder Quit Rate
18-24	38	12	2	17%
25-34	101	9	3	33%
35-44	145	17	3	18%
45-54	238	46	10	22%
55-64	238	46	10	22%
65+	344	83	21	25%



Racial Distribution

Each participant could identify with more than one race or ethnic identity. Participants are categorized under a specific identity if they provided only one racial identity, and participants who identified as two or more races were grouped under the “More than one race” category. Eighty-four percent of participants identified as White alone. Because participants speaking Korean, Vietnamese, Cantonese, and Mandarin are referred to the Asian Smokers’ Quitline, Asian participants are expected to be underrepresented in the Quit Now Kentucky population. Due to the low number of responses, American Indian and Alaska Natives, Asians, Native Hawaiians and Pacific Islanders and Other races were combined into one category.

Of responding participants, participants who identified as more than one race reported the lowest quit rate.

Race or Ethnicity	Participants	Survey Respondents	Quit	Responder Quit Rate
Race				
Black or African American	112	31	8	26%
White	939	200	54	27%
Some other race	8	1	1	100%
More than one race	40	11	2	18%
No response	13	3	0	0%
Ethnicity				
Hispanic/Latino/Latina	10	1	0	0%
Not Hispanic/Latino/Latina	1,100	244	65	27%
No response	2	1	0	0%



Quit Rate by Insurance

Among participants who reported their insurance type, uninsured individuals reported the lowest quit rate at 14%.

Insurance	Participants	Survey Respondents	Quit	Responder Quit Rate
Medicaid	289	47	13	28%
Medicare	509	132	38	29%
Other insurance	201	40	11	28%
Uninsured	98	22	3	14%
No response	15	5	0	0%

Because Medicaid-insured participants are a Kentucky priority population, below we highlight trend data on the percent of the survey pool represented by this population and their quit rates over the past few years.

Report Year	% of Medicaid Participants in Survey Pool	Medicaid Responder Quit Rate
2019 (current)	26%	28%
2018	29%	14%
2017	33%	25%
2016	32%	20%



Education Distribution

Of respondents reporting on education level, participants with a high school diploma or GED comprised the largest group in the survey pool. Participants with a college degree saw the highest quit rates.

Highest Level of Education	Participants	Survey Respondents	Quit	Responder Quit Rate
8 th grade or less	55	17	2	12%
Some high school	181	43	11	26%
High school diploma or GED	423	81	23	28%
Some college or university	286	71	18	25%
College degree, including vocational school	162	33	10	30%
No response	5	1	1	100%

Sexual Orientation and Gender Identity

Four percent of Kentuckians identified as LGBTQ+. Participants may identify under more than one sexual orientation or gender identity and may appear in multiple categories. This population had a lower quit rate (14%), compared to non-LGBTQ+ participants (27%).

Sexual Orientation and Gender Identity	Participants	Survey Respondents	Quit	Responder Quit Rate
Not LGBTQ+	1,073	239	64	27%
LGBTQ+	39	7	1	14%
Bisexual	16	1	0	0%
Lesbian or gay	19	4	1	25%
Transgender or queer	5	2	0	0%

Due to the low number of LGBTQ+ survey participants in Kentucky, we included a table below with overall quit rates and results for all National Jewish Health state clients. Please note each state client has different quit medication offerings.



Sexual Orientation and Gender Identity (All State Clients)	Responder Quit Rate
Not LGBTQ+	29%
LGBTQ+	27%
Bisexual	21%
Lesbian or gay	32%
Transgender	19%
Queer	33%
No response	33%

Public Housing

Thirteen percent of participants indicated they live in public housing at the time of intake. Those participants reported a slightly lower quit rate (26%) than participants who do not live in public housing.

Public Housing	Participants	Survey Respondents	Quit	Responder Quit Rate
Live in public housing	148	35	9	26%
Does not live in public housing	943	203	55	27%
No response	21	8	1	13%



Quit Rate for Health Conditions

Quit Rate by Behavioral Health Conditions

Participants responded to questions during their intake call regarding current behavioral health conditions, including depression, anxiety, and substance abuse among several others. Sixty percent of Kentuckians reported having at least one behavioral health condition. Participants with any behavioral health condition reported a quit rate of 20%, while those having two or more behavioral health conditions reported a quit rate of 16%.

Number of Behavioral Health Conditions	Participants	Survey Respondents	Quit	Responder Quit Rate
No behavioral health conditions	442	100	36	36%
One behavioral health condition	255	55	14	25%
Two or more behavioral health conditions	415	91	15	16%

Participants who reported having a behavioral health condition were asked about the impact of the condition on their lives. Those who reported their behavioral health condition presented a challenge in their life reported lower quit rates than the rest of the behavioral health population. The following table excludes participants without a behavioral health condition.

Impact of Behavioral Health Condition	Participants	Survey Respondents	Quit	Responder Quit Rate
Causes emotional challenges				
Yes	415	97	14	14%
No	255	49	15	31%
Interferes with work, family life, or social life				
Yes	292	68	8	12%
No	378	78	21	27%
Interferes with ability to quit				
Yes	255	67	10	15%
No	369	70	18	26%



Because participants with behavioral health conditions are a priority population, below we highlighted data trends on their quit rates over the past few years. During this period, National Jewish Health invested significant resources in training Coaches to deliver enhanced services to individuals with behavioral health conditions.

Report Year	% of Behavioral Health Participants in Survey Pool	Behavioral Health Responder Quit Rate
2019 (current)	60%	20%
2018	62%	20%
2017	50%	19%
2016	52%	19%

Quit Rate by Medical Conditions

Participants are screened for medical conditions during intake. Participants who reported having COPD had the lowest quit rate.

Medical Condition	Participants	Survey Respondents	Quit	Responder Quit Rate
Cancer	151	37	8	22%
Diabetes	203	53	12	23%
COPD	475	113	23	20%
Cardiovascular disease	569	141	40	28%
No cancer, diabetes, COPD, or cardiovascular disease	329	57	16	28%



Participant Demographics

In the following tables we provide details for all participants who completed a phone intake from July 2018 through June 2019. Groups with fewer than five participants were excluded. We registered 3,088 participants with a completed phone intake during this time period.

Demographic Characteristics

Demographic	Participants	Percent of Total
Gender		
Female	2,056	67%
Male	1,017	33%
Transgender or no response	15	0.5%
Age		
18-24	98	3%
25-34	287	9%
35-44	395	13%
45-54	648	13%
55-64	990	32%
65+	666	22%



Demographic	Participants	Percent of Total
Race		
American Indian or Alaska Native	18	0.6%
Black or African American	311	10%
White	2,593	84%
Some other race	16	0.5%
More than one race	118	4%
No response	32	1.0%
Ethnicity		
Hispanic, Latino, Latina	26	0.8%
Not Hispanic, Latino, Latina	3,055	99%
No response	7	0.2%
Insurance		
Medicaid	738	24%
Medicare	1,464	47%
Other insurance	534	17%
Uninsured	320	10%
No response	32	1.0%



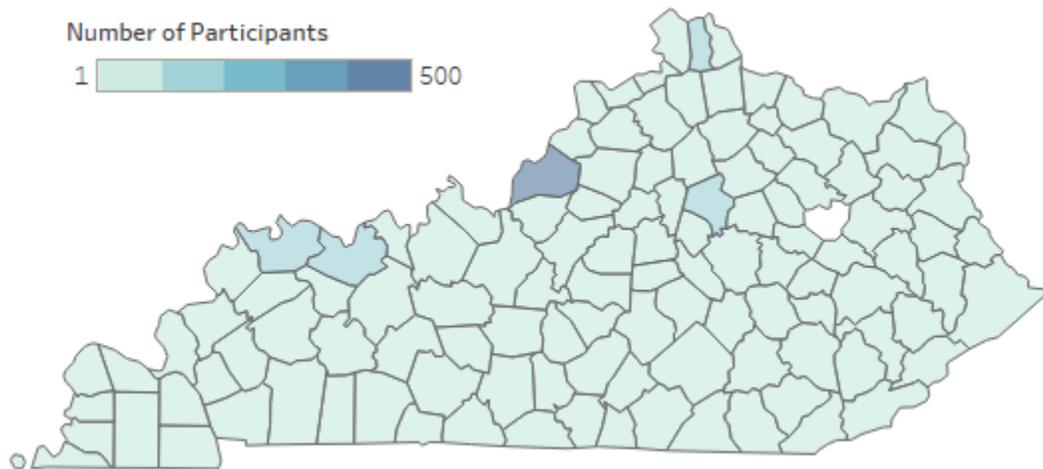
Demographic	Participants	Percent of Total
Highest level of education		
8 th grade or less	155	5%
Some high school	473	15%
High school diploma or GED	1,187	38%
Some college or university	794	26%
College degree, including vocational school	465	15%
No response	14	0.5%
Sexual orientation and gender identity		
Not LGBTQ+	2,969	96%
LGBTQ+	119	4%
Bisexual	52	2%
Gay or lesbian	59	2%
Transgender	5	0.2%
Queer	10	0.3%
Public housing		
Live in public housing	396	13%
Does not live in public housing	2,606	84%
No response	86	3%
Behavioral health (BH) conditions		
No BH conditions	1,312	42%
One BH condition	694	22%
Two or more BH conditions	1,082	35%



Demographic	Participants	Percent of Total
BH causes emotional challenges (out of all with BH condition)		
Yes	1,166	66%
No	610	34%
BH condition interferes with work, family life, or social life (out of all with BH condition)		
Yes	778	44%
No	998	56%
BH condition interferes with ability to quit (out of all with BH condition)		
Yes	662	37%
No	1,013	57%
No response	101	6%
Medical condition (participants may be counted in multiple categories)		
Cancer	393	13%
Diabetes	578	19%
COPD	1,260	41%
Cardiovascular disease	1,573	51%
No cancer, diabetes, COPD, or cardiovascular disease	909	29%



Demographic	Participants	Percent of Total
Participant County (top 10 only)		
Jefferson	468	15%
Fayette	170	6%
Daviess	153	5%
Kenton	147	5%
Henderson	103	3%
Campbell	80	3%
Warren	70	2%
Hardin	63	2%
Boone	62	2%
Madison	61	2%



Tobacco Use Patterns

Demographic	Participants	Percent of Total
Tobacco use type (participants may be counted in multiple categories)		
Cigarettes	2,947	95%
Cigars, cigarillos, little cigars	113	4%
Pipe	12	0.4%
SLT	110	4%
Other tobacco	5	0.2%
e-Cigarettes or vaping products	277	9%
e-Cigarettes only	19	0.6%
Dual products	258	8%
Years of tobacco use		
Up to 5 years	98	3%
6-9 years	102	3%
10 or more years	2,873	93%
No response	15	0.5%
Cigarettes per day (CPD) (out of all who use cigarettes)		
1-10 CPD	617	21%
11-20 CPD	1,275	43%
21-30 CPD	494	17%
31+ CPD	503	17%
No response or 0 CPD (trying to stay quit)	58	2%



Demographic	Participants	Percent of Total
Previous quit attempts		
None	279	9%
1-2	911	30%
3-4	834	27%
5+	1,064	34%
Live with another tobacco user		
Yes	1,267	41%
No	1,821	59%

Services Provided

Calls	Total	Received NRT	Did not receive NRT
All participants	3,088 (100%)	1,430 (46%)	1,658 (54%)
Intake-only participants	369 (12%)		369 (12%)
Any coaching	2,719 (88%)	1,430 (46%)	1,289 (42%)
<i>1-2 coaching calls</i>	<i>2,054 (67%)</i>	<i>959 (31%)</i>	<i>1,095 (35%)</i>
<i>3+ coaching calls</i>	<i>665 (22%)</i>	<i>471 (15%)</i>	<i>194 (6%)</i>

Service Area	Participants	Percent of Total
Technology (participants may be counted in multiple categories)		
Text program	1,992	65%
Email program	1,371	44%
Web program	681	22%
No text, email, or web program	806	26%



Service Area	Participants	Percent of Total
Calls completed		
Intake only	369	12%
1	1,533	50%
2	521	17%
3	232	8%
4+ calls	422	14%

Enrolled Participant Engagement	Participants Reaching Call	Percent of Enrolled Participants Reaching Call
Intake only	3,088	
1	2,719	100%
2	1,186	44%
3	665	24%
4+ calls	433	16%

Special Programs	Participants	Percent of Total
PPP		
Completed intake	32	
Completed 1 st coaching call	17	100%
Completed 3 rd coaching call	7	41%
Completed 5 th coaching call (pregnancy portion of protocol)	4	24%
Completed 9 th coaching call (postpartum portion of protocol)	1	6%



Program Satisfaction

Quit Now Kentucky program participants were surveyed about their satisfaction with the overall service of the Quitline program, the materials they received, and the Coaches and counselors. Neutral responses (don't know or no answer) are excluded from the denominator. Satisfaction rates of 90% or higher were noted for all content types.

Satisfied With...	Survey Respondents	Satisfied	Percent Satisfied
Overall program	224	201	90%
Provided materials	130	127	98%
Coaches and counselors	207	186	90%



Conclusions

Overall, the Quit Now Kentucky assisted an estimated 803 Kentuckians to quit using tobacco through the telephone coaching program between July 2018 and June 2019. The overall quit rate for in 2019 (26%) was slightly higher than in 2018 (24%).

In 2018 and 2019, in order to manage the available evaluation budget, sampling was incorporated on a monthly basis. The sampling during the 2018 report period was done in such a way as to complete a similar number of surveys every month. This resulted in under-sampling of participants during busier months (during the CDC's *Tips From Former Smokers* campaign, for example) and over-sampling participants in less busy months. The sampling method was revised for this year's report. In 2019 an overall sampling rate was predicted based on historical data, aimed at achieving a consistent sampling rate every month. This results in a sample pool that more closely represents the served population in Kentucky. Participants who join during the *Tips* campaign are often more motivated to quit and report higher quit rates. This may partly explain the higher quit rate in this report.

In the evaluation survey sample, 60% of respondents indicated that they had a behavioral health condition, and Kentuckians with two or more behavioral health conditions reported quit rates less than half that of participants without a behavioral health condition. In Fiscal Year 2021, National Jewish Health will launch a revised behavioral health protocol to help support increased retention and quit rates of participants with these conditions.

The personalized telephone-based intervention was effective in helping people to quit tobacco and Quit Now Kentucky participants were well engaged in tobacco cessation. Forty-six percent received quit medication through the Quitline, and 74% of participants used a supplemental eHealth product (text, email, or web) in addition to telephone coaching. Research suggests completing three or more coaching calls increases cessation, and 22% of coaching participants in Kentucky completed their third coaching call.

At National Jewish Health, we are honored and excited to continue our partnership with the Kentucky Department of Public Health's Tobacco Prevention and Cessation Program to serve the residents of the Commonwealth with evidence-based treatment. We continue our efforts in finding new ways to reach disparate populations and meet the mutual goals of decreasing tobacco use among 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 surveys in this report were conducted between January and December 2019 by phone, representing intakes from July 2018 to June 2019. All outcomes data are derived from self-reported data submitted in participant surveys collected by an independent survey agency, Westat Inc.

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 five participants or fewer 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.

NAQC/Professional Data Analysts Inc. (PDA) recommend 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. In this evaluation report, responder quit rates are reported.



Appendix B – NRT Offerings

Kentucky residents are eligible for up to four coaching calls. Accumetric employees specifically are eligible for five coaching calls. The following table details the NRT offerings for each participant group.

Participant group	NRT Offering
Public housing residents	8 weeks, including combination therapy
Accumetric employees	8 weeks, five coaching calls available
Campbell County employees	4 weeks
Residents of Daviess, Hancock, Henderson, McLean, Ohio, Union, and Webster counties	8 weeks
Kentucky State employees	Up to 12 weeks, order not managed through the Quitline, submitted to external NRT provider
Medicare participants	4 weeks (expanded to 8 weeks July 2019)
Residents of Boone, Campbell, Grant and Kenton counties	4 weeks
Residents of Carroll, Gallatin, Owen, and Pendleton counties	8 weeks
Uninsured participants	4 weeks (expanded to 8 weeks July 2019)
All other participants (including Medicaid and commercial insurance)	No NRT available through the Quitline. Participant instructed to contact their insurance.

