Quit Now Kentucky
2021 Outcomes Report

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Executive Summary

From July 2020 – June 2021, 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 Kentucky residents who wanted to quit using commercial tobacco products. National Jewish Health conducted an evaluation of the program by surveying participants seven months after enrollment.

All callers who completed intake from July 2020 through June 2021 and agreed to follow-up, regardless of their readiness to quit, were eligible for inclusion in the survey pool. Participants enrolled in the phone program were surveyed via phone. Web-only participants were not surveyed as part of this evaluation.

A total of 2,322 participants completed a phone intake in this report period, 2,237 consented to the survey, 1,263 were sampled into the survey pool, and 245 completed the survey, resulting in a 19% response rate.

Key highlights from the survey include:

- Overall, 23% of Quit Now Kentucky phone coaching participants quit using commercial tobacco.
- Phone participants who completed five or more coaching calls had a quit rate of 33%.
- 57% of phone participants reported living with a behavioral health condition.
- Regardless of participation in the BH protocol, participants who reported living with two or more behavioral health conditions had a 16% quit rate compared to a 28% quit rate for participants who do not report living with a behavioral health condition. These data further underscore the importance of additional support for people living with a behavioral health condition during their commercial tobacco cessation journey.
- Provider referrals remain low (5%) compared to self-referrals (95%).
- Among phone participants who received quit medications, 97% expressed satisfaction with the overall program.

Quit Now Kentucky Program

Quit Now Kentucky program (the Quitline) provided free cessation support to residents trying to stop using commercial 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 commercial tobacco. To meet this need, the Quitline offered tailored phone programs for pregnant and postpartum women, people with behavioral health (BH) conditions, and youth and young adult participants. 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 services 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, for example, 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 commercial 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. Kentucky residents seeking support could receive coaching over multiple quit attempts each year, if needed.

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

Participants were also able to choose one or more services from the Quitline's digital services to enhance the support they received during their quit attempt. The digital services included:

- Opt-in interactive motivational text messages.
- Motivational email messages.
- An interactive online program (kentucky.quitlogix.org), available 24/7, that provided:
    - Information about quitting.
    - Interactive cost-saving calculators.
    - Ability to design a quit plan tailored to the participants needs.
    - Engagement with a community of other people trying to quit through online forums.
    - Ability to track quit medication shipments.
- eCoaching sessions conducted over web chat.

Quit Medications

To receive quit medications participants must have been:

- Aged 18 years or older.
- Currently trying to quit commercial tobacco.
- Enrolled in the phone coaching.
- Have no medical contraindications (not pregnant or breastfeeding, and haven't been told by a provider not to use quit 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), depending on the participant's demographics.

The number of weeks of medications available to eligible participants varies based on insurance type and available funding, ranging from four to ten 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
- Quit Now Kentucky partners

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

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

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 commercial tobacco.

Pregnancy and Postpartum Program (PPP)

Pregnant participants often find quitting during pregnancy easier than maintaining their quit following the birth of their child (i.e., postpartum). The PPP provided extended support to help pregnant women successfully quit commercial tobacco during their pregnancy and maintain their quit postpartum. The program was available to participants who began phone coaching during pregnancy. In addition to the standard quit medication offering available to all participants, PPP participants received up to five coaching calls during pregnancy and an additional four coaching calls postpartum. The PPP used a dedicated Coach model, which matched the same female Coach with a single participant throughout their time in the program. The Quitline's PPP exceeded NAQC's service-level recommendations[1] for serving pregnant and postpartum individuals. In addition, the PPP offered an incentive for participants to complete coaching calls. Before October 2020, PPP participants received $5 for completion of each of the five pregnancy calls and $10 for completion of each of the four postpartum calls (up to $65 total). Starting in October 2020, the incentive amounts increased to $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 age 17 and younger with quitting commercial 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 selected and trained based on their ability to create rapport with younger commercial tobacco users. Most youth participants enrolled in the web or text programs only.

[1] 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.

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). The YA program used the same short code used for the MLMQ to support quick engagement with the Quitline for young adults.

Behavioral Health Protocol

People living with a behavioral health condition and who use commercial tobacco products have a harder time quitting and maintaining their quit, compared to commercial tobacco users who do not live with a behavioral health condition. The Behavioral Health 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 guidance to support a person trying to quit based on their behavioral health conditions. Based in participant feedback, starting 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. Participants in the Behavioral Health protocol were also eligible for combination therapy quit medications.

Tobacco Cessation Rates

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

Note, where the number of respondents in a reporting category was fewer than five persons, we did not include the results.

See Appendix A for full 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 Quitline enrollees who were included in the overall evaluation survey sample.
- **Responder Quit Rate**: Defined as self-reported abstinence for the past 30-days (also known as 30-day point prevalence).
- **Survey respondents**: 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 1,263 phone program participants were in the survey pool and 245 completed the evaluation survey, resulting in a 19% response rate. See Appendix B for a demographic comparison of survey respondents to survey pool participants.

Overall Quit Rate

The overall responder quit rate for phone program participants using conventional tobacco alone in the report period was 24.5% (95% confidence interval = 19.3% - 30.4%), while the overall responder quit rate for coaching participants using any commercial tobacco product was 22.7% (95% confidence interval = 17.8% - 28.6%).

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

1) ENDS are considered commercial 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 commercial 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, 23% of participants reported they were quit at 7-month follow-up. Quit rates for intake-only participants should be viewed with caution due to the low response rate and number of respondents. Participants who received coaching and no NRT reported a higher quit rate than those who received coaching and NRT. However, it should be noted, many participants were eligible for NRT through their insurance companies, and not the Quitline.

Participation	Participants	Survey Respondents	Quit	Responder Quit Rate
All participants	1,263	245	57	23%
Intake-only participants	162	16	5	31%
All coaching participants	1,101	229	52	23%
Coaching, no NRT	469	80	19	24%
Coaching and NRT	632	149	33	22%

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. Note, the data presented in this section represents quitline participants who opted into the phone and web programs. Given only three participants engaged in eCoaching, quit rate data for that digital service was not included in the table.

Quit rates by type of digital service were higher for email (25%) than for text or web services.

Digital Service	Participants	Survey Respondents	Quit	Responder Quit Rate
Text program	890	165	34	21%
Email program	539	102	25	25%
Web program	273	54	11	20%

By number of digital services	Participants	Survey Respondents	Quit	Responder Quit Rate
No digital services (phone only)	263	63	17	27%
One service	469	78	16	21%
Two services	360	69	18	26%
Three services	171	35	6	17%

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.[2,3] For the Quitline, the highest reported quit rates were among participants who completed five or more coaching calls (33%). Note, most participants who completed the third and fourth coaching calls then completed the fifth as well, and the number of participants with exactly three or four coaching calls is low.

Coaching Calls Completed	Participants	Survey Respondents	Quit	Responder Quit Rate
Intake only	162	16	5	31%
1	449	54	9	17%
2	204	46	10	22%
3	116	31	3	10%
4	78	20	4	20%
5+ calls	254	78	26	33%

The table below provides data on all Quitline participants enrolled in the phone program who were included in the evaluation survey pool and shows the cumulative number of participants who completed each coaching call as a percentage of all phone program participants. Of the 1,263 participants who enrolled in the phone program (i.e., completed intake), 87% completed the first call. While the percentage of participants completing additional calls declines, in light of the quit rates reported in the previous table it is important to note that 41% of participants completed three calls and 23% completed five or more calls. Increasing the percentage of callers who complete at least three coaching calls should be a focus for future Quitline program efforts.

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[2] 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.

[3] Stead L, Perera R, Lancaster T. Telephone counselling for smoking cessation. Cochrane Database Syst Rev 2006;3:CD002850

Calls Completed	# of Participants Reaching Call	Percent of Participants Reaching Call
1	1,101	100%
2	652	59%
3	448	41%
4	332	30%
5+ calls	254	23%

Special Population Programs

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

Behavioral Health Protocol

The table below details the quit rates for two groups: 1) Quitline participants who were eligible but did not opt into the BH protocol, and 2) Quitline participants who were eligible and opted into the BH protocol. Participants in the BH protocol reported a higher quit rate (23%) compared to those who were eligible but did not opt into the protocol (17%). 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. A report will be delivered to Kentucky in 2022.

Behavioral Health Protocol	Participants	Survey Respondents	Quit	Responder Quit Rate
Have a BH condition and did not opt in to the program	163	31	7	23%
Have a BH condition and opted in to the program	541	98	17	17%

The Pregnancy and Postpartum Program (PPP)

The PPP for Kentucky enrolled 13 participants during the evaluation time period and only two responded to the seven-month evaluation survey. Kentucky provided incentives for participation in the PPP, 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, 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, the six participants enrolled in phone services during the report period were contacted via phone and invited to complete the survey and one responded. Due to the low response rate, we are unable to report evaluation data. However, a multi-state evaluation of MLMQ conducted in 2021 found a quit rate of greater than 60%.

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.

Due to these challenges, National Jewish Health is unable to report quit rates that are specific to Kentucky. The quit rates reported in the following table for the special programs are from multi-state evaluations of these programs and do not represent only Kentucky residents.

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. Please note, 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. These special programs all had a higher average for completed coaching calls. In addition, the PPP, and MLMQ had a responder quit rate that met or exceeded the 30% NAQC benchmark for success.

Specialty Program (All State Clients)	Survey Respondents	Percent Receiving Quit Medication	Average Coaching Calls	Responder Quit Rate
PPP participant	31	19%	3.4	42%
MLMQ participant	29	N/A	2.7	59%
BH participant	2,132	60%	3.1	25%

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.

Participants referred by providers reported a lower quit rate (8%) than self-referred participants (24%), but these data should be viewed with caution due to the low number of referrals.

Referral Pathway	Participants	Survey Respondents	Quit	Responder Quit Rate
Self-referred	1,199	233	56	24%
Provider-referred	64	12	1	8%

Quit Rate by Commercial Tobacco Use Patterns

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

Quit Rate by Commercial Tobacco Use Type

The majority of participants reported smoking cigarettes (n=1,179) and single product use (n=1,136). The quit rate for participants who reported smoking cigarettes was 22%, compared to 31% for participants who reported using e-cigarettes. The quit rate for participants who reported single product use was 23%, compared to 29% for dual/poly product use (i.e., use of more than one type of commercial tobacco product). Note, participants who reported dual/poly product use may be represented in multiple of the single-type tobacco categories.

By Tobacco Product Type	Participants	Survey Respondents	Quit	Responder Quit Rate
Cigarettes	1,179	233	52	22%
Cigars, cigarillos, or little cigars	49	7	2	29%
Other tobacco, including pipe	47	Excluded		
e-Cigarettes or vaping products	118	16	5	31%

Single and dual use	Participants	Survey Respondents	Quit	Responder Quit Rate
Single product use	1,136	228	52	23%
Dual/Poly product use	127	17	5	29%

Cigarettes per Day

The table below provides data only for participants who reported smoking cigarettes at intake. Among participants who smoked cigarettes, more participants (n=499) reported they smoked 11 to 20 cigarettes per day (CPD) and the responder quit rate was 25%. Participants' reported quit rates decreased the more CPD they smoked.

Cigarettes Per Day	Participants	Survey Respondents	Quit	Responder Quit Rate
1-10 CPD	254	57	16	28%
11-20 CPD	499	96	24	25%
21-30 CPD	198	37	5	14%
31+ CPD	203	35	4	11%
No response	25	8	3	38%

Menthol use

The table below provides data only for participants who reported smoking cigarettes at intake. Among participants who smoked cigarettes, most participants (n=849) reported they did not smoke menthol cigarettes and the responder quit rate was 21%. Menthol cigarette users' quit rate was higher at 25%.

Menthol use	Participants	Survey Respondents	Quit	Responder Quit Rate
Used menthol cigarettes	322	75	19	25%
Did not use menthol cigarettes	849	157	33	21%
No response	8	Excluded		

Quit Rate by Demographics

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

Gender Distribution

The majority of participants identified as female (n=838). The responder quit rate for female participants was 20%, compared to 30% for participants who identified as male. Note, there were no data to provide a quit rate for additional gender identities.

Gender	Participants	Survey Respondents	Quit	Responder Quit Rate
Female	838	166	33	20%
Male	423	79	24	30%
Different gender	Excluded			

Age Distribution

The high responder quit rate for participants aged 24 and under (40%) should be interpreted carefully, given the low number of responses. The next highest quit rate is 30% for participants aged 25-34. These data also demonstrate that the Quitline is supporting commercial tobacco users across the age spectrum.

Age Group	Participants	Survey Respondents	Quit	Responder Quit Rate
24 or under	29	5	2	40%
25-34	119	10	3	30%
35-44	181	24	5	21%
45-54	263	40	5	13%
55-64	399	93	23	25%
65+	272	73	19	26%

Racial Distribution

Each participant could identify with 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 and therefore are underrepresented in the evaluation survey analysis. Due to the limited number of responses from American Indian or Alaska Natives, Asians, and Native Hawaiians or other Pacific Islanders participants, these were grouped with the “some other race” group.

The vast majority of participants identified as White with a responder quit rate of 24%.

Race	Participants	Survey Respondents	Quit	Responder Quit Rate
Black or African American	142	32	7	22%
White	1,045	199	47	24%
Some other race	21	Excluded		
More than one race	45	9	1	11%
No response	10	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”. Participants with Kentucky Medicaid, Medicare and uninsured reported quit rates ranging from 23% to 25%. While participants with other insurance reported the lowest quit rate at 17%.

Insurance	Participants	Survey Respondents	Quit	Responder Quit Rate
Kentucky Medicaid	450	67	17	25%
Medicare	525	124	28	23%
Other insurance	187	35	6	17%
Uninsured	82	16	4	25%
No response	19	Excluded		

Education Distribution

Participants with a high school diploma or GED comprised the largest group in the survey pool (n=460), followed by participants with some college or university (n=367). The responder quit rates for these groups were 20% and 17%, respectively. The highest quit rate was among participants with less than a grade 9 education (33%). However, given the low number of survey respondents for this category the data should be interpreted with caution.

Highest Level of Education	Participants	Survey Respondents	Quit	Responder Quit Rate
Less than grade 9	57	6	2	33%
Grade 9 to 11 and no degree	178	39	12	31%
High school diploma or GED	460	79	16	20%
Some college or university	367	70	12	17%
College degree, including vocational school	199	50	14	28%
No response	Excluded			

Sexual Orientation and Gender Identity

Five percent of survey pool participants identified as LGBTQ+ (n=68); their responder quit rate was 38%. Due to the low number of responses, we're unable to provide a breakdown by sexual orientation or gender identity and the data should be interpreted with caution.

Sexual Orientation and Gender Identity	Participants	Survey Respondents	Quit	Responder Quit Rate
Not LGBTQ+	1,195	237	54	23%
LGBTQ+	68	8	3	38%

To provide additional context, National Jewish Health has provided data from a multi-state evaluation that includes a larger number of survey respondents who identify as LGBTQ+. Please note, 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, which speaks 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.

Sexual Orientation and Gender Identity (All State Clients)	Survey Respondents	Responder Quit Rate
Not LGBTQ+	5,593	28%
LGBTQ+	401	25%
Bisexual	226	23%
Lesbian or gay	157	22%
Transgender	22	32%
Queer	26	35%
No response	73	42%

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 commercial 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 participants reported they live with two or more behavioral health conditions (n=526) compared to living with one behavioral health condition (n=225). The responder quit rates, regardless of participation in the BH protocol, for participants living with one behavioral health condition was 26%, and 16% for participants living with two or more behavioral health conditions. Participants who did not report living with a behavioral health condition had a responder quit rate of 28%.

Number of Behavioral Health Conditions	Participants	Survey Respondents	Quit	Responder Quit Rate
No behavioral health conditions	512	109	31	28%
One behavioral health condition	225	43	11	26%
Two or more behavioral health conditions	526	93	15	16%

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=694). The lowest responder quit rate was among those who reported having no medical conditions (17%), while the higher reported quit rate was among participants who reported having cancer (29%).

Medical Condition	Participants	Survey Respondents	Quit	Responder Quit Rate
Cancer	161	38	11	29%
Diabetes	261	58	16	28%
COPD	536	120	29	24%
Cardiovascular disease	694	153	40	26%
No cancer, diabetes, COPD, or cardiovascular disease	357	47	8	17%

Participant Demographics

In the following tables we provide details for all participants who completed an intake from July 2020 through June 2021. 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 2020 through June 2021, National Jewish Health registered 2,355 participants with a phone intake and 1,394 participants with a web-only intake in Kentucky.

Note, web-only participants were not surveyed as part of this evaluation. Demographic data captured at intake for web-only participants is provided to help Kentucky understand the demographic similarities and differences between phone program participants and web-only participants.

Demographic Characteristics

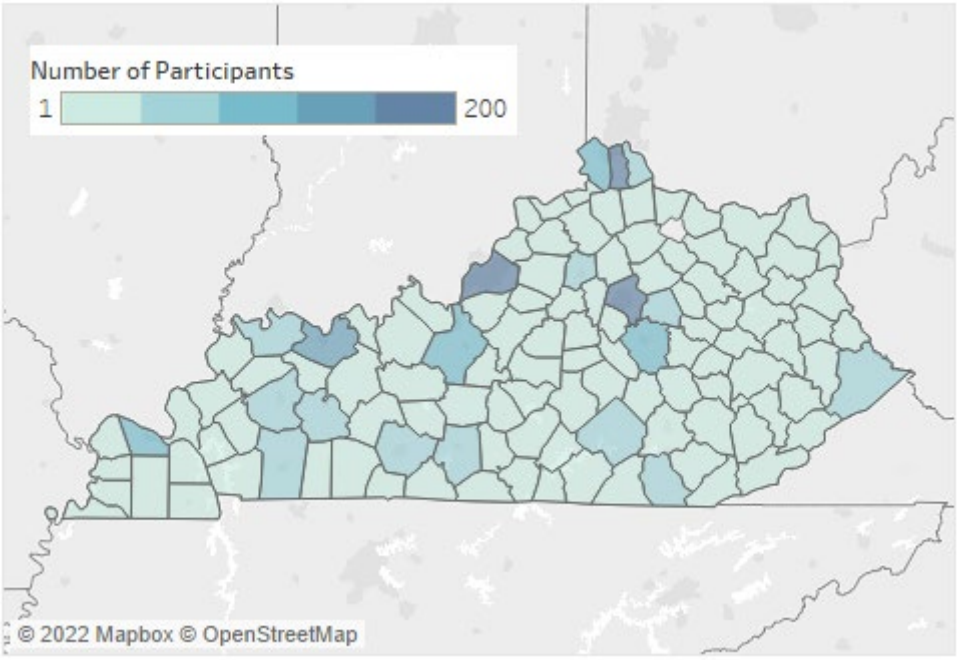
Demographic	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
Gender				
Female	1,542	65%	933	67%
Male	807	34%	445	32%
Transgender, gender non-binary, or another gender identity	6	0.3%	16	1.1%
Age				
17 or under	12	0.5%	24	1.7%
18-20	17	1.7%	28	2%
21-24	36	1.5%	65	5%
25-34	228	10%	322	23%
35-44	325	14%	406	29%
45-54	495	21%	308	22%
55-64	727	31%	188	13%
65+	515	22%	53	4%

Demographic	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
Race				
American Indian or Alaska Native	16	0.7%	6	0.4%
Asian	Excluded		6	0.4%
Black or African American	252	11%	65	5%
White	1,949	83%	1,214	87%
Some other race	19	0.8%	Excluded	
More than one race	92	4%	19	1.4%
No response	25	1.1%	83	6%
Insurance (insurance on the web is only asked during NRT order and as such is missing for most participants)				
Kentucky Medicaid	797	34%	N/A	
Medicare	968	41%		
Other insurance	167	7%		
Uninsured	37	1.6%		
No response	386	16%		
Highest level of education				
8th grade or less	119	5%	28	2%
Some high school	336	14%	96	7%
High school diploma or GED	857	36%	402	29%
Some college or university	653	28%	518	37%
College degree, including vocational school	386	16%	276	20%
No response	Excluded		74	5%

Demographic	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
Sexual orientation and gender identity				
Not LGBTQ+	2,223	94%	1,160	83%
LGBTQ+	128	5%	122	9%
Bisexual	69	3%	57	4%
Gay or lesbian	58	3%	50	4%
Transgender	5	0.2%	15	1.1%
Queer	Excluded		11	0.8%
No response	Excluded		112	8%
Behavioral health (BH) conditions				
No BH conditions	1,015	43%	734	53%
One BH condition	423	18%	188	13%
Two or more BH conditions	917	39%	472	34%
Medical condition (participants may be counted in multiple categories)				
Cancer	301	13%	55	4%
Diabetes	459	19%	149	11%
COPD	942	40%	195	14%
Cardiovascular disease	1,230	52%	435	31%
No cancer, diabetes, COPD, or cardiovascular disease	712	30%	813	58%

The following is a map of Kentucky counties shaded by the number of participants. According to 2020 BRFSS data 21.4% of Kentucky residents currently smoke[4], equivalent to 748,848 adults. From July 2020 through June 2021, 3,349 adult cigarette users completed an intake with the Quitline by phone or online, resulting in a promotional reach of 0.4%.

Note, Jefferson County had over three times as many participants as the next county. The color scale was adjusted to show significant shading in other counties.



[4] BRFSS Prevalence and Trends Data
https://nccd.cdc.gov/BRFSSPrevalence

Tobacco Use Patterns

The following tables present data on participant use of commercial tobacco for the phone and web program between July 2020 through June 2021.

Demographic	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
Tobacco use type (participants may be counted in multiple categories)				
By tobacco type				
Cigarettes	2,195	93%	1,163	83%
Cigars, cigarillos, or little cigars	95	4%	52	4%
Pipe	7	0.3%	8	0.6%
Smokeless tobacco	88	4%	75	5%
Other tobacco	94	4%	83	6%
e-Cigarettes or vaping products	242	10%	320	23%
By single or dual/poly use				
Single-use tobacco	2,074	88%	1,075	77%
Dual/Poly product use	281	12%	319	23%
Cigarettes per day (CPD) (out of all who use cigarettes)				
1-10 CPD	471	21%	260	22%
11-20 CPD	921	42%	569	49%
21-30 CPD	359	16%	191	16%
31+ CPD	389	18%	122	11%
No response or 0 CPD (trying to stay quit)	55	3%	21	1.8%
Menthol users (among those who reported using cigarettes)				
Menthol user	596	27%	N/A	
Non-menthol user	1,588	72%		
No response	11	0.5%		

Services Provided

The following tables presents data on what services were provided to participants between July 2020 through June 2021.

Service Area	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
Participation in services				
Intake-only participants	318	13%	1,394	100%
All coaching participants				
1-2 coaching calls, no medication	719	31%	N/A	
1-2 coaching calls, with NRT	534	23%		
3+ coaching calls, no medication	176	7%		
3+ coaching calls, with NRT	608	26%		
Digital services (participants may be counted in multiple categories)				
Text program	1,648	70%	720	52%
Email program	991	42%	814	58%
Web program	535	23%	1,394	100%
No text, email, or web program	485	21%	N/A	
Number of digital services (participants may be counted in multiple categories)				
No digital service	485	21%	N/A	
One service	890	38%	117	8%
Two services	656	28%	1,020	73%
Three services	324	14%	257	18%

Service Area	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
Coaching calls completed				
Intake only	318	14%	N/A	
1	865	37%		
2	388	16%		
3	209	9%		
4	131	6%		
5+ calls	444	19%		

Enrolled Participant Engagement (phone participants only)	Participants Reaching Call	Percent Reaching Call (Retention)
1	2,037	100%
2	1,172	58%
3	784	38%
4	575	28%
5+ calls	444	22%

Special Programs (phone participants only)	Participants	Percent of Total
BH participants	926	39%
PPP participants	28	1.2%
MLMQ participants	12	0.5%

Referral Pathway (phone participants only)	**Participants**	**Percent of Total**
Referral Pathway		
Self-referred	2,233	95%
Provider-referred	123	5%

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% or higher were noted for all content types for phone program participants who received NRT. Satisfaction was lower (85% or higher) for those that did not receive NRT.

Satisfied With…	Survey Respondents	Satisfied	Percent Satisfied
Overall program	223	206	92%
For participants who ordered NRT	142	137	96%
For participants who did not order NRT	81	69	85%
Provided materials	157	151	96%
For participants who ordered NRT	104	103	99%
For participants who did not order NRT	53	48	91%
Coaches and counselors	204	193	95%
For participants who ordered NRT	132	126	95%
For participants who did not order NRT	72	67	93%

Conclusions

For people who enrolled from July 2020 through June 2021, Quit Now Kentucky achieved an overall responder quit rate of 23%, assisting an estimated 549 Kentucky residents with quitting commercial tobacco over the phone. These outcome data demonstrate that the Quitline, an evidence-based program that tailors support to meet the needs of each participant, was effective in helping people quit using commercial 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.[5,6] Fifty-six percent of the Quitline coaching participants received quit medications and 22% completed at least five coaching calls. Among those who completed the survey, 22% of coaching participants who received quit medications reported quitting, and 33% 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 commercial tobacco. In the evaluation survey sample, 59% of the survey sample participants indicated that they had at least one behavioral health condition. The responder quit rates for participants living with two or more behavioral health conditions was 16%. Comparatively, the responder quit rate for participants who are not living with a behavioral health condition was 28%. These data help underscore that people living with behavioral health conditions face unique challenges when trying to quit and need additional support.

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[5]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.

[6] 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

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 2022.

National Jewish Health is honored to partner with the Kentucky Tobacco Cessation & Prevention Program to serve the residents of the state with evidence-based commercial tobacco treatment. We look forward to continuing our partnership and collaboration to find new ways to increase engagement of the populations most impacted by commercial tobacco and decreasing the negative impact of commercial 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 between February 2021 and January 2022, seven-months post intake. The data are self-reported by program participants who consented to the evaluation survey during intake. Program participants' responses were 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 commercial tobacco use and assigned a current status of "Quit" if the participant indicated that they had not used commercial 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.[7]

- 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 provide a range in which the true quit rate likely falls within.

[7] NAQC Issue Paper, Calculating Quit Rate, 2015 Update https://cdn.ymaws.com/www.naQuitline.org/resource/resmgr/Issue_Papers/WhitePaper2015QRUpdate.pdf

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 older, with higher education, had Medicare, completed more coaching calls and received less NRT (through the Quitline) than the overall survey pool.

Demographic	Survey pool	Respondent Group
Median age (SD)	56 (13.8)	59 (12.7)
Gender		
Female	66%	68%
Male	33%	32%
Race		
Black or African American	11%	13%
White	83%	81%
Some other race	1.7%	1.2%
More than one race	4%	4%
No response	0.8%	0.8%
Education		
Less than grade 9	5%	2%
Grade 9 to 11, no degree	14%	16%
Highschool diploma or GED	36%	32%
Some college or university	29%	29%
College degree or trade/vocational school	16%	20%

Demographic	Survey pool	Respondent Group
Insurance		
Kentucky Medicaid	36%	27%
Medicare	42%	51%
Other Insurance	15%	14%
Uninsured	6%	7%
No response	1.5%	1.2%
Average coaching calls for coaching participants (SD)	2.64 (1.83)	3.27 (1.88)
Received quit medications (of coaching participants)	85%	65%

Appendix C – NRT Offerings

The following table details the NRT offerings for each participant group.

Participant group	NRT Offering
Public housing residents	8 weeks, including combination therapy
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	8 weeks, including combination therapy
Residents of Boone, Campbell, Grant and Kenton counties	4 weeks
Residents of Carroll, Gallatin, Owen, and Pendleton counties	8 weeks
Residents of Jefferson county	10 weeks
Uninsured participants	8 weeks
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