Kentucky Department for Public Health

2024 Quit Now Kentucky Disabilities Report

Our mission is to improve the health and safety of people in Kentucky through prevention, promotion and protection.

Kentucky Public Health

Prevent. Promote. Protect.

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Table of Contents

Executive Summary

In 2023, The Kentucky Tobacco Prevention & Cessation Program formally initiated a project to determine how people with disabilities were using the services of Quit Now Kentucky and whether these services are an effective intervention for Kentucky residents with disabilities. On July 1 of that year, the Kentucky Tobacco Prevention & Cessation Program added six questions to the Quit Now Kentucky enrollment process to assess how many residents using the services have a functional disability and what types of disabilities those are. This was done by adding six questions to the intake questionnaire. The questions utilized are listed below with an abbreviation in bold that will be used to reference the questions throughout this outcomes report.

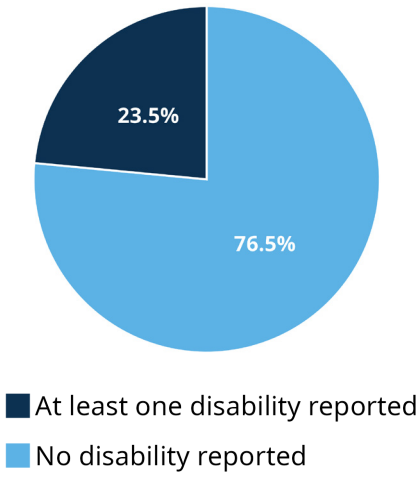
Figure 1. Disability screening questions added to Quit Now Kentucky intake questionnaire

The Kentucky Tobacco Prevention & Cessation Program worked with the provider of Quit Now Kentucky, National Jewish Health, to collect outcome data on all enrollees with disabilities, allowing the program to analyze outcomes by disability status. This report discusses Kentucky adults who enrolled in Quit Now Kentucky between July 1, 2023 and April 30, 2024 and reported a disability during their intake process.

In accordance with industry standards, outcome surveys were completed seven months after each participant's enrollment in the program; all outcome surveys were conducted on a rolling basis between February 2024 (seven months following July 2023 enrollment) and November 2024 (seven months after April 2024 enrollment). More information about survey methodology can be found in Appendix.

Of the 716 Quit Now Kentucky callers who were eligible for this evaluation project, 139 completed the evaluation survey, resulting in a 19% response rate. Based on information collected at intake during the evaluation period, 23.5% of Quit Now Kentucky callers reported having at least one disability. Among those that reported

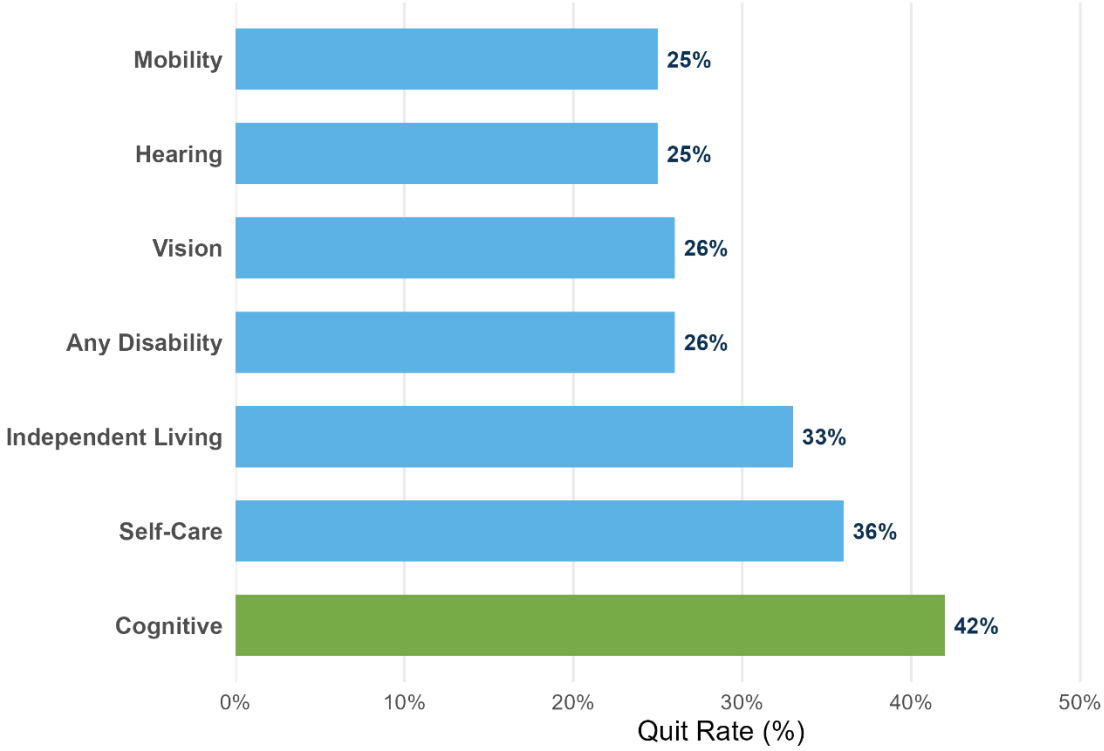
Figure 2. Quit Now Kentucky Enrollments (July 1, 2023 – April 30, 2024)



having at least one disability, the majority (65%) reported having a mobility-related disability.

The below horizontal bar chart displays quit rates by disability type among survey respondents, sorted from highest to lowest. Cognitive disability leads at 42% (highlighted in green), followed by Self-Care (36%), Independent Living (33%), Any Disability and Vision (both 26%), Hearing and Mobility (both 25%).

Figure 3. Quit rates by disability type among survey respondents (7-month follow-up)



Additional key findings include:

- Among all respondents that reported having at least one disability, 26% reported having quit using tobacco.
- Phone participants who completed five or more calls had a quit rate of 37%, while those who completed four or fewer had a quit rate of only 20%.
- Participants who received both coaching and nicotine replacement therapy had a quit rate of 30%, whereas those who only received coaching had a quit rate of 18%.
- Participants who were 55 years or older accounted for 62% of all participants in the special evaluation and those 65 years or older had the highest quit rate at 35%.

Overview of Quit Now Kentucky

Quit Now Kentucky offers free, comprehensive support to help Kentucky residents quit any form of tobacco use, including cigarettes, vapes, cigars, hookah, and smokeless tobacco. The program provides personalized telephone coaching, access to an interactive web portal, digital support through text and email messaging, and FDA-approved cessation medications when clinically appropriate.

Individuals can enroll in Quit Now Kentucky in the following ways:

- Calling 1-800-QUIT-NOW (1-800-784-8669) for English speakers or 1-855-DÉJELO-YA (1-855-335-3569) for Spanish speakers
- Completing the online enrollment form directly on the web portal at QuitNowKentucky.org
- Receiving a referral from a healthcare provider through fax, web submission, or integration with an electronic health record (EHR) system

Quitlines overall remain a well-established, evidence-based intervention. The 2020 U.S. Surgeon General's Report on Smoking Cessation confirms that proactive quitline counseling increases cessation success, with even stronger outcomes when paired with medications such as nicotine replacement therapy. National guidelines from the U.S. Preventive Services Task Force (2015) and the Community Preventive Services Task Force (2016) continue to recommend quitline services for their proven effectiveness and cost-efficiency.

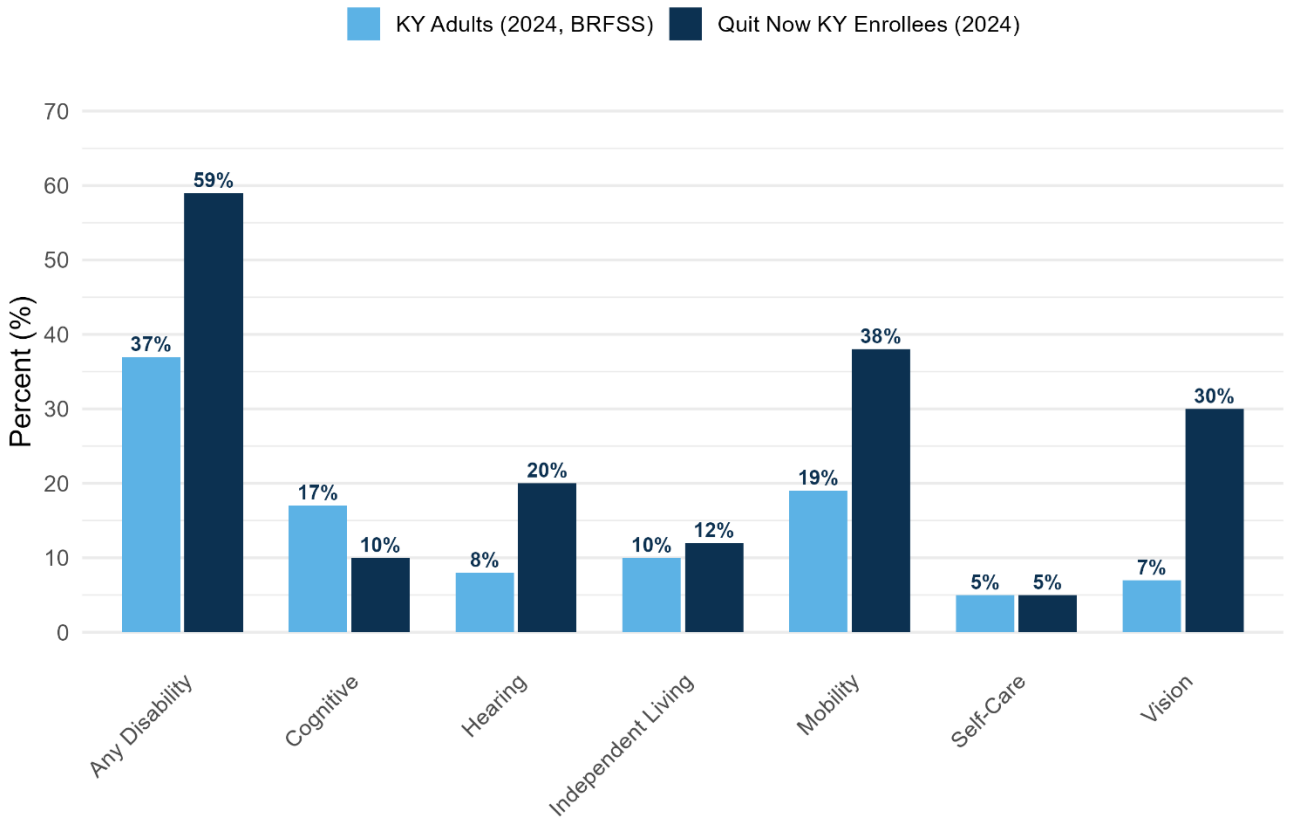
In Kentucky, where smoking rates remain among the highest in the nation, Quit Now Kentucky customizes services to meet diverse needs. As of May 2025, the program offers specialized telephone coaching for enrollees with behavioral health conditions, pregnant and postpartum individuals, youth (ages 17 and younger), and young adults (ages 18–24). Spanish-speaking residents have access to a dedicated coaching line, Spanish-language materials, and a fully translated website. The program partners with LanguageLine for real-time interpretation in more than 200 languages and provides a teletypewriter (TTY) line for deaf or hard-of-hearing individuals.

Quit Now Kentucky is operated by National Jewish Health, the nation's largest nonprofit provider of telephone cessation services, and is funded by the Kentucky Department for Public Health through Master Settlement Agreement funds and Centers for Disease Control and Prevention grants. Nationwide quitline infrastructure also receives support from the National Cancer Institute.

Enrollees with Functional Disabilities

Adults with functional disabilities are nearly twice as likely to smoke cigarettes than those without disabilities. In 2024, the Behavioral Risk Factor Surveillance System (BRFSS) found that over half (54%) of adults who smoke cigarettes have a disability, compared to only 33% of non-smokers who have a disability. Kentucky has the second highest smoking rate in the country (17.4%) and also has a high percentage of residents with disabilities. According to the 2024 Behavioral Risk Factor Surveillance System, 37% of Kentucky adults have a disability. The graph below compares disability data from the 2024 BRFSS and enrollment information received from Quit Now Kentucky in 2024.

Figure 4. Disability prevalence: Kentucky adults versus Quit Now Kentucky enrollees



While there has been significant research on the effectiveness of tobacco cessation quitlines over the past several decades, less is known about how people with disabilities use quitlines and whether they are an effective intervention for people with disabilities. People with disabilities are often not included in research studies. The Kentucky Tobacco Prevention & Cessation Program sought to understand whether people with disabilities were more or less likely to use Quit Now Kentucky's services than people without disabilities, as well as whether they were more or less likely to quit as a result of those services.

Evaluation of Outcomes

The following section presents the key evaluation findings, organized in tables by disability type, program participation (e.g., coaching and/or NRT), number of coaching calls completed, tobacco product type, cigarettes smoked per day, reported health conditions, and selected demographics. To ensure reliability, any category with fewer than five respondents has been excluded from reporting. Full details on the evaluation methodology are provided in Appendix A. Key terms used throughout this section are defined as follows:

- **Participants**: Individuals who completed an intake for Quit Now Kentucky services.
- **Survey Respondents** (or respondents): Participants who were included in the evaluation survey pool and completed the seven-month follow-up survey.
- **Quit**: The number of survey respondents who reported no tobacco use (including e-cigarettes, even a puff) in the past 30 days.
- **Quit Rate**: The percentage of survey respondents who met the definition of quit.

Quit Rate by Disability Type

Quit rates among survey respondents varied by disability type. The highest rate was observed among those with cognitive disability at 42% (13 of 31 respondents quit), followed by self-care at 36% (5 of 14) and independent living at 33% (12 of 36). Hearing and mobility disabilities showed the lowest rates, both at 25% (10 of 40 and 22 of 88, respectively), while vision aligned with the overall any-disability rate of 26% (17 of 66). The overall response rate for the any-disability group was 19% (139 of 716 participants).

Table 1. Quit rates by disability type among survey respondents

Disability Type	Participants	Survey Respondents	Quit	Quit Rate Among Respondents
Any Disability	716	139	38	26%
Hearing	249	40	10	25%
Vision	371	66	17	26%
Cognitive	159	31	13	42%
Mobility	465	88	22	25%
Self-Care	59	14	5	36%
Independent Living	146	36	12	33%

Quit Rate by Calls Completed

Quit rates among survey respondents with disabilities increased substantially with the number of coaching calls completed. Those who received five or more calls achieved a 37% quit rate (24 of 58 respondents quit), compared with 20% (14 of 71) among those completing one to four calls. Eligibility for more than five calls was restricted to participants enrolled in the pregnancy/postpartum protocol (up to nine calls) or the behavioral health protocol (up to seven calls); standard adult protocols limited maximum calls to five. An additional 155 participants completed intake only, with 11 survey respondents excluded from analysis due to small numbers.

Table 2. Quit rates by number of coaching calls completed among survey respondents

Calls Completed	Participants with Any Disability	Survey Respondents	Quit	Quit Rate Among Respondents
Intake Only	155	11	Excluded	N/A
1 to 4	410	71	14	20%
5+	141	58	24	37%

Quit Rate by Program Participation

Quit rates among survey respondents with disabilities were higher when nicotine replacement therapy (NRT) was combined with coaching. Those who received both coaching and NRT achieved a 30% quit rate (30 of 100 respondents quit), compared with 18% (5 of 28) among those who received coaching only. Overall, respondents who received any coaching (including with or without NRT) had a 27% quit rate (35 of 128). Of the 716 participants who opted into the behavioral health protocol, 561 received at least one coaching call, while 155 completed intake only and did not engage in subsequent coaching.

Table 3. Quit rates by program participation type among survey respondents

Participation Type	Participants with Any Disability	Survey Respondents	Quit	Quit Rate Among Respondents
Any coaching	561	128	35	27%
Coaching, no NRT	213	28	5	18%
Coaching and NRT	348	100	30	30%

Quit Rate by Product Type

Quit rates among survey respondents with disabilities varied modestly by primary tobacco product type reported at intake. Among those using combustible cigarettes (92% of participants, n=665), the quit rate was 28% (35 of 127 respondents quit). For e-cigarette users (17% of participants, n=128), the quit rate was lower at 20% (4 of 20 respondents quit).

Table 4. Quit rates by primary tobacco product type among survey respondents

Product Type	Participants with Any Disability	Survey Respondents	Quit	Quit Rate Among Respondents
Cigarettes	665	127	35	28%
E-Cigarettes	128	20	4	20%

Quit Rate by Cigarettes Per Day

Quit rates among survey respondents with disabilities varied by the number of cigarettes smoked per day at intake. Those reporting 1 to 10 cigarettes per day achieved the highest quit rate at 39% (12 of 31 respondents quit), followed by those smoking 21 to 30 cigarettes per day at 33% (6 of 18). In contrast, respondents smoking 11 to 20 cigarettes per day and 31 or more cigarettes per day both had a 20% quit rate (11 of 55 and 4 of 20, respectively).

Table 5. Quit rates by cigarettes smoked per day at intake among survey respondents

Cigarettes Per Day (CPD)	Participants with Any Disability	Survey Respondents	Quit	Quit Rate Among Respondents
1 to 10	148	31	12	39%
11 to 20	296	55	11	20%
21 to 30	102	18	6	33%
31 or more	92	20	4	20%

Quit Rate by Health Condition

Quit rates among survey respondents with disabilities varied by reported health condition at intake. Participants with cancer achieved the highest quit rate at 39% (9 of 23 respondents quit), followed by those with diabetes at 32% (12 of 38). In contrast, respondents with COPD had a 25% quit rate (17 of 69), while those with heart disease reported 22% (5 of 23), and mental health conditions overall ranged from 21% to 25% (e.g., behavioral health opted-in at 22%, depression at 23%, anxiety and ADHD both at 25%). COPD was the most prevalent condition (51% of participants), followed by depression (45%), with 61% of participants eligible for the behavioral health protocol and 83% of those eligible opting in. Several conditions (e.g., asthma, heart attack, seizures) had insufficient respondents for reporting.

Table 6. Quit rates by reported health condition among survey respondents

Health Condition	Participants with Any Disability	Survey Respondents	Quit	Quit Rate Among Respondents
Cancer	109	23	9	39%
Diabetes	182	38	12	32%
COPD	364	69	17	25%
Asthma	190	31	29%	Excluded
Heart Attack	23	Excluded	Excluded	Excluded
Heart Disease	174	23	5	22%
Seizures	57	8	Excluded	Excluded
Mental Health Condition	458	86	20	23%
ADHD	72	63	16	25%
Anxiety	348	67	17	25%
Behavioral Health (All Eligible)	440	80	17	21%
Behavioral Health (Opted-in)	364	69	15	22%
Depression	322	64	15	23%

Quit Rate by Demographics

Age

Quit rates among survey respondents with disabilities increased with age. Participants aged 65 or older achieved the highest quit rate at 35% (18 of 51 respondents quit), followed by those aged 55 to 64 at 27% (13 of 49) and 45 to 54 at 21% (5 of 24). Younger age groups (18–44) represented only 17% of all participants with disabilities, resulting in insufficient survey respondents for reporting in those categories (e.g., 35–44 had only 6 respondents, with results excluded). The 55–64 age group was the most common, accounting for 32% of participants.

Table 7. Quit rates by age group among survey respondents

Age in Years	Participants with Any Disability	Survey Respondents	Quit	Quit Rate Among Respondents
18 to 24	12	Excluded	Excluded	Excluded
25 to 34	48	Excluded	Excluded	Excluded
35 to 44	63	6	Excluded	Excluded
45 to 54	146	24	5	21%
55 to 64	229	49	13	27%
65 or older	218	51	18	35%

Gender

Quit rates among survey respondents with disabilities showed a modest difference by gender. Male respondents achieved a higher quit rate at 31% (14 of 45 quit), compared with 26% among female respondents (24 of 94 quit). Females represented the majority of participants with disabilities (68%), while males accounted for 31%. Other gender categories had insufficient respondents for reporting. These results indicate that males in this population experienced slightly greater tobacco abstinence success at the seven-month follow-up, though the difference is small and both groups remained below the overall average in some contexts.

Table 8. Quit rates by gender among survey respondents

Gender	Participants with Any Disability	Survey Respondents	Quit	Quit Rate Among Respondents
Female	492	94	24	26%
Male	223	45	14	31%

Race

Quit rates among survey respondents with disabilities showed limited variation by race, with data available only for Black or African American and White respondents due to small sample sizes in other groups. Black or African American respondents achieved a 30% quit rate (7 of 23 quit), slightly higher than the 27% rate among White respondents (30 of 111 quit). White participants comprised the vast majority of the sample (606 participants, 111 survey respondents), while Black or African American participants numbered 96 (23 respondents). All other racial/ethnic categories had insufficient respondents for reporting.

Table 9. Quit rates by race among survey respondents

Race	Participants with Any Disability	Survey Respondents	Quit	Quit Rate Among Respondents
American Indian or Alaskan Native	18	Excluded	Excluded	Excluded
Asian	3	Excluded	Excluded	Excluded
Black or African American	96	23	7	30%
Latino/Latina	10	Excluded	Excluded	Excluded
Native Hawaiian or Pacific Islander	2	Excluded	Excluded	Excluded
White	606	111	30	27%

Education

Quit rates among survey respondents with disabilities varied by educational attainment at intake. Respondents with a high school diploma or GED achieved the highest quit rate at 34% (19 of 56 quit), compared with 23% among those with some college or a college degree (14 of 60) and 22% among those with less than a high school education (5 of 23). High school/GED was the most represented group among survey respondents (56), followed closely by some college/college degree (60), while less than high school had the fewest (23).

Table 10. Quit rates by educational attainment among survey respondents

Education	Participants with Any Disability	Survey Respondents	Quit	Quit Rate Among Respondents
Less than High School	121	23	5	22%
High School or GED	270	56	19	34%
Some College/College Degree	324	60	14	23%

Appendix

Survey Methodology

The evaluation survey was designed in alignment with the guidelines and recommendations of the North American Quitline Consortium (NAQC). Six questions were added to the intake questionnaire performed at enrollment. The language of these six questions came from the Disability & Health Data System. Data collection occurred from February 2024 through November 2024, with follow-up surveys conducted approximately seven months after each participant's enrollment. The seven-month interval serves as the standard for tobacco cessation quitline evaluations, allowing comparison with the six-month quit-rate benchmark commonly used in research literature and clinical trials.

The initial five-month evaluation period (February–June 2024) targeted 200 completed surveys through random sampling of Quit Now Kentucky enrollees with disabilities who had consented to follow-up calls at intake. To improve representation, individuals reporting disabilities were intentionally oversampled. All data were self-reported and gathered via telephone by the independent survey firm Westat Inc., with eligible participants receiving up to seven outreach attempts.

Due to insufficient completed surveys during this initial phase to achieve statistical significance, the evaluation was extended by incorporating five additional months of routinely collected outcomes data (July–November 2024). During this extension, no oversampling of enrollees with disabilities took place; responses were obtained through the standard surveying process.

Respondents were classified as "Quit" if they reported no tobacco use—including e-cigarettes, even a single puff—in the 30 days prior to the survey call. This 30-day point-prevalence abstinence measure is defined by the NAQC and represents the industry standard for assessing follow-up quit rates.

Certain demographic breakdowns produced limited results due to small sample sizes. Throughout the report, any category with fewer than five respondents has been excluded from analysis. Among individuals identified for follow-up, some could not be contacted despite multiple attempts, while others declined participation even though they had consented to follow-up calls during enrollment seven months earlier.