

2017 Outcomes Report

QUITLOGIX[®]

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Executive Summary

Key Findings

Introduction

In 2017, QuitNow New Hampshire continued to offer a comprehensive over-the-phone tobacco cessation program through National Jewish Health to control the use of tobacco and provide support to those who want to quit. In 2017, six-month surveys were conducted on callers who agreed to a follow-up regardless of their readiness to quit, and the results of those surveys are detailed in this report. The six-month follow-up quit rate for all New Hampshire participants was 29 percent, higher than last year's six-month quit rate of 20 percent.

The 2017 survey year covered six-month follow-up surveys for participants who entered the program between July 2016 and June 2017. All outcomes data are derived from self-reported data submitted on participant surveys collected by an independent survey agency, Pegus Research Inc. in January and February and Westat Inc. for the rest of the year. Responder quit rate is calculated by dividing the number of survey respondents who reported not using any tobacco products (even a puff) and who didn't report using e-cigarettes in the last 30 days by the total number of survey respondents. Surveys with fewer than 200 respondents are not considered statistically significant.

Program Description

All callers over the age of 18 in New Hampshire were offered free counseling, and those who participated in coaching were eligible for quit medications.

The program offers e-mail, text and web contacts in addition to phone-based coaching. Callers who completed more coaching calls saw greater success, with those surveyed who completed three or more coaching calls having a quit rate of 39 percent.

Electronic Nicotine Delivery Systems (ENDS)

At this time, because ENDS is considered by the FDA as a tobacco product, National Jewish Health does not consider a respondent using ENDS as being free from tobacco. Those who use ENDS and want to quit their use of ENDS receive the same type of personalized cessation intervention that other tobacco users receive. Though the sample size is low, the quit rate for those using ENDS was lower at 18 percent, compared to cigarette users at 28 percent.

Demographic Characteristics of Callers

Females represented 64 percent of survey participants and experienced a quit rate of 27 percent, compared to a 29 percent quit rate for males.

White/Caucasian participants represented an overwhelming majority, at 96 percent of surveyed participants. This group experienced a quit rate of 29 percent.



Another important population in New Hampshire are those individuals who identify as having a behavioral health (BH) or substance abuse concern. Callers who identify with a BH concern quit tobacco at a significantly lower rate than callers with no BH conditions, as shown in the table below.

BH Challenge	Yes		No	
	# Reached	Responder Quit Rate	# Reached	Responder Quit Rate
Any BH Condition	147	22%	94	39%

Of those with a stated BH condition, those who believe these challenges will affect their ability to quit typically find even more difficulty in quitting:

BH Impact	Yes		No	
	# Reached	Responder Quit Rate	# Reached	Responder Quit Rate
Causes Emotional Challenges	94	19%	53	26%
Interferes with Life	67	19%	80	24%
Interferes with Quitting	55	24%	92	21%

These data would suggest that a participant's thoughts about the impact of behavioral health concerns play a significant part in cessation success. These findings are consistent with National Jewish Health's publication, *QuitLine outcomes for smokers in 6 states: Rates of successful quitting vary by mental health status*¹ as well as the following publication: *Multidimensional smoker profiles and their prediction of smoking following a pharmacobehavioral intervention*².

¹ Lukowski, AV, Morris CD, Young SE, Tinkelman D. *QuitLine outcomes for smokers in 6 states: Rates of successful quitting vary by mental health status*. *Nicotine Tob Res*. 2015; 17(8): 924-930

² Batra, A., Collins, S. E., Torchalla, I., Schröter, M., & Buchkremer, G. (2008). *Multidimensional smoker profiles and their prediction of smoking following a pharmacobehavioral intervention*. *Journal of Substance Abuse Treatment*, 35, 41-52



Tobacco Cessation Rates

Quit Rate by Program Offering

Participant Type	# Participants	# Reached	# Quit	Responder Quit Rate
All participants	1,023	241	69	29%
Coaching participants	852	220	67	30%
Coaching participants receiving medication	714	202	63	31%
Coaching participants not receiving medication	138	18	4	22%
Self guided participants	171	21	2	10%

All information utilizes data from participants who agreed to be contacted for a follow-up survey and who were contacted six months after intake, per the North American Quitline Consortium (NAQC) recommended best practices. Unless otherwise stated, all quit rates refer to respondent answers and do not include participants who did not complete the survey. Surveys with fewer than 200 respondents are not considered statistically significant.



Quit Rate by Call Completed

Call Reached	# Participants	Retention Rate	# Reached	# Quit	Responder Quit Rate
Intake	1,023		21	2	10%
1	852	100%	66	13	20%
2	475	56%	37	8	22%
3	308	36%	29	9	31%
4	192	23%	26	10	38%
5+	125	15%	62	27	44%
Total	1,023		241	69	29%

Quit Rate for Participants Shipped Medication

Received Medication	# Participants	# Reached	# Quit	Responder Quit Rate
Received medication	714	202	63	31%
No medication	138	18	4	22%

Type of Medication Shipped to Participants

Single NRT refers to participants receiving a single type of nicotine replacement therapy — lozenges, patches, or gum. Combo NRT refers to participants receiving two of the above NRT types.

Medication Type	# Participants	# Reached	# Quit	Responder Quit Rate
Combo NRT	312	89	25	28%
Single NRT	402	113	38	34%
None	309	39	6	15%

Quit Rate by Technology Utilized

Participants in the phone program are counted in each of the following categories, based on the additional program offerings in which they wish to take part. A unique participant may be counted in multiple categories.

Additional Offering	# Participants	# Reached	# Quit	Responder Quit Rate
Text	1,022	241	69	29%
E-mail	434	92	28	30%
Web	209	46	13	28%



Satisfaction Levels

Level of Satisfaction: Overall Service, Provided Materials, Coaches and Counselors

The table below shows the result of follow-up surveys conducted during the reporting period regarding satisfaction with services. Neutral responses (don't know or no answer) are excluded from the denominator.

Satisfied with...	# Reached	# Agreed	% Agreed
Overall Service	227	215	95%
Provided Materials	174	172	99%
Coaches and Counselors	202	188	93%

Quit Rate by Medical Condition

Quit Rate by Behavioral Health Challenge

Respondents are asked many questions regarding their behavioral health (BH).

BH Challenge	Yes		No	
	# Reached	Responder Quit Rate	# Reached	Responder Quit Rate
Any BH Condition	147	22%	94	39%

Those who answer they do have a BH challenge are then asked about its impact on their lives and their attempts to quit. The following table refers only to those who have answered they do have a BH challenge.

BH Impact	Yes		No	
	# Reached	Responder Quit Rate	# Reached	Responder Quit Rate
Causes Emotional Challenges	94	19%	53	26%
Interferes with Life	67	19%	80	24%
Interferes with Quitting	55	24%	92	21%



Specific BH Challenges

Below are the number of individuals that responded “yes” to experiencing the specific BH concern. A unique participant may be counted in multiple categories.

BH Condition	Yes		No	
	# Reached	Responder Quit Rate	# Reached	Responder Quit Rate
Anxiety Disorder	71	24%	170	31%
Bipolar Disorder	18	17%	223	30%
Depression	64	20%	177	32%
Schizophrenia	7	0%	234	29%
Other Condition	9	22%	232	29%

Quit Rate by Medical Condition

Respondents are asked many questions regarding their physical health. The following section compares the number of participants who answered they have a stated medical condition and those without that condition. A unique participant may be counted in multiple categories.

Medical Condition	Yes		No	
	# Reached	Responder Quit Rate	# Reached	Responder Quit Rate
Asthma	69	30%	172	28%
Cancer	37	32%	204	28%
COPD	102	25%	139	31%
Diabetes	43	21%	198	30%
Heart Attack	3	33%	238	29%
Heart Disease	29	21%	212	30%
High Blood Pressure	76	28%	165	29%
Seizures	16	25%	225	29%
Stroke	3	0%	238	29%



Quit Rates by Population Demographics

Quit Rate by Tobacco Use Patterns

Tobacco Use Type

Participants may use more than one form of tobacco and so may be counted in multiple categories.

Tobacco type	# Participants	# Reached	# Quit	Responder Quit Rate
Cigarettes	993	234	65	28%
Cigars	35	10	4	40%
e-Cigarettes	101	22	4	18%
Smokeless	16	4	1	25%
Pipe	9	4	0	0%
Other	2	0	0	N/A

Cigarette Frequency

Participants may report "None" if they have already quit and are using the QuitLine to prevent relapse or are using a tobacco form besides cigarettes.

Cigarettes Per Day	# Participants	# Reached	# Quit	Responder Quit Rate
None	1	0	0	N/A
1-9	103	24	9	38%
10-19	262	64	22	34%
20-39	500	117	26	22%
40+	93	25	7	28%

Cigarette Duration of Use

Years of Cigarette Use	# Participants	# Reached	# Quit	Responder Quit Rate
< 5 years	25	3	2	67%
6-10 years	53	8	3	38%
10+ years	941	230	64	28%

Previous Quit Attempts

Previous Quit Attempts	# Participants	# Reached	# Quit	Responder Quit Rate
None	51	7	2	29%
1 to 2	319	77	25	32%
3 to 4	246	59	18	31%
5 or more	406	98	24	24%



Live with Another Tobacco User

Live With Another Tobacco User	# Participants	# Reached	# Quit	Responder Quit Rate
Yes	432	98	28	29%
No	590	143	41	29%

Quit Rate by Demographics of Callers**Gender Distribution**

Gender	# Participants	# Reached	# Quit	Responder Quit Rate
Female	650	154	42	27%
Male	371	85	25	29%
Unspecified	2	2	2	100%

Pregnancy Distribution

The pregnancy and postpartum program (PPP) population continues to be a difficult population to sample. With program incentives and specialized coaching driving the engagement, the survey that does not carry incentives is often ignored. Therefore, the reach rate for this population is much lower than the general QuitLogix population.

During the report period, 10 participants in New Hampshire took part in the PPP. Of those, one has been reached for the survey, and has not quit. Two participants reported being pregnant and chose not to take part in the PPP.

As these results are not statistically significant, below is the same analysis when looking at all QuitLogix clients that offer the PPP. It should be noted even at this larger scale, that the number of responses is low at 65 pregnant participants reached by our survey, and the results may not be statistically significant.

Pregnancy Status (All Clients)	Responder Quit Rate
Pregnant at intake and in PPP	38%
Pregnant at intake and not in PPP	15%

Age Distribution

Age at Intake	# Participants	# Reached	# Quit	Responder Quit Rate
18-24	30	4	1	25%
25-34	115	14	6	43%
35-44	125	30	8	27%
45-54	288	60	11	18%
55-64	312	90	26	29%
65+	153	43	17	40%



Education Distribution

Highest Level of Education	# Participants	# Reached	# Quit	Responder Quit Rate
Less than grade 9	43	17	4	24%
Grade 9 to 11, no diploma	122	18	3	17%
High school diploma	328	74	24	32%
GED	94	24	6	25%
Some college or university	250	61	17	28%
College or university degree	183	45	14	31%

Marital Status Distribution

Marital Status	# Participants	# Reached	# Quit	Responder Quit Rate
Single	350	66	16	24%
Married	314	79	29	37%
Divorced or Separated	267	69	17	25%
Widowed	90	26	7	27%

Sexual Orientation and Gender Identity Distribution

All participants are asked if they identify as lesbian, gay, bisexual, transgender or queer (LGBTQ) specifically and may answer yes to more than one question. Therefore, a unique participant may be counted in more than one subcategory.

LGBTQ Identity	# Participants	# Reached	# Quit	Responder Quit Rate
All LGBTQ	43	11	1	9%
Bisexual	23	6	0	0%
Gay/Lesbian	19	4	0	0%
Transgender	4	1	1	100%
Queer	2	1	0	0%
Not LGBTQ	980	230	68	30%

As these results are not statistically significant, below is the same analysis when looking at all QuitLogix state clients. It should be noted even at this larger scale the number of responses is low, at 226 LGBTQ participants reached by our survey, and the results may not be statistically significant.

LGBTQ Status (All Clients)	Responder Quit Rate
All LGBTQ	22%
Bisexual	20%
Gay/Lesbian	23%
Transgender	27%
Queer	17%
Not LGBTQ	27%



Racial Distribution

Each participant is asked about each race or ethnic identity separately and may answer yes to more than one group.

Race/Ethnicity	# Participants	# Reached	# Quit	Responder Quit Rate
American Indian or Alaska Native	33	8	2	25%
Asian	4	0	0	N/A
Black or African American	13	5	1	20%
Hispanic or Latino/a	14	6	2	33%
White	979	224	65	29%
Some Other Race	17	5	1	20%

Insurance Status Distribution

Insurance	# Participants	# Reached	# Quit	Responder Quit Rate
Commercial Insurance	182	38	16	42%
Medicaid	200	44	13	30%
Medicare	448	111	28	25%
Other	121	31	9	29%
Uninsured	50	12	2	17%
No response	15	3	1	33%



Conclusions and Opportunities

The broad and overreaching conclusion that can be reached is that telephonic-based, personalized tobacco interventions are effective in helping people in their efforts to quit tobacco. Those participants in the QuitLine who received coaching were three times more likely to quit than those who did not (30 percent vs. 10 percent). One of the very positive findings in this year's data was that approximately 61% of the callers reached 3 or more calls with our staff. The quit rate for this group was 39% which clearly demonstrates the close correlation between receiving coaching calls and cessation rates. The highly educated coaching staff employed by National Jewish Health, along with the quality and comprehensive training received during orientation and continuing education, puts our coaches in a position to serve a wide range of callers with diverse educational backgrounds, ethnicities and income levels.

In addition, for the 84% of participants who received pharmacotherapy, the quit rate increased to 31 percent compared to a 22 percent quit rate for those who did not receive pharmacotherapy. The data clearly demonstrate the effectiveness of increased engagement through pharmacotherapy.

There were several interesting findings in this year's data. Of particular interest was the finding that there were actually more individuals who identified as having a behavioral health issue in the program than those who did not. This group of individuals falls into several different categories of clinical state, as shown in the tables above. What is most noteworthy is that, across this population, the quit rate is lower than for those who did not identify as having a behavioral health issue. This year, National Jewish Health is piloting a program that directly addresses two major categories of behavioral health issues, those with depression and those with anxiety disorder. We hope that in the coming year we will have more data to share about better ways to help these individuals deal with their tobacco addiction.

National Jewish Health is honored and excited to continue its partnership with the QuitNow New Hampshire program to serve the residents of the state with evidence-based treatment in 2018 and beyond. We will continue researching and investigating new ways to reach disparate populations and meet the mutual goals of decreasing tobacco use among all New Hampshire 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 the QuitLine callers.

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Appendix

Procedures & Methodology

Outcomes Data

All QuitLogix callers who agree to a follow-up are identified, and attempts are made by Pegus Research Inc. and Westat Inc., independent research organizations, to contact them. Pegus Research and Westat initiate these follow-up contacts approximately six and 12 months after the initial intake call.

Survey Methodology and Data Collection

Callers are asked about their tobacco use and assigned a current status of “Quit” if the participant indicates that he/she has not used tobacco — even a puff — in (at least) the 30 days prior to the call and also did not report they have used an e-cigarette in the same period. This definition of abstinence is referred to as the point prevalence rate, and is the industry standard for determining follow-up quit rate.

Of the individuals identified and attempted for a follow-up survey, a percentage is lost because they are not successfully contacted for a survey. Some are lost because they cannot be reached and others because they choose not to participate in the survey.

NAQC/ Professional Data Analysts Inc. (PDA) do recommend calculating responder rates and not intention to treat (ITT) rates, because calculating ITT assumes that all non-responders are smoking and includes them in the sample. This is problematic when calculating a confidence interval (CI), because the usual 95 percent CI would assume the quit statuses for the entire sample are observed data points, which is incorrect.

QuitLogix Procedures

Program Overview

The QuitLogix program incorporates evidence-based recommendations in a participatory model of care that enables individuals to develop the skills and the confidence to end tobacco use and remain tobacco-free. The program is tailored to individual needs based on a readiness to quit, the level of addiction and his/her support system. The program consists of:

1. A seven-day-per-week bilingual call center
2. A detailed tobacco usage history completed with a Tobacco Cessation Coach
3. Comprehensive printed materials, including those directed at specific audiences such as pregnant women, teens and smokeless tobacco users
4. Proactive, positive coaching sessions, including information about and encouragement to use pharmacotherapy



5. Free pharmacotherapy products (nicotine patches) to those qualified participants of the coaching program, depending on program offering and client contract
6. Participation and utilization reporting
7. Independent follow-up telephonic surveying to measure program effectiveness
8. Relapse prevention strategies.

QuitLogix is based on sound research into the physiology and the psychology of tobacco dependence. Protocols for all intake and coaching have been developed by National Jewish Health based on: The U.S. Department of Health and Human Services Clinical Practice Guidelines (2000), Clinical Guidelines Update (2008), NAQC and other recent publications. More specifically, our coaching protocols use empirically supported multi-modal targeted methods to help people change behavior. Our coaching programs are built on a hybrid of six main evidence-based theoretical foundations including: Social Cognitive Theory (SCT), Transtheoretical Model of Behavior Change (TTM), Motivational Interviewing (MI), Cognitive Behavioral Theory (CBT), Goal Setting Theory and Relapse Prevention Theory. This approach allows the coach to develop a flexible and individualized approach based on a current assessment of the needs of each participant.

Intake Session

During the Intake Call, the Customer Service Representative (CSR) or Coach will:

- Establish the first contact and create a positive experience for the participant
- Establish rapport with the participant
- Enroll the participant, if eligible
- Collect usage and demographic information from the participant
- Provide the participant with basic education about the nature of the program
- Provide the participant with instructions about continuing the coaching relationship
- Send a welcome packet, including a welcome letter, a brochure and a privacy statement.

Prepare Session

During the Prepare Call, the Coach will:

- Work with the participant in a collaborative way
- Normalize the participant's feelings and concerns
- Elicit potential solutions from the participant
- Communicate that the participant is responsible for personal change
- Support the participant's autonomy and right to refuse change
- Encourage continued use of the QuitLine for support
- Communicate caring and concern
- Educate the participant about the addictive nature of tobacco
- Determine the participant's readiness to quit tobacco use
- Discuss a quit plan with the participant
- Help the participant develop coping skills



- Educate the participant on quit medication options
- Provide information on the correct use of quit medications.

Support Session

During the Support Call, the Coach will:

- Work with the participant in a collaborative way
- Normalize the participant's feelings and concerns
- Elicit potential solutions from the participant
- Communicate that the participant is responsible for personal change
- Support the participant's autonomy and right to refuse change
- Encourage continued use of the QuitLine for support
- Communicate caring and concern
- Educate the participant about the addictive nature of tobacco
- Determine the participant's readiness to quit tobacco use
- Discuss the challenges to remaining tobacco-free
- Congratulate the participant on any success
- Provide the participant with strong encouragement to remain abstinent
- Support the participant's self-efficacy
- Discuss the use of quit medication(s), if applicable.

Relapse Session

During the Relapse Call, the Coach will:

- Work with the participant in a collaborative way
- Normalize the participant's feelings and concerns
- Elicit potential solutions from the participant
- Communicate that the participant is responsible for personal change
- Support the participant's autonomy and right to refuse change
- Encourage continued use of the QuitLine for support
- Communicate caring and concern
- Determine the participant's readiness to quit tobacco use
- Communicate to the participant that a relapse/slip does not represent a failure, but rather is a consequence of the addictive nature of nicotine
- Review relapse/slip details with the participant
- Review the development of coping skills with the participant
- Review quit medication usage, if applicable
- Work with the participant to set another quit date
- Work with the participant to prepare for the new quit date.

