QuitNow New Hampshire 2018 Outcomes Report

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Executive Summary

Between July 2017 and June 2018, QuitNow New Hampshire offered a comprehensive tobacco cessation program with telephone-based coaching and a web-based interactive cessation resource, both operated by National Jewish Health, to provide support for New Hampshirites who want to quit using tobacco. National Jewish Health conducted the evaluation on these participants using a survey six months after enrollment with callers who agreed to follow-up, regardless of their readiness to quit, from January – December 2018.

A total of 951 individuals consented to a follow-up survey, and 261 completed the survey for a 27% response rate.

Key highlights from the survey are:

- Overall, 32% of quitline participants quit using tobacco.
- Participants who completed three or more calls had a quit rate of 39%.
- Participants with a behavioral health condition had a 27% quit rate.
- 95% of participants expressed satisfaction with the program.

QuitNow New Hampshire Program

The QuitNow New Hampshire program provides free cessation support to New Hampshirites trying to stop using tobacco. The quitline offers coaching to quit tobacco by phone, through an interactive web portal, and by providing FDA-approved tobacco cessation medications. Individuals may enroll in services by calling 1-800 QUIT NOW, completing an enrollment form on the web portal, or by a provider fax, web, or electronic referral. The quitline also recognizes that some populations require unique supports to stop tobacco use, and offers tailored programs for pregnant participants to meet this need.

National Jewish Health, the largest non-profit provider of telephone cessation services, operates the QuitNow New Hampshire program. National Jewish Health is a founding member of the North American Quitline Consortium (NAQC) and follows NAQC guidelines for operating and evaluating the quitline.

Phone-based Program

The phone-based program provides coaching to quit tobacco over the phone to any New Hampshirite thinking about or actively trying to quit. Telephone coaching includes strategies to increase the motivation to quit, setting a quit date, managing triggers to smoke, and provides interpersonal support to become tobacco-free. Participants in telephone coaching receive up to five proactive calls from the quitline, information tailored to their unique medical or demographic characteristics.

eHealth Programs (Text, Email, Online)

Participants can opt in to receive motivational text and e-mail messages. Phone program participants may also use the eHealth programs to supplement their quit attempt. New Hampshirites seeking support can receive coaching support over multiple quit attempts each year, if needed.

An interactive web portal is available to all New Hampshirites thinking about quitting tobacco (nh.quitlogix.org). Participants can view information about quitting, engage with interactive calculators, design quit plans, and build a community with others trying to stop tobacco. Participants can access online support through multiple quit attempts. The web-based program allows enrolled participants to track quit medication shipments through the website. Participants who only used the website for their quit attempt were not included in this report.

Quit Medications

All New Hampshirites age 18 years or older who are enrolled in phone coaching and are trying to quit tobacco can receive up to ten weeks of NRT once every 12 months, including nicotine patches, nicotine gum, nicotine lozenges or a combination of products.

Pregnancy and Postpartum (PPP) Program

Pregnant participants often find quitting during pregnancy relatively easy compared to maintaining their quit following the birth of their child. The PPP program provides extended support to avoid relapse. The program is available to participants who complete intake during pregnancy. In addition to the standard quit medications available to all participants, PPP program participants may receive up to five coaching calls during pregnancy and an additional four calls following the birth of the baby. The program uses a dedicated coach model in which we strive to provide the same coach for all calls for a specific participant.

Tobacco Cessation Rates

The following section describes the quit rate 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 during the six-month evaluation survey. Tobacco use includes any form of conventional tobacco (cigarettes, cigars, pipes, and smokeless) and electronic cigarettes. 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 year[1] to increase precision in the estimates for quit rates, and New Hampshire completed 261.

National Jewish Health does not consider a respondent using an electronic nicotine delivery system (ENDS; e.g., e-cigarette, vape pens, or JUUL) as being free from tobacco for several reasons. First, ENDS are considered tobacco products by the FDA and are not approved for cessation. Additionally, observational research shows that most people who use ENDS continue to smoke simultaneously, or return to tobacco conventional tobacco products completely. 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 conventional tobacco alone for coaching participants during 2018 was 33.7%. However, the overall responder quit rate of all tobacco products for coaching participants during 2018 was 31.8% (95% confidence interval = 26.4% - 37.7%).

In the following tables, “Participants” refers to the overall survey sample, “Survey Respondents” refers to the number of completed surveys, and “Quit” refers to the number of participants that reported having quit, based on the criteria described above. Where the number of respondents in a category is fewer than 5 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/WhitePaper2015QRUpdate.pdf

Quit Rate by Program Offering

In this section, the proportion of respondents reporting having quit using tobacco are described by participation type, quit medication offering, technology utilized, and number of coaching calls received.

Overall Quit Rate by Participation

Intake-only participants reported the lowest quit rate, at 15%. These participants only receive informational packets and no evidence-based support. The majority of coaching participants made use of the quitline's quit medication offering. Those who did reported a quit rate of 33%. The rate of medication use was high among responders.

Participation	Participants	Survey Respondents	Quit	Responder Quit Rate
All quitline participants	951	261	83	32%
Intake-only participants	79	13	2	15%
All coaching participants	872	248	81	33%
Coaching, no medication	159	38	12	32%
Coaching, with medication	713	210	69	33%

Quit Rate by Quit Medication Type

Use of quit medication combined with telephone coaching is an evidence-based strategy to increase successful tobacco cessation. QuitNow New Hampshire participants are recommended to use NRT for at least eight weeks.

Individuals who received NRT saw the higher quit rates at 33% while those who did not use any medication had the lower quit rate at 27%.

Quit Medication Type	Participants	Survey Respondents	Quit	Responder Quit Rate
No medication	238	51	14	27%
NRT	713	210	69	33%

Quit Rate by Supplemental eHealth Product

Participants who enroll in telephone coaching may choose to receive additional support using motivational text and e-mail messages or enroll 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. Participants who did not opt in to one of these program reported higher quit rates than those who did. This is unusual compared to the overall state client average, where participants who made use of eHealth products achieved higher quit rates than those who did not.

Technology	Participants	Survey Respondents	Quit	Responder Quit Rate
Text program	621	150	42	28%
E-mail program	442	102	35	34%
Web program	700	208	67	32%
No text, e-mail, or web programs	215	76	28	37%

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. New Hampshirites who completed more coaching calls achieved higher quit rates, and participants who completed three or more coaching calls had a combined quit rate of 39%.

Coaching Calls Completed	Participants	Survey Respondents	Quit	Responder Quit Rate
Intake only	79	13	2	15%
1	351	57	12	21%
2	157	36	8	22%
3	123	32	12	38%
4	74	29	12	41%
5+ calls	167	94	37	39%

The table below shows for each coaching call how many participants have reached that coaching calls, and the percentage of those who enrolled – of the participants who enrolled in the program (i.e. completed the first coaching call), 42% completed at least three coaching calls and 19% completed at least five coaching calls.

Coaching Calls Completed	Participants Reaching Call	Percent of Enrolled Participants Reaching Call
Intake only	951	
1	872	100%
2	521	60%
3	364	42%
4	241	28%
5+ calls	167	19%

Pregnancy and Postpartum Program

The QuitNow New Hampshire provides a specialty program for pregnant participants.

The PPP program proves challenging to evaluate. Participation in coaching calls is incentivized, while the survey is not, which contributes to a low number of responses. Additionally, all pregnant participants opted in to the program which makes it difficult to compare the effect of the program for 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 in this program. Due to the low number of respondents, we are not including QuitNow New Hampshire's PPP participants' information in this report.

We include overall quit rates and results for all state clients, as well as average number of coaching calls and portion of group who received quit medications. Please note each state client has different quit medication offerings.

Pregnancy Status	Percent Receiving Quit Medication	Average Number of Coaching Calls	Responder Quit Rate
PPP participant	14%	3.4	37%
Pregnant and not PPP participant	8%	2.7	Excluded

Quit Rate by Tobacco Use Patterns

In this section, the proportion of respondents reporting 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 or not participants live with other tobacco users.

Quit Rate by Tobacco Use Type

Most New Hampshirites report smoking cigarettes as the primary form of tobacco use, with a reported quit rate of 31% overall. 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	911	249	77	31%
eCigarettes or vaping products	98	24	7	29%
Other tobacco	57	7	3	

Years of Tobacco Use

Most participants have used tobacco for ten or more years.

Years of Tobacco Use	Participants	Survey Respondents	Quit	Responder Quit Rate
Up to 10 years	71	10	2	20%
Over 10 years	878	251	81	32%

Cigarettes per Day

Most participants smoked between 11-20 cigarettes per day (CPDs). There were no clear trends among quit rate based on cigarettes per day. This table excludes participants who did not smoke cigarettes.

Cigarettes Per Day	Participants	Survey Respondents	Quit	Responder Quit Rate
1-10 CPDs	220	64	25	39%
11-20 CPDs	428	100	24	24%
21-30 CPDs	115	36	13	36%
31+ CPDs	116	31	8	26%
No response	32	18	7	39%

Previous Quit Attempts

Most participants had one to four previous quit attempts. Participants with no previous attempts saw the highest quit rates.

Previous Quit Attempts	Participants	Survey Respondents	Quit	Responder Quit Rate
None	69	13	6	46%
1-2	282	84	27	32%
3-4	253	69	23	33%
5-6	140	37	11	30%
7-8	36	11	4	36%
9-10	49	14	5	36%
11+	122	33	7	21%

Living with Another Tobacco User

Most participants did not live with another tobacco user at home. These participants also saw greater success with a quit rate of 33%, compared to those who did live with another tobacco user and had a quit rate of 29%.

Live with Another Tobacco User	Participants	Survey Respondents	Quit	Responder Quit Rate
Yes	383	80	23	29%
No	568	181	60	33%

Quit Rate by Demographics

In this section, the proportion of respondents reporting 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

62% of QuitNow New Hampshire participants identified as female, while males had a higher quit rate. These results are consistent with trends in tobacco cessation research and quitlines overall. Due to the low number of responses, transgender-identified individuals and those without a response are not included.

Gender	Participants	Survey Respondents	Quit	Responder Quit Rate
Female	589	161	47	29%
Male	360	100	36	36%

Age Distribution

58% of QuitNow New Hampshire participants were evenly distributed between ages 45 and 64. There were no clear trends in quit rates based on participants' age. There were fewer than 5 participants age 18-24 and their data are not reported here.

Age Group	Participants	Survey Respondents	Quit	Responder Quit Rate
18-24	Excluded			
25-34	97	14	6	43%
35-44	131	25	5	20%
45-54	248	61	23	38%
55-64	308	99	24	24%
65+	141	61	25	41%

Racial Distribution

Each participant could identify with more than one race or ethnic identity. Participants who identified as two or more races were grouped under the “More than one race” category. 91% of participants identified as white alone. Due to the low number of responses, it was difficult to observe trends in quit rates based on participants’ race and ethnicity. Since participants speaking Korean, Vietnamese, Cantonese and Mandarin are referred to the Asian Smokers’ Quitline, Asian participants are expected to be underrepresented in the QuitNow New Hampshire population.

Age Group	Participants	Survey Respondents	Quit	Responder Quit Rate
Race				
White	869	237	72	30%
Some other race	23	9	4	44%
More than one race	35	9	5	56%
No response	24	6	2	33%
Ethnicity				
Hispanic/Latino/Latina	25	6	3	50%
Not Hispanic/Latino/Latina	922	253	79	31%
No response	Excluded			

Quit Rate by Insurance

Individuals with Medicaid health insurance and uninsured individuals who enrolled in the program reported a lower quit rate of 25%, compared to a quit rate of 33% for participants with Medicare or other insurance. Participants with other insurance (mostly commercial) saw the highest quit rate at 35%.

Insurance	Participants	Survey Respondents	Quit	Responder Quit Rate
Medicaid	200	43	11	26%
Medicare	390	130	42	32%
Other insurance	293	77	27	35%
Uninsured	57	9	2	22%
No response	Excluded			

Education Distribution

Most participants reported their highest education level was a high school diploma or GED, or at least some college education. With the exception of college-educated participants, there was an education gradient in quit rates. These results generally match national data that shows individuals with higher levels of education are more successful in stopping their tobacco use.

Highest Level of Education	Participants	Survey Respondents	Quit	Responder Quit Rate
8th grade or less	52	17	5	29%
Some high school	108	33	10	30%
High school diploma or GED	367	91	30	33%
Some college or university	240	65	22	34%
College degree, including vocational school	182	54	16	30%
No response/don't know	Excluded			

Sexual Orientation and Gender Identity

Each participant could identify with more than one sexual orientation or gender identity. Most New Hampshirites reported being straight. Due to the low number of responses, we grouped all sexual orientations and gender identities together.

Sexual Orientation and Gender Identity	Participants	Survey Respondents	Quit	Responder Quit Rate
Straight	903	251	78	31%
LGBTQ	48	10	5	50%

Due to the low number of participants, we include overall quit rates and results for all state clients. Please note each state client has different quit medication offerings.

Sexual Orientation and Gender Identity (All State Clients)	Responder Quit Rate
Straight	30%
All LGBTQ	28%
Bisexual	27%
Gay or lesbian	29%
Transgender	15%
Queer	30%
No response	25%

Marital Status

Most New Hampshirites reported being single or divorced/separated. The widowed participant population had the highest quit rate at 46%, and the divorced or separated population had the lowest quit rate at 24%.

Marital Status	Participants	Survey Respondents	Quit	Responder Quit Rate
Divorced or separated	247	78	19	24%
Married	291	77	27	35%
Single	339	80	26	33%
Widowed	68	24	11	46%
No response	Excluded			

Quit Rate for Health Conditions

Quit Rate by Behavioral Health Conditions

Participants responded to questions during their intake call regarding current behavioral health (BH) problems, including depression, anxiety, and substance abuse among several others. 61% of New Hampshirites reported having at least one BH condition. Having a BH condition reduced participants' quit rate. Participants with any two or more BH conditions had a quit rate of 20%, participants with one BH condition had a quit rate of 38%, and participants without a BH condition had a 39% quit rate.

Number of BH Conditions	Participants	Survey Respondents	Quit	Responder Quit Rate
No BH conditions	370	114	44	39%
One BH condition	178	52	20	38%
Two or more BH conditions	403	95	19	20%

The participants who reported having a BH condition were then asked about its impact on their lives. Those who reported it causing an emotional challenge, that it interferes with their life (in their work, family life, or social life), or that it interferes with their ability to quit, saw lower quit rates than the rest of the BH population. The following table excludes participants without a BH condition.

BH Impact	Participants	Survey Respondents	Quit	Responder Quit Rate
Causes emotional challenges				
Yes	395	101	24	24%
No	186	46	15	33%
Interferes with life				
Yes	247	63	13	21%
No	334	84	26	31%
Interferes with ability to quit				
Yes	181	46	7	15%
No	371	91	29	32%

Quit Rate by Medical Conditions

Participants are screened for medical conditions during intake. Participants with cancer and COPD had lower quit rates than those without these conditions.

Medical Condition	Participants	Survey Respondents	Quit	Responder Quit Rate
Cancer	101	25	4	16%
Diabetes	139	41	14	34%
COPD	320	94	23	24%
Cardiovascular disease	363	107	33	31%
No cancer, diabetes, COPD, or cardiovascular disease	362	92	32	35%

Program Satisfaction

QuitNow New Hampshire program participants were surveyed about their satisfaction with the overall service of the quitline program, the materials they received, and the quality of the coaches and counselors. Neutral responses (don't know or no answer) are excluded from the denominator. Satisfaction rates of 95% or higher were noted for all content types.

Satisfied With…	Survey Respondents	Satisfied	Percent Satisfied
Overall program	245	232	95%
Provided materials	179	174	97%
Coaches and counselors	224	213	95%

Conclusions and Opportunities

Overall, the QuitNow New Hampshire assisted an estimated 288 New Hampshirites quit using tobacco through the telephone coaching program between July 2017 and June 2018. New Hampshirites who engaged in telephone coaching and received cessation medication were more than twice as likely to quit smoking compared to individuals who did not use telephone coaching (33% vs. 15%). The overall quit rate for coaching participants in 2018 was higher than in 2017 (33% vs 30%). The higher quit rate in this year's report should be interpreted with caution because of year-over-year differences in participants completing the survey in program utilization, demographics and tobacco use patterns. Survey respondents this year had slightly higher retention, smoked fewer cigarettes per day, and more had commercial insurance; all factors associated with increased cessation success.

The personalized telephone-based intervention was effective in helping people in their efforts to quit tobacco and QuitNow New Hampshire participants were highly engaged in tobacco cessation. More than 40% of participants completed at least three coaching calls, more than three-fourths of participants used a supplemental eHealth product (text, email, web) in addition to telephone coaching, and 80% of participants also used a cessation medication to aid their quit attempt. These participants had higher quit rates than participants who used only telephone support without other supports.

In the evaluation survey sample, approximately 61% of respondents indicated that they had a behavioral health (BH) condition, and fewer reported cessation. National Jewish Health has completed evaluating a pilot program that improved quitline engagement for participants with two major BH issues: depression and anxiety disorder. Additional efforts are needed to improve cessation with New Hampshirites who reported a BH condition, as those with two or more BH conditions were about 50% as likely to quit compared to participants with no BH condition.

At National Jewish Health, we are honored and excited to continue our partnership with the New Hampshire Division of Public Health Services' Tobacco Prevention and Cessation Program to serve the residents of the state 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 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 A – Survey Methodology

The surveys in this report were conducted during January – December 2018 by phone, representing intakes from July 2017 to June 2018. All outcomes data are derived from self-reported data submitted in participant surveys collected by an independent survey agency, Westat Inc.

Callers are asked about their tobacco use and assigned a current status of “Quit” if the participant indicated that they have not used tobacco — even a puff — in the 30 days prior to the call, and included 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 are not contacted because they cannot be reached after multiple attempts and others because they choose 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.