Quit Now Kentucky
2023 Outcomes Report

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Executive Summary

From July 2022 through June 2023, Quit Now Kentucky, operated by National Jewish Health, offered a comprehensive commercial tobacco cessation program with telephone-based coaching and a web-based interactive cessation resource to support Kentucky residents who wanted to quit using commercial tobacco products.[1] National Jewish Health conducted an evaluation of the program by surveying participants seven months after enrollment (February 2023 through January 2024).

The evaluation aimed for 200 completed surveys among callers who completed intake from July 2022 through June 2023 and agreed to follow-up, regardless of their readiness to quit. Participants enrolled in the phone program were surveyed via phone seven months post intake. Web-only participants were not surveyed as part of this evaluation.

A total of 2,113 participants completed a phone intake in this report period, 2,035 consented to follow-up, and 1,045 were randomly sampled into the survey pool. The survey was completed by 217 participants, resulting in an 21% response rate.

Key highlights from the survey include:

- Overall, 24% of Quit Now Kentucky phone coaching participants quit using tobacco.
- Phone participants who completed five or more coaching calls had a quit rate of 31%, but only 18% of phone participants completed five coaching calls.
- Regardless of participation in the BH protocol, participants who reported living with two or more behavioral health conditions had a 22% quit rate compared to a 23% quit rate for participants who do not report living with a behavioral health condition.
- There were 85 provider referrals during the intake period and they accounted for 4% of phone intakes.
- Among phone participants, the satisfaction rate was higher among those who received quit medications compared to those who did not (90% versus 78%, respectively).

[1] We affirm the sacred purpose of tobacco in American Indian communities. In this report, cessation services refer only to commercial tobacco. *All references to "tobacco" shall be qualified as "commercial tobacco" unless specified.*

Quit Now Kentucky Program

Quit Now Kentucky program (the Quitline) provided free cessation support to residents trying to stop using 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 tobacco. To meet this need, the Quitline offered tailored phone programs for pregnant and postpartum participants, people living with behavioral health conditions, youth, and young adults. 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 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, such as 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 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.

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

Participants were able to choose one or more digital services to enhance the support they received during their quit attempt, including:

- 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 calculators and quizzes.
    - Ability to design a quit plan tailored to the participant's needs.
    - Engagement with a community of other people trying to quit through online forums.
    - Ability to track quit medication shipments.

Quit Medications

To receive quit medications participants must have been:

- Aged 18 years or older.
- Currently trying to quit tobacco.
- Enrolled in coaching.
- Have no medical contraindications, or provider consent to receive 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) for Behavioral Health program participants, Uninsured participants and participants enrolled in Medicare.

The number of weeks of medications available to eligible participants varied based on insurance type and available funding, and ranged from a four- to twelve-week supply. The following participant groups were eligible to receive medications through the Quitline:

- Uninsured participants.
- Medicare participants.
- Residents in priority counties.
- Behavioral Health protocol participants.
- Pregnant Postpartum Program (PPP) participants, with provider consent.
- Kentucky-government and some local government employees.
- Quit Now Kentucky partners.

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

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 tobacco.

Pregnancy and Postpartum Program (PPP)

Pregnant participants often find quitting during pregnancy easier than maintaining their quit following the birth of their child (postpartum period). The Pregnancy and Postpartum Program (PPP) provided extended support to help pregnant participants successfully quit tobacco during their pregnancy and maintain their quit postpartum. The program was available to participants who began phone coaching during pregnancy. Quit medications were offered if the participant was a member of an eligible group and had consent from their provider. PPP participants received up to five coaching calls during pregnancy and an additional four coaching calls postpartum. The PPP program used a dedicated Coach model, which matches the same female Coach with a single participant throughout their time in the program. The Quitline's PPP program exceeded NAQC's service-level recommendations for serving pregnant and postpartum individuals.[2] In addition, the PPP offered an incentive for participants to complete coaching calls – $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 aged 17 and younger with quitting 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 trained based on their ability to create rapport with younger tobacco users. Most youth participants enrolled in the web or text programs only.

[2] 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).

Behavioral Health Protocol

People living with a behavioral health condition and who use tobacco products have a harder time quitting and maintaining their quit, compared to tobacco users who do not live with a behavioral health condition. The Behavioral Health (BH) 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 coaching to support a person trying to quit based on their behavioral health conditions. Starting July 2020, based on participant feedback, National Jewish Health began testing additional outreach strategies, including supplemental activity workbooks, specialized text messaging, and providing information on local resources that support behavioral health. Participants in the BH protocol were eligible for eight weeks of combination therapy quit medications.

Tobacco Cessation Rates

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

Results were excluded when the number of respondents in a reporting category were fewer than five.

See Appendix A for a full description of the evaluation 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 anyone who completed an intake for Quitline services.
- **Responder Quit Rate**: Defined as self-reported abstinence for the past 30-days (also known as 30-day point prevalence).
- **Survey pool participants**: Refers to participants who were included in the evaluation survey pool.
- **Survey respondent/Respondent**: 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 2,113 participants completed a phone intake in this report period, 2,035 consented to follow-up, and 1,045 were randomly sampled into the survey pool. The survey was completed by 217 participants, resulting in a 21% 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 conventional tobacco alone was 28.6% (95% confidence interval = 22.6% - 34.6%), while the overall responder quit rate for any tobacco product was 24.0% (95% confidence interval = 18.3% - 29.7%).

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

1) ENDS are considered 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 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, 24% of respondents reported they were quit at seven-month follow-up. The responder quit rate for coaching and NRT was 24%. For those who only completed intake or who received coaching and no NRT the responder quit rates were 20% and 26%, respectively.

Participation	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
All participants	1,045	217	52	24%
Intake-only participants	209	20	4	20%
All coaching participants	836	197	48	24%
Coaching, no NRT	349	70	18	26%
Coaching and NRT	487	127	30	24%

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. The data presented in this section represents Quitline participants who opted into the phone and web programs.

Quit rates by type of digital service were similar across digital service programs, 24% for the text program, 25% for email and 27% for the web programs. Quit rates by number of digital services used appeared to slightly increase as the number of services used increased, 23% for one service, 25% for two services and 26% for three services.

Digital Service	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Text program	771	155	37	24%
Email program	538	116	29	25%
Web program	273	41	11	27%

By number of digital services	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
No digital services (phone only)	161	36	8	22%
One service	354	77	18	23%
Two services	362	77	19	25%
Three services	168	27	7	26%

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. [3,4] The highest reported quit rate was among respondents who completed five or more coaching calls (31%). Most survey pool participants who completed a fourth coaching call went on to complete a fifth coaching call.

Coaching Calls Completed	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Intake only	209	20	4	20%
1	405	66	14	21%
2	138	25	5	20%
3	84	21	6	29%
4	58	23	4	17%
5+ calls	151	62	19	31%

[3] 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.

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

The table below provides data on survey pool participants and shows the cumulative number of participants who completed each coaching call as a percentage of all survey pool participants who completed intake and coaching call one. Overall, the percentage of survey pool participants completing coaching calls two through five declines with each subsequent coaching call. In light of the quit rates reported in the previous table it is important to note that 35% of survey pool participants completed three calls and 18% completed five or more calls. Increasing the percentage of program participants who complete at least three coaching calls should be a focus for future Quitline program efforts.

Calls Completed	# of Survey Pool Participants Reaching Call	Percent of Survey Pool Participants Reaching Call
1	836	100%
2	431	52%
3	293	35%
4	209	25%
5+ calls	151	18%

Special Population Programs

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

Behavioral Health Protocol

The table below details the quit rates for two groups: 1) survey pool participants who were eligible but did not opt into the BH protocol, and 2) survey pool participants who were eligible and opted into the BH protocol. Survey pool participants living with a behavioral health condition were more likely to opt into the BH protocol (n=398). The reported quit rate was 26% for that group and 21% for those who did not. 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 and a report is anticipated in 2024.

Behavioral Health Protocol	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Have a BH condition and did not opt in to the program	207	43	9	21%
Have a BH condition and opted in to the program	398	80	21	26%

The Pregnancy and Postpartum Program (PPP)

The PPP for Kentucky enrolled 22 participants during the evaluation time period and eight consented to follow-up. Less than five participants responded to the survey; therefore we are unable to report evaluation data. Kentucky provided incentives for participation in the PPP program, 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 program, 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, 17 participants enrolled in the MLMQ phone services during the report period and ten consented to follow-up. Less than five participants responded to the survey; therefore we are unable to report evaluation data. A multi-state evaluation of MLMQ conducted in 2021 found a responder quit rate of 66%.

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. The quit rates reported in the following table for special programs are from multiple state evaluations and do not represent only Kentucky.

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. 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. The PPP and MLMQ programs had responder quit rates that exceeded the 30% NAQC benchmark for success.

Specialty Program (Multiple States)	Survey Respondents	Percent Receiving Quit Medication	Average Coaching Calls	Responder Quit Rate
PPP	63	17%	4.3	32%
MLMQ	48	0%	2.9	65%
BH	3,311	68%	2.9	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.

The responder quit rates for provider-referred and self-referred were similar (25% and 24%, respectively). These data should be viewed with caution due to the low number of provider referrals (n=36).

Referral Pathway	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Self-referred	1,009	209	50	24%
Provider-referred	36	8	2	25%

Quit Rate by Tobacco Use Patterns

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

Quit Rate by Tobacco Use Type

The majority of survey pool participants reported smoking cigarettes (n=940) and single product use (n=873). The responder quit rates for cigarettes and single product use were 21% and 24%, respectively. Responder quit rates for other types of tobacco products and dual/poly product use should be interpreted with caution due to the low number of responders. Note, survey pool participants who reported dual/poly product use may be represented in multiple tobacco product categories.

By Tobacco Product Type	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Cigarettes	940	193	41	21%
Cigars, cigarillos, or little cigars	53	10	2	20%
Other tobacco, including pipe and smokeless tobacco	42	9	2	22%
e-Cigarettes or vaping products	186	34	13	38%

Single and dual use	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Single product use	873	187	45	24%
Dual/Poly product use	172	30	7	23%

Cigarettes per Day

The table below provides data only for survey pool participants who reported smoking cigarettes at intake. Among the 940 survey pool participants who smoked cigarettes, most participants (n=421) reported they smoked 11 to 20 cigarettes per day (CPD) and the responder quit rate was 23%. The highest quit rate was among respondents who smoked 1 to 10 CPD (30%), and quit rates declined as CPD increased.

Cigarettes Per Day	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
1-10 CPD	206	40	12	30%
11-20 CPD	421	87	20	23%
21-30 CPD	136	29	6	21%
31+ CPD	155	32	3	9%
No response	22	5	0	0%

Menthol use

The table below provides data only for survey pool participants who reported smoking cigarettes at intake. Among survey pool participants who smoked cigarettes, most reported they did not smoke menthol cigarettes (n=688) and the responder quit rate was 20%. The quit rate for respondents who smoked menthol cigarettes was higher at 26%.

Menthol use	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Used menthol cigarettes	249	43	11	26%
Did not use menthol cigarettes	688	149	30	20%
No response	3	Excluded		

Quit Rate by Demographics

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

Gender Distribution

The majority of survey pool participants identified as female (n=722) with a responder quit rate of 26%, the responder quit rate reported among those who identified as male was 21%. There were insufficient data to provide a quit rate for other gender identities.

Gender	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Female	722	136	35	26%
Male	320	81	17	21%
Other gender identities	3	Excluded		
No Response	0	Excluded		

Age Distribution

The highest quit rates reported were among respondents aged 24 and under (88%) but should be interpreted with caution given the low number of respondents. The next highest quit rates were among participants aged 45-54 and 35-44 (26%, and 23%, respectively). While there was no pattern to quit rate by age group, these data demonstrate that the Quitline supported tobacco users across the age spectrum.

Age Group	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
24 or under	42	8	7	88%
25-34	90	14	3	21%
35-44	138	22	5	23%
45-54	197	39	10	26%
55-64	322	67	15	22%
65+	256	67	12	18%

Racial Distribution

During intake, participants were able to select 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. Due to the limited number of responses from Asians and Native Hawaiians or other Pacific Islander participants, these were grouped with the “Some other race” group.

Most survey pool participants identified as White (n=849) and not Hispanic (n=1,027) with responder quit rates of 27% and 24%, respectively. The responder quit rate for Black or African American was 13% but should be interpreted with caution given the low number of respondents.

Race or Ethnicity	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Race				
American Indian or Alaska Native	8	Excluded		
Black or African American	113	16	2	13%
White	849	178	48	27%
Some other race	12	Excluded		
More than one race	49	13	1	8%
No response	14	Excluded		
Ethnicity				
Hispanic	16	Excluded		
Not Hispanic	1,027	211	50	24%
No response	2	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”. By insurance type, the highest responder quit rate was among Other Insurance (30%). The overall responder quit rate for Kentucky Medicaid was 25%. Quit rates for specific Medicaid plans should be interpreted with caution given the low number of respondents within each subgroup.

Insurance	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Kentucky Medicaid	370	72	18	25%
Aetna Better Health of Kentucky	41	8	0	0%
Anthem	45	11	3	27%
Fee for Service	7	Excluded		
Humana CareSource	47	8	2	25%
Passport	72	7	2	29%
United HealthCare Community Plan of Kentucky	28	5	4	80%
Wellcare of Kentucky	130	32	7	22%
Medicare	454	107	24	22%
Other insurance	123	23	7	30%
Uninsured	79	12	2	17%
No response	19	Excluded		

Education Distribution

Survey pool participants with a high school diploma or GED comprised the largest group in the survey pool (n=394), followed by those with some college or university (n=282). The responder quit rates for these groups were 28% and 23%, respectively. Overall, these data demonstrate the Quitline served people of all education levels.

Highest Level of Education	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Less than grade 9	53	14	2	14%
Grade 9 to 11 and no degree	149	33	9	27%
High school diploma or GED	394	79	22	28%
Some college or university	282	57	13	23%
College degree, including vocational school	166	34	6	18%
No response	1	Excluded		

Sexual Orientation and Gender Identity

Seven percent of survey pool participants identified as LGBTQ+ (n=69) and their responder quit rate was 36%. These data should be interpreted with caution given the low number of survey respondents.

Sexual Orientation and Gender Identity	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Not LGBTQ+	976	203	47	23%
LGBTQ+	69	14	5	36%
Bisexual	39	7	2	29%
Lesbian or gay	25	7	3	43%
Transgender	2	Excluded		
Queer	2	Excluded		
No Response	0	Excluded		

For additional context, National Jewish Health has provided data from multiple states for a larger number of respondents who identify as LGBTQ+. 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 identify as LGBTQ+. These data speak 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 (Multiple State Clients)	Survey Respondents	Responder Quit Rate
Not LGBTQ+	8,915	30%
LGBTQ+	677	28%
Bisexual	404	29%
Lesbian or gay	236	25%
Transgender	66	41%
Queer	60	30%
No response	85	21%

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 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 survey pool participants reported they live with two or more behavioral health conditions (n=440) compared to living with one behavioral health condition (n=165). The responder quit rate, regardless of participation in the BH protocol, for those living with one behavioral health condition was 29%, and 22% for those living with two or more behavioral health conditions. Survey pool participants who did not report living with a behavioral health condition had a responder quit rate of 23%.

Number of Behavioral Health Conditions	Survey pool Participants	Survey Respondents	Quit	Responder Quit Rate
No behavioral health conditions	440	94	22	23%
One behavioral health condition	165	41	12	29%
Two or more behavioral health conditions	440	82	18	22%

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=562). Responder quit rates by medical condition ranged from 19% for COPD to 26% for diabetes.

Medical Condition	Participants	Survey Respondents	Quit	Responder Quit Rate
Cancer	124	27	6	22%
Diabetes	233	61	16	26%
COPD	432	102	19	19%
Cardiovascular disease	562	123	27	22%
No cancer, diabetes, COPD, or cardiovascular disease	318	55	15	27%

Participant Demographics

The following tables provide details for all participants who completed an intake from July 2022 through June 2023. 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 2022 through June 2023, National Jewish Health registered 2,113 participants with a phone intake and 1,944 participants with a web-only intake in Kentucky.

Note, web-only participants were not surveyed as part of this evaluation. To help Kentucky understand the demographic similarities and differences between phone program participants and web-only participants, intake demographic data for both groups are provided.

Demographic Characteristics

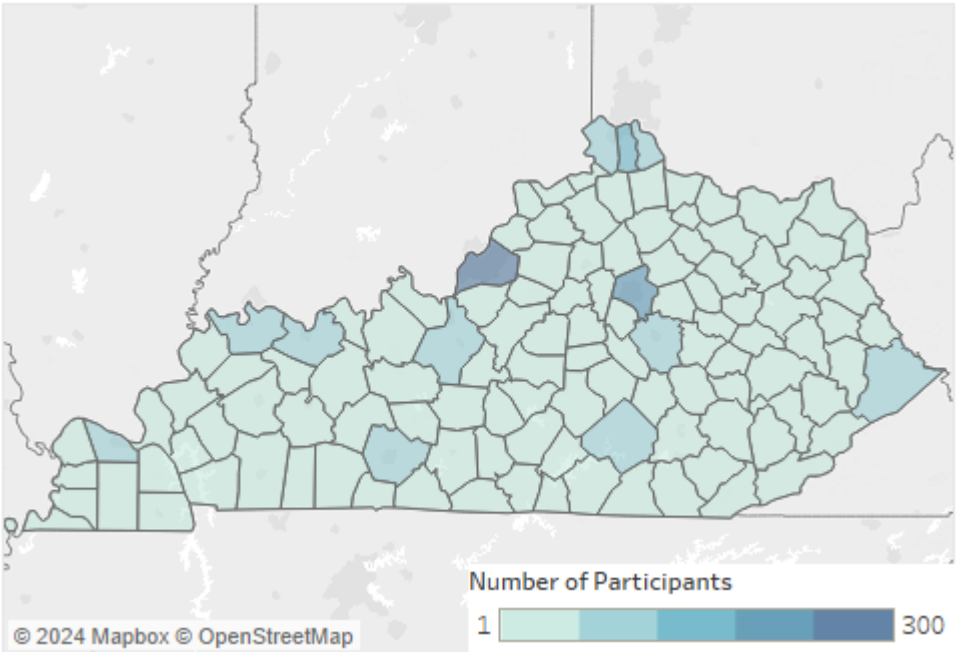
Demographic	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
Gender				
Female	1,440	68%	1,418	73%
Male	667	32%	496	26%
Transgender, gender non-binary, or another gender identity	Excluded		30	2%
No Response	Excluded		Excluded	
Age				
17 or under	17	<1%	57	3%
18-20	17	<1%	39	2%
21-24	42	2%	85	4%
25-34	182	9%	311	16%
35-44	302	14%	426	22%
45-54	389	18%	459	24%
55-64	639	30%	409	21%
65+	525	25%	158	8%

Demographic	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
Race				
American Indian or Alaska Native	16	<1%	6	<1%
Asian	Excluded		6	<1%
Black or African American	216	10%	103	5%
White	1,707	81%	1,611	83%
Some other race	20	<1%	Excluded	
More than one race	125	6%	39	2%
No response	28	1%	177	9%
Ethnicity				
Hispanic	31	2%	17	<1%
Not Hispanic	2,073	98%	Excluded	
No response	9	<1%	1,926	99%
Insurance				
Kentucky Medicaid	723	34%	N/A	
Medicare	915	43%	N/A	
Other insurance	286	14%	N/A	
Uninsured	147	7%	N/A	
No response	42	2%	N/A	

Demographic	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
Highest level of education				
Less than grade 9	118	6%	57	3%
Grade 9 to 11 and no degree	286	14%	142	7%
High school diploma or GED	788	37%	538	28%
Some college or university	569	24%	692	36%
College degree, including vocational school	348	17%	348	18%
No response	4	<1%	167	9%
Sexual orientation and gender identity				
Not LGBTQ+	1,985	94%	1,565	81%
LGBTQ+	127	6%	202	10%
Bisexual	71	3%	109	6%
Gay or lesbian	47	2%	66	3%
Transgender	Excluded		30	2%
Queer	Excluded		16	<1%
No response	Excluded		177	9%
Behavioral health (BH) conditions				
No BH conditions	865	41%	924	48%
One BH condition	366	17%	225	12%
Two or more BH conditions	882	42%	795	41%

Demographic	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
Medical condition (participants may be counted in multiple categories)				
Cancer	257	12%	119	6%
Diabetes	445	21%	232	12%
COPD	845	40%	391	20%
Cardiovascular disease	1,118	53%	685	35%
No cancer, diabetes, COPD, or cardiovascular disease	655	31%	1,002	52%

The following is a map of Kentucky counties shaded by the number of Quitline participants. According to 2022 BRFSS data 17.4% of Kentucky residents currently smoke,[5] equivalent to 610,293 adults. From July 2022 through June 2023, 4,057 adult cigarette users completed an intake with the Quitline by phone or online and 1,676 received coaching and or quit medications. As defined by NAQC, Kentucky achieved a promotional reach of 0.7% and a treatment reach of 0.3%.[6,7]



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

[6] NAQC. (2009). *Measuring Reach of Quitline Programs. Quality Improvement Initiative* (S. Cummins, PhD). Phoenix, AZ.

[7] North American Quitline Consortium. 2021. Results from the 2021 NAQC Annual Survey of Quitlines. K. Mason, editor. Available at https://www.naquitline.org/page/2021survey.

Tobacco Use Patterns

The following tables present data on participant use of tobacco for the phone and web program from July 2022 through June 2023.

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	1,922	91%	1,583	81%
Cigars, cigarillos, or little cigars	96	5%	112	6%
Pipe	9	<1%	15	<1%
Smokeless tobacco	64	3%	93	5%
Other tobacco	86	4%	116	6%
e-Cigarettes or vaping products	360	17%	621	32%
By single or dual/poly use				
Single-use tobacco	1,776	84%	1,405	72%
Dual/Poly product use	337	16%	539	28%
Cigarettes per day (CPD) (out of all who use cigarettes)				
1-10 CPD	437	23%	358	23%
11-20 CPD	837	44%	817	52%
21-30 CPD	291	15%	227	14%
31+ CPD	308	16%	157	10%
No response or 0 CPD (trying to stay quit)	49	3%	24	2%
Menthol users (among those who reported using cigarettes)				
Menthol user	497	26%	N/A	
Non-menthol user	1,419	74%		
No response	6	<1%		

Services Provided

The following tables presents data on what services were provided to participants from July 2022 through June 2023.

Service Area	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
Participation in services				
Intake-only participants	437	21%	1,944	100%
All coaching participants				
1-2 coaching calls, no medication	629	30%	N/A	
1-2 coaching calls, with NRT	454	22%	N/A	
3+ coaching calls, no medication	101	5%	N/A	
3+ coaching calls, with NRT	492	23%	N/A	
Digital services (participants may be counted in multiple categories)				
Text program	1,559	74%	893	46%
Email program	1,086	51%	994	51%
Web program	551	26%	1,944	100%
No text, email, or web program	462	20%	N/A	
Number of digital services				
No digital service	326	15%	N/A	
One service	721	34%	578	30%
Two services	723	34%	845	44%
Three services	343	16%	521	27%

Service Area	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
Coaching calls completed				
Intake only	437	21%	N/A	
1	788	37%	N/A	
2	295	14%	N/A	
3	173	8%	N/A	
4	112	5%	N/A	
5+ calls	308	15%	N/A	

Enrolled Participant Engagement (phone participants only)	Participants Reaching Call	Percent Reaching Call (Retention)
1	1,676	100%
2	888	53%
3	593	35%
4	420	25%
5+ calls	308	18%

Special Programs (phone participants only)	Participants	Percent of Total
BH participants	837	40%
PPP participants	22	1%
MLMQ participants	17	<1%

Referral Pathway (phone participants only)	**Participants**	**Percent of Total**
Referral Pathway		
Self-referred	2,028	96%
Provider-referred	85	4%

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 90% to 96% were noted for all content types for phone program participants who received NRT. Satisfaction for those who did not receive NRT ranged from 78% to 95%.

Satisfied With…	Survey Respondents	Satisfied	Percent Satisfied
Overall program	174	148	85%
For participants who ordered NRT	105	94	90%
For participants who did not order NRT	69	54	78%
Provided materials	123	118	96%
For participants who ordered NRT	83	80	96%
For participants who did not order NRT	40	38	95%
Coaches and counselors	149	136	91%
For participants who ordered NRT	98	91	93%
For participants who did not order NRT	51	45	88%

Conclusions

For people who enrolled from July 2022 through June 2023, Quit Now Kentucky achieved an overall responder quit rate of 24%, assisting an estimated 508 Kentucky residents with quitting tobacco. These outcome data demonstrate that the Quitline, an evidence-based program that tailored support to meet the needs of each participant, was effective in helping people quit using 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.[8,9] Nearly half the phone coaching participants received both coaching and quit medications (56%) and 18% completed at least five coaching calls. Among those who completed the survey, 24% of coaching participants who received quit medications reported quitting, and 31% 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 tobacco. Nearly 60% of participants indicated they live with one or more behavioral health conditions (57%). The responder quit rate for living with one behavioral health condition was 29% and 22% for living with two or more behavioral health conditions. Comparatively, the responder quit rate for those who do not live with a behavioral health condition was 30%. These data help underscore that people living with behavioral health conditions face unique challenges when trying to quit and may need additional support. 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 2024.

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[8]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.

[9] 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

National Jewish Health is honored to partner with the Kentucky Tobacco Cessation & Prevention Program to serve the residents of the commonwealth with evidence-based tobacco treatment. We look forward to continuing our partnership and collaboration to find new ways to increase engagement of the populations most impacted by tobacco and decreasing the negative impact of 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 conducted February 2022 through January 2023, seven months post intake and aimed for up to 200 completed surveys by randomly sampling participants who consented to follow-up. The data were self-reported and responses 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 tobacco use and assigned a current status of "Quit" if the participant indicated that they had not used tobacco — even a puff — in the 30 days prior to the call, including e-cigarettes in the same period, as recommended by NAQC. This definition of abstinence is referred to as the point prevalence rate and is the industry standard for determining follow-up quit rate. Due to the number of survey responses, some demographic breakdowns yielded limited results. Throughout the report, rows with 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.[10]

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

[10] North American Quitline Consortium (2015). Calculating Quit Rates, 2015 Update. (Betzner, A., Lien, B., Rainey, J. et.al.). Phoenix, AZ.

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, slightly less likely to be female, or Black or African American. The education distribution was similar across groups. Respondents were more likely to be enrolled in Medicare, and more engaged than the overall survey pool.

Demographic	Survey pool	Respondent Group
Median age (Standard Deviation)	57 (14.6)	60 (14.7)
Gender		
Female	69%	63%
Male	31%	37%
Race		
American Indian or Alaska Native	<1%	1%
Black or African American	11%	7%
White	81%	82%
Some other race	1%	1%
More than one race	5%	6%
No response	1%	2%
Education		
Less than grade 9	5%	6%
Grade 9 to 11, no degree	14%	15%
High school diploma or GED	38%	36%
Some college or university	27%	26%
College degree or trade/vocational school	16%	16%
No Response	<1%	0%

Demographic	Survey pool	Respondent Group
Insurance		
Kentucky Medicaid	35%	33%
Medicare	43%	49%
Other Insurance	12%	11%
Uninsured	8%	6%
No response	2%	1%
Average coaching calls for coaching participants (Standard Deviation)	2.38 (1.73)	3.15 (2.00)
Received quit medications (of coaching participants)	58%	64%

Appendix C – NRT Offerings

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

Participant group	NRT Offering
Green River Health District	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
Northern Kentucky Health Department	4 weeks
Three Rivers Health Department	8 weeks
Louisville Metro Health	10 weeks
Uninsured participants	8 weeks, including combination therapy
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