
Oklahoma Tobacco Helpline

FY24 Evaluation Report



A Program of TSET

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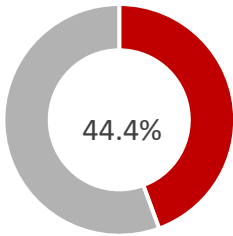
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Key Findings



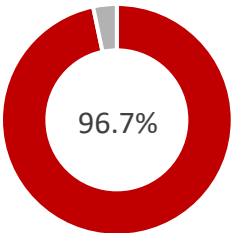
Enrollment

27,274 Oklahomans registered for services from the Oklahoma Tobacco Helpline during FY24. This is 5.5% higher than FY23.



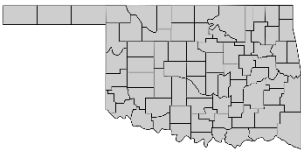
Quit Rates

At the 7-month follow-up evaluation, **44.4%** of Helpline participants reported not using tobacco for 30 or more days.



Satisfaction

Almost all Helpline participants (**96.7%**) are very, mostly or somewhat satisfied with the services they received.



Statewide Coverage

Tobacco users in **all 77** counties registered for Helpline services during FY24.



Reach

3.2% of all tobacco users in the state received evidence-based cessation services from the Helpline.



Referrals

12,097 referrals to the Helpline were received from health care providers and community centers. These referrals led to **1473** Helpline enrollments.

Introduction

The Department of Biostatistics and Epidemiology within the University of Oklahoma Health Sciences is the independent evaluator for the Oklahoma Tobacco Helpline. The evaluation team uses registration data from the Helpline service provider, RVO (formerly Optum), to report registration and service utilization patterns. Participant satisfaction with Helpline services and participant success in quitting tobacco are evaluated through a 7-month follow-up survey of a random sample of registrants. Professional Data Analysts (PDA) is contracted to conduct the follow-up survey.

During FY24, the Oklahoma Tobacco Helpline provided services under the Rally platform operated by RVO Health. The Helpline continues to leverage live coaching but adds multiple opportunities for digital engagement to support a user's quit experience. Live chat, live texting, coach-led group video sessions, online resources and milestone-driven action cards are available to supplement traditional phone coaching. Direct mail order of NRT and online access remain program components, along with fax, online and referral enrollment methods. Tobacco users choose which methods they prefer, and insurance status determines eligibility for either Standard Care Coach or Coach+ services. Coach+ is available to most tobacco users and includes 5 coaching sessions and up to 8 weeks of mono or combo NRT. Those with private insurance are eligible for Standard Care Coach, which includes 5 sessions and 2 weeks of mono NRT. A session may be a one-on-one interaction with a coach via phone, text or chat, or a coach-led group video session. Upon enrollment, tobacco users may be further stratified to receive one of the enhanced programs, such as pregnancy or behavioral health.

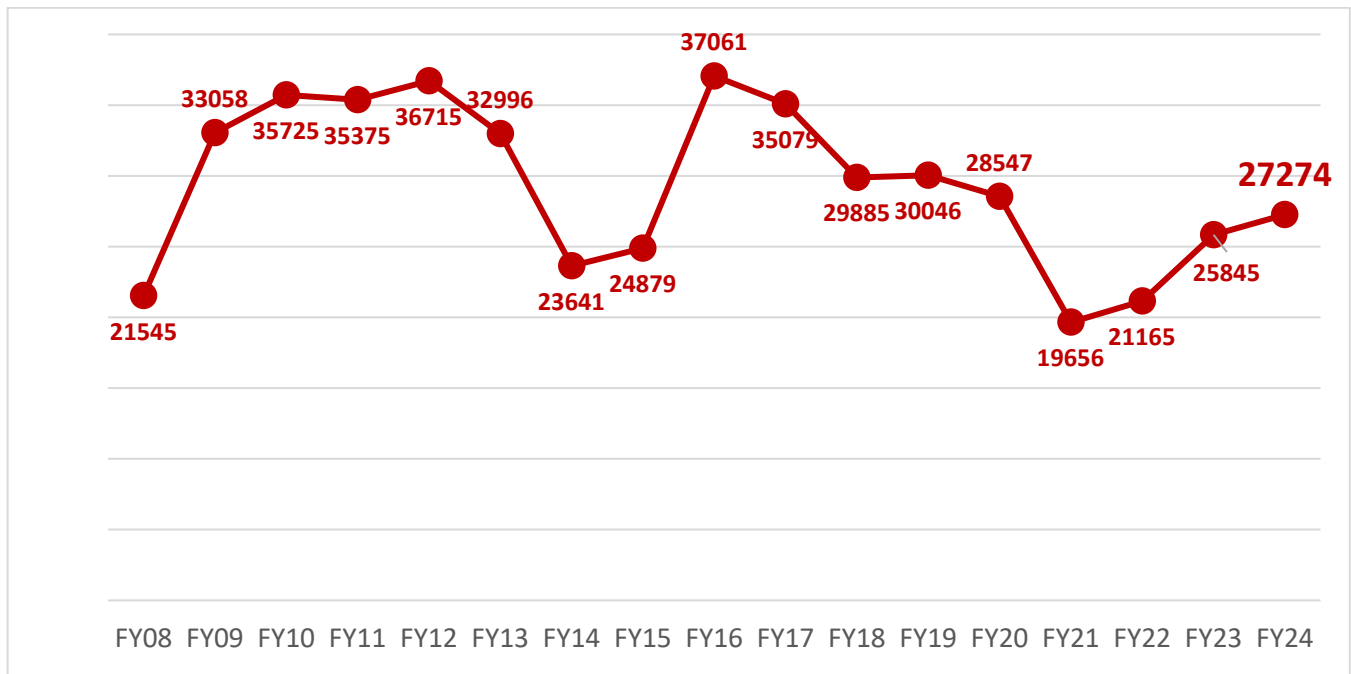
In April 2024, a large proportion of SoonerCare (Medicaid) members were transitioned to one of three managed care entities (MCEs). These Medicaid participants continued to receive the full Standard Care Coach+ services until June 30; however, beginning in FY25, members of the MCEs may have a different Helpline benefit, to be determined by the cost-sharing and contractual arrangements chosen by each MCE.

The FY24 evaluation demonstrates that the Oklahoma Tobacco Helpline continues to provide a valuable and necessary service to Oklahoma residents across the state. Both the total number of Oklahomans registering for services, and the treatment reach for the Helpline were high in FY24, and similar to last year. Among those tobacco users utilizing the service, there continued to be good representation from groups with disparities in tobacco use and related health outcomes.

Oklahoma Tobacco Helpline Registration Trends

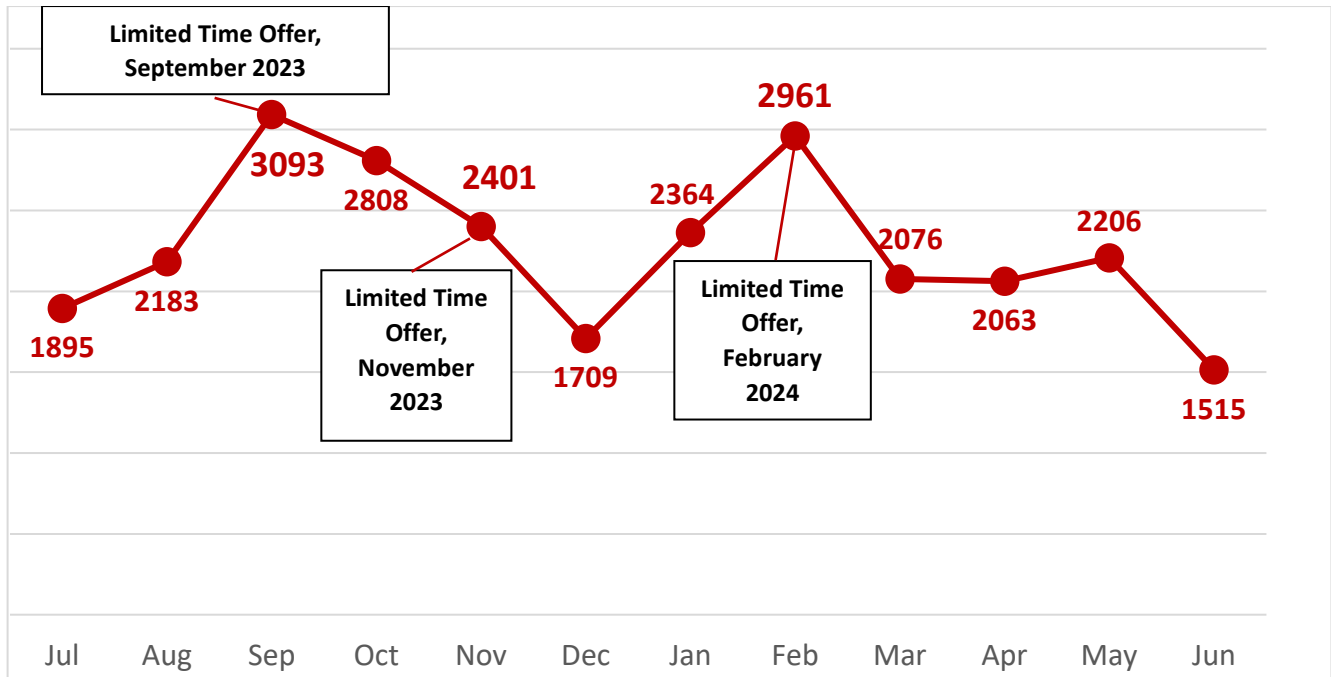
During FY24, from July 1, 2023 through June 30, 2024, a total of 27,274 Oklahomans registered for services by calling the 1-800-QUITNOW telephone number, registering online or by a referral from a healthcare provider. This is 5.5% higher than what was observed in FY23 (n=25,845 tobacco users). The FY24 number reported in Figure 1 includes **all registrants**, including 235 Oklahomans who identified as non-tobacco users, and 2178 who did not answer the tobacco use question. HealthChoice members enrolling in services are not included in this report (n=292).

Figure 1. Tobacco users registering with the Helpline by FY



Helpline registrations also varied by month within the FY (Figure 2). In an effort to increase the utilization of Helpline services, three “Limited Time Offers” (LTO) were launched, expanding eligibility for 8 weeks of free NRT to all registrants. These promotions took place during the months of September 2023, November 2023 and February 2024. There was a significant increase in registrations during the September and February LTOs.

Figure 2. Registrations by month, FY24



Utilization of Helpline Services, FY24

Among Helpline registrants, 40.8% enrolled in Standard Care Coach+, and 18.8% in Standard Care Coach. More than a third (37.0%) enrolled in the Behavioral Health Program, compared to 24% in FY23. The number of women who were pregnant, post-partum, breastfeeding and planning pregnancy registering for services also increased this year with 938 (3.4%, compared to 461 in FY23). Both increases are due to the automatic enrollment of these priority populations into one of the enhanced programs under Rally.

Table 1. Helpline registrants by service and platform, FY24 (n=27,274)

Service	N	%
Standard Care Coach	5121	18.8%
Standard Care Coach +	11,117	40.8%
Behavioral Health	10,098	37.0%
Pregnancy/Post-partum	938	3.4%

Helpline service utilization among registrants is reported as number of coaching sessions completed and NRT received. While the Rally platform allows tobacco users to engage in coaching sessions using multiple modalities (phone, chat, group, and text), only 59.0% of all registrants completed a coaching session (Figure 3), and 99.0% of them completed a coaching call (Table 2). The use of online chat, live texting and online group sessions for coaching was infrequent (<2%). Overall, only 1.8% of those completing a session used more than one modality (data not shown).

Figure 3. Number of coaching sessions completed (phone, chat, group or text), FY24 (n=27,274)

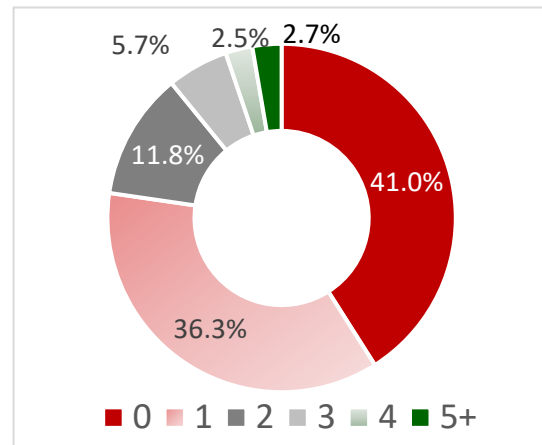


Table 2. Number of participants completing a coaching session by coaching modality, FY24

Coaching modality	N	%*
Phone	15,795	99.0%
Online chat	261	1.6%
Interactive text	23	0.1%
Online group session	190	1.2%

*% sums to >100% because participants can use >1 coaching modality

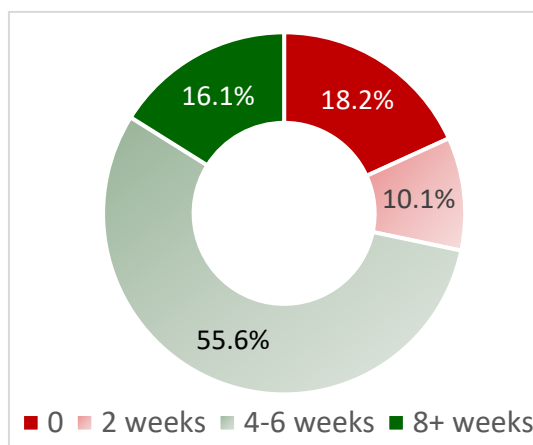
Although participants in the Behavioral Health and Pregnancy/Post-partum programs are eligible for up to 7 coaching sessions, the average number of coaching sessions completed is 1.25 and 0.70, respectively (Table 3). Standard Care Coach+ participants completed 1.11 coaching sessions on average.

Table 3. Average number of coaching sessions completed, by program

Service	Mean	Median	Min	Max
Standard Care Coach+	1.11	1	0	7
Behavioral Health	1.25	1	0	7
Pregnancy/Post-partum	0.70	0	0	7

Tobacco users who want to quit may also receive NRT from the Helpline, and the vast majority did (81.8%, Figure 4). Almost one out of five tobacco users received no NRT from the Helpline, which could be attributed to contraindications for its use, or participant preference to not use NRT. More than half (55.6%) received 4-6 weeks of NRT.

Figure 4. Weeks of NRT received from the Helpline among tobacco users registering for services, FY24 (n=27,274)



The largest proportion of tobacco users received the patch and gum (23.7%) or patch alone (22.2%), while 19.7% received patch and lozenge (Table 4). About 45% received some form of combo NRT.

Table 4. Type of NRT received from the Helpline among tobacco users receiving NRT

Type of NRT	N	%
Gum	2227	8.2%
Lozenge	1796	6.6%
Patch	6057	22.2%
Gum and Lozenge	93	0.3%
Patch and Gum	6466	23.7%
Patch and Lozenge	5378	19.7%
Patch, Gum and Lozenge	291	1.1%

Participants can receive a combination of services. In FY24 more than half (54.8%) received both coaching and NRT, giving them the best possible support to quit (Table 5). An alarming 13.9% did not receive any evidence-based treatment (NRT or coaching). The proportion receiving no services was much higher among online registrants (21.0%) compared to phone enrollments (6.1%).

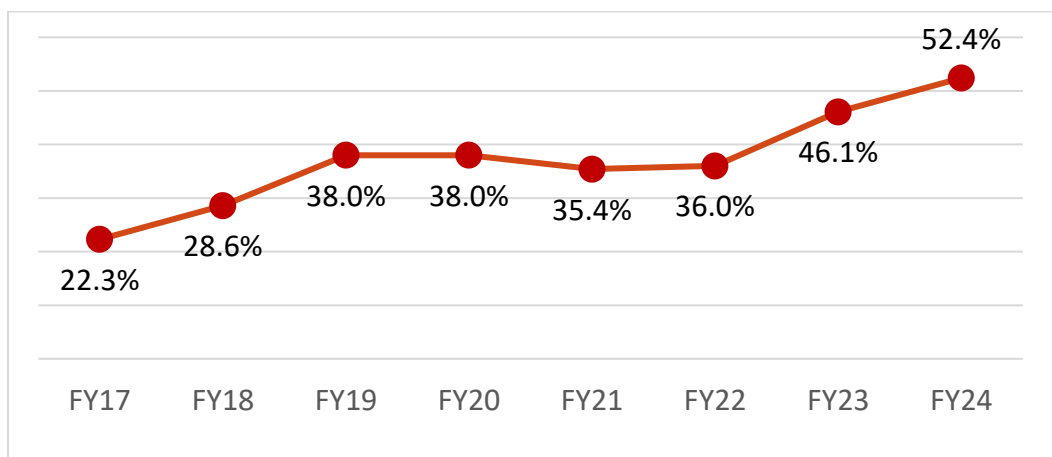
Table 5. Helpline service utilization among registrants, FY24

Helpline Services	N	%
NRT (no coaching)	7385	27.1%
NRT + Coaching	14,935	54.8%
Coaching (no NRT)	1163	4.3%
No NRT, no coaching	3791	13.9%

Mode of Entry: Telephone and Online Registrations during FY24

Tobacco users can register for Helpline services by calling 1-800-QUITNOW or visiting the Helpline webpage at www.okhelpline.com. Tobacco users could also text QUITNOW to 333888 and be connected to the Helpline for online registration. The texting portal was promoted both locally and by the CDC Tips media campaign. In FY24, 52.4% of tobacco users registering for services did so online and 42.4% registered by phone. Online registrations have gradually increased since FY17 (Figure 5), and the dramatic increase was likely due to the text-to-quit option and the redesigned website and registration process, which requires much less information at the time of registration.

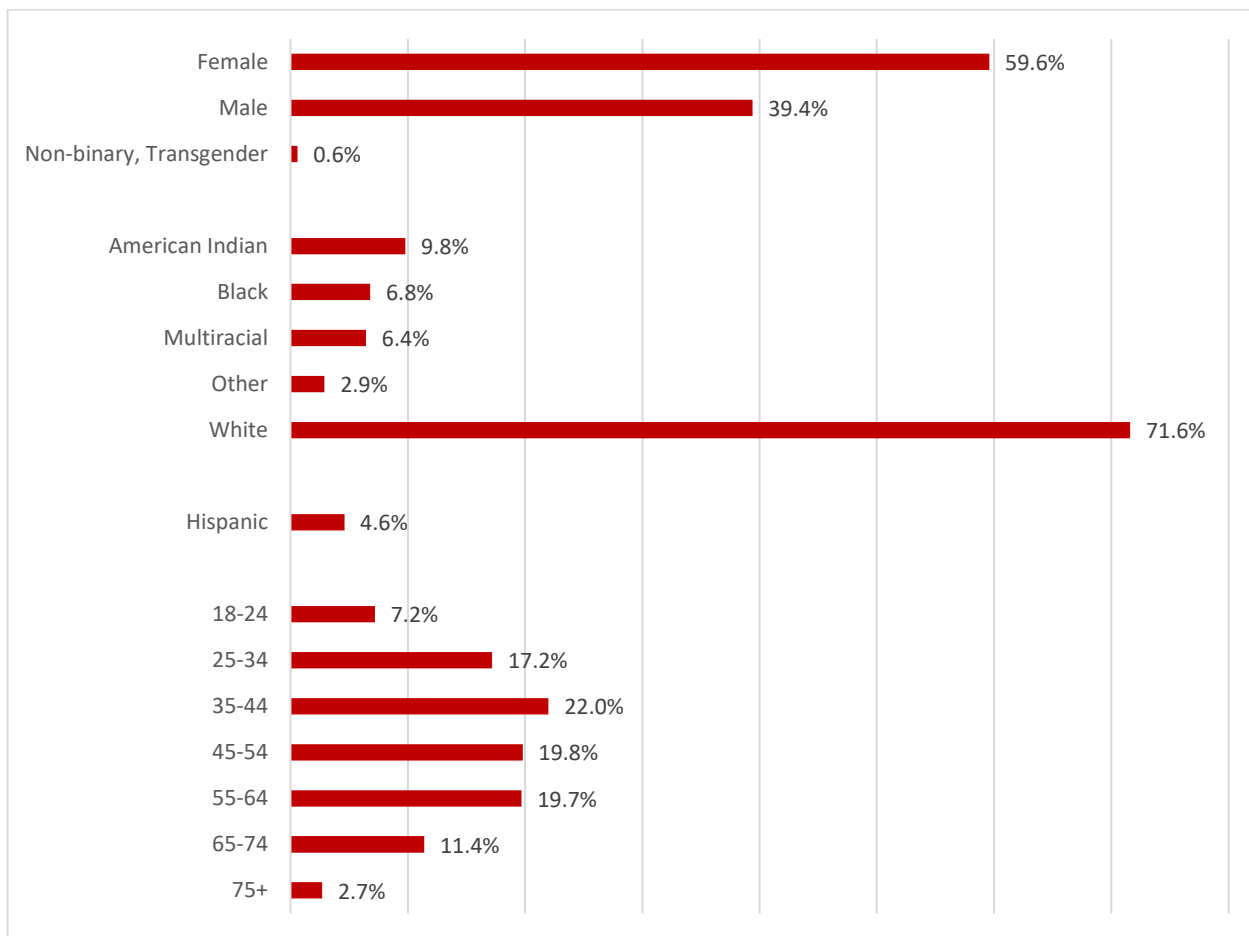
Figure 5. Online registrations for the Helpline, FY17-FY24



Demographic Characteristics of Tobacco Users Registering during FY24

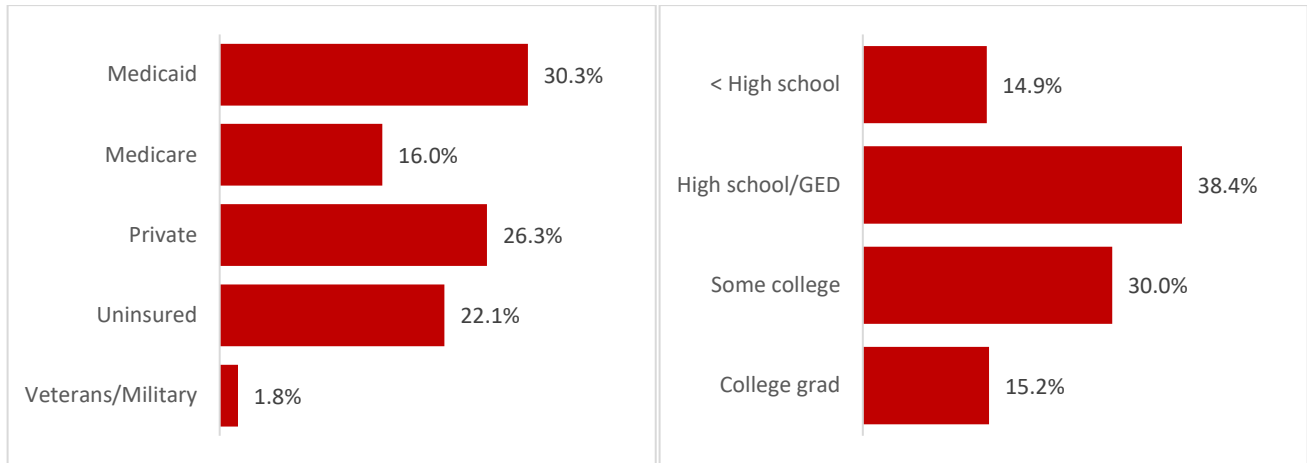
Demographic characteristics were collected and reported for **27,274 Oklahomans** registering for services (Figures 6 and 7). More than half (59.6%) of those registering with the Helpline were female. Registrants were also mostly white (71.6%) and non-Hispanic (95.4%). More than 6% of registrants identified as multiracial, and almost 10% identified as American Indian. The age distribution of tobacco users registering for Helpline services skewed slightly older, with one-third of registrants 55 years or older (33.8%).

Figure 6. Sex, race, ethnicity and age of Helpline registrants, FY24 (n=27,274)



Consistent with prior years, 14.9% of Helpline registrants had less than a high school degree. In addition, 30.3% of were Medicaid recipients, which includes those SoonerSelect members that transitioned to managed care in April 2024. More than 6% of registrants reported being active service military or a veteran/retired member including Reserve and National Guard (data not shown).

Figure 7. Insurance and educational attainment of Helpline registrants, FY24



Helpline Registrants Reporting Mental Health and Substance Abuse Disorders

One of the most significant changes to the registration process under the Rally platform is the triaging of tobacco users who report one or more mental health and/or substance abuse problems. If they also respond “Yes” or “Don’t know” to the question, “Do you think this will make it harder for you to quit?” they are enrolled in the Behavioral Health Program (BHP).

In FY24, more than half (54.2%) of those registering for services reported having at least one mental health or substance abuse disorder. Of the Helpline registrants who reported at least one MHSA disorder, 50.1% believed their condition would interfere with their ability to quit tobacco, while 20.8% did not know if their condition would interfere with the ability to quit tobacco (Table 6). These tobacco users were enrolled in the Behavioral Health Program (BHP) and were eligible for 7 coaching sessions and up to 12 weeks of combination NRT. In FY24, more than 10,000 tobacco users participated in the BHP.

Table 6. Helpline registrants reporting behavioral health conditions, FY24

	N, %
Number (%) reporting 1+ MHSAD	14,762 (54.2%)
Among those reporting MHSAD, number (%) reporting this will make it harder to quit (Yes (50.1%) and Don't know (20.8%) responses combined)	10,618 (71.9%)
Among those with a MHSAD, number (%) enrolling in BHP in FY24	10,098 (68.4%)

Helpline Utilization by Pregnant Women

During FY24, 291 Helpline registrants were pregnant, and 212 were planning pregnancy. Another 91 reported breastfeeding and 270 reported giving birth in the last year. These Oklahomans were eligible for an enhanced program that included 7 coaching sessions and up to 8 weeks of NRT. More than two-thirds of the women enrolling in enhanced pregnancy program registered online (69.1%, n=648). However, 37% of those registering online (n=240) received no evidence-based services (no coaching and no NRT).

Geographic Distribution of Tobacco Users Registering for Services

Oklahomans from all 77 Oklahoma counties contacted the Helpline for services in FY24 (Figure 8). Of tobacco users registering for services, 17.1% came from Oklahoma County (n=4674) and another 14.6% came from Tulsa County (n=3988). Cleveland County accounted for 6.1% of registrations (n=1671).

Figure 9 displays the number of registrations per 1,000 county population over the age of 18. When the number of Helpline registrants per adult population is considered, some of the less densely populated counties had the greatest number of tobacco users registering for services per 1000 adults. For example, Atoka County had the highest rates of registration, with 23 registrants per 1000 adult population, and Muskogee had 22 registrants per 1000 adult population. McCurtain County had 16 registrants per 1000 adult population.

Figure 8. Map of Helpline registrants by county, FY24

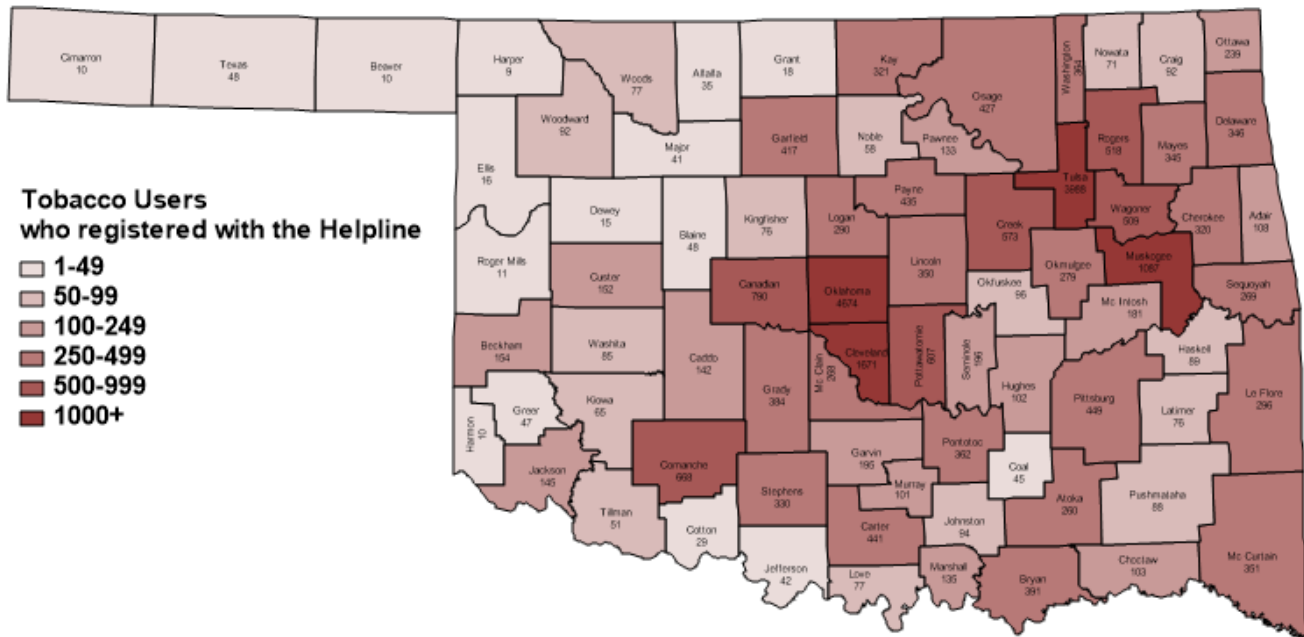
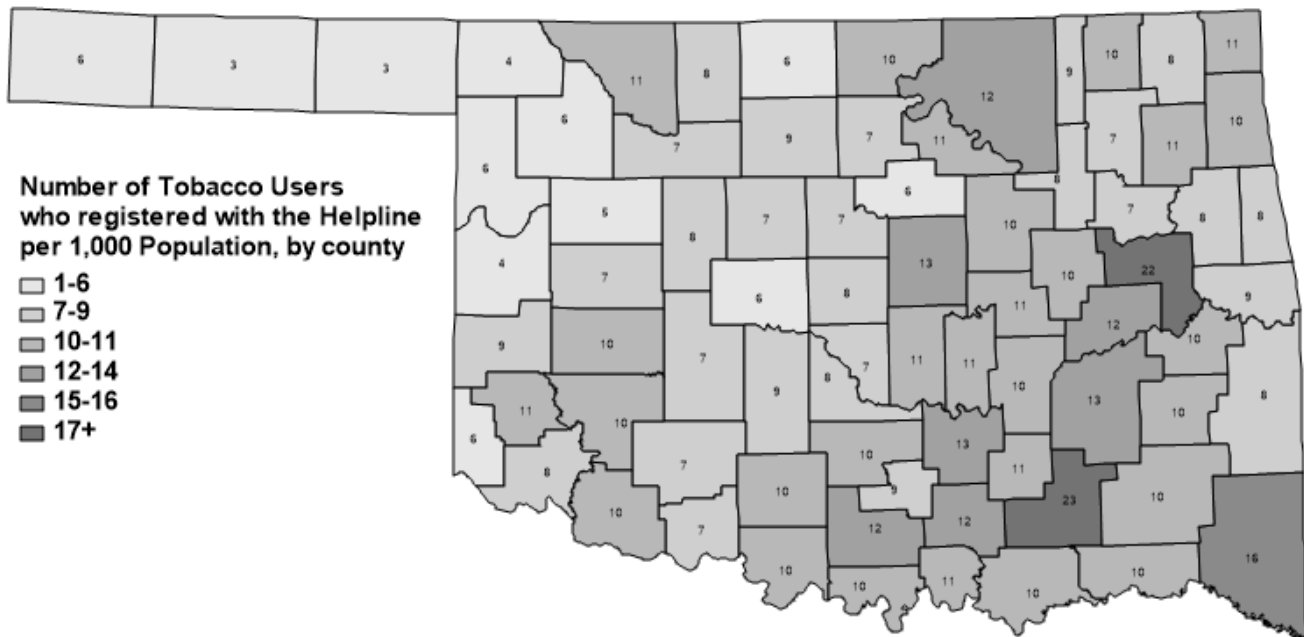


Figure 9. Map of Helpline registrants per 1000 population by county, FY24



Tobacco Use Patterns among Registrants

Among tobacco users registering for services, 44.3% reported smoking <1 pack of cigarettes a day (Table 7). More than half of those responding stated that the time after waking to first tobacco use was five minutes or less (55.7%).

Table 7. Tobacco use patterns among registrants, FY24

Category		%
Time to first tobacco after waking	5 minutes or less	55.7%
	6-30 minutes	31.0%
	31-60 minutes	8.2%
	>60 minutes	5.2%
Number of cigarettes per day	<1 pack	44.3%
	1 pack	32.9%
	>1 pack but < 2	13.3%
	2 packs +	9.5%

Cigarettes were the predominant form of tobacco used by Helpline registrants in FY24 (78.2%, Table 8). Among cigarette users, 27.0% reported smoking menthols. Nearly 1 out of 4 registrants were using more than one product. E-cigarettes were used in the last 30 days by 29.6% of registrants, and 14.9% of registrants were dual using e-cigarettes and cigarettes at the time of registration.

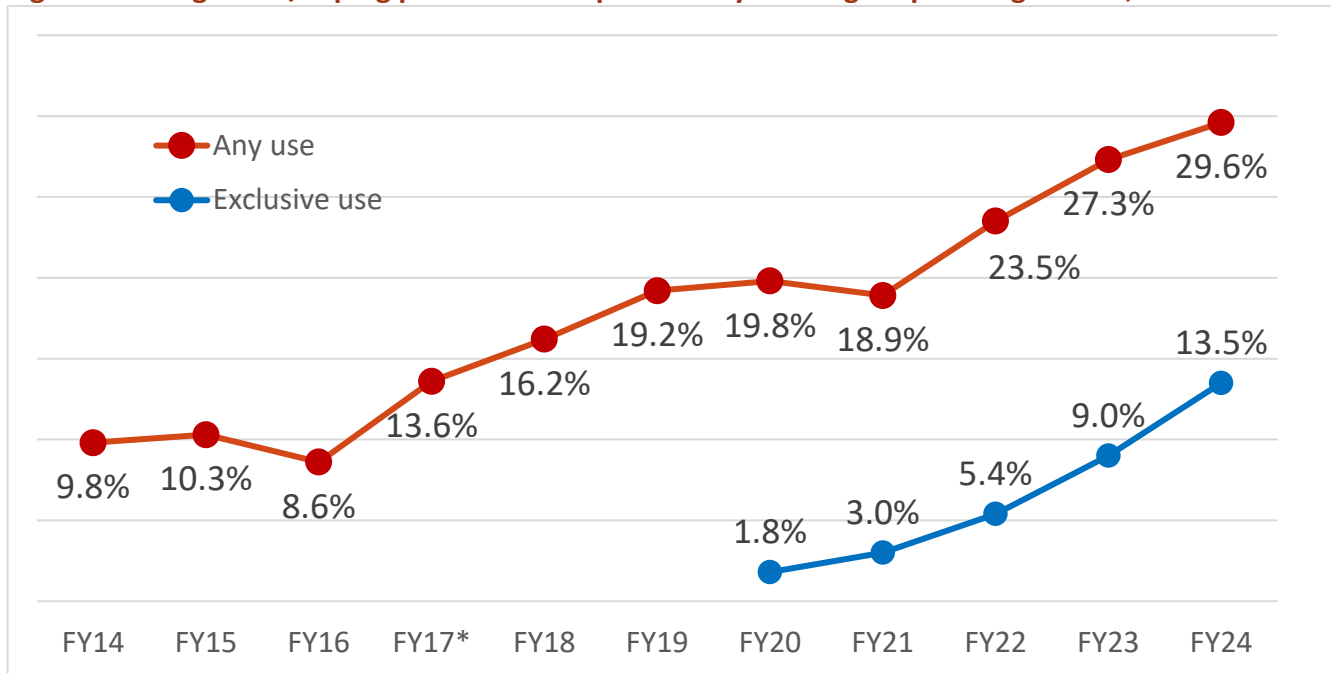
Table 8. Types of tobacco/nicotine products used among registrants at enrollment, FY24

Tobacco/Nicotine Product	%
Cigarette	78.2%
Menthol cigarettes (among cigarette users)	27.0%
Cigar/cigarillo	6.5%
E-Cigarette	29.6%
Pipe	0.9%
Smokeless tobacco	8.5%
Water pipe	0.5%
Any combustible tobacco	81.1%

Tobacco/Nicotine Product	%
Used multiple tobacco products - 2 or more (including Cigarette, Cigar, Pipe, Smokeless, Waterpipe)	7.8%
Used multiple tobacco/nicotine products - 2 or more (including Cigarette, Cigar, Pipe, Smokeless, Waterpipe, E-cigarette)	20.8%
Used e-cigarette or vaping product and cigarettes in the past 30 days	14.9%
Used e-cigarette or vaping product ONLY in the past 30 days	13.5%

The proportion of registrants using e-cigarettes when they contact the Helpline was almost 30%. This is the highest level of e-cigarette use observed among registrants (Figure 10). Seven out of 10 e-cigarette users (70.1%) report using them every day. In FY24, 13.5% of Oklahomans who registered for Helpline services were exclusive e-cigarette users.

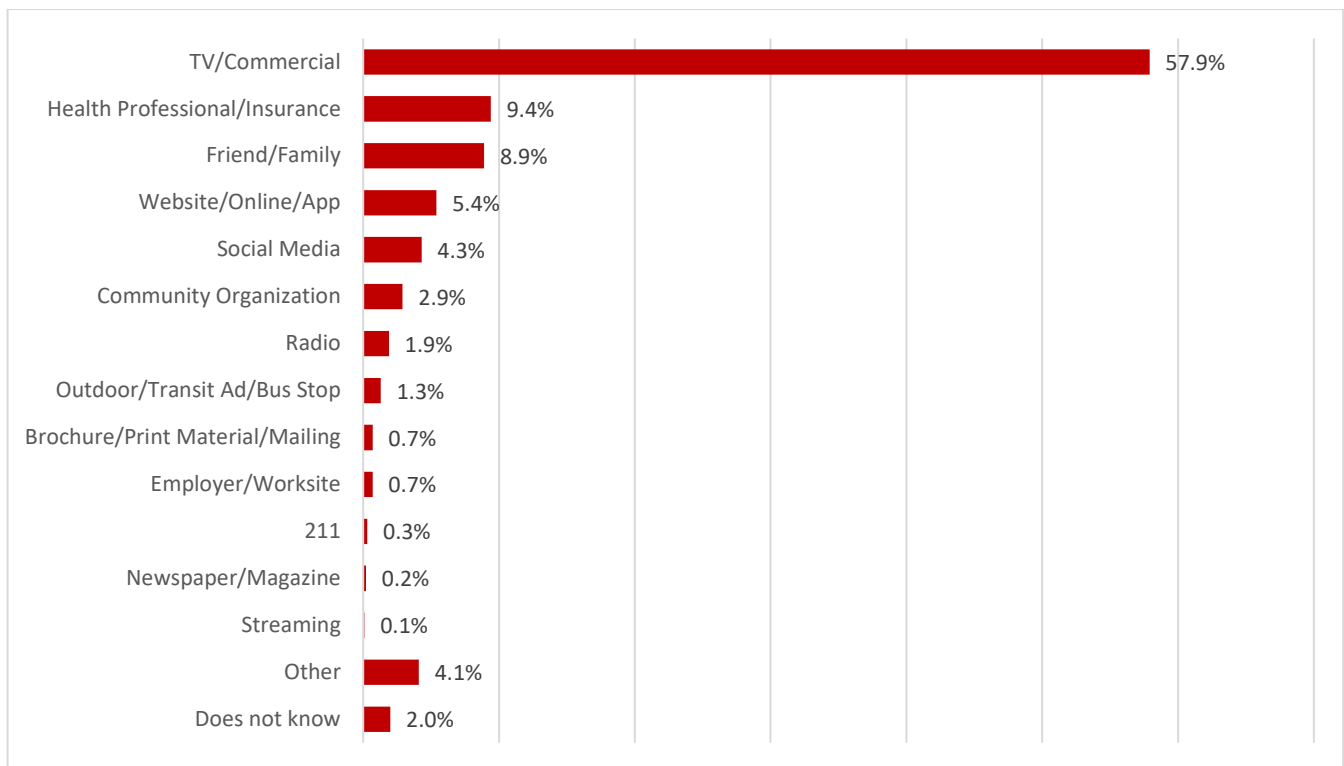
Figure 10. E-cigarette/vaping product use in past 30 days among Helpline registrants, FY14-FY24



How do registrants hear about the Helpline?

When tobacco users register for services with the Helpline, they are asked how they heard about the service. This question provides one indicator of Helpline promotion within the community. During FY24, hearing about the Helpline from TV (including the CDC Tips ads) was the most frequent response (57.9%, Figure 11). The next most frequent response was Health Professional/Health Insurance (9.4%) followed by Friend/Family (8.9%).

Figure 11. How registrants heard about the Helpline, FY24



Fax, Electronic and Online Referrals

Referrals offer the opportunity for health care providers and other agencies to proactively request that the Helpline contact their patients or clients who want help quitting tobacco. Fax referrals continue to be an option for many providers, especially in rural areas. Electronic referrals are incorporated into electronic health records, while online referrals occur via a web portal. Overall number of referrals in FY24 (n=12,097) was lower than FY23 (n=13,675), but the number of tobacco

users actually registering for services as a result of a referral was higher (n=1473 in FY24 compared to n=1374 in FY23). The proportion accepting a referral and enrolling in Helpline services was meaningfully different when comparing fax referrals (21.9%) to electronic (10.1%) and online (12.0%) referrals. The high proportion (75.0%) classified as “Unreachable” refers to those referrals where contact was never made with the participants. They either had non-working phone numbers or did not answer or return calls from the Helpline. Table 9 provides detailed data related to the three different referral options with outcome data overall and by referral type.

Table 9. Electronic, fax, and online referrals to the Helpline, FY24 (n=12,097)

	Type of Referral						All Referrals Combined	
	Electronic Referral		Fax Referral		Online Referral			
Referral Status	N	%	N	%	N	%	N	%
Accepted & enrolled in services	561	10.1%	285	21.9%	627	12.0%	1473	12.2%
Declined services when contacted	527	9.5%	62	4.8%	222	4.2%	811	6.7%
Unreachable	4093	73.5%	860	66.0%	4122	78.9%	9075	75.0%
Duplicate referral	109	2.0%	27	2.1%	36	0.7%	172	1.4%
Already enrolled at time of referral	49	0.9%	17	1.3%	64	1.2%	130	1.1%
Do not contact	99	1.8%	15	1.2%	52	1.0%	166	1.4%
Pending referral	112	2.0%	23	1.8%	104	2.0%	239	2.0%
Rejected referral	16	0.3%	15	1.2%	.	.	31	0.3%
<i>Total</i>	<i>5,566</i>		<i>1,304</i>		<i>5,227</i>		<i>12,097</i>	

Treatment Reach of the Oklahoma Tobacco Helpline

Treatment reach measures the proportion of tobacco users across the state that received evidence-based services from the Oklahoma Tobacco Helpline. The population of tobacco users is estimated based on the Behavioral Risk Factor Surveillance Survey (BRFSS). Because the 2023 BRFSS asked about both cigarette and smokeless tobacco use, *the Helpline treatment reach is also examined separately for cigarette smokers and smokeless tobacco users*. Only Helpline callers who completed a coaching session or who received NRT from the Helpline are counted as having received treatment.

In FY24, 19,501 registrants completed a coaching session and/or received NRT from the Helpline, resulting in a treatment reach of 3.2% of Oklahoma tobacco users (Table 10). Treatment reach among cigarette smokers (4.0%) was higher than treatment reach among smokeless tobacco users (1.1%). Treatment reach among females was two times higher than treatment reach among males (4.6% vs. 2.2%). African Americans had higher treatment reach than American Indians (3.6% and 2.9%, respectively). Overall, treatment reach was similar to FY23 (3.4% overall).

Table 10. Treatment reach of the Oklahoma Tobacco Helpline, FY24

Population Subset	Number Completed Intervention	Population of Tobacco Users*	Treatment Reach
All tobacco users	19501	608439	3.2%
Cigarette smokers	18389	463816	4.0%
Smokeless tobacco users	2013	185657	1.1%
Females	11253	246567	4.6%
Males	8106	361872	2.2%
African Americans**	1324	36964	3.6%
American Indians**	1900	65415	2.9%

*Fiscal year 2024 enrollment is compared to the population of cigarette smokers and smokeless tobacco users (18+ years old) from BRFSS 2023

**American Indian and African American Helpline and BRFSS participants selected only one race

Follow-Up of Helpline Registrants for Evaluation

The North American Quitline Consortium (NAQC) recommends a standardized approach for assessing program outcomes for quitline services across the US and Canada. At a minimum, NAQC recommends that state quitlines conduct a follow-up survey of a random sample of quitline callers 7- months following quitline enrollment. Thirty-day point prevalence abstinence is the preferred measure of “success.” Although NAQC established a 50% response rate to the follow-up survey as the benchmark for reporting valid quit rates, recent experience and evidence have resulted in revised recommendations by NAQC (August 2021, Quit Rate Discussion paper). Beginning with the FY22 Annual Survey, NAQC will only publish and share quit rates from quitlines that achieve a minimum response rate of 45% and a sample size of 400 completed surveys.

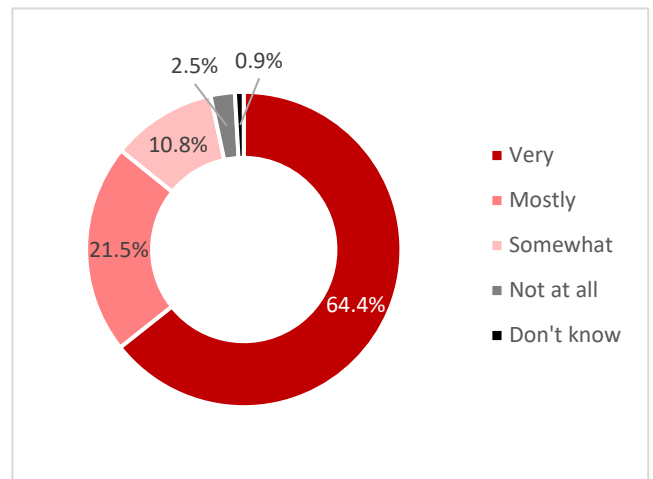
The follow-up of Oklahoma Tobacco Helpline participants in this FY24 report includes tobacco users registering for services after the launch of Rally, between May 1, 2023 and November 30, 2023. The 7-month follow-up survey was conducted from December 9, 2023 through July 8, 2024.

To conduct the follow-up evaluation, a random sample of participants in the different service programs was selected. Despite significant attention and resources, the response rate to the 7-month follow-up was 45.2%. Only 6.8% of participants contacted refused to participate in the follow-up study, similar to prior years. The remainder of non-respondents included those who could not be contacted during follow-up. A total of 1,465 participants completed the 7-month follow-up survey.

Satisfaction with Services

Across all Helpline registrants, **96.7%** reported being “very,” “mostly,” or “somewhat” satisfied with Helpline services, with 2.5% being “not at all” satisfied and another 0.9% refusing or responding “don’t know.”

Figure 12. Overall satisfaction with the Helpline, FY24



Quit Rates Reported at the 7- month Follow-up

Quit rates, defined as 30-day abstinence from tobacco, are calculated among survey respondents at the 7-month follow-up interval.

For each calculated quit rate, a 95% confidence interval (CI) is calculated and reported. This CI provides a range of values within which we are 95% confident that the “true” quit rate lies. Because our calculated quit rates are based on a sample of the population, some uncertainty will exist about the accuracy of the estimate. The CI is interpreted as the “plausible” range of values for the true quit rate.

At the 7-month follow-up survey, **44.4%** (95% CI 41.9-47.0) of all participants reported not smoking for one month or longer (Table 11). When exclusive e-cigarette users at registration are removed, the quit rate for tobacco users at the 7-month follow-up is lower, 39.4%.

When abstinence is defined as not using both conventional tobacco and e-cigarettes in the last 30 days (secondary quit measure as recommended by NAQC), the overall quit rate is 34.2% (95% CI 31.8-36.6). Among exclusive e-cigarette users wanting help quitting e-cigarettes, 47.5% reported 30-day point prevalence abstinence from both conventional tobacco and e-cigarettes at the 7-month follow-up.

Table 11. Percentage of Helpline participants abstinent 30 or more days at 7-month follow-up by program, FY24 (responder quit rates)

Program	Total N	Percent Abstinent	95% CI
Overall	1,457	44.4%	(41.9, 47.0)
Only tobacco users at registration (excludes exclusive e-cigarette users)	1,299	39.4%	(36.8, 42.1)
Quit rates by Helpline Program:			
Behavioral health Program	533	42.0%	(37.8, 46.2)
Standard care Coach+	624	44.1%	(40.2, 48.0)
Standard Care Coach	273	46.9%	(41.0, 52.8)

Two measures of intermediate quit success were also calculated, 24-hour quit attempts and prolonged abstinence. Participants in the 7-month follow-up survey were asked if they had at least one quit attempt lasting at least 24-hours any time between enrollment and follow-up, regardless of smoking status at the time of the follow-up survey. In FY24, 86.4% of participants reported a 24-hour quit attempt at the 7-month follow-up. For quitline participants, the percentage with a 24-hour quit

attempt is expected to be between 80 and 90%. The FY24 proportion (86.5% with a 24-hour quit attempt) falls within the range expected.

The second intermediate measure of quit success, prolonged abstinence, is defined as a quit of 30 or more days any time between Helpline enrollment and follow-up, regardless of quit status at follow-up. In FY24, 53.1% of Helpline participants reported prolonged abstinence when asked in the 7-month follow-up survey. Finally, among those still smoking at the 7-month follow-up, 70.8% reported reducing the number of cigarettes smoked per day. The average reduction was 7 cigarettes per day.

Are Helpline registrants getting the services they want?

With the transition to Rally, and new services offered to registrants, questions were added to the follow-up survey to assess what participants wanted or expected from the Helpline. During the FY24 follow-up, participants were asked, “At the time that you enrolled, which of the following services were you interested in receiving?” These responses were compared to what participants actually received after they enrolled. Overwhelmingly, Helpline registrants wanted and received NRT (Table 12). While more than a third of registrants wanted coaching via live text, a small fraction of those actually received coaching via this modality (0.2%)

Table 12. Percentage of Helpline participants interested in and receiving Helpline services, FY24

Helpline Service	% Interested in receiving service when registering	<i>Among those wanting service, % receiving service after enrollment</i>
NRT	96.6%	97.0%
Coaching via Phone	31.5%	88.1%
Coaching via Live Text	35.9%	0.2%
Coaching via Web Chat	5.4%	7.6%
Coaching via Virtual Group	7.6%	9.8%
Automated Text Messages	41.3%	72.9%
Emails with Tips	33.0%	71.9%
Online Resources/Trackers	16.5%	48.8%

Other Results from Follow-up Survey

Additional questions are asked on the follow-up survey to assess participants' use of NRT and other medications since registering with the Helpline, as well as health status and rules about smoking in the home. The following findings are highlighted:

- Nearly all respondents (94.4%) indicated they would refer the Helpline to a friend or family member trying to quit tobacco.
- 94.8% of those who received NRT from the Helpline said they got it in time to help them quit.
- 26.9% of participants bought more NRT on their own.
- Only 11.3% of participants with health insurance used their benefit for cessation support, and 40.9% of those who did, received prescription medication.
- 69.4% of participants reported smoking is not allowed anywhere inside the home.
- 34.1% of participants reported their overall health was fair or poor.
- 19.1% of participants reported using an e-cigarette within the last 30 days, and 64.0% reported using them to quit regular cigarettes.

Conclusions

This evaluation report demonstrates continued high utilization of the Helpline, after a dramatic decline during COVID. Online registrations continue to increase, and overall registrations were also impacted favorably by the “Limited Time Offer” expanded benefit offered three times during the year. As a result, the treatment reach for the Helpline was 3.2% in FY24.

The type of tobacco/nicotine products used by Oklahomans when they register for Helpline services continues to evolve. Among cigarette users, more than a quarter are using menthol cigarettes. During FY24, about 21% of registrants used more than one tobacco/nicotine product in the last 30 days, with a large proportion using e-cigarettes or vaping products. Overall, e-cigarette use in the last 30 days was reported by 29.6% of all registrants. Exclusive e-cigarette users are now registering with the Helpline for help quitting e-cigarettes, representing 13.5% of all registrants. These data provide

further evidence of an emerging demand for Helpline services among non-cigarette and e-cigarette users who are nicotine dependent and want to quit.

The transition to Rally provided tobacco users the opportunity to receive coaching in more ways, and more NRT. However, nearly all registrants receiving coaching are doing so by phone only. The extremely low uptake of live text coaching, even among those who say they wanted to engage with a coach in that way, is alarming and warrants further investigation as to what barriers are keeping tobacco users from engaging with a coach through live text. It is also worth noting that more than 1 out of 5 (21.0%) tobacco users who register online do not receive any coaching or any NRT. Among phone enrollees, the percentage is 6.1%. While some attrition is expected between enrollment and receipt of services, nearly 4000 Oklahomans are missing out on evidence-based services for which they initially registered. Identifying the reasons for this high drop-off and potential solutions is warranted.

The satisfaction and quit rates included in this report are collected 7 months after registration for services. Both measures of effectiveness continue to be high. Overall, 96.7% of participants were somewhat, mostly or very satisfied, and 94.4% would recommend the Helpline to a friend or family member. FY24 quit rates were high; 44.4% of respondents to the follow-up survey reported not using tobacco within the past 30 days. This exceeds the NAQC benchmark of 30% abstinence for 30-day abstinence at the 7-month follow-up, and is likely due, in part, to higher levels of NRT received as a result of the expanded benefits for persons with behavioral health conditions and the limited time offers.