

# Evaluation of the Oklahoma Tobacco Helpline

FY20 Annual Report  
July 1, 2019 – June 30, 2020



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Evaluation data from FY20 demonstrate that the Oklahoma Tobacco Helpline continues to provide a valuable, effective service to Oklahomans who use tobacco. The Helpline, administered by Optum, Inc. and evaluated by the Hudson College of Public Health at the OU Health Sciences Center, has operated since 2003, helping tens of thousands of Oklahoma tobacco users quit. Key findings from the FY20 evaluation include:

### Key Findings:

- During FY20, **28,547 tobacco users registered for services** from the Oklahoma Tobacco Helpline. This is somewhat lower than what was observed in FY19 (n=30,046 tobacco users).
- The FY20 Helpline treatment reach was **3.2%** of all tobacco users in the state.
- Across all Helpline registrants, **94.3% reported overall satisfaction** ratings of ‘very,’ ‘mostly,’ or ‘somewhat’ satisfied with Helpline services, with only 5% ‘not at all’ satisfied.
- At the 7-month follow-up survey, **34.4% of all participants reported not smoking for one month or longer**, exceeding the NAQC benchmark for quit rates (30%).
- Tobacco users from **all 77 Oklahoma counties** contacted the Helpline for services in FY20. Of tobacco users registering for services, 17.4% came from Oklahoma County and another 15.5% came from Tulsa County.
- **Almost four out of 10 (42%) tobacco users chose Individual Services**, which could include one or more of the following: a 2-week starter kit of NRT, text messages, emails, and a quit guide. Of these, the percentage of participants who were abstinent 30 or more days at the 7-month follow-up was 31.2%.
- **Another 10,027 (35%) tobacco users enrolled in the multiple call proactive telephone program.** Tobacco users who enrolled in the multiple call program 8+ weeks of NRT (single or combination NRT) achieved very high 30-day abstinence rates of 38.5%.
- **Eight out of 10 tobacco users (80%) received NRT** from the Helpline.
- During FY20, health professionals and health systems across the state referred 1,888 tobacco users by fax, 5,729 by electronic referral, and **10,405** by online referral. However, only **11.5% of referrals resulted in a Helpline registration.**

## Introduction

The Department of Biostatistics and Epidemiology within the University of Oklahoma Health Sciences Center is the independent evaluator for the Oklahoma Tobacco Helpline. The evaluation team uses registration data from Optum, the Helpline service provider, to report registration and 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. The FY20 evaluation demonstrates that the Oklahoma Tobacco Helpline continues to provide a valuable and necessary service to Oklahoma residents across the state and to reach tobacco users from groups with disparities in tobacco use and related health outcomes.

During FY20, the Oklahoma Tobacco Helpline continued to provide all of the services provided in the previous year, including phone, web, text messages, emails, and nicotine replacement therapy (NRT). Tobacco users could choose the traditional telephone counseling program (**Helpline**) with optional nicotine replacement therapy (NRT), web-based assistance, text messaging, emails, and a Quit Guide. Health insurance status determines who is eligible for the single call program versus the multiple call program. Tobacco users with private insurance are only eligible for the single call telephone intervention plus two weeks of nicotine replacement therapy (NRT). State employees with HealthChoice are eligible for the multiple call program (which includes up to 10 proactive calls from a Quit Coach) and up to 12 weeks of NRT. Uninsured and Medicare recipients are eligible for the multiple call program with up to 8 weeks of free NRT, and Medicaid beneficiaries receive the multiple call program plus a 2-week supply of NRT. Pregnant smokers, regardless of insurance status, receive a 10-call Helpline intervention specifically designed for the special needs of these women. With a medical override, pregnant women can receive additional NRT.

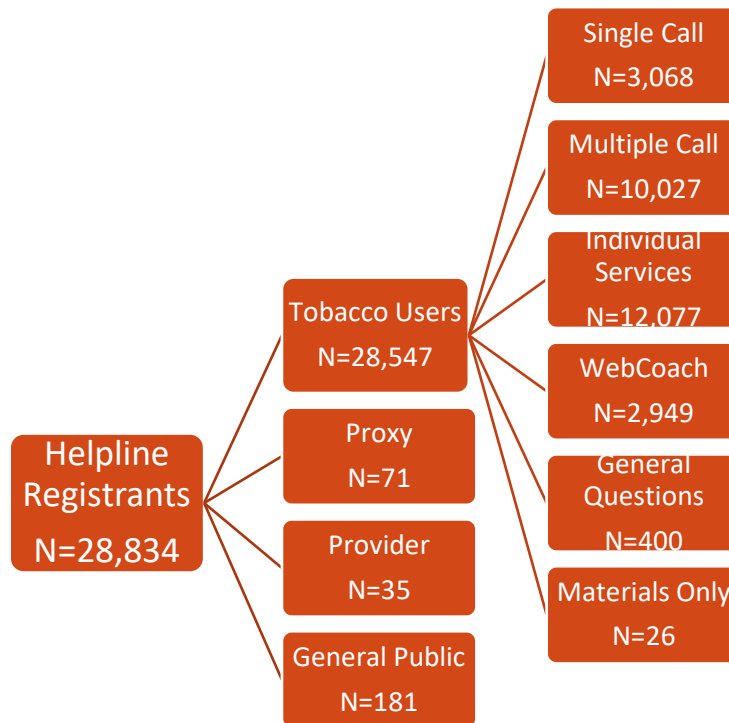
Tobacco users could also choose **Individual Services**, which do not include the telephone counseling. Any participant, regardless of health insurance status, could select one or more of the following: a starter kit (2-weeks) of NRT with a follow-up telephone call, text messages, emails, and a Quit Guide.

A final option for tobacco users is **WebCoach**, which includes web-based assistance with quitting, with optional NRT (2-week starter kit), text messages, emails, and a downloadable Quit Guide.

### Utilization of the Oklahoma Tobacco Helpline, FY20

During FY20, from July 1, 2019 through June 30, 2020, a total of 28,547 tobacco users registered for services by calling the 1-800-QUITNOW telephone number, registering online or through the referral from a healthcare provider. This is lower than what was observed in FY19 (n=30,046 tobacco users). In addition to tobacco users, the total Helpline registrants included 35 health care providers, 71 friends and family members of tobacco users (proxy callers), and 181 people from the general public who accessed the Helpline for tobacco cessation information (Figure 1).

**Figure 1. Flow chart of Helpline registrants, FY 2020**



Some tobacco users registered for services more than once during FY20 (see page 19). For this report, tobacco users are only counted one time and they are classified according to the most intensive service received (Multiple Call > Single Call > WebCoach > Individual Services).

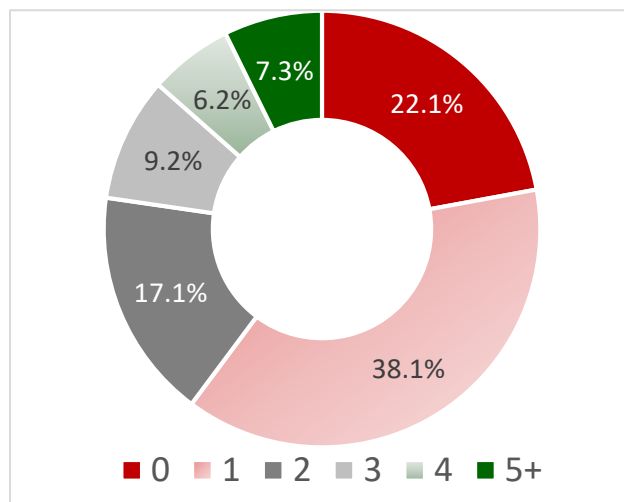
Of the 28,547 tobacco users, 42.3% (n=12,077) registered for Individual Services without the call program (Table 1). Another 10,027 (35.1%) enrolled in the multiple call proactive telephone cessation program, and 3,068 (10.7%) enrolled in the single call telephone cessation program. An additional 10.3% (n=2,949) registered for the WebCoach program. There were 400 tobacco users who requested tobacco cessation general information only, and 26 who only received materials through the mail.

**Table 1. Helpline registrants (Tobacco Users) by service, FY20 (n=28,547)**

	N	%
Single call	3,068	10.7%
Multiple call	10,027	35.1%
Individual Services	12,077	42.3%
WebCoach	2,949	10.3%
General questions	400	1.4%
Materials only	26	0.1%

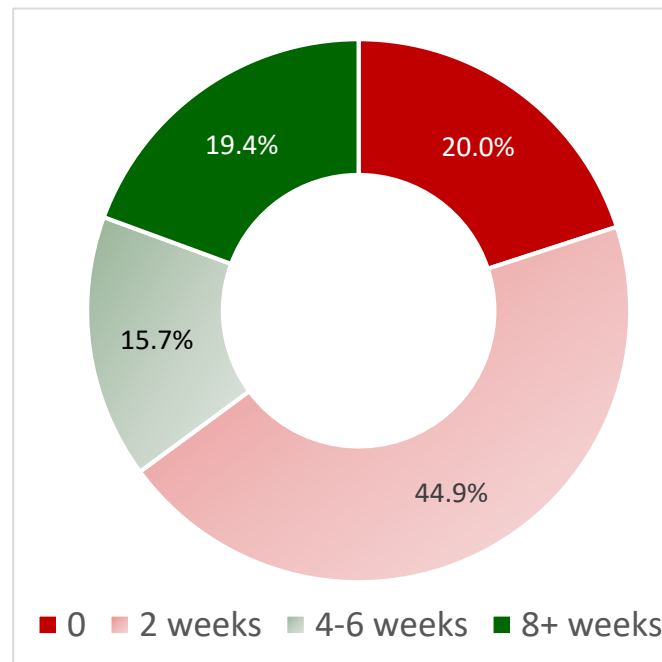
Among multiple call participants, the average number of completed intervention calls in FY20 was 1.7 calls. About 22% registered but did not complete any Helpline calls. About 38% completed only one call (Figure 2).

**Figure 2. Number of intervention calls completed by tobacco users enrolling in the multiple call program, FY20 (n=10,027)**



Tobacco users who want to quit may also receive NRT from the Helpline, and the vast majority (80%) did (Figure 3) 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. Nearly 91% of tobacco users registering for Individual Services (n=11,001 of the 12,077) received NRT from the Helpline.

**Figure 3. Weeks of NRT received from the Helpline among tobacco users registering for services, FY20 (n=28,121\*)**



\*excludes tobacco users who did not receive intervention (General questions and materials only, n=426)

The majority of tobacco users received only the patch (47.5%), while 16.5% received gum and 13.5% received the lozenge (Table 2). About 22% received some form of combo NRT.

**Table 2. Type of NRT received from the Helpline among tobacco users receiving NRT, FY20 (n=22,496)**

Type of NRT	N	%
Gum	3,714	16.5%
Lozenge	3,043	13.5%
Patch	10,691	47.5%
Gum and Lozenge	151	0.7%
Patch and Gum	2,255	10.0%
Patch and Lozenge	2,571	11.4%
Patch, Gum and Lozenge	71	0.3%

Across all programs available to tobacco users wanting to quit, more than a third received text messages and/or email messages. Those enrolled in the Single call program had the highest percentage opting for text (50.0%) and WebCoach participants were more likely to receive emails messages (37.6%, Table 3). Of note is that less than 30% of Individual Service participants elect to receive text messages and emails.

**Table 3. Percent of tobacco users receiving text and email messages, by program, FY20**

Program	Text messages	Email messages
Multiple Call Program	39.7%	26.2%
Single Call Program	50.0%	25.3%
Individual Services	29.5%	29.7%
WebCoach	41.0%	37.6%
All tobacco users*	36.6%	28.8%

\*excludes those receiving "General information"

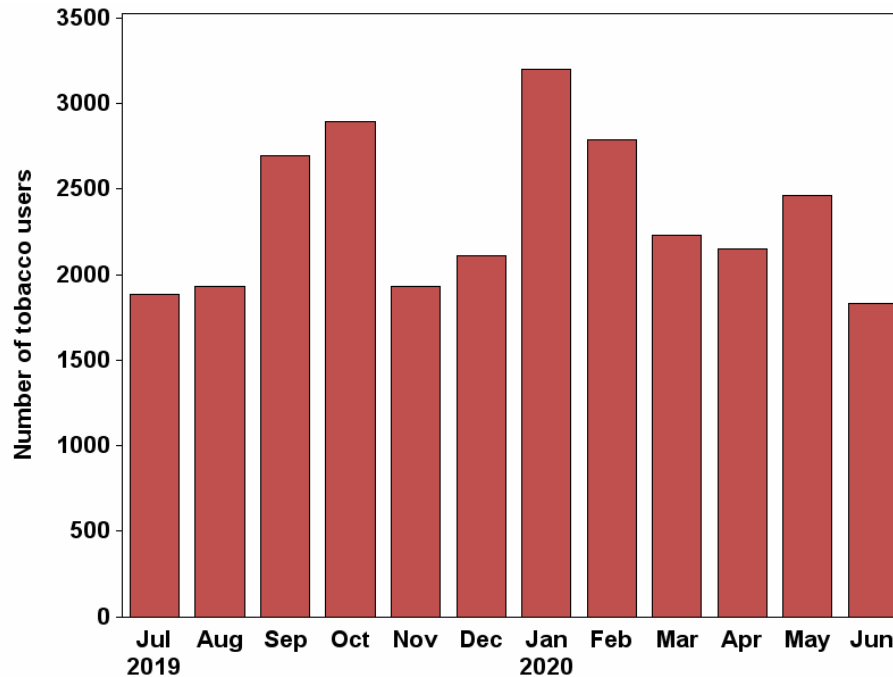
In addition, 71% of single call participants and 46% of multiple call participants also registered for the integrated WebCoach program to support their telephone-based coaching.

The number of tobacco users registering with the Helpline in FY20 ranged from about 1800 in June 2020 to more than 3200 in January 2020 (Figure 4). Consistent with past experience,



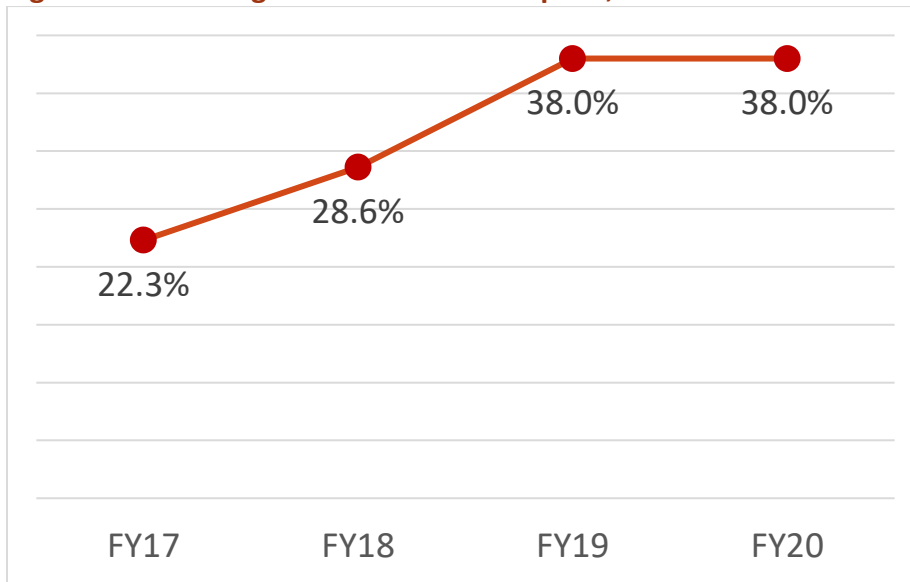
registrations for quitline services spike in January reflecting New Year's resolutions that many smokers make to quit smoking,

**Figure 4. Tobacco users registering with the Helpline by month, FY20**



### **Mode of Entry: Telephone and Online Registrations during FY20**

Tobacco users can register for Helpline services by calling 1-800-QUITNOW or visiting the Helpline webpage at [www.okhelpline.com](http://www.okhelpline.com). In FY20, 55.2% of tobacco users registered by phone versus 38.0% online. Another 6.8% registered via a referral. Online registrations have increased over time as a result of the promotion of the website via digital ads (Figure 5).

**Figure 5. Online registrations for the Helpline, FY17-FY20**

### Demographic Characteristics of Tobacco Users Registering with the Helpline during FY20

Demographic characteristics were collected and reported for **28,121 tobacco users** registering for services. This does not include those requesting “general information” or “materials only.” In addition, a limited set of demographic questions were asked of tobacco users registering for Individual Services and via the website; thus, some variables in the table below have a high number of “missing” responses. Additionally, changes were implemented in FY19 in the collection of participant race, allowing for multiple responses.

More than half (56.7%) of tobacco users registering with the Helpline were female (Table 4). Registrants were also mostly white (72.2%) and non-Hispanic (92.4%). Five percent of registrants identified as multiracial. Although 10.1% of registrants identified as American Indian alone, when any identification of American Indian race was counted (alone and part of multiracial response) the proportion increased to 13.9%. During FY20, a majority of registrants was under the age of 55 (71.0%).

Tobacco users who register and who identify themselves as American Indian are asked if they are an enrolled member of a tribe, and if so, what tribe. Among registrants who identified themselves as “American Indian,” 79% reported tribal affiliation. Among those reporting tribal

affiliation, Cherokee Nation accounted for 40% of responses; while Choctaw Nation was reported by 17%.

Consistent with prior years, 53.8% of tobacco users registering for services had incomes of less than \$20,000 in FY20, and 16.1% had less than a high school degree. In addition, 13.5% of tobacco users registering were Medicaid recipients, and 42.3% were uninsured (Table 5).

**Table 4. Gender, race/ethnicity and age of Helpline registrants, FY20 (n=28,121)**

Demographics		N	%
Gender	Female	15,941	56.7%
	Male	12,180	43.3%
Race	White	19,930	72.2%
	Black or African American	1,898	6.9%
	American Indian/Alaskan Native	2,782	10.1%
	Multiracial	1,368	5.0%
	Other	837	3.0%
	Not Known, Refused	796	2.9%
	Missing	510	.
Ethnicity	Hispanic	1,165	4.2%
	Non-Hispanic	25,426	92.4%
	Not Known, Refused	925	3.4%
	Missing	605	.
Age	18-24	2,121	7.5%
	25-34	6,173	22.0%
	35-44	6,444	22.9%
	45-54	5,239	18.6%
	55-64	5,274	18.8%
	65-74	2,340	8.3%
	75+	528	1.9%
	Missing	2	.

**Table 5. Education, income and health insurance status of tobacco users registering with the Helpline, FY20 (n=28,121)**

Characteristic		N	%
Education	Less than grade 9	469	3.2%
	Grade 9-11, no degree	1,888	12.9%
	High School Degree or GED	5,128	35.1%
	Some College or University	4,496	30.7%
	College or University Degree	2,290	15.7%
	Not Known, Refused	356	2.4%
	Missing*	13,494	.
Income	<\$10,000	8,121	29.5%
	\$10,000-14,999	3,793	13.8%
	\$15,000-19,999	2,890	10.5%
	\$20,000-24,999	2,314	8.4%
	\$25,000-34,999	2,566	9.3%
	\$35,000-49,999	2,378	8.6%
	\$50,000-74,999	1,407	5.1%
	\$75,000+	1,147	4.2%
	Not Known, Refused	2,957	10.7%
	Missing	548	.
Health insurance status	Medicaid	3,761	13.5%
	Medicare	4,172	15.0%
	Private	6,499	23.3%
	Uninsured	11,786	42.3%
	Veterans	238	0.9%
	Not known, Refused	1,434	5.1%
	Missing	231	.

\*Not asked of those registering by web

Two new questions were added to the Helpline registration process in FY20: active service or veteran status and living in public housing. Among those responding to the question, 6.9% identified as active service military or a veteran/retired member of the US military including the Reserve and National Guard. When asked about living in public housing, 9.1% responded “Yes.”

### Tobacco Users Reporting Mental Health and Substance Abuse Disorders

More than half (52.4%) of tobacco users registering for services reported having at least one mental health or substance abuse disorder (Table 6). The most common MHSA disorders among those reporting at least one, are Depression (68.5%), Generalized Anxiety Disorder (54.1%), Post Traumatic Stress Disorder (34.0%), and Bi-polar Disorder (26.7%). Of the Helpline registrants who reported at least one MHSA disorder, 27.8% believed their condition would interfere with their ability to quit tobacco, while 17.9% did not know if their condition would interfere with the ability to quit tobacco.

**Table 6. Prevalence of mental health or substance abuse disorders among tobacco users who registered for services, FY20 (n=28,121)**

MHSA condition*	N	%
At least one	13,391	52.4%
None	11,152	43.7%
Not known, refused	999	3.9%
Missing	2,579	.

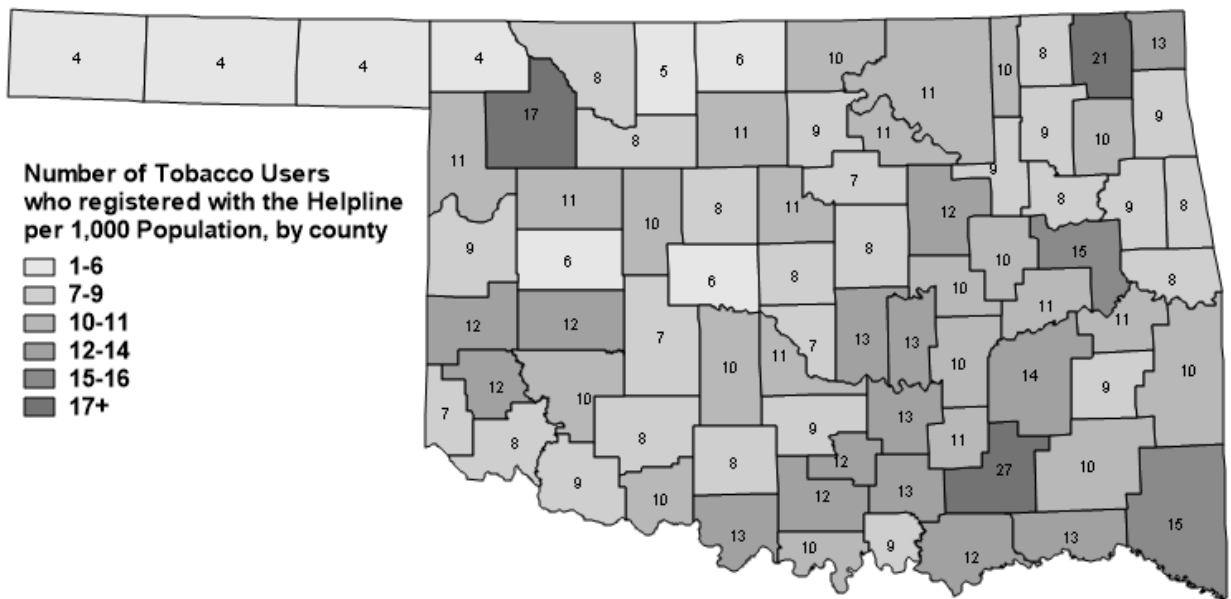
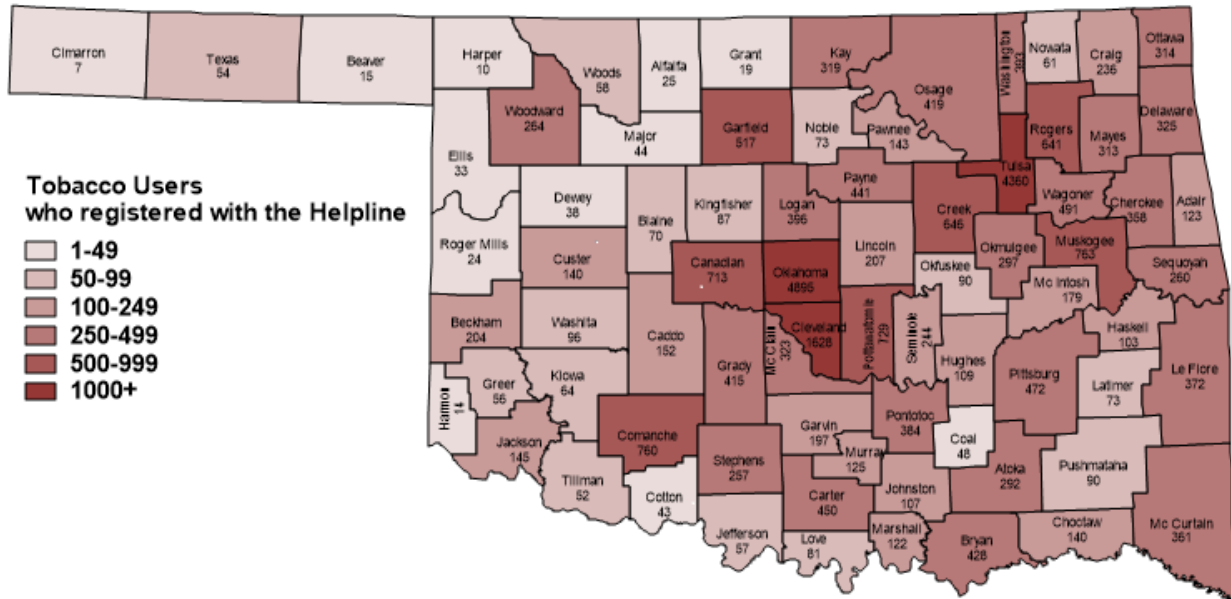
\*Possible mental health and substance abuse conditions: Bi-Polar Disorder, Depression, Drug or Alcohol Abuse, Generalized Anxiety Disorder, Post-Traumatic Stress Disorder, Schizophrenia, Attention-Deficit Hyperactivity Disorder, Gambling Addiction

### Geographic Distribution of Tobacco Users Registering for Services

The Oklahoma Tobacco Helpline is reaching tobacco users in all parts of Oklahoma (Table 7 and Maps). Tobacco users from all 77 Oklahoma counties contacted the Helpline for services in FY20. Of tobacco users registering for services, 17.4% came from Oklahoma County (n=4,895) and another 15.5% came from Tulsa county (n=4,360). Cleveland County accounted for 5.8% of registrations (n=1,628)

**Table 7. Number of tobacco users who registered for services by county, FY20 (n=28,121)**

County	Count	County	Count	County	Count
Adair	123	Grant	19	Nowata	61
Alfalfa	25	Greer	56	Okfuskee	90
Atoka	292	Harmon	14	Oklahoma	4895
Beaver	15	Harper	10	Okmulgee	297
Beckham	204	Haskell	103	Osage	419
Blaine	70	Hughes	109	Ottawa	314
Bryan	428	Jackson	145	Pawnee	143
Caddo	152	Jefferson	57	Payne	441
Canadian	713	Johnston	107	Pittsburg	472
Carter	450	Kay	319	Pontotoc	384
Cherokee	358	Kingfisher	87	Pottawatomie	729
Choctaw	140	Kiowa	64	Pushmataha	90
Cimarron	7	Latimer	73	Roger Mills	24
Cleveland	1628	Le Flore	372	Rogers	641
Coal	48	Lincoln	207	Seminole	244
Comanche	760	Logan	396	Sequoyah	260
Cotton	43	Love	81	Stephens	257
Craig	236	Major	44	Texas	54
Creek	646	Marshall	122	Tillman	52
Custer	140	Mayes	313	Tulsa	4360
Delaware	325	McClain	323	Wagoner	491
Dewey	38	McCurtain	361	Washington	393
Ellis	33	McIntosh	179	Washita	96
Garfield	517	Murray	125	Woods	58
Garvin	197	Muskogee	763	Woodward	264
Grady	415	Noble	73	<i>Unknown</i>	67
				<b>Total</b>	<b>28,121</b>



The maps display the number of registrations by county and the number of registrations per county population over the age of 18. As expected, the counties with the greatest population density had the largest number of registrants to the Helpline. However, as seen in the second map, 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, Craig, Atoka, and Woodward counties had some of the highest rates of registration, with 17 or more registrants per 1000 adult population.

### Helpline Utilization by Pregnant Women

During FY20, 323 tobacco users who were also pregnant accessed the Helpline for assistance quitting smoking. An additional 214 women who were planning pregnancy and 71 breastfeeding moms utilized the Helpline. By comparison, in FY19 303 tobacco users who were also pregnant accessed the Helpline for assistance quitting smoking.

### Tobacco Use Patterns among Registrants

Among tobacco users registering for services, 41.3% reported smoking <1 pack of cigarettes a day (Table 8). About half of those responding stated that the time after waking to first tobacco use was five minutes or less (50.2%).

**Table 8. Tobacco use patterns among registrants, FY20 (n=28,121)**

Category		N	%
Time to first cigarette after waking	5 minutes	13,983	50.2%
	6-30 minutes	9,194	33.0%
	31-60 minutes	2,715	9.7%
	>60 minutes	1,862	6.7%
	Not known, refused	118	0.4%
	Missing	249	.
Number of cigarettes per day	<1 pack	10,627	41.3%
	1 pack	8,765	34.0%
	>1 pack but < 2	3,546	13.8%
	2 packs +	2,563	10.0%
	None (OTP user)	247	1.0%
	Missing	2,373	.

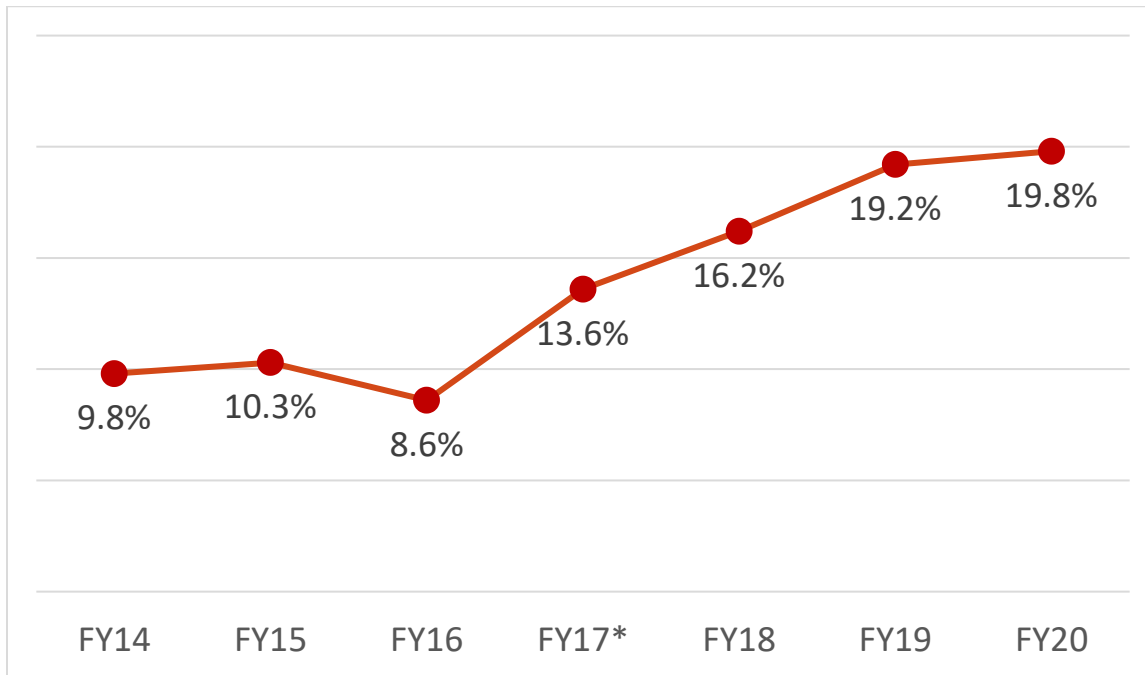
### E-Cigarette Use among Tobacco Users Registering for Helpline Services

During FY20, 19.8% of registrants (n=5,576) reported they had used e-cigarette or vaping products in the past 30 days. This represents a 30% increase since FY17 when the registration question was changed to reflect any use in the 30-days prior to Helpline registration (Figure 6).



Among those using an e-cigarette in FY20, 87% were also currently smoking combustible cigarettes at the time of registration.

**Figure 6. E-cigarette/vaping product use in past 30 days among Helpline registrants, FY14-FY20**



\*In FY17 the e-cigarette questions asked at registration changed to capture use during the past 30 days. Previously registrants were asked about current use at the time of Helpline registration.

### 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 the Helpline promotion within the community. During FY20, hearing about the Helpline from TV was the most frequent response (31.9%, Table 9). The next most frequent response was Health Professional/Health Department (20.8%) followed by Family/Friend (14.8%). Almost 8% of registrants reported hearing about the Helpline through online sources such as Facebook and Twitter, up from 2.7% in FY18.

**Table 9. How registrants heard about the Helpline, FY20 (n=28,121)**

How heard about	%
TV	31.9%
Health Professional/Department	20.8%
Family/Friend	14.8%
Website/Facebook/Twitter	7.7%
Outdoor ad	3.4%
Brochure/Mailing	3.5%
Radio	3.7%
2-1-1	3.3%
Employer/worksite	1.1%
Other	8.2%
Does Not Remember/ Refused/Not Collected	1.6%

### **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. Overall number of referrals in FY20 was lower than FY19 (18,022 vs 21,849), and the percent and number of tobacco users actually registering for services as a result of a referral was lower as well (2065, 11.5% in FY20 compared to 2814, 12.6% in FY19). This continues the alarming decline in the “connection” rate for referrals over time and should be discussed further with referring partners. Table 10 provides detailed data related to the three different referral options with outcome data overall and by referral type.

**Table 10. Electronic, fax, and online referrals to the Helpline, FY20 (n=18,022)**

	Type of Referral						All Referrals Combined	
	Electronic Referral		Fax Referral		Online Referral			
Referral Status	N	%	N	%	N	%	N	%
Accepted & enrolled in services	440	7.7%	446	23.6%	1179	11.3%	2065	11.5%
Accepted but didn't enroll	9	0.2%	5	0.3%	18	0.2%	32	0.2%
Declined services when contacted	641	11.2%	312	16.5%	1596	15.3%	2549	14.1%
Unreachable	2350	41.0%	1044	55.3%	6455	62.0%	9849	54.6%
Duplicate referral	1396	24.4%	21	1.1%	34	0.3%	1451	8.1%
Already enrolled at time of referral	304	5.3%	47	2.5%	1020	9.8%	1371	7.6%
Referral rejected (not enough info)	521	9.1%	1	0.1%	2	0.0%	524	2.9%
Pending referral	68	1.2%	12	0.6%	101	1.0%	181	1.0%
<i>Total</i>	<i>5729</i>	<i>100.0%</i>	<i>1888</i>	<i>100.0%</i>	<i>10405</i>	<i>100.0%</i>	<i>18022</i>	<i>100.0%</i>

About 36% of accepted referrals were for the multiple call Helpline program, and about another 36% chose Individual Services. Five percent selected the single call Helpline program and 9% chose web only. The remaining referrals received self-help materials or answers to general questions.

### Re-enrollments and Upgrades During FY20

Across all Helpline services, 8.9% (2,494) of registrants re-enrolled or upgraded to a more intensive service during FY20. About 11% of tobacco users registering for Individual Services re-enrolled or upgraded, with nearly all (97.4%) upgrading to a call program. Nearly 6% of Multiple Call program participants re-enrolled in the Multiple Call program during the FY.

### 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 2019 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 an intervention call or who received NRT from the Helpline are counted as having received treatment.*

In FY20, 22,164 registrants completed an intervention call, received NRT from the Helpline, or both, resulting in a treatment reach of 3.2% of Oklahoma tobacco users (Table 11). Treatment reach among cigarette smokers (3.9%) was higher than treatment reach among smokeless tobacco users (1.2%). Treatment reach among females was two times higher than treatment reach among males (4.9% vs. 2.2%). African Americans had higher treatment reach as compared to American Indians in FY20 (3.9% vs. 2.6%).

**Table 11. Treatment reach of the Oklahoma Tobacco Helpline, FY20**

Population Subset	Number Completed Intervention	Population of Tobacco Users*	Treatment Reach
All tobacco users	22,164	686,543	3.2%
Cigarette smokers	20,865	536,934	3.9%
Smokeless tobacco users	2,495	210,374	1.2%
Females	12,470	252,595	4.9%
Males	9,694	433,948	2.2%
African Americans**	1,482	38,104	3.9%
American Indians**	2,232	86,940	2.6%

\*Fiscal year 2020 enrollment is compared to the population of cigarette smokers and smokeless tobacco users (18+ years old) from BRFSS 2019

\*\*American Indian and African American Helpline and BRFSS participants selected only one racial group

### Helpline Utilization by Youth under 18 years old

During FY20, 43 youth under the age of 18 accessed the Helpline for assistance quitting smoking. Although the number is small, these youth reported using multiple tobacco products including e-cigarettes and other vapor devices (n=27), cigars (n=6) and smokeless tobacco (n=8). The majority of youth (n=34) enrolled in the multiple call telephone cessation program, and 3 signed up for Individual Services. The remaining youth received web only (n=5) and the single call program (n=1).

### **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.” Furthermore, NAQC has established a 50% response rate to the follow-up survey as the benchmark for reporting valid quit rates.

The follow-up of Oklahoma Tobacco Helpline participants in this FY20 report includes tobacco users registering for services between December 1, 2018 and November 30, 2019. The 7-month follow-up survey was conducted from July 6, 2019 through July 16, 2020.

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 just barely achieved the ideal benchmark of a 50% response rate, at 49.6%. Only 4.3% 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 1,606 participants completed the 7-month follow-up survey.

### **Satisfaction with Services**

Across all Helpline registrants, 94.3% reported being “very,” “mostly,” or “somewhat” satisfied with Helpline services, with 5.0% being “not at all” satisfied and another 0.7% refusing or responding “don’t know” (Table 12). Satisfaction rates varied somewhat by the program as well as NRT received. Both the WebCoach and Individual Services programs had the highest levels of satisfaction. Nearly two-thirds (64.5%) of the group receiving 8 or more weeks of NRT reported being “very” satisfied.

**Table 12. Overall satisfaction with the Helpline program by service type, FY20**

Type of Call Program	% Satisfied*
Single call	92.0%
Multiple call	93.7%
Individual Services	95.1%
Web Coach	94.7%
<i>Total</i>	<i>94.3%</i>
Amount of NRT received	% Very Satisfied
2 weeks of NRT	65.8%
4-6 weeks of NRT	53.5%
8+ weeks of NRT	64.5%

\*Denotes very satisfied, mostly satisfied, or somewhat satisfied.

### Quit Experiences 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) was 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, 34.4% of all participants reported not smoking for one month or longer (Table 13). The 30-day abstinent rate varied by intensiveness of Helpline services received. The combination of a multiple call program with 8 weeks of either single NRT or combination NRT proved very effective with a 38.5% quit rate. The lowest abstinence rates occurred in those receiving only NRT (no telephone coaching, Individual Services and WebCoach, 26.5%).

**Table 13. Percentage of Helpline participants abstinent 30 or more days at 7-month follow-up by program, FY20 (responder quit rates)**

Program	Total N	Percent Abstinent	95% CI
Overall	1,603	34.4%	(32.1, 36.8)
All Single Call	176	39.8%	(32.5, 47.0)
All Multiple Call	567	37.0%	(33.1, 41.0)
Multiple Call + 2 weeks NRT	79	27.8%	(18.0, 37.7)
Multiple Call + 4-6 weeks NRT	71	36.6%	(25.4, 47.8)
Multiple Call + 8+ weeks NRT	374	38.5%	(33.6, 43.4)
Individual Services	746	31.2%	(27.9, 34.6)
Web Coach	114	34.2%	(25.5, 42.9)

\*Not mutually exclusive groups

When e-cigarette use at the 7-month follow-up is considered (secondary quit measure as recommended by NAQC), the overall quit rate is 30.3% (95% CI 28.0-32.5).

### Use of NRT after Registering with the Helpline

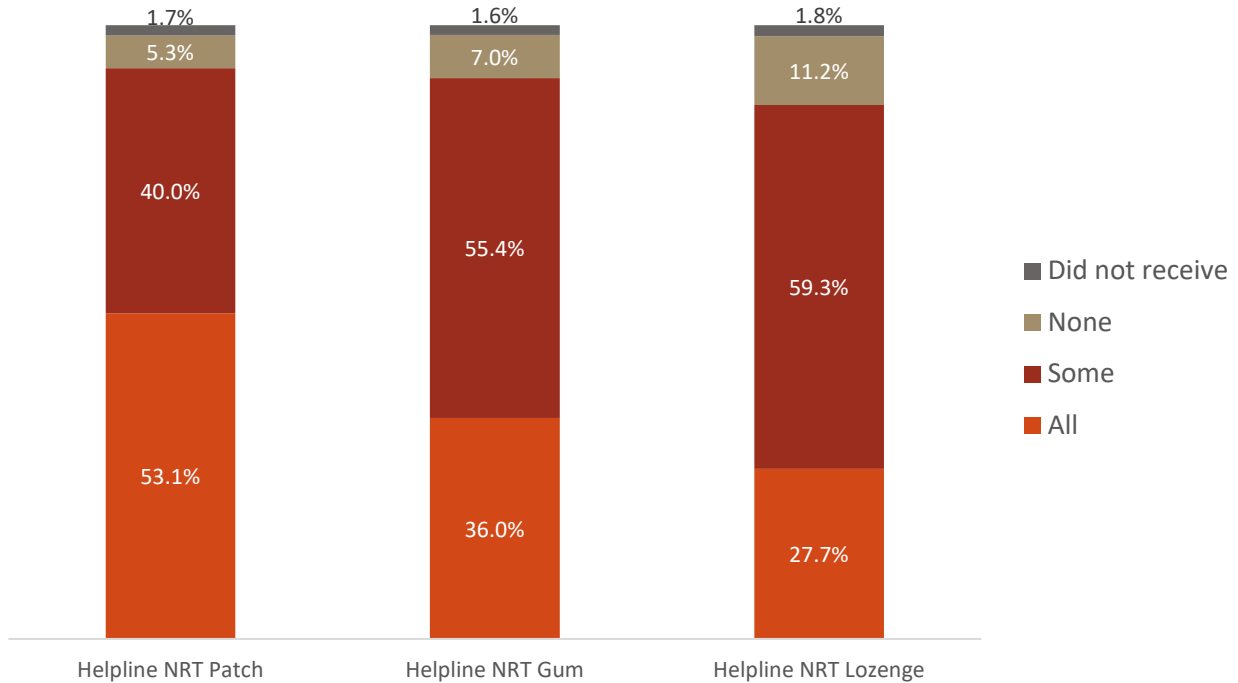
During FY20, participants were asked questions on the follow-up survey to assess their use of NRT and other medications since registering with the Helpline. This included both the NRT sent by the Helpline as well as pharmacotherapy used outside of the Helpline program (Table 14).

**Table 14. Use of any NRT or cessation prescription medication since registering for Helpline services, assessed at 7-month follow-up survey, FY20 (n=1,606)**

	N	%
NRT Patches	1114	69.4%
NRT Gum	520	32.4%
NRT Lozenge	417	26.0%
NRT Inhaler or Spray	0	0%
Rx Zyban	69	4.3%
Rx Chantix	93	5.8%

From July 2019 through May 2020 during the follow-up survey, participants were also asked about the NRT sent by the Helpline (Figure 7). Among those who requested the patch, about half reported using all of the product (53.1%), and another 40.0% reported using some. About a third of those requesting the NRT gum used all of the product (36%) and 55.4% reported some of them. Free lozenges sent by the Helpline were least likely to be used. In May 2020, the three separate questions were changed to a single question about using the NRT sent by the Helpline.

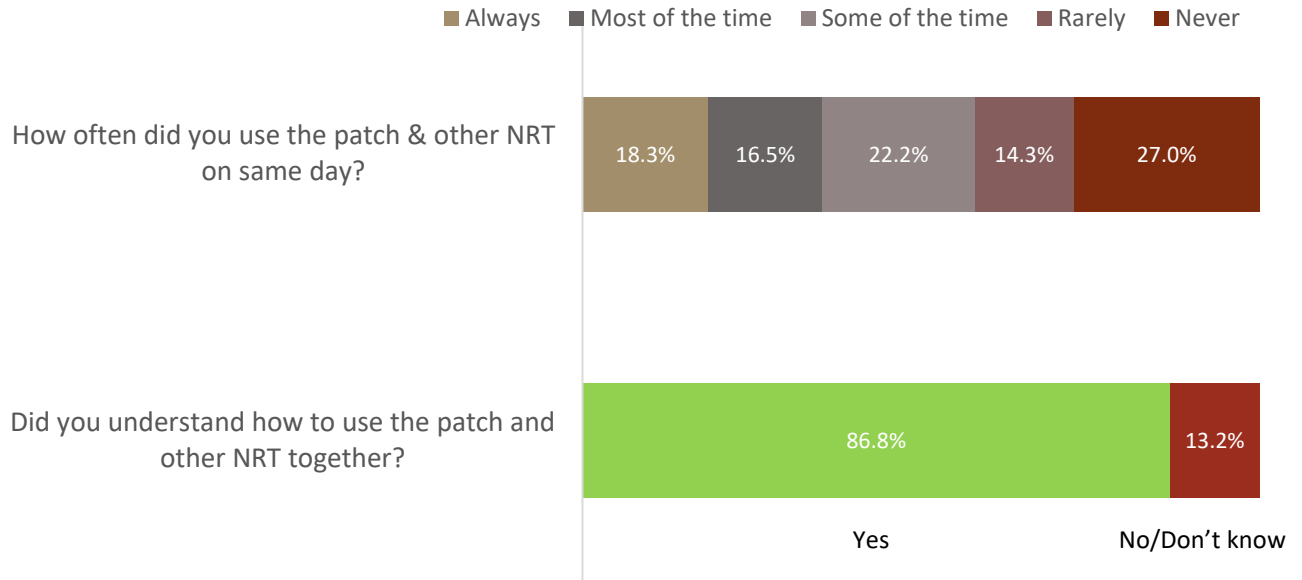
**Figure 7. Use of NRT provided by the Helpline since registering for Helpline services, assessed at 7-month follow-up survey, FY20**



Among participants receiving combination NRT from the Helpline, only 18.3% reported always using both products on the same day (Figure 8). More than a quarter (27.0%) reported never using the products on the same day and 13.2% indicated they did not understand how to use the patch and other NRT together.



**Figure 8. Use of combination NRT provided by the Helpline since registering for Helpline services, assessed at 7-month follow-up survey, FY20 (n=287)**



**Health Status, Home Smoking Policy and Reasons for Calling the Helpline**

During FY20, participants were asked questions on the follow-up survey to assess their general health and wellbeing as well as rules about smoking in the home. These are likely to be important covariates related to successful smoking cessation.

Approximately one-third (36.8%) of participants reported that their general health was good, 21.7% reported that their general health was fair, and 12.4% reported that their general health was poor (Table 15). The mean number of days in the past month participants reported their physical health was not good was 8.1 days, and the mean number of days their mental health was not good was 10.8 days.

**Table 15. General health for Helpline participants at the 7-month follow-up survey, FY20 (n=1,606)**

	<b>N</b>	<b>%</b>
Excellent	122	7.6%
Very good	338	21.1%
Good	591	36.8%
Fair	349	21.7%
Poor	199	12.4%
Not Known, Refused	6	0.4%
Missing	1	.
<i>Total</i>	<i>1606</i>	<i>100.0%</i>

At the 7-month follow-up, about two-thirds (67.3%) of participants reported they do not allow smoking inside their homes. Almost 1 in 5 (18.4%) reported smoking was permitted anywhere in their homes (Table 16).

**Table 16. Rules about smoking in the home among Helpline participants at the 7-month follow-up survey, FY20 (n=1,606)**

<b>Rules about smoking inside the home</b>	<b>Number</b>	<b>Percent</b>
No one is allowed to smoke anywhere inside the home	1079	67.3%
Smoking is allowed in some places or at some times	221	13.8%
Smoking is permitted anywhere inside the home	295	18.4%
Not known/refused	9	0.6%
Missing	2	.

Follow-up survey participants were also asked about reasons for calling the Helpline (Table 17). Only 17.6% reported being motivated to call the Helpline to save money on health insurance, or because their health insurance plan encouraged quitting (18.7%).

**Table 17. Reasons for calling the Helpline among Helpline participants at the 7-month follow-up survey, FY20 (n=1,606)**

<b>Agree or strongly agree with the following reasons</b>	<b>Percent</b>
To save money on health insurance	17.6%
Health insurance plan encouraged quitting	18.7%

## Conclusions

This evaluation report demonstrates somewhat lower registration patterns as compared to FY19. This may be due to the COVID-19 pandemic, as registrations peaked in January and February and then declined in March and April. One notable effect of the COVID-19 pandemic is its impact on health systems referrals, which were 17.5% lower in FY20 as compared to FY19. While the number of referrals received by health care providers and health systems was large (n=18,022), the referral “connection rate” was lower than what has been observed in the past. Only 11.5% of referrals actually resulted in a Helpline registration.

While 35.1% of tobacco users enrolled in the multiple call proactive telephone program, which includes up to five proactive calls with a Quit Coach, the average number of completed intervention calls in FY20 was only 1.7 calls. Twenty-two percent registered but did not complete any Helpline calls, and 38% completed only one call. Strategies to increase engagement in the most robust Helpline service should continue to be explored.

Eight out of 10 (80%) of all tobacco users registering for services received NRT from the Helpline; however, data from the sample of participants responding to the 7-month follow-up survey indicate relatively low compliance rates with the use of NRT sent by the Helpline, especially among those receiving combination NRT. Free lozenges sent by the Helpline were the least likely to be used, with only 28% reporting they had used all of the lozenges sent by the Helpline. Among participants receiving combination NRT from the Helpline, 27% reported

never using the products on the same day and 13% indicated they did not understand how to use the patch and other NRT together.

The satisfaction and quit rates included in this report are collected 7-months after registration for services and remain high. Across all Helpline registrants, 94.3% reported being “very,” “mostly,” or “somewhat” satisfied with Helpline services, and only 5% were “not at all” satisfied.

Most importantly, overall quit rates continue to meet the NAQC benchmark of 30% abstinence for 30-days at the 7-month follow-up. At the 7-month follow-up survey, 34.4% of all Helpline participants in Oklahoma reported not smoking for one month or longer. However, quit rates varied by intensiveness of Helpline services received.

The combination of a multiple call program with either single NRT or combination NRT proved very effective but only when participants stayed engaged and received the full 8 weeks of NRT (quit rates >38%).

Future evaluation will continue to monitor the impact of the different Helpline programs, and factors associated with levels of engagement and quit success.