
Oklahoma Tobacco Helpline

FY22 Evaluation Report

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A Program of TSET



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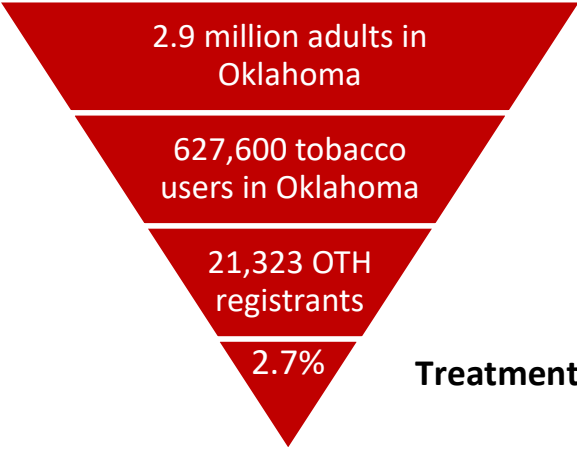
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Key Findings

Total Registrations 21,323 ↑ 8.5% from FY21

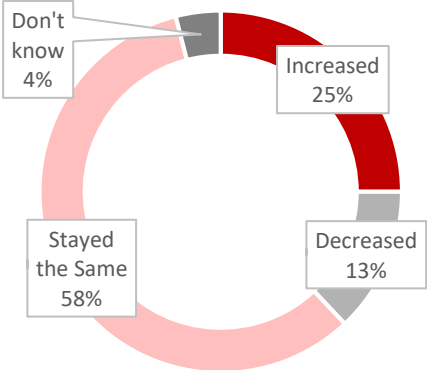
Total Referrals 12,967 ↓ <1% from FY21

7-month Quit Rate 37.3% ↑ 9.4% from FY21

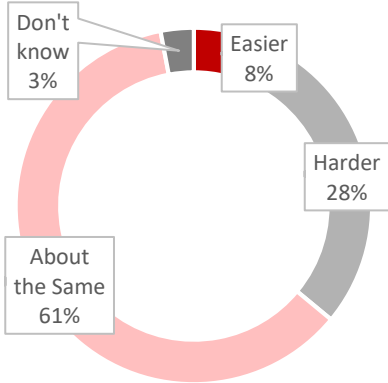


Treatment Reach ↑ 17% from FY21

Because of COVID, my quitting motivation has....



Because of COVID, quitting has become....



Evaluation data from FY22 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 FY22 evaluation include:

- During FY22, **21,323 tobacco users** registered for services from the Oklahoma Tobacco Helpline. This is 8.5% higher than what was observed in FY21 (n=19,656 tobacco users).
- The FY22 Helpline treatment reach was **2.7%** of all tobacco users in the state.
- Across all Helpline registrants, **95.3% reported overall satisfaction** ratings of ‘very,’ ‘mostly,’ or ‘somewhat’ satisfied with Helpline services, with only 4.7% ‘not at all’ satisfied.
- At the 7-month follow-up survey, **37.3% 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 FY22. Of tobacco users registering for services, 17.2% came from Oklahoma County and another 16.0% came from Tulsa County.
- In an effort to increase the utilization of Helpline services, **changes to benefits** were made during FY22. Medicaid members became eligible for 8 weeks of NRT in November 2021. From April through June 2022, all tobacco users registering for Individual Services were eligible for 4 weeks of NRT, and all Oklahomans were eligible for the multiple call program (5 calls plus 8 weeks of NRT) regardless of insurance status.
- **About four out of 10 (43%) tobacco users enrolled in the multiple call proactive telephone program.** Tobacco users who enrolled in the multiple call program achieved high 30-day abstinence rates of 37.5%.
- **Eight out of 10 tobacco users (80.5%) received NRT** from the Helpline.
- During FY22, health professionals and health systems across the state referred 1,172 tobacco users by fax, 3,713 by electronic referral, and **8,082** by online referral. However, only **13.3% of referrals resulted in a Helpline registration.** This is 4% higher than what was observed in FY21.

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 FY22 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 tobacco users registering for services, and the treatment reach for the Helpline were greater in FY22 as compared to FY21. Among those tobacco users utilizing the service, there continued to be good representation from groups with disparities in tobacco use and related health outcomes.

During FY22, the Oklahoma Tobacco Helpline continued to provide all of the services previously offered, including phone, web, text messages, emails, and nicotine replacement therapy (NRT). Tobacco users could 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 nicotine replacement therapy (NRT) with a follow-up telephone call, text messages, emails, and a Quit Guide. Another option for tobacco users not wanting to interact with a coach via telephone is **WebCoach**, which includes web-based assistance with quitting, with optional NRT (2-week starter kit), text messages, emails, and a downloadable Quit Guide.

Tobacco users could also choose the traditional telephone counseling program (Helpline) with optional 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 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 combination 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. In April 2020, The Helpline began offering a specialized protocol for tobacco users with behavioral conditions. Participants choosing the Behavioral Health Program (BHP) are eligible for 7 proactive calls with a coach and up to 12 weeks of combination NRT. BHP utilization and outcomes are described in a separate report.

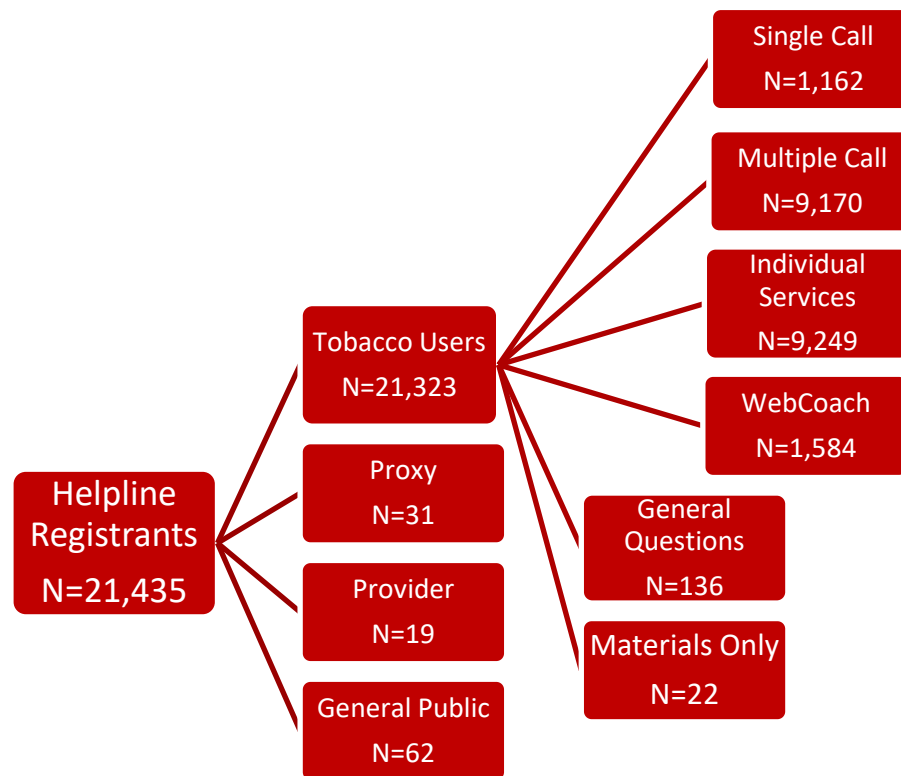
In an effort to increase the utilization of Helpline services, changes to these benefits were made during FY22. In November 2021, tobacco users who identified as Medicaid members became eligible for 8 weeks of combination NRT. From April through June 2022, all tobacco users registering for Individual Services were eligible for 4 weeks of NRT, and all Oklahomans were eligible for the multiple call program (5 calls plus 8 weeks of NRT) regardless of insurance status. Another demographic shift during FY22 was observed because of Medicaid expansion in Oklahoma. As a result, the number of tobacco users identifying as Medicaid members increased, while those identifying as uninsured decreased.

Utilization of the Oklahoma Tobacco Helpline, FY22

During FY22, from July 1, 2021 through June 30, 2022, a total of 21,323 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 8.5% higher than what was observed in FY21 (n=19,656 tobacco users). In addition to tobacco users, the total Helpline registrants included 19 health care providers, 31 friends and family members of tobacco users (proxy callers), and 62 people from the general public who accessed the Helpline for tobacco cessation information (Figure 1).

Some tobacco users registered for services more than once during FY22 (see page 21). 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).

Figure 1. Flow chart of Helpline registrants, FY22



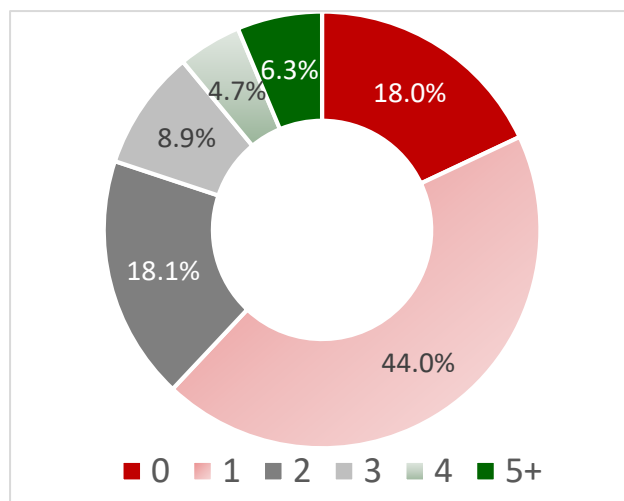
Of the 21,323 tobacco users, 43.4% (n=9,249) registered for Individual Services without the call program (Table 1). Another 9,170 (43.0%) enrolled in the multiple call proactive telephone cessation program, and 1,162 (5.4%) enrolled in the single call telephone cessation program. An additional 7.4% (n=1,584) registered for the WebCoach program. There were 136 tobacco users who requested tobacco cessation general information only, and 22 who only received materials through the mail.

Table 1. Helpline registrants by service, FY22 (n=21,323)

	N	%
Single call	1,162	5.4%
Multiple call	9,170	43.0%
Individual Services	9,249	43.4%
WebCoach	1,584	7.4%
General questions	136	0.6%
Materials only	22	0.1%

Among multiple call participants, the average number of completed intervention calls in FY22 was 1.6 calls. About 18% registered but did not complete any Helpline calls. About 44% completed only one call (Figure 2).

Figure 2. Number of intervention calls completed by tobacco users enrolling in the multiple call program, FY22 (n=9,170)

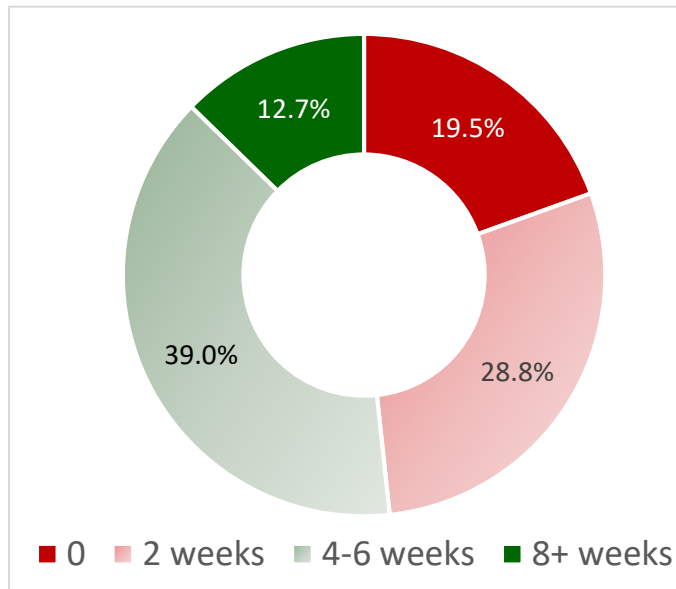


Tobacco users who want to quit may also receive NRT from the Helpline, and the vast majority (80%) did (Figure 3). One out of five tobacco users received no NRT from the Helpline, which could be attributed to contraindications for its use, or participant preference to not use NRT. About 89% of tobacco users registering for Individual Services (n=8,187 of the 9,249) received NRT from the Helpline.

Table 2. Helpline service utilization among tobacco users, FY22

Helpline Service		
Services received from the Helpline	NRT (no calls)	43.7%
	NRT + calls	5.3%
	NRT + calls + other	30.9%
	Calls, no NRT	3.0%
	No NRT, no calls	17.1%
Additional Helpline services	WebCoach	53.7%
	Text messages	40.1%
	Email messages	29.4%

Figure 3. Weeks of NRT received from the Helpline among tobacco users registering for services, FY22 (n=21,165*)



*excludes tobacco users who did not receive intervention (General questions and materials only, n=158)

The largest proportion of tobacco users received only the patch (44.9%), while 16.3% received patch and lozenge, and 13.0% received gum only (Table 3). About 29% received some form of combo NRT.

Table 3. Type of NRT received from the Helpline among tobacco users receiving NRT, FY22 (n=17,044)

Type of NRT	N	%
Gum	2217	13.0%
Lozenge	1969	11.6%
Patch	7655	44.9%
Gum and Lozenge	94	0.6%
Patch and Gum	2181	12.8%
Patch and Lozenge	2785	16.3%
Patch, Gum and Lozenge	143	0.8%

Across all programs available to tobacco users wanting to quit, about 40% received text messages and almost 30% received email messages. Those enrolled in the Single call program had the highest percentage opting for text (50.1%) and WebCoach participants were more likely to receive emails

messages (49.0%, Table 4). Of note is that Individual Service participants are less likely to elect to receive text messages.

Table 4. Percent of tobacco users receiving text and email messages, by program, FY22

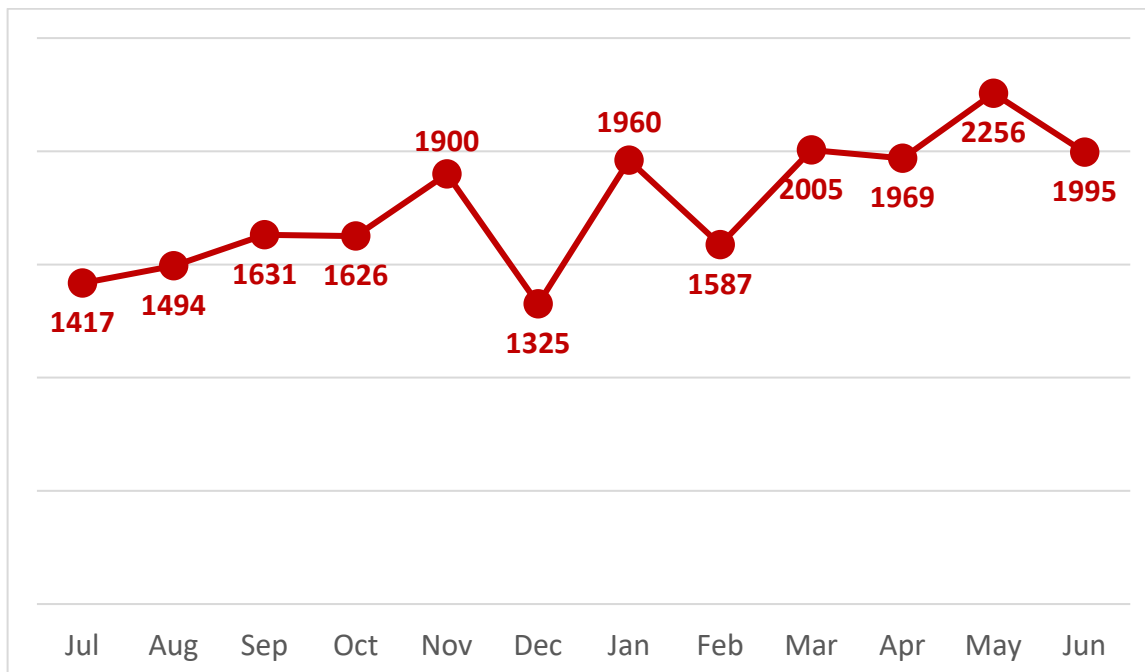
Program	Text messages	Email messages
Multiple Call Program	44.5%	27.8%
Single Call Program	50.1%	25.8%
Individual Services	33.1%	28.1%
WebCoach	48.0%	49.0%
All tobacco users*	40.1%	29.4%

*excludes those receiving “General information”

In addition, 69% of single call participants and 52% of multiple call participants also registered for the integrated WebCoach program to support their telephone-based coaching.

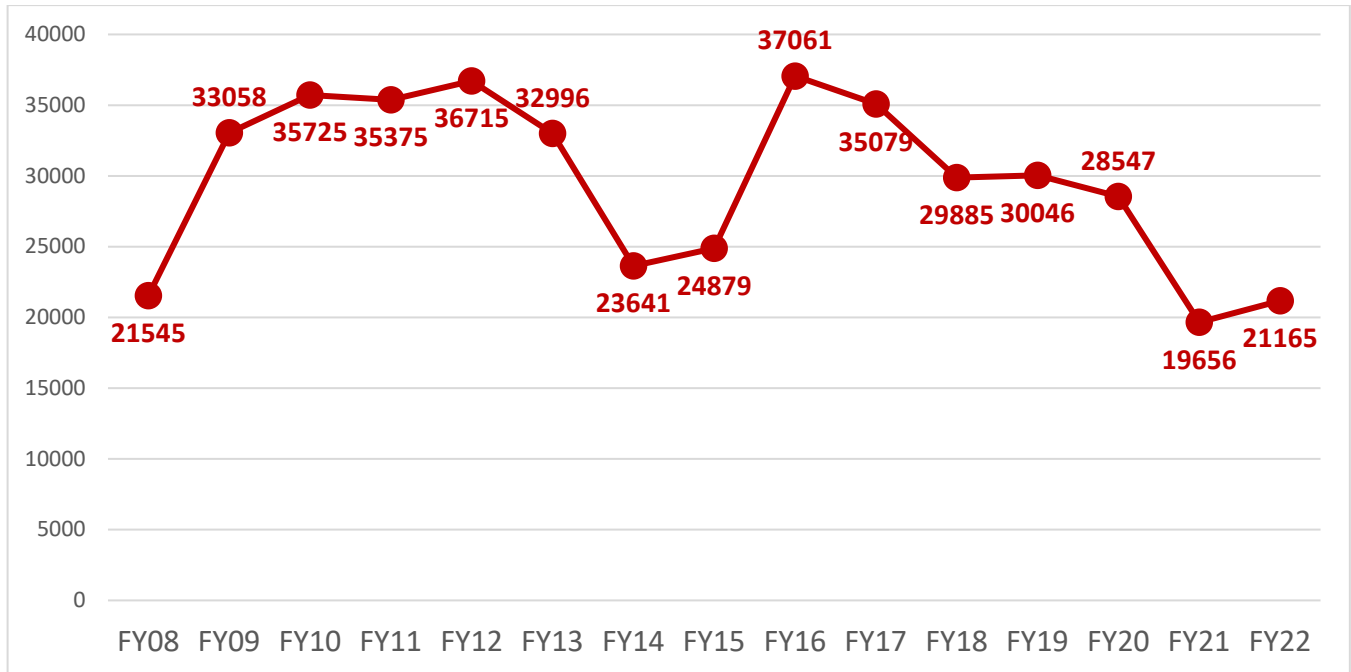
The number of tobacco users registering with the Helpline in FY22 ranged from 1325 in December to 2256 in May 2022 (Figure 4). Consistent with past experience, registrations for quitline services spike in January reflecting New Year’s resolutions that many smokers make to quit smoking, but the largest number was observed during the Limited Time Offer for expanded services (May).

Figure 4. Tobacco users registering with the Helpline by month, FY22



In FY22, registrations for Helpline services rebounded somewhat and were 8.5% higher than what was observed in FY21. According to the North American Quitline Consortium (NAQC) the downward trend observed in FY21 was observed in other states as well. It is not clear what impact, if any, COVID may have on intentions to quit or tobacco use behaviors.

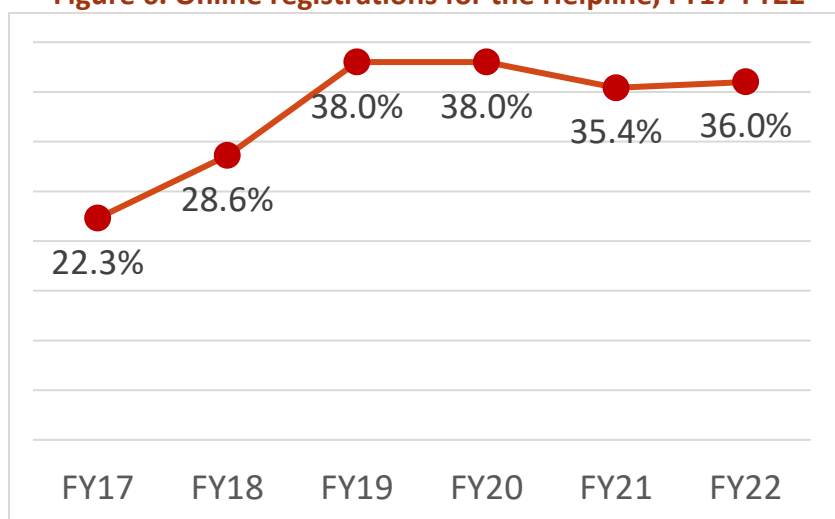
Figure 5. Tobacco users registering with the Helpline by FY



Mode of Entry: Telephone and Online Registrations during FY22

Tobacco users can register for Helpline services by calling 1-800-QUITNOW or visiting the Helpline webpage at www.okhelpline.com. In FY22, 55.7% of tobacco users registered by phone versus 36.0% online. Another 8.2% registered via a referral. Online registrations have remained stable over time since FY19 (Figure 6).

Figure 6. Online registrations for the Helpline, FY17-FY22



Demographic Characteristics of Tobacco Users Registering during FY22

Demographic characteristics were collected and reported for **21,165 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.

More than half (58.3%) of tobacco users registering with the Helpline were female (Table 5). Registrants were also mostly white (72.3%) and non-Hispanic (92.7%). More than 7% of registrants identified as multiracial (7.3%). Although 9.3% 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 15.4%. During FY22, one-third of registrants was 55 years or older (34.0%).

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,” 71% reported tribal affiliation. Among those reporting tribal affiliation, Cherokee Nation accounted for 37% of responses; while Choctaw Nation was reported by 17%.

Table 5. Gender, race/ethnicity and age of Helpline registrants, FY22 (n=21,165)

Demographics		N	%
Gender	Female	12,335	58.3%
	Male	8,819	41.7%
	Missing	11	
Race	White	15,170	72.3%
	Black or African American	1,445	6.9%
	American Indian/Alaskan Native	1,960	9.3%
	Multiracial	1,542	7.3%
	Other	565	2.7%
	Not Known, Refused	300	1.4%
	Missing	183	.
Ethnicity	Hispanic	900	4.3%
	Non-Hispanic	19,457	92.7%
	Not Known, Refused	636	3.0%
	Missing	172	.
Age	18-24	1,392	6.6%
	25-34	3,924	18.5%
	35-44	4,555	21.5%
	45-54	4,076	19.3%
	55-64	4,452	21.0%
	65-74	2,268	10.7%
	75+	491	2.3%
	Missing	7	.

Consistent with prior years, 52.2% of tobacco users registering for services had incomes of less than \$20,000 in FY22, and 16.0% had less than a high school degree. In addition, 29.1% of tobacco users registering were Medicaid recipients, and 25.0% were uninsured (Table 6). This distribution is different from past years due to Medicaid expansion and the limited time offer for expanded services.

In FY22, the percent uninsured was less than FY21, while percent Medicaid and private insurance were greater than FY21.

Table 6. Education, income and health insurance status of tobacco users registering with the Helpline, FY22 (n=21,165)

Characteristic		N	%
Education	Less than grade 9	393	3.3%
	Grade 9-11, no degree	1,512	12.7%
	High School Degree or GED	4,202	35.2%
	Some College or University	3,621	30.3%
	College or University Degree	1,973	16.5%
	Not Known, Refused	244	2.0%
	Missing*	9,220	.
Income	<\$10,000	5,854	28.0%
	\$10,000-14,999	2,910	13.9%
	\$15,000-19,999	2,147	10.3%
	\$20,000-24,999	1,767	8.4%
	\$25,000-34,999	2,004	9.6%
	\$35,000-49,999	1,904	9.1%
	\$50,000-74,999	1,238	5.9%
	\$75,000+	948	4.5%
	Not Known, Refused	2,169	10.4%
	Missing	224	.
Health insurance status	Medicaid	6,119	29.1%
	Medicare	3,951	18.8%
	Private	4,506	21.4%
	Uninsured	5,265	25.0%
	Veterans	279	1.3%
	Not known, Refused	911	4.3%
	Missing	134	.

Characteristic	N	%
Active service military or a veteran/retired member including Reserve & National Guard	1,325	6.3%

*Not asked of those registering by web

Tobacco Users Reporting Mental Health and Substance Abuse Disorders

More than half (58.2%) of tobacco users registering for services reported having at least one mental health or substance abuse disorder (Table 7). The most common MHSA disorders among those reporting at least one, are Depression (70.5%), Generalized Anxiety Disorder (56.7%), Post Traumatic Stress Disorder (37.2%), and Bi-polar Disorder (27.4%). About 29% reported drug and alcohol abuse. Of the Helpline registrants who reported at least one MHSA disorder, 32.2% believed their condition would interfere with their ability to quit tobacco, while 17.7% did not know if their condition would interfere with the ability to quit tobacco.

Table 7. Prevalence of mental health or substance abuse disorders among tobacco users who registered for services, FY22 (n=21,165)

MHSA condition*	N	%
At least one	10,719	58.2%
None	7,161	38.9%
Not known, refused	548	3.0%
Missing	2,737	.

*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

Tobacco users registering for Helpline services and reporting one or more mental health or substance abuse disorder are offered a specialized protocol for tobacco users with behavioral conditions.

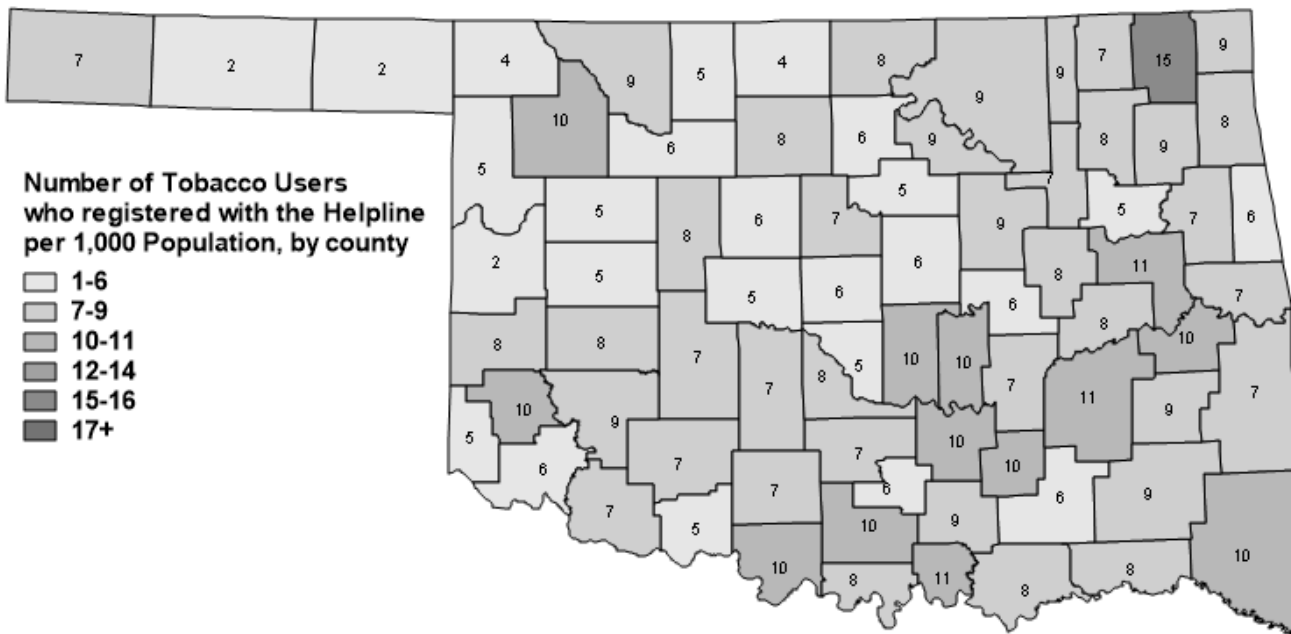
Participants choosing the Behavioral Health Program (BHP) are eligible for 7 proactive calls with a coach and up to 12 weeks of combination NRT. In FY22, 3161 tobacco users participated in the BHP, and their demographic and utilization data are included in the totals in this overall report. Specific BHP utilization and outcomes are described in a separate report.

Helpline Utilization by Pregnant Women

During FY22, 195 tobacco users who were also pregnant accessed the Helpline for assistance quitting smoking. An additional 123 women who were planning pregnancy and 53 breastfeeding moms utilized the Helpline.

Geographic Distribution of Tobacco Users Registering for Services

The Oklahoma Tobacco Helpline is reaching tobacco users in all parts of Oklahoma (Table 8 and Map). The map 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, Craig had the highest rates of registration, with 15 registrants per 1000 adult population. Muskogee, Pittsburg and Marshall counties each had 11 registrants per 1000 adult population.



Tobacco users from all 77 Oklahoma counties contacted the Helpline for services in FY22. Of tobacco users registering for services, 17.2% came from Oklahoma County (n=3,644) and another 16.0% came from Tulsa county (n=3,389). Cleveland County accounted for 5.7% of registrations (n=1,209)

Table 8. Number of tobacco users who registered for services by county, FY22 (n=21,165)

County	Count	County	Count	County	Count
Adair	86	Grant	13	Nowata	48
Alfalfa	21	Greer	44	Okfuskee	52
Atoka	71	Harmon	9	Oklahoma	3644
Beaver	8	Harper	9	Okmulgee	212
Beckham	128	Haskell	91	Osage	339
Blaine	49	Hughes	75	Ottawa	209
Bryan	279	Jackson	110	Pawnee	109
Caddo	137	Jefferson	42	Payne	356
Canadian	541	Johnston	72	Pittsburg	372
Carter	369	Kay	255	Pontotoc	283
Cherokee	275	Kingfisher	64	Pottawatomie	549
Choctaw	84	Kiowa	57	Pushmataha	78
Cimarron	11	Latimer	66	Roger Mills	6
Cleveland	1209	Le Flore	253	Rogers	573
Coal	41	Lincoln	160	Seminole	171
Comanche	609	Logan	290	Sequoyah	213
Cotton	21	Love	64	Stephens	230
Craig	162	Major	36	Texas	37
Creek	493	Marshall	129	Tillman	37
Custer	109	Mayes	257	Tulsa	3389
Delaware	248	McClain	251	Wagoner	350
Dewey	15	McCurtain	234	Washington	343
Ellis	13	McIntosh	126	Washita	64
Garfield	369	Murray	68	Woods	60
Garvin	142	Muskogee	552	Woodward	158
Grady	286	Noble	53	<i>Unknown</i>	127
				Total	21,165

Tobacco Use Patterns among Registrants

Among tobacco users registering for services, 41.6% reported smoking <1 pack of cigarettes a day (Table 9). Almost half of those responding stated that the time after waking to first tobacco use was five minutes or less (48.1%).

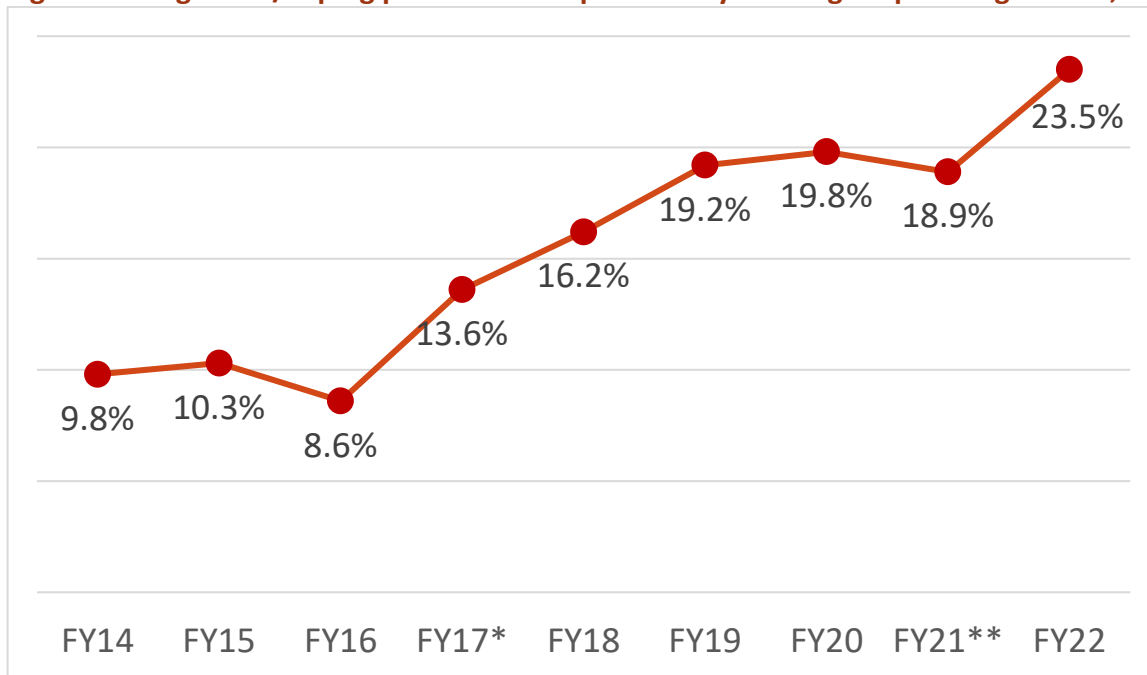
Table 9. Tobacco use patterns among registrants, FY22 (n=21,165)

Category		N	%
Time to first cigarette after waking	5 minutes or less	9,458	48.1%
	6-30 minutes	6,695	34.0%
	31-60 minutes	1,988	10.1%
	>60 minutes	1,449	7.4%
	Not known, refused	73	0.4%
	Missing	1,502	.
Number of cigarettes per day	<1 pack	7,717	41.6%
	1 pack	6,301	34.0%
	>1 pack but < 2	2,487	13.4%
	2 packs +	1,900	10.2%
	None (OTP user)	144	0.8%
	Missing	2,616	.

E-Cigarette Use among Tobacco Users Registering for Helpline Services

During FY22, nearly a quarter of registrants used an e-cigarette or vaping product in the last 30 days (23.5%). This represents a 19% increase when compared to FY20 (Figure 7). Among those using an e-cigarette in FY22, 73% were also currently smoking combustible cigarettes at the time of registration. Among all Helpline registrants, 5.4% (n=1150) were exclusive e-cigarette users at the time of registration.

Figure 7. E-cigarette/vaping product use in past 30 days among Helpline registrants, FY14-FY22



*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.

** Data only available through mid-March 2021.

E-cigarette users at the time of registration were asked additional questions in FY22 about their use.

- 90.5% of users intended to quit e-cigarettes in the next 30 days
- 55% were using e-cigarettes to quit smoking cigarettes
- 51.3% used e-cigarettes every day
- 42.9% used e-cigarettes within 5 minutes after waking

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 FY22, hearing about the Helpline from TV was the most frequent response (32.7%, Table 10).

The next most frequent response was Health Professional/Health Department (21.2%) followed by Family/Friend (13.3%).

Table 10. How registrants heard about the Helpline, FY22 (n=21,165)

How heard about	%
TV	32.7%
Health Professional/Department	21.2%
Family/Friend	13.3%
Website/Facebook/Twitter	6.5%
Radio	4.7%
2-1-1	3.7%
Brochure/Mailing	3.6%
Outdoor ad	2.9%
Employer/worksite	0.9%
Other	8.7%
Does Not Remember/ Refused/Not Collected	2.0%

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 FY22 (n=12,967) was similar to FY21 (n=12,989), and the number of tobacco users actually registering for services as a result of a referral was slightly higher (n=1726 in FY22 compared to n=1663 in FY21). Table 11 provides detailed data related to the three different referral options with outcome data overall and by referral type.

Table 11. Electronic, fax, and online referrals to the Helpline, FY22 (n=12,967)

	Type of Referral						All Referrals Combined	
	Electronic Referral		Fax Referral		Online Referral*			
Referral Status	N	%	N	%	N	%	N	%
Accepted & enrolled in services	365	9.8%	248	21.2%	1113	13.8%	1726	13.3%
Accepted but didn't enroll	8	0.2%	10	0.9%	22	0.3%	40	0.3%
Declined services when contacted	747	20.1%	249	21.2%	1528	18.9%	2524	19.5%
Unreachable	1917	51.6%	604	51.5%	4136	51.2%	6657	51.3%
Duplicate referral	269	7.2%	30	2.6%	41	5.0%	340	2.6%
Already enrolled at time of referral	160	4.3%	25	2.1%	1089	13.5%	1274	9.8%
Referral rejected (not enough info)	224	6.0%	.	.	2	0.0%	226	1.7%
Pending referral	23	0.6%	6	0.5%	151	1.9%	180	1.4%
<i>Total</i>	<i>3713</i>	<i>100.0%</i>	<i>1172</i>	<i>100.0%</i>	<i>8082</i>	<i>100.0%</i>	<i>12967</i>	<i>100.0%</i>

*includes 159 “self-referrals” through an OHCA web portal

About 37% of accepted referrals were for the multiple call Helpline program, and another 37% chose Individual Services. Two percent selected the single call Helpline program and 7% chose web only. The remaining referrals received self-help materials or answers to general questions.

Re-enrollments and Upgrades During FY22

Across all Helpline services, 7.0% (n=1492) of registrants re-enrolled or upgraded to a more intensive service during FY22. About 9% of tobacco users registering for Individual Services re-enrolled or upgraded, with nearly all (94.5%) upgrading to a call program. 4.3% 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 2021 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 FY22, 16,729 registrants completed an intervention call, received NRT from the Helpline, or both, resulting in a treatment reach of 2.7% of Oklahoma tobacco users (Table 12). Treatment reach among cigarette smokers (3.3%) was higher than treatment reach among smokeless tobacco users (0.9%). Treatment reach among females was almost two times higher than treatment reach among males (3.7% vs. 1.9%). African Americans and American Indians had very similar treatment reach (2.7% and 2.5%, respectively). Overall, treatment reach was 17% higher in FY22 as compared to FY21.

Table 12. Treatment reach of the Oklahoma Tobacco Helpline, FY22

Population Subset	Number Completed Intervention	Population of Tobacco Users*	Treatment Reach
All tobacco users	16,729	627,573	2.7%
Cigarette smokers	15,924	477,854	3.3%
Smokeless tobacco users	1730	182,913	0.9%
Females	9637	257,265	3.7%
Males	7084	370,308	1.9%
African Americans**	1270	47,103	2.7%
American Indians**	2561	100,484	2.5%

*Fiscal year 2022 enrollment is compared to the population of cigarette smokers and smokeless tobacco users (18+ years old) from BRFSS 2021

**American Indian and African American Helpline and BRFSS participants selected alone or with multiple races

Helpline Utilization by Youth under 18 years old

During FY22, 56 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=49) and smokeless tobacco (n=4). The majority of youth (n=38) enrolled in the multiple call telephone cessation program, and 4 signed up for Individual Services. The remaining youth received web only (n=13) 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.” 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 recommendation 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 FY22 report includes tobacco users registering for services between December 1, 2020 and November 30, 2021. The 7-month follow-up survey was conducted from July 12, 2021 through July 8, 2022.

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 46.1%. Only 5.4% 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 1,494 participants completed the 7-month follow-up survey.

The response rate in FY22 was likely influenced by a large number of Helpline participants being contacted for a research study, and perhaps by COVID. Respondents to the FY22 follow-up survey were more likely to be multiple call participants, as compared to past years. They received more calls and greater amounts of NRT than non-respondents in FY22, and similarly they received greater amounts of services as compared to FY21 follow-up participants. Thus, comparison of quit rates from FY22 to those of past FYs should be done with caution, acknowledging that follow-up participants in FY22 are different from past years.

Satisfaction with Services

Across all Helpline registrants, 95.3% reported being “very,” “mostly,” or “somewhat” satisfied with Helpline services, with 4.4% being “not at all” satisfied and another 0.3% refusing or responding “don’t know” (Table 13). Satisfaction rates varied somewhat by the program as well as NRT received. Satisfaction was similar across all Helpline programs. Nearly two-thirds of those receiving 4 or more weeks of NRT reported being “very” satisfied.

Table 13. Overall satisfaction with the Helpline program by service type, FY22

Helpline Program	% Satisfied*
Single call	93.3%
Multiple call	95.3%
Individual Services	96.3%
Web Coach	92.2%
<i>Total</i>	<i>95.3%</i>
Amount of NRT received	% Very Satisfied
2 weeks of NRT	47.5%
4-6 weeks of NRT	63.0%
8+ weeks of NRT	72.5%

*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) 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, 37.3% of all participants reported not smoking for one month or longer (Table 14). 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 quit rates of 51.8% and 45.5%, respectively.

Table 14. Percentage of Helpline participants abstinent 30 or more days at 7-month follow-up by program, FY22 (responder quit rates)

Program	Total N	Percent Abstinent	95% CI
Overall	1,487	37.3%	(34.8, 39.7)
All Single Call	133	43.6%	(35.2, 52.0)
All Multiple Call*	768	37.5%	(34.1, 40.9)
Multiple Call + 2 weeks NRT	59	27.1%	(15.8, 38.5)
Multiple Call + 4-6 weeks NRT	350	29.7%	(24.9, 34.5)
Multiple Call + 8+ weeks NRT (any)	312	47.8%	(42.2, 53.3)
Multiple Call + 8+ weeks NRT (single)	114	51.8%	(42.6, 60.9)
Multiple Call + 8+ weeks NRT (combo)	198	45.5%	(38.5, 52.4)
Individual Services	509	36.9%	(31.8, 40.1)
Web Coach	77	32.5%	(22.0, 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 31.2% (95% CI 28.9-33.6).

Use of NRT after Registering with the Helpline

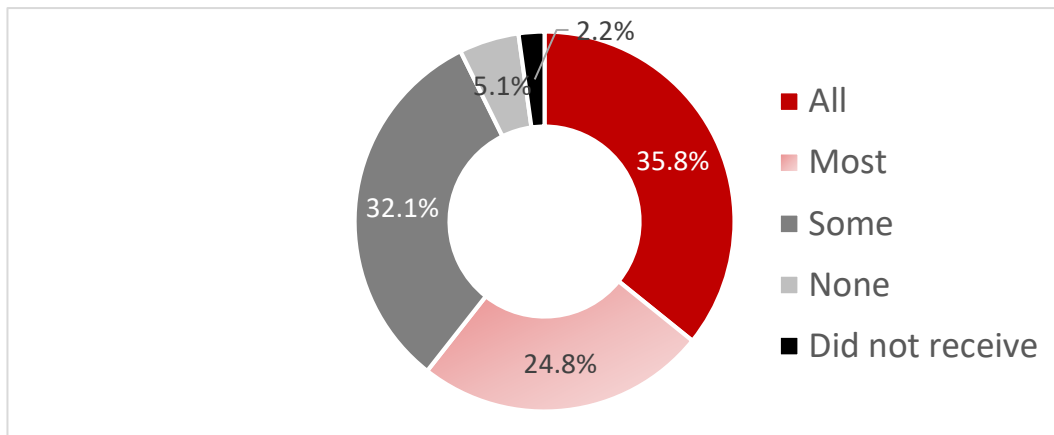
During FY22, participants were asked questions on the follow-up survey to assess their use of NRT and other medications since registering with the Helpline. This included both the NRT sent by the Helpline as well as pharmacotherapy used outside of the Helpline program (Table 15).

Table 15. Use of any NRT or cessation prescription medication since registering for Helpline services, assessed at 7-month follow-up survey, FY22 (n=1,487)

	N	%
NRT Patches	1008	67.8%
NRT Gum	478	32.2%
NRT Lozenge	439	29.5%
NRT Inhaler or Spray	6	0.4%
Rx Zyban	66	4.4%
Rx Chantix	57	3.8%

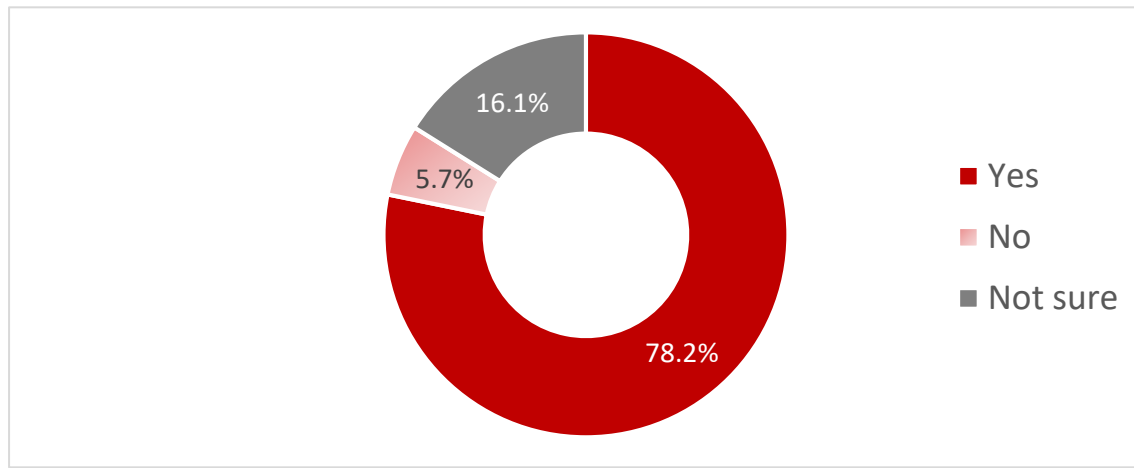
Participants were also asked about the NRT sent by the Helpline (Figure 8). Among those who requested NRT, 35.8% reported using all of the product, and another 24.8% reported using most. About a third of those requesting NRT used some of the product (32.1%), and 5.1% reported using none of the NRT sent by the Helpline.

Figure 8. Use of NRT provided by the Helpline since registering for Helpline services, assessed at 7-month follow-up survey, FY22



Among participants receiving combination NRT from the Helpline, 21.8% indicated they did not understand how to use the patch and other NRT together (No and Not sure responses combined).

Figure 9. Use of combination NRT provided by the Helpline since registering for Helpline services, assessed at 7-month follow-up survey, FY22 (n=385)



Health Status and Home Smoking Policy

Follow-up 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 (36.4%) of participants reported that their general health was good, 26.2% reported that their general health was fair, and 10.8% reported that their general health was poor (Table 16). The mean number of days in the past month participants reported their physical health was not good was 8.8 days, and the mean number of days their mental health was not good was 11.3 days.

Table 16. General health for Helpline participants at the 7-month follow-up survey, FY22 (n=1,492)

	N	%
Excellent	73	7.9%
Very good	315	21.1%
Good	543	36.4%
Fair	391	26.2%
Poor	161	10.8%
Not Known, Refused	11	0.5%
<i>Total</i>	<i>1494</i>	<i>100.0%</i>

At the 7-month follow-up, about two-thirds (68.3%) of participants reported they do not allow smoking inside their homes. 18.3% reported smoking was permitted anywhere in their homes (Table 17).

Table 17. Rules about smoking in the home among Helpline participants at the 7-month follow-up survey, FY22 (n=1,494)

Rules about smoking inside the home	Number	Percent
No one is allowed to smoke anywhere inside the home	1016	68.3%
Smoking is allowed in some places or at some times	184	12.4%
Smoking is permitted anywhere inside the home	272	18.3%
Not known/refused	15	1.0%
Missing	7	.

Ease of Use and Willingness to Refer Others

During FY22, participants were asked a question on the follow-up survey to assess their level of agreement with the following statement, “The Helpline program was easy to understand.” Overall 61.3% Strongly Agreed with the statement, and 34.8% Agreed. Interestingly, participants in the Web Coach and Individual Services programs had the highest levels of agreement with the statement (Table 18). Nearly all of the respondents (93%) indicated they would refer the Helpline to a friend or family member trying to quit tobacco.

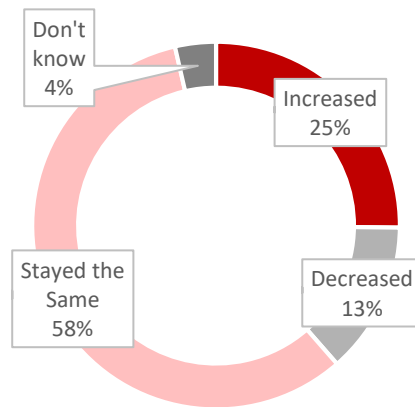
Table 18. Agreement with the statement, “The Helpline program was easy to understand” among Helpline participants at the 7-month follow-up survey, FY22 (n=1,486)

Level of Agreement	Multiple Call	Single Call	Web Coach	Individual Services	Total
Strongly agree	60.0%	59.7%	64.9%	63.2%	61.3%
Agree	36.1%	36.6%	31.2%	32.9%	34.8%
Disagree	2.0%	2.2%	3.9%	2.7%	2.4%
Strongly disagree	1.3%	1..5%	0.0%	0.6%	1.0%
Not known/Refused	0.7%	0.0%	0.0%	0.6%	0.5%

COVID-19

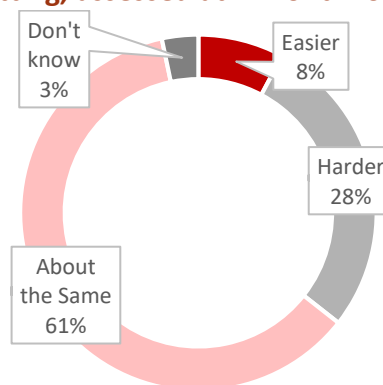
In December 2020, new questions were added to the 7-month follow-up survey to assess the impact of COVID-19 on quitting. Participants were asked about motivation to quit and difficulty quitting in the presence of the pandemic. Only 25% responded that COVID increased their motivation to quit, while 13% responded the pandemic decreased their motivation to quit.

Figure 10. Impact of COVID on motivation to quit smoking since registering for Helpline services, assessed at 7-month follow-up survey, FY22 (n=1,490)



About a quarter of respondents to the follow-up survey responded that COVID made it harder to quit tobacco (28%). In FY21, 36% responded that COVID made it harder to quit.

Figure 11. Impact of COVID on quitting, assessed at 7-month follow-up survey, FY22 (n=1,480)



Conclusions

This evaluation report demonstrates an increase in utilization of the Helpline as compared to FY21 (+8.5%). Registrations began to increase after January and were also impacted favorably by the “Limited Time Offer” expanded benefit from April-June. As a result, the treatment reach for the Helpline was 2.7% in FY22, a 17% increase over FY21.

During FY22, nearly a quarter of registrants used an e-cigarette or vaping product in the last 30 days (23.5%). This represents a 19% increase when compared to FY20. Among those using an e-cigarette in FY22, 73% were also currently smoking combustible cigarettes at the time of registration. Among all Helpline registrants, 5.4% (n=1150) were exclusive e-cigarette users at the time of registration. This may be an indicator of emerging demand for Helpline services among e-cigarette users who are nicotine dependent and want to quit.

The satisfaction and quit rates included in this report are collected 7-months after registration for services. For the first time, Oklahoma’s response rate for the 7-month evaluation survey fell below the NAQC benchmark of 50%. The lower response rate in FY22 was likely influenced by a large number of Helpline participants being contacted for a research study, and perhaps by COVID. Respondents to the FY22 follow-up survey were more likely to be multiple call participants, as compared to past years. They received more calls and greater amounts of NRT than non-respondents. Comparison of FY22 quit rates to those of past FYs should be done with caution, acknowledging that follow-up participants in FY22 are different from past years. Overall, FY22 quit rates were high; 37.3% 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-days at the 7-month follow-up, and is likely due, in part, to higher levels of services received among respondents to the follow-up survey.