

WV Tobacco Quitline Executive Summary

The West Virginia Tobacco Quitline 2009 Annual Report is a report of program operations and major findings for the WV Tobacco Quitline administered by beBetter Health for the 2009 calendar year. This report included the Bureau for Public Health (BPH) enrollment divided into two categories: No Insurance & Special Populations and Other Insurance, as well as The West Virginia Medicaid program enrollment.

In 2009, the WV Tobacco Quitline received 31,195 incoming calls and enrolled 9,097 West Virginians in a program that assisted individuals in quitting tobacco use with a return on investment (ROI) of 1,029% for the Bureau for Public Health. No Insurance & Special Populations 4,826 (53.0%) contained the majority of enrollees followed by Medicaid 2,935 (32.3%) and Other Insurance 1,336 (14.7%). Starting in 2000 and through June 2010 the program has enrolled 65,379 participants for a cumulative penetration rate of 17.5% of the state's cigarette smoking population and 13.4% of all tobacco users; in 2009 the program reached 1.86% of this population using a cigarette smoker only methodology. However starting in 2009 the methodology for penetration changed to add smokeless users to smokers to arrive at a tobacco user population. Therefore the tobacco user penetration cumulative used in 2009 will not be comparable to previous years.

The majority of enrollees were *female* (66.1%), white (96.0%), fell into the *45 to 54 year age group* (28.4%), high school graduates /GED (47.0%), and cigarette smokers (94.0%) who smoked 1 pack of cigarettes a day (35.4%). The main source of referrals to the program came from *physicians* (27.8%), followed by *family/friends* (21.5%) and *community organizations* (18.1%).

A sample of 1,581 enrollees was randomly selected (except for target populations of pregnant and smokeless) for a six month post-survey to collect data on the number of tobacco quitters, quit attempts, and overall satisfaction with the program. Completed surveys totaled 512 with 1,069 (67.6%) lost to follow-up. The majority, 74.7%, of participants, were *very satisfied*; 22.9% were *mostly/somewhat satisfied* and only 2.4% were *dissatisfied*.

Two methodologies, as recommended by the North American Quitline Consortium, were used to calculate quit rate and quit attempt ranges, which were expressed for the total program with an error rate of +/- 2.3% at the 95% confidence interval. The *responder* method (including only those who completed post surveys) yielded an overall quit rate of 33.4% (29.1% - 37.7%), an improvement of 16.4% relative to the 2008 rate. The *intent to treat* method (including lost to follow-up enrollees counted as tobacco users) yielded an overall quit rate of 10.8% (8.5% - 13.1%), slightly improved from 2008. Both rates resulted in an *average program quit rate* of 22.1% (18.8% - 25.4%). No Insurance & Special Populations had an average quit rate of 23.9% (18.4% - 29.4%); Other Insurance – 25.6% (19.2% - 32.1%) and Medicaid - 18.0% (12.6% - 23.3%). *Quit attempts* for the program averaged 61.0%, with Other Insurance – 57.9%, No Insurance & Special Populations – 60.7%, and Medicaid – 63.8%.

In 2009 the Quitline experienced an increase of incoming calls as a result of the federal tax increase. These calls for the most part occurred during the first half of the year. During fall of 2009 the Quitline began breaking up NRT shipments and prescription authorizations into two shipments or periods; the first authorized upon completion of Coaching 1 and the second authorized upon completion of Coaching 2. The Morgantown Area Health Initiative began in the fall of 2009 offering free Quitline services to any individuals affiliated with this movement including Morgantown area hospitals with locations throughout the state. During 2009 continued emphasis was directed to *pregnant* and *smokeless target* populations, necessitating the need for reliable quit statistics for these populations. Post surveys were completed on all of these populations rather than sampling a part of them. Despite this over sampling, since these target populations accounted for a small percentage of total post surveys, overall quit statistics were not statistically altered.

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Quit rates for pregnant compared to non-pregnant females were *not statistically different*. Pregnant females responder quit rate was 30.2% (18.4% - 42.0%) compared to 28.7% (22.4% - 35.0%) for *non-pregnant* females. *Cigarette only* tobacco users had a responder quit rate of 31.8% (26.9% - 36.7%) compared to *all smokeless* at 43.8% (35.1% - 52.5%), with *chew only* 47.6% (31.1% - 64.1%) and *snuff only* 42.4% (32.1% - 52.7%).

The BPH ROI analysis was included in this report; Medicaid ROI was not included. All other statistics encompassed both Medicaid and BPH enrollees. The BPH *investment* in this program was \$1,135,000 including Quitline operational costs, nicotine withdrawal therapy (NWT), and all other associated administrative fees. The one year *total average cost savings*, including both direct health care and productivity costs, was \$11.678 million yielding an *average ROI* of 1,029%. Thus, for every \$1 invested in the program, there was an average cost savings of \$10.29.

The WV Tobacco Quitline began operations in 2000 when the WV Medicaid and PEIA programs contracted with *beBetter Health, (formerly Partners in Corporate Health, Inc.)* to develop and administer a tobacco cessation program that offered telephonic coaching and NWT. In March 2002 the BPH joined in sponsoring the program by expanding services to the uninsured (No Insurance) and private insured citizens (Other Insurance), thus providing a statewide tobacco cessation service to all citizens of West Virginia. However, in 2003 due to financial constraints, services for Other Insurance participants was limited. For the purposes of this report we have categorized participants based on the services provided (i.e. No Insurance & Special Populations, Other Insurance and Medicaid). In 2006 PEIA withdrew from the WV Quitline.