

WV Tobacco Quitline Executive Summary



The **West Virginia Tobacco Quitline 2011 Annual Report** is a report of program operations and major findings for the WV Tobacco Quitline administered by beBetter Networks, Inc. for the 2011 calendar year. This report included the Bureau for Public Health (BPH) enrollment for the entire year divided into two categories: No Insurance & Special Populations and Other Insurance and Medicaid.

In 2011, the WV Tobacco Quitline received 20,026 incoming calls and enrolled 8,074 West Virginians in a program that assisted 1,574 individuals in quitting tobacco use with a return on investment (ROI) of 751% for the Bureau of Public Health only. No Insurance & Special Populations contained the majority of enrollees with 5,242 (64.9%) followed by Other Insurance 475 (5.9%) and Medicaid 2,357 (29.2%). Since 2000 the program has enrolled over 77,523 participants for a *cumulative penetration rate* of 16.0% of the state's tobacco user population; in 2011 the program reached 1.66% of this population.

The majority of enrollees were *female* (66.7%), white (94.9%), fell into the *45 to 54 year age group* (28.1%), high school graduates (49.3%), and cigarette smokers (93.9%) who smoked 1 pack of cigarettes a day (39.1%), within 5 minutes after awaking (72.6%). The main source of referrals to the program came from *family and friends* (33.5%), followed by physicians (31.5%).

A sample of 2,149 enrollees was randomly (except for target populations of pregnant, 18-34 years and smokeless) selected 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 248 with 1,901 (88.5%) lost to follow-up. The overwhelming majority, 70.7%, of participants, were *very satisfied*; 23.9% were *mostly/somewhat satisfied* and only 5.4% 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 +/- 1.8% at the 95% confidence interval. The *responder* method (including only those who completed post surveys) yielded an overall quit rate of 35.0% (28.8% - 41.2%) and 2,826 quitters. The *intent to treat* method (including lost to follow-up enrollees counted as tobacco users) yielded an overall quit rate of 4.0% (2.2% - 5.8%) and 323 quitters, resulting in an *average program quit rate* of 19.5% (15.5% - 23.5%) with 1,574 quitters. No Insurance & Special Populations had an average quit rate of 21.4% (16.4% - 26.4%); Other Insurance – 19.9% (8.7% - 31.3%) and Medicaid - 14.1% (16.3% - 22.6%). *Quit attempts* for the program averaged 45.2%, with Other Insurance – 45.8%, No Insurance & Special Populations – 45.5%, and Medicaid – 44.4%, .

During 2011 increased emphasis was directed to the *18-34 year old population*, while continuing emphasis was given to *pregnant* and *smokeless target* populations, necessitating the need for reliable quit statistics for these populations. Post surveys were completed on all of the smokeless and pregnant populations and three fourths of the 18-34 population rather than sampling a part of them. This over sampling, altered the intent to treat quit rates due to the large lost to follow up rate of the 18-34 year population. Intent to treat quit rates were much lower compared to previous years.

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Quit rates for pregnant compared to non-pregnant females were *not statistically different*. *Pregnant* females responder quit rate was 43.8% (19.6% - 68.0%) compared to 33.8% (25.4% - 42.2%) for *non-pregnant* females. *Cigarette only* tobacco users had a responder quit rate of 36.0% (29.2% - 42.8%) compared to *all smokeless* at 33.3% (16.9% - 49.7%). The 18-34 year age group showed a 39.4% (27.4% - 51.4%) quit rate. A special study of the 18-34 population will be completed in a supplemental report for 2010 and 2011 combined as part of a special targeted population funded separately in 2010 and 2011.

The BPH ROI analysis was included in this report, however Medicaid ROI was not included. All other statistics encompassed both Medicaid and BPH enrollees. The BPH *investment* in this program for cigarettes only was \$869,800 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 \$6.539 million yielding an *average ROI* of 751%. Thus, for every \$1 invested in the program, there was an average cost savings of **\$7.51**.

The WV Tobacco Quitline began operations in 2000 when the WV Medicaid and PEIA programs contracted with *beBetter Networks, Inc. (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 were separated from Other Insurance).