



Wyoming Quit Tobacco Program Follow-Up Survey

January–June 2016 Interviews

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ABOUT THIS REPORT

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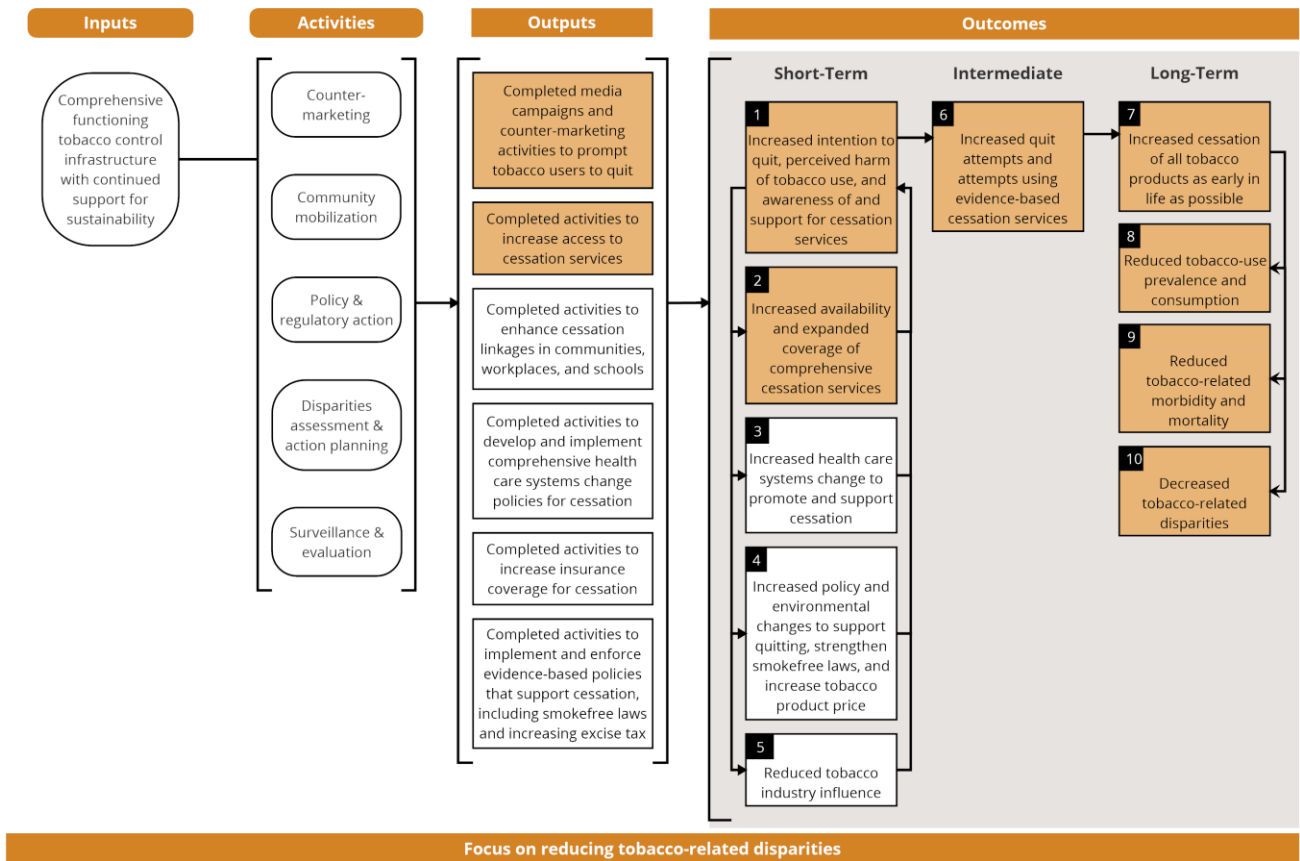
Background

The Wyoming Quit Tobacco Program (WQTP) assists enrollees in their efforts to quit using tobacco products by offering free coaching support, free nicotine replacement therapies (NRTs), and free or reduced-price prescription (Rx) medications. Under contract to the Wyoming Department of Health, Public Health Division, the Wyoming Survey & Analysis Center (WYSAC) at the University of Wyoming conducts monthly surveys of WQTP enrollees to assess quit rates and enrollee satisfaction. The survey also assesses enrollees' use of coaching, NRTs, or prescription medications and enrollees' opinions of different program elements. This report includes data on WQTP participants surveyed between January and June 2016, seven months after they enrolled in the WQTP. These participants enrolled in the WQTP between June and November 2015. During this period, National Jewish Health provided WQTP services in Wyoming.

Figure 1: Logic Model for Wyoming's Tobacco Cessation Goals

Goal Area 3

Promoting Quitting Among Adults and Young People

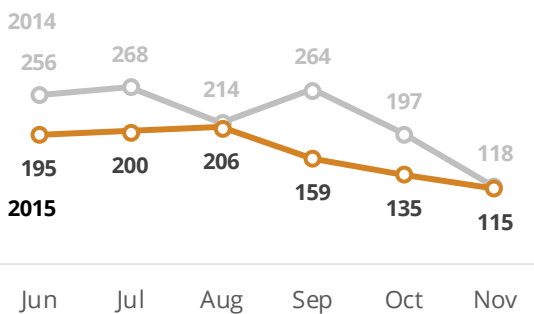


Source: CDC 2015a (p. 21). Highlighting added.

Providing cessation services to Wyoming residents is an important part of the state’s Tobacco Prevention and Control Program (TPCP). Wyoming follows the Centers for Disease Control and Prevention (CDC) guidelines for state tobacco prevention programs (CDC, 2015a). Figure 1 shows how the WQTP and the data presented in this report fit into the goals of Wyoming’s TPCP.

Figure 2: Enrollment by Month

Total enrollees by enrollment month



Note: Total enrollees include those who completed only the intake process, those who had at least one coaching call, and those who enrolled only for WQTP online services.

Source: National Jewish Health Monthly Report.

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Table 1: Follow-Up Survey Response Rates

Response rate by follow-up month

Intake survey month	Jun 15	Jul	Aug	Sep	Oct	Nov	Total
Follow-up survey month	Jan 16	Feb	Mar	Apr	May	Jun	
Total eligible respondents*	130	154	154	106	97	76	717
Total complete interviews	49	66	56	34	42	36	283
Response rate	38%	43%	36%	32%	43%	47%	39%

* Total eligible respondents includes all persons who were 18+ years old, provided a phone number on the WQTP intake questionnaire seven months previously, enrolled in WQTP, and had an in-service phone number at the time of the survey. It excludes those who did not wish to be contacted for the follow-up survey. For those who enrolled more than once within a six-month timeframe, WYSAC used the date of the first enrollment to determine eligibility for a follow-up interview.

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Enrollee Information

This report includes data on adult WQTP participants surveyed between January and June 2016, seven months after they enrolled in the WQTP. The follow-up participants enrolled in the WQTP between June and November 2015. How many people did WQTP serve during this time? Figure 2 provides the monthly enrollment for June – November 2015. For comparison, this figure also shows the same months from the

previous year. Enrollees may sign up by completing an intake survey online or by phone. The number of enrollments between June and November was lower in 2015 than in 2014.

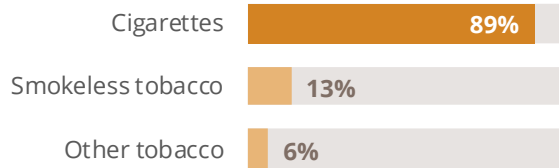
How many enrollees completed the follow-up survey? The January – June 2016 follow-up survey data include responses from 283 completed follow-up interviews (Table 1), a 39% response rate.

Which type of tobacco products did enrollees get help with quitting? Enrollees could choose more than one option, but most enrolled in the WQTP to get help with quitting cigarettes (Figure 3).

Which program components were enrollees most likely to use? NRTs, which are mailed to enrollees' homes for free, were the most popular program component (Figure 4). Prescription medications, which require a visit to a physician, were the least popular. Most enrollees used the quitline, and almost one third used the online program.¹ Relatively few enrollees, 16, reported not using any program component (i.e., none of the above). These enrollees may have completed the intake questionnaire without participating in any other program component. Because these responses are self-reported, respondents' perspectives or memories about using the program may differ from National Jewish Health's administrative records. Still, these enrollees form a useful comparison group for gauging the effectiveness of different program components.

Figure 3: Type of Tobacco Trying to Quit

Percentage of enrollees who enrolled to quit ...

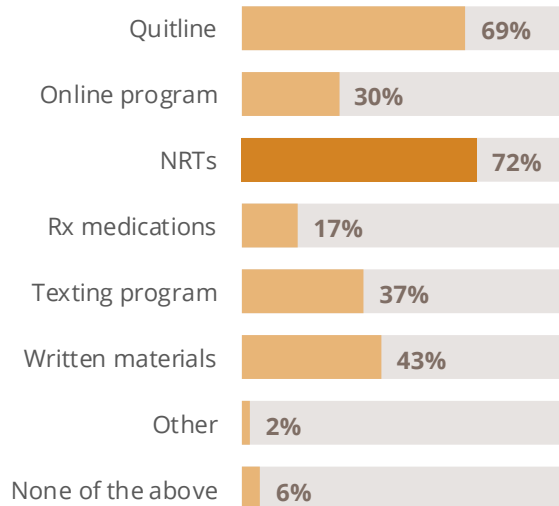


Note: n=283. Smokeless tobacco includes chewing tobacco, snuff, and dip. Other tobacco includes cigars, cigarillos, little cigars, electronic nicotine delivery systems (ENDS), and pipes. Percentages do not add to 100% because enrollees could choose more than one option.

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Figure 4: WQTP Component Use

Percentage of enrollees who had used ...



Note: n=283. Percentages do not add to 100% because enrollees could choose more than one option except *none of the above*.

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¹ Because online or phone coaching is required to receive NRTs and phone coaching is required to receive Rx medications, WYSAC added some respondents to the Quitline or Online program groups, based on their self-reported use of NRTs or Rx medications.

WQTP Outcomes

Were enrollees successful in their cessation effort? The follow-up survey asked enrollees if they had used any tobacco products in the previous seven days. If they had not, the survey asked if they had used any tobacco products in the previous 30 days. The data show that 32% of enrollees were quit for seven days; 26% were quit for 30 days (Figure 5).

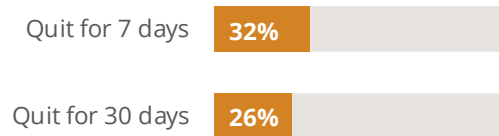
Which program component was most effective? **The best outcome was associated with those who used both coaching and medication.** Enrollees who used both coaching (quitline, online program, or both) and medication (NRTs, prescription, or both) had the highest 30-day quit rate (29%), seven months after enrollment (Figure 6).

What is the quit rate for Chantix users? In February 2016, the WQTP began offering free Chantix to enrollees. This report does *not* include data on enrollees from February 2016 (or beyond), but as a baseline, 36% of enrollees (n = 22) who used Chantix (with no other NRTs or Rx medications) had been quit for 30 days. This is higher than those who used coaching only (21%) and those who used NRTs and coaching (30%).

Did those who had not quit make progress toward cessation? WYSAC asked those who had not quit about changes in tobacco consumption and quit attempts (stopping the

Figure 5: Overall Quit Rates

Percentage of enrollees who had not used any tobacco in the past 7 or 30 days

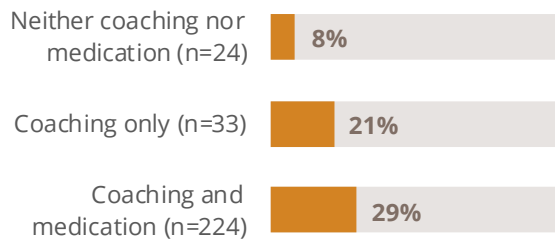


Note: n=281.

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Figure 6: Quit Rates by WQTP Coaching and Medication Services

Enrollees who used coaching and medication had the highest 30-day quit rate

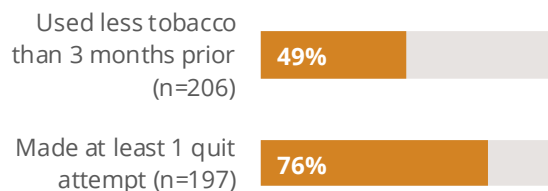


Note: Use of medication requires use of coaching.

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Figure 7: Progress toward Cessation

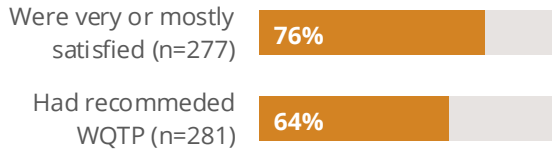
Of enrollees who were not quit, percentage who ...



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Figure 8: Overall Satisfaction

Percentage of enrollees who...



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use of tobacco for 24 hours or longer since enrolling in the WQTP). Nearly half reported using less tobacco compared to three months prior to the survey, and 76% reported making at least one quit attempt since enrolling (Figure 7).

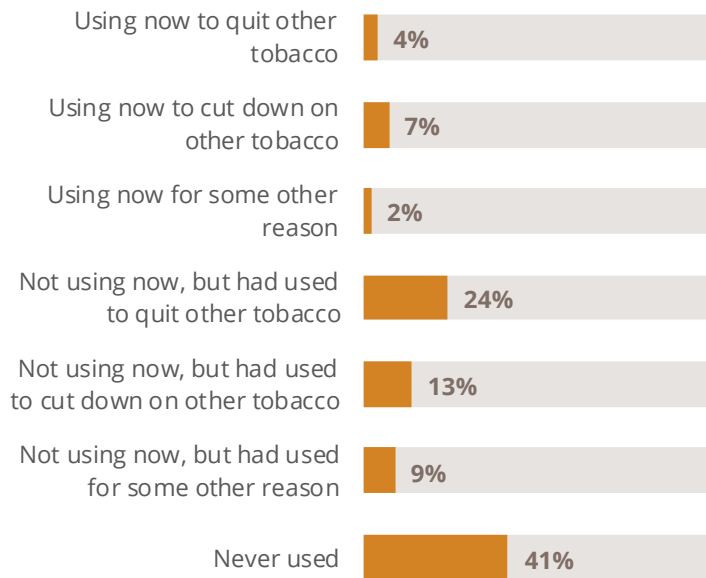
How satisfied were enrollees with the service they received from the WQTP? About one

fourth (24%) were mostly satisfied and 52% were very satisfied with the WQTP. Almost two thirds (64%) reported that they had recommended the program to someone else (Figure 8).

Priority Populations

In addition to overall outcomes, this report provides follow-up data on four priority populations: those who used electronic nicotine delivery systems (ENDS), those who reported mental health conditions, those who participated in the pregnancy program, and those who participated in the American Indian Commercial Tobacco Program (AICTP).

Figure 9: Current and Former ENDS Use among WQTP Enrollees



Note: n=283.

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Alternative Nicotine Products

Electronic nicotine delivery systems (ENDS) such as e-cigarettes, e-hookahs, or vape pens are battery-operated devices that simulate smoking but do not involve the burning of tobacco. The heated vapor produced by ENDS often contains nicotine and comes in different flavors.

Have enrollees ever used ENDS or other similar nicotine products? If so, why did they use them? Over half of enrollees had used ENDS in their lifetime (Figure 9). Moreover,

81% of enrollees who had used ENDS used them to quit or cut-down on other tobacco, although they are not approved as cessation aids by the U.S. Food and Drug Administration (FDA, 2016).

Only 1% of enrollees had used another smoke-free form of nicotine (such as Nicogel, Camel strips, and orbs) that is not approved as a smoking cessation product.

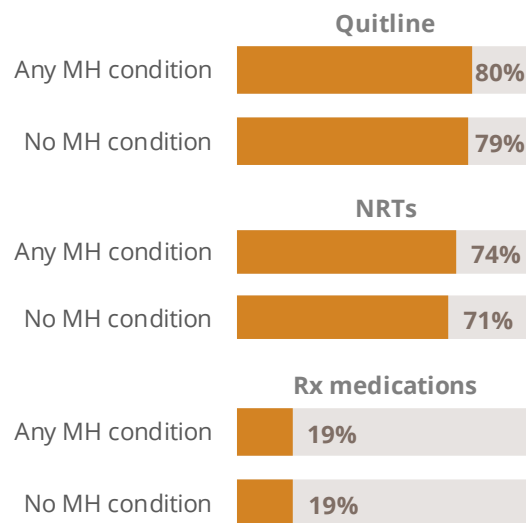
Mental Health

Studies (e.g., CDC, 2013; Talati, Keyes, & Hasin, 2016) have demonstrated an association between cigarette smoking and mental health conditions. People with mental health conditions are more likely to smoke and to smoke more cigarettes than people without mental health conditions (CDC, 2013). Based on combined data from the 2009-2011 National Survey on Drug Use and Health (NSDUH), 36.7% of Wyoming adults who had a mental health condition had smoked part or all of a cigarette within the 30 days prior to being surveyed, compared to 22.8% of Wyoming adults without a mental health condition (CDC, 2013).²

Enrollees who completed the intake survey over the phone answered questions about their mental health. The WQTP online intake form has included these questions since August 28, 2015.³ For this reason, the results below do not apply to enrollees who used the online program only before August 28, 2015.

The intake questionnaire asks, “Do you have any mental health conditions, such as anxiety disorder, depression disorder, bipolar disorder, alcohol/drug abuse,² or schizophrenia?” WYSAC merged responses to this mental health question at intake with the follow-up survey data, which resulted in 234 follow-up survey respondents who had answered the

Figure 10: Use of Program Components Does not Depend on Mental Health



Note: n for Any MH condition=108; n for No MH condition=126.
Sources: WQTP Intake and Follow-Up Surveys.

² In the NSDUH, a mental health condition was defined as “having a mental, behavioral, or emotional disorder, *excluding* developmental and substance use disorders, in the past 12 months.” This definition differs from the WQTP intake survey question, which includes alcohol/drug abuse.

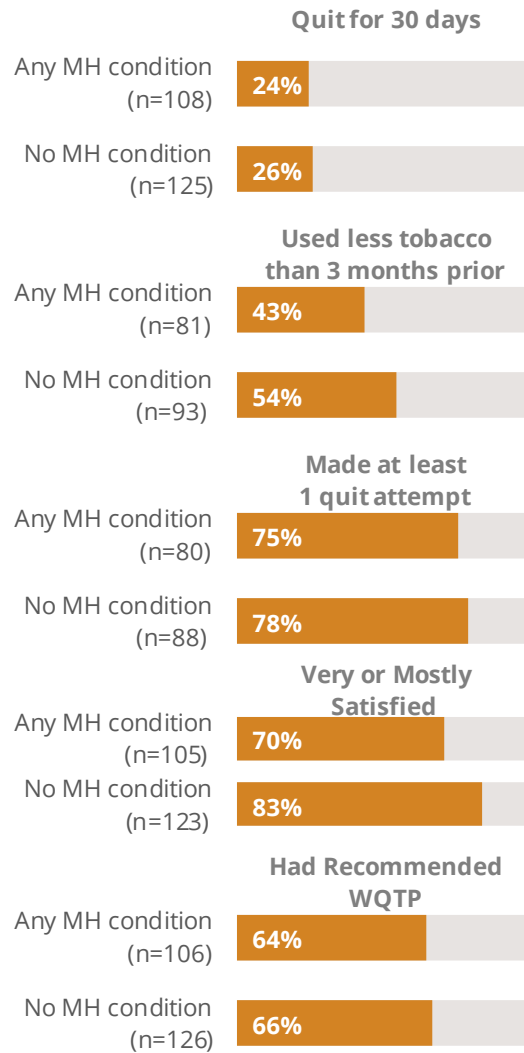
³ The WQTP online intake form was updated and now includes mental health questions. National Jewish Health has been using the new online intake form since August 28, 2015.

question. Of these respondents, 46% said they had a mental health condition at the time of the intake survey.

How did program usage rates differ for enrollees who reported mental health conditions? Enrollees who reported mental health conditions used program components at about the same rates as those who did not report mental health conditions (Figure 10).

Did outcomes differ for people with mental health conditions? Those without mental health conditions were more likely to have used less tobacco and to have been satisfied with the WQTP. However, those with and without mental health conditions were about equally likely to have been quit for 30 days, to have made at least one quit attempt, and to have recommended the WQTP (Figure 11).

Figure 11: Mental Health and WQTP Outcomes



Source: WQTP Intake and Follow-Up Surveys.

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Pregnant Women

Smoking is linked to complications during pregnancy, including miscarriage and birth defects (CDC, 2015b). These excess risks make pregnant women a priority population for the Wyoming TPCP. How did pregnant women perform in their cessation efforts?

Five of the 20 enrollees who said they were pregnant at the time of enrollment responded to the follow-up survey. All five had enrolled in the specialty program for pregnant women. One pregnant woman had been quit for at least 30 days prior to being surveyed. The other four were using tobacco at the time they were surveyed. Three of these four reported using less tobacco than three months prior and making at least one quit attempt since enrolling. The small sample size means that it is not possible to generalize the results to all pregnant WQTP enrollees.

American Indians

On August 1, 2015, National Jewish Health began offering the American Indian Commercial Tobacco Program (AICTP) to provide a culturally-sensitive approach to help American Indians quit commercial tobacco use (National Jewish Health, 2015).

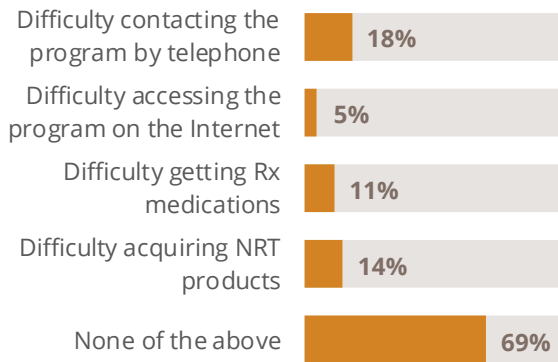
Two of eight American Indians in Wyoming who enrolled in the AICTP completed the follow-up survey. One of them had been quit for at least 30 days prior to being surveyed. The other respondent was using tobacco products at the time of follow-up, but reported using less tobacco than three months prior and had made at least one quit attempt since enrolling. The small sample size means that it is not possible to generalize the results to all American Indian enrollees.

Enrollee Reports on Strengths and Weaknesses of the WQTP

What did enrollees report about the strengths and weaknesses of the WQTP? Most enrollees (69%) reported no problems with the core program components (Figure 12). Among those who reported difficulty, contacting the program by telephone was the most problematic, followed by acquiring NRT products.

Figure 12: Problems Enrollees Experienced

Have you had any of the following problems with the Wyoming Quit Tobacco Program?



Note: n=345. Percentages do not add to 100% because enrollees could choose more than one option except *none of the above*.

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Conclusions

The data for WQTP enrollees who completed the follow-up survey between January and June 2016 show that most program participants enrolled to get help with quitting cigarettes. Most enrollees used NRTs and/or the quitline. About a quarter (26%) of enrollees reported being quit for at least 30 days. This quit rate is identical to the 30-day quit rate reported in the previous semiannual report (WYSAC, 2016). The highest 30-day quit rate was experienced by those who used coaching and medication (29%). Satisfaction with WQTP was high: 76% of enrollees reported being very or mostly satisfied with the program, and the majority (64%) had recommended the WQTP to someone else.

The majority (69%) of respondents reported no problems with the WQTP. Among those who reported difficulty, contacting the program by telephone was the most problematic, followed by acquiring NRT products.

WYSAC analyzed follow-up data for four priority populations: those who used ENDS, those who reported mental health conditions, those who participated in the pregnancy program, and those who participated in the AICTP. More than half (59%) of enrollees had used ENDS in their lifetime. Of these, 81% had used them to quit or cut-down on other tobacco even though they are not approved as cessation aids by the FDA. Usage rates for program components and 30-day quit rates were comparable between enrollees reporting mental health conditions and

enrollees reporting no such conditions. The sample sizes for those in the pregnancy program and the AICTP are too small to draw conclusions or to generalize to other WQTP enrollees.

The follow-up data show that WQTP program components successfully help enrollees quit. The increased use of these components, by a combination of increased enrollment and increased use of components by enrollees, would likely increase the overall success of the program.

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