

# Michigan Tobacco Quitlink 2022 Outcomes Report

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## Executive Summary

From July 2021 – June 2022, the Michigan Tobacco Quitlink operated by National Jewish Health, offered a comprehensive commercial tobacco cessation program with telephone-based coaching and a web-based interactive cessation resource to support Michigan residents who wanted to quit using commercial tobacco products<sup>1</sup>. National Jewish Health conducted an evaluation of the program by surveying participants seven months after enrollment (February 2022 through January 2023).

All callers who completed intake from July 2021 through June 2022 and agreed to follow-up, regardless of their readiness to quit, were eligible for inclusion in the survey pool. Participants enrolled in the phone program were surveyed via phone 7-months post intake. Web-only participants were not surveyed as part of this evaluation.

A total of 3,731 participants completed a phone intake in this report period, 3,540 consented to the survey and were included in the survey pool, and 734 completed the survey, resulting in a 21% response rate.

Key highlights from the survey include:

- Overall, 27% of Michigan Tobacco Quitlink phone coaching participants quit using tobacco.
- Phone participants who completed four or more coaching calls had a quit rate of 34%.
- Participants living with two or more behavioral health conditions had a 24% quit rate compared to a 30% quit rate for participants who do not report living with a behavioral health condition. These data further underscore the importance of additional support for people living with a behavioral health condition during their tobacco cessation journey.
- Among phone participants who received quit medications, 94% expressed satisfaction with the overall program.

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<sup>1</sup> We affirm the sacred purpose of tobacco in American Indian communities. In this report, cessation services refer only to commercial tobacco. *All references to “tobacco” shall be qualified as “commercial tobacco” unless specified.*



## Michigan Tobacco Quitlink Program

The Michigan Tobacco Quitlink program (the Quitline) provided free cessation support to residents trying to stop using tobacco. The Quitline offered support through telephone coaching, an interactive web portal, other digital services such as text and email, and by providing FDA-approved smoking cessation medications. Individuals were able to enroll in services by:

- Calling 1-800-QUIT-NOW or 1-855-DEJELO-YA;
- Completing an enrollment form using the web portal; or
- Through a fax, web, or EHR-based referral made by a health care provider.

The Quitline recognizes that some populations require unique support to stop using tobacco. To meet this need, the Quitline offered tailored phone programs for pregnant and postpartum participants, American Indians, people living with behavioral health conditions, youth, and young adult participants. To support individuals for whom English is a second language, the Quitline offered phone coaching, print materials, and a website in Spanish. The Quitline also partnered with LanguageLine to provide real-time translation in more than 200 additional languages.

National Jewish Health, the largest nonprofit provider of telephone cessation services, operates Michigan Tobacco Quitlink program. As a founding member of the North American Quitline Consortium (NAQC), National Jewish Health follows NAQC guidelines for operating and evaluating the Quitline.

### Phone Program

For the evaluation period, the phone program provided coaching to any Michigan resident who was thinking about or actively trying to quit. Coaching covered a variety of topics integral to quitting, for example, strategies to increase motivation to quit, setting a quit date, and managing triggers. Coaching also provided interpersonal support to help participants maintain abstinence and live a life free from tobacco. Participants enrolled in the phone program were eligible to receive up to four proactive calls (in the standard coaching call program) from the Quitline and information tailored to their unique medical or demographic characteristics. Michigan residents seeking support could receive coaching over multiple quit attempts each year, if needed.



## Digital Services (Text, Email, Online, eCoaching and Live Text Coaching)

Participants were able to choose one or more digital services to enhance the support they received during their quit attempt, including:

- Opt-in interactive motivational text messages.
- Motivational email messages.
- An interactive online program (Michigan.quitlogix.org), available 24/7, that provided:
  - Information about quitting.
  - Interactive calculators and quizzes.
  - Ability to design a quit plan tailored to the participant's needs.
  - Engagement with a community of other people trying to quit through online forums.
  - Ability to track quit medication shipments.
- eCoaching sessions conducted over web chat.
- Live Text Coaching sessions conducted over text messaging, for youth and young adults only.

## Quit Medications

To receive quit medications participants must have been:

- Aged 18 years or older.
- Currently trying to quit tobacco.
- Enrolled in phone coaching.
- Have no medical contraindications, or provider consent.

Eligible participants could receive:

- Nicotine replacement therapy (NRT) in the form of patch, gum or lozenge.
- Monotherapy (i.e., patch alone, gum alone or lozenge alone) or combination therapy (i.e., patch and gum, or patch and lozenge).

Michiganders in the following groups are eligible for quit medications (eligibility was subject to change during the *Tips From Former Smokers®* campaign):

- Uninsured participants
- Medicare members
- Medicaid members (during Tips)
- Veteran's Administration members
- Priority populations – American Indian, cancer survivors, pregnant participants, Indian Health Services participants, Behavioral Health program participants



## Special Populations Programs

The Quitline offered several tailored programs and protocols for special populations designed to provide support and coaching to help navigate unique factors and life experiences that individuals may face when quitting tobacco.

### Pregnancy and Postpartum Program (PPP)

Pregnant participants often find quitting during pregnancy easier than maintaining their quit following the birth of their child (postpartum period). The Pregnancy and Postpartum program (PPP) provided extended support to help pregnant participants successfully quit tobacco during their pregnancy and maintain their quit postpartum. The program was available to participants who began phone coaching during pregnancy. Quit medications were offered if the participant was a member of an eligible group and had consent from their provider. PPP participants received up to five coaching calls during pregnancy and an additional four coaching calls postpartum. The PPP used a dedicated Coach model, which matched the same female Coach with a single participant throughout their time in the program. The Quitline's PPP exceeded NAQC's service-level recommendations for serving pregnant and postpartum individuals<sup>2</sup>. In addition, the PPP offered an incentive for participants to complete coaching calls – \$10 for completion of each of the five pregnancy calls and \$20 for completion of each of the four postpartum calls (up to \$130 total).

### American Indian Commercial Tobacco Program (AICTP)

Traditional tobacco has a cultural, sacred, and ceremonial role for many American Indians. The AICTP supported American Indian participants in quitting commercial tobacco with a culturally tailored intake, up to ten coaching calls, and additional outreach attempts to reach participants for scheduled calls. This innovative program was staffed by Coaches with lived experience in American Indian communities and who were specially trained to provide culturally responsive services to this population. AICTP participants were eligible for an 8-week supply of quit medications. A dedicated toll-free number (855-5AI-QUIT) and website (AIQuitline.com) enabled direct access to the AICTP.

### Youth Program: My Life, My Quit™ (MLMQ)

The My Life, My Quit™ program supported youth aged 17 and younger with quitting tobacco, and provided a focus on addressing use of e-cigarettes and nicotine vaping products. Youth seeking assistance could enroll online via a youth-tailored website (MyLifeMyQuit.com), by calling a toll-free number (855-891-9989), or by texting our short code (36072). Youth participants were eligible to engage in coaching by phone, online chat or live text coaching (two-way text coaching as recommended by NAQC).

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<sup>2</sup> North American Quitline Consortium. (2014). Quitline Services for Pregnant & Postpartum Women: A Literature Review and Practice Review. (V. Tong, T. Thomas-Hasse, Y. Hutchings). Phoenix, AZ.



All Coaches engaging with youth participants were specially trained based on their ability to create rapport with younger tobacco users. Most youth participants enrolled in the web or text programs only.

#### Young Adult Program

The Young Adult program offered participants aged 18 to 24 programs and services similar to those offered to adult participants (e.g., phone program, digital services, and quit medications), with the added benefit of a streamlined engagement and outreach to the Quitline via a short code text (36072).

#### Behavioral Health Protocol

People living with a behavioral health condition and who use tobacco products have a harder time quitting and maintaining their quit, compared to tobacco users who do not live with a behavioral health condition. The Behavioral Health protocol was tailored to provide additional support by offering participants up to seven coaching calls, including a preparation coaching call and two follow up 'check-in' calls one month apart, and specific coaching to support a person trying to quit based on their behavioral health conditions. Based in participant feedback, starting July 2020, National Jewish Health began testing additional outreach strategies, including supplemental activity workbooks, specialized text messaging, and providing information on local resources that support behavioral health.

#### Menthol Incentives Program

Starting May 2022, the Quitline began offering the menthol incentives program to support Michigan residents who smoked menthol flavored cigarettes. The gift card incentive was \$10 for completion of the first coaching call, \$15 for the second coaching call, and \$25 for completion of the third coaching call. Additional coaching calls were not incentivized.



## Tobacco Cessation Rates

The following sections describe evaluation findings broken out by program enrollment type, tobacco use patterns, demographics, and behavioral and medical health conditions.

Results were excluded for when the number of respondents in a reporting category were fewer than five.

See Appendix A for a full description of the evaluation methodology.

### Definition of Terms

The following terms are used throughout this evaluation report.

- **Conventional tobacco:** Defined as commercially manufactured combustible and non-combustible tobacco products (i.e., cigarettes, cigars, pipe, and any smokeless products).
- **Electronic nicotine delivery systems (ENDS):** Defined as e-cigarettes and other vaping devices (i.e., JUUL, vapes, vape pen).
- **Commercial tobacco:** Defined as conventional tobacco and ENDS products.
- **Participants:** Refers to anyone who completed an intake for Quitline services.
- **Responder Quit Rate:** Defined as self-reported abstinence for the past 30-days (also known as 30-day point prevalence).
- **Survey pool participants:** Refers to participants who were included in the evaluation survey pool.
- **Survey respondent/Respondent:** Refers to participants who completed the evaluation survey.
- **Traditional tobacco:** Defined as tobacco used by some American Indian tribes and communities for ceremonial and traditional practices.

### Response Rate

A total of 3,731 participants completed a phone intake in this report period, 3,540 consented to the survey and were included in the survey pool, and 734 completed the survey, resulting in a 21% response rate. See Appendix B for a demographic comparison of survey respondents to survey pool participants.



## Overall Quit Rate

The overall responder quit rate for conventional tobacco alone was 29.8% (95% confidence interval = 26.5% - 33.1%), while the overall responder quit rate for any tobacco product was 26.9% (95% confidence interval = 23.7% - 30.1%).

Please note, National Jewish Health and NAQC do not consider a respondent using ENDS as being free from tobacco for two major reasons:

- 1) ENDS are considered tobacco products by the Food and Drug Administration (FDA) and are not approved for cessation.
- 2) Observational research shows that most people who use ENDS continue to smoke simultaneously or return to using conventional tobacco products exclusively.

National Jewish Health offers the same personalized cessation support to individuals who wish to quit using ENDS.



## Quit Rate by Program Offering

In this section, the proportion of respondents who reported they quit using tobacco are described by:

- Program participation type.
- Quit medication orders.
- Digital services used.
- Number of coaching calls completed.
- Referral pathway.

### Overall Quit Rate by Phone Services

Overall, 27% of respondents reported they were quit at 7-month follow-up. The quit rate for respondents who received coaching and NRT was 27%. Quit rates were slightly lower for respondents who only completed intake or who received coaching and no NRT at 23% and 26%, respectively.

Participation	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
<b>All participants</b>	3,540	734	195	27%
<b>Intake-only participants</b>	571	57	13	23%
<b>All coaching participants</b>	2,969	677	182	27%
<b>Coaching, no medication</b>	861	141	36	26%
<b>Coaching and NRT</b>	2,108	536	146	27%



### Quit Rate by Digital Services

Quitline participants may opt to enroll in more than one digital service, therefore participants may be counted in multiple categories. The data presented in this section represents Quitline participants who opted into the phone and web program. Given only four participants engaged in eCoaching, quit rate data for that digital service was not included in the table.

Responder quit rates by type of digital service (text, email and web) were similar and ranged from 27% to 29%. Respondents who engaged in three digital services reported a slightly higher quit rate (31%) compared to those who engaged in one or two digital services (29% and 26%, respectively).

Digital Service	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
<b>Text program</b>	2,486	464	132	28%
<b>Email program</b>	1,641	327	87	27%
<b>Web program</b>	765	143	41	29%

By number of digital services	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
<b>No digital services (phone only)</b>	707	194	45	23%
<b>One service</b>	1,280	231	66	29%
<b>Two services</b>	1,047	224	58	26%
<b>Three services</b>	506	85	26	31%



### Quit Rate by Call Completed

Research has demonstrated that phone coaching increases an individual's odds of successfully quitting (odds ratio=1.6), compared to no counseling or self-help materials alone, and suggests that completing three or more calls further improves the odds of quitting <sup>3,4</sup>. The highest reported quit rates were among those who completed four coaching calls (34%) and five coaching calls (28%).

Coaching Calls Completed	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
<b>Intake only</b>	571	57	13	23%
<b>1</b>	1,250	193	46	24%
<b>2</b>	508	90	17	19%
<b>3</b>	309	71	19	27%
<b>4</b>	487	172	58	34%
<b>5+ calls</b>	415	151	42	28%

The table below provides data on survey pool participants and shows the cumulative number of participants who completed each coaching call as a percentage of all survey pool participants who completed intake and coaching call one. Overall, the percentage of survey pool participants completing coaching calls two through five declines with each subsequent coaching call. In light of the quit rates reported in the previous table it is important to note that 41% of survey pool participants completed three calls and 14% completed five or more calls. Increasing the percentage of program participants who complete at least three coaching calls should be a focus for future Quitline program efforts.

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<sup>3</sup> Fiore MC, Jaen CR, Baker TB, Bailey WC, Benowitz NL, Curry SJ, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. In: Department of Health and Human Services Public Health Service, editor. Rockville, MD: Government Printing Office; 2008.

<sup>4</sup> Stead L, Perera R, Lancaster T. Telephone counselling for smoking cessation. Cochrane Database Syst Rev 2006;3:CD002850



Calls Completed	# of Participants Reaching Call	Percent of Participants Reaching Call
1	2,969	100%
2	1,719	58%
3	1,211	41%
4	902	30%
5+ calls	415	14%

### Special Population Programs

The Quitline provided special population programs for pregnant and postpartum participants, American Indian participants, youth participants, young adults, behavioral health participants, and participants who smoke menthol flavored cigarettes.

#### Behavioral Health Protocol

The table below details the quit rates for two groups: 1) survey pool participants who were eligible but did not opt into the BH protocol, and 2) survey pool participants who were eligible and opted into the BH protocol. Respondents in the BH protocol reported a slightly lower quit rate (23%) compared to those who were eligible but did not opt into the protocol (25%). Note, the two groups are not directly comparable as the BH protocol is accessed via opt-in during intake, which introduces selection bias, and the two groups represent different populations of callers. These data suggest that people living with a behavioral health condition who opt into the BH protocol face more challenges during their quitting process compared to people living with a behavioral health condition who do not opt into the BH protocol. National Jewish Health has undertaken a special evaluation to better understand the impact of the BH protocol and a report is anticipated in 2023.

Behavioral Health Protocol	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Have a BH condition and did not opt in to the program	501	104	26	25%
Have a BH condition and opted in to the program	1,439	292	67	23%



Menthol Incentives Program

The Menthol Incentive program launched May 2022, providing two months of data for this outcomes report. The responder quit rate for Menthol Use was 21%, with an average of 2.85 completed coaching calls. There was insufficient data for this report to assess the impact of the menthol incentive program on quit rates and engagement for the Quitline program in 2022. The 2023 outcomes report will provide a full year of data for the menthol incentive program.

Menthol Use	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate	Average # Completed Calls
<b>Menthol Use</b>	340	89	19	21%	2.85
<b>Do not Use Menthol</b>	359	60	12	20%	2.48
<b>Don't know/no response</b>	4	Excluded			

The Pregnancy and Postpartum Program (PPP)

The PPP for Michigan enrolled 24 participants during the evaluation time period, 24 consented to follow-up and none responded to the seven-month evaluation survey. Michigan provided incentives for participation in the PPP, while participation in the evaluation survey was not incentivized. The use of an incentive during the program may have set an expectation among participants for an incentive to complete the evaluation survey. Based on a FY 2020 National Jewish Health multi-state evaluation of the PPP, participants who engaged in three or more coaching calls during pregnancy and postpartum reported quit rates of 68%. The evaluation also showed that incentives increased engagement and higher incentives resulted in higher engagement.

American Indian Commercial Tobacco Program (AICTP)

Twenty-four participants enrolled in the program in the report period and consented to follow-up, seven responded to the survey and two reported quitting. In FY 2020, National Jewish Health conducted a multi-state evaluation of the AICTP which found the program continues to fill an important gap in services for American Indians. This full evaluation report was shared with Michigan. Currently, National Jewish Health is conducting a supplemental evaluation of the AICTP to estimate an overall quit rate for the program with a larger sample size and anticipates the results of this evaluation will be available later in 2023.

My Life, My Quit™ (MLMQ™)

While engagement in MLMQ online services and text services is high, engagement in MLMQ phone coaching is lower. For Michigan, 21 participants enrolled in phone services during the report period, 15 consented to follow-up and were contacted via phone and invited to complete the survey, four responded and all four reported quitting. For comparison with a larger data set, a multi-state evaluation of MLMQ™ conducted in 2021 found a responder quit rate of 66%.



### Young Adult Program

The Young Adult program is available by short code only. To ensure a low-barrier access channel to the program, short code participants are asked a limited number of questions, which doesn't include consent to survey, and therefore those participants are excluded from this evaluation report.

Evaluation of these above special programs is challenging for a variety of reasons including the low number of participants that enroll in a special program for individual states during the evaluation's intake period, ability to reach participants seven-months post enrollment in the program, and use of special incentives during the program to encourage continued participation that are not available for the evaluation survey. The quit rates reported in the following table for special programs are from multiple state evaluations and do not represent only Michigan.

National Jewish Health, in partnership with states, designed the special programs to increase access to services for priority populations. As such, we are including information about the portion of participants in these programs that received quit medications and the average number of coaching calls completed in the program. Each state client offered different types and durations of quit medication, which may be a factor that influenced the engagement in the program and responder quit rates. The PPP, AICTP, and MLMQ programs had responder quit rates that met or exceeded the 30% NAQC benchmark for success.

Specialty Program (Multiple States)	Survey Respondents	Percent Receiving Quit Medication	Average Coaching Calls	Responder Quit Rate
PPP	33	13%	3.4	36%
AICTP	55	70%	3.2	31%
MLMQ	40	N/A	2.9	83%

### **Quit Rate by Referral Pathway**

Some participants were referred to the Quitline by a health care provider ("provider-referred"), while other participants contacted the Quitline on their own ("self-referred"). The table below details the responder quit rates by these referral types.

It is worth noting, the evaluation intake period coincides with the COVID pandemic and a subsequent decline in provider referrals experienced by all state Quitlines. The responder quit rate for provider-referred was lower compared to self-referred (14% and 27%, respectively). National Jewish Health is committed to working with state partners on improving and expanding provider Quitline referrals.



Referral Pathway	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Self-referred	3,387	698	190	27%
Provider-referred	153	36	5	14%



## Quit Rate by Tobacco Use Patterns

This section provides information on the proportion of respondents who reported quitting by type of tobacco product used and the number of cigarettes smoked per day.

### Quit Rate by Tobacco Use Type

The majority of survey pool participants reported smoking cigarettes (n=3,268) and single product use (n=3,181). The responder quit rate for cigarettes was 26%, compared to 28% for e-cigarettes. The responder quit rate for single product and dual product was similar at 27% and 26%, respectively. Note, survey pool participants who reported dual/poly product use may be represented in multiple of the single-type tobacco categories.

By Tobacco Product Type	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
<b>Cigarettes</b>	3,268	675	176	26%
<b>Cigars, cigarillos, or little cigars</b>	167	38	10	26%
<b>Smokeless tobacco</b>	44	10	3	30%
<b>Other tobacco, including pipe</b>	14	Excluded		
<b>e-Cigarettes or vaping products</b>	387	69	19	28%

Single and dual use	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
<b>Single product use</b>	3,181	665	177	27%
<b>Dual/Poly product use</b>	359	69	18	26%



## Cigarettes per Day

The table below provides data only for survey pool participants who reported smoking cigarettes at intake. Among the 3,268 survey pool participants who smoked cigarettes, more (n=1,478) reported they smoked 11 to 20 cigarettes per day (CPD) and the responder quit rate was 24%. There appeared to be a slight linear relationship between number of CPD and quit rate; as CPD increased the responder quit rate slightly declined. Overall, these data indicate that the Quitline program supported people at all levels of addiction.

Cigarettes Per Day	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
<b>1-10 CPD</b>	1,015	211	61	29%
<b>11-20 CPD</b>	1,478	306	73	24%
<b>21-30 CPD</b>	381	69	16	23%
<b>31+ CPD</b>	314	64	14	22%
<b>No response</b>	80	25	12	48%



## Quit Rate by Demographics

This section provides information on the proportion of respondents who reported quitting by key demographic variable: gender, age, race and ethnicity, insurance status/type, education level, and sexual orientation and gender identity.

### Gender Distribution

The majority of survey pool participants identified as female (n=2,245) with a responder quit rate of 28%, compared to 25% for males. There was insufficient data to provide a quit rate for additional gender identities.

Gender	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Female	2,245	458	127	28%
Male	1,273	273	67	25%
Other gender identities	21	Excluded		
No response	1	Excluded		

### Age Distribution

The highest responder quit rates were among those aged 24 and under and 55-64 (29%, respectively). The lowest responder quit rate was among those aged 35-44 (18%). Overall, these data demonstrate the Quitline supported tobacco users across the age spectrum.

Age Group	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
24 or under	73	14	4	29%
25-34	264	39	11	28%
35-44	417	50	9	18%
45-54	582	101	27	27%
55-64	1,198	262	76	29%
65+	1,006	268	68	25%



## Racial Distribution

During intake, participants were able to select more than one race or ethnic identity. Participants who identified as two or more races were grouped in a “More than one race” category. Participants who spoke Korean, Vietnamese, Cantonese, and Mandarin were referred to the Asian Smokers’ Quitline. Due to the limited number of responses from American Indian or Alaska Natives, Asians, and Native Hawaiians or other Pacific Islanders participants, these responses were grouped in the “some other race” group.

The vast majority of survey pool participants identified as White and non-Hispanic with responder quit rates of 26%, respectively. The responder quit rate for Black or African American was 27%.

Race or Ethnicity	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
<b>Race</b>				
<b>American Indian or Alaska Native</b>	39	8	2	25%
<b>Black or African American</b>	871	206	55	27%
<b>White</b>	2,378	468	123	26%
<b>Some other race</b>	47	9	4	44%
<b>More than one race</b>	108	24	4	17%
<b>No response</b>	97	19	7	37%
<b>Ethnicity</b>				
<b>Hispanic/Latinx</b>	98	20	6	30%
<b>Not Hispanic/Latinx</b>	3,406	705	186	26%
<b>No response</b>	36	9	3	33%



### Quit Rate by Insurance

Participants were asked to share what type of health insurance they have during intake (e.g., Medicaid, Medicare). Participants who reported having health insurance via an employer or were self-insured are reported as “Other insurance”. Survey pool participants were most likely to report having Medicaid (n=1,019) or Medicare (n=1,094) with responder quit rates of 27% and 28%, respectively.

Insurance	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
<b>Medicaid</b>	1,019	117	47	27%
<b>Medicare</b>	1,094	285	79	28%
<b>Medicaid and Medicare</b>	544	116	27	23%
<b>Other insurance</b>	509	93	24	26%
<b>Uninsured</b>	324	51	14	27%
<b>No response</b>	50	12	4	33%

### Sexual Orientation and Gender Identity

Nearly 6% percent of survey pool participants identified as LGBTQ+ (n=202) and the responder quit rate was 33%. Because the LGBTQ+ category includes both sexual orientation and gender identity, survey pool participants may be counted more than once across specific LGBTQ+ groups. Quit rates for specific LGBTQ+ groups should be interpreted with caution given the low number of respondents.

Sexual Orientation and Gender Identity	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
<b>Not LGBTQ+</b>	3,314	691	181	26%
<b>LGBTQ+</b>	202	36	12	33%
<b>Bisexual</b>	102	17	5	29%
<b>Lesbian or gay</b>	87	19	7	37%
<b>Transgender or queer</b>	18	Excluded		
<b>No response</b>	24	7	2	29%

For additional context, National Jewish Health has provided data from multiple states for a larger number of respondents who identify as LGBTQ+. Each state client had different quit



medication offerings, which may influence quit rates. In addition, the data below do not represent all states National Jewish Health serves. Overall, the responder quit rates for participants who identified as LGBTQ+ were similar compared to those who did not identify as LGBTQ+. These data speak to the ability of the Quitline program to meet the needs of diverse populations and communities, and individuals across identity groups through program tailoring and use of motivational interviewing.

<b>Sexual Orientation and Gender Identity (Multiple State Clients)</b>	<b>Survey Respondents</b>	<b>Responder Quit Rate</b>
<b>Not LGBTQ+</b>	7,040	30%
<b>LGBTQ+</b>	436	31%
<b>Bisexual</b>	237	31%
<b>Lesbian or gay</b>	170	32%
<b>Transgender</b>	30	30%
<b>Queer</b>	51	22%
<b>No response</b>	713	34%



## Quit Rate for Health Conditions

This section provides information on the proportion of respondents who reported quitting by behavioral health conditions they may live with, and medical conditions they may have which are caused by or worsened by tobacco use.

### Quit Rate by Behavioral Health Conditions

During intake, participants were asked if they were living with a behavioral health condition, including depression, anxiety, and substance abuse. A higher number of survey pool participants reported they live with two or more behavioral health conditions (n=1,300) compared to living with one behavioral health condition (n=651) and responder quit rates were 24% and 23%, respectively, regardless of participation in the BH protocol. Survey pool participants who did not report living with a behavioral health condition had a responder quit rate of 30%. These data indicate people living with behavioral health conditions may face additional barriers to quitting.

Number of Behavioral Health Conditions	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
<b>No behavioral health conditions</b>	1,589	336	101	30%
<b>One behavioral health condition</b>	646	150	34	23%
<b>Two or more behavioral health conditions</b>	1,294	248	60	24%

### Quit Rate by Medical Conditions

During intake participants were screened for a variety of medical conditions and could report more than one condition. The conditions most commonly reported by survey pool participants were cardiovascular disease (n=1,757) and COPD (n=1,320) with responder quit rates of 27% and 24%, respectively.



Medical Condition	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
<b>Cancer</b>	543	118	31	26%
<b>Diabetes</b>	656	151	36	24%
<b>COPD</b>	1,320	307	73	24%
<b>Cardiovascular disease</b>	1,757	403	109	27%
<b>No cancer, diabetes, COPD, or cardiovascular disease</b>	1,066	177	49	28%
<b>No response</b>	0	Excluded		



## Participant Demographics

In the following tables provide details for all participants who completed an intake from July 2021 through June 2022. Groups with fewer than five participants are excluded from the table. Demographic information that is not asked during intake for web-only participants is marked "N/A".

From July 2021 through June 2022, National Jewish Health registered 3,731 participants with a phone intake and 460 participants with a web-only intake in Michigan.

Web-only participants were not surveyed as part of this evaluation. To help Michigan understand the demographic similarities and differences between phone program participants and web-only participants, intake demographic data for both groups are provided.

### Demographic Characteristics

Demographic	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
<b>Gender</b>				
Female	2,353	63%	301	65%
Male	1,355	36%	139	30%
Transgender, gender non-binary, or another gender identity	19	1%	16	4%
No response	Excluded		Excluded	
<b>Age</b>				
17 or under	21	<1%	86	19%
18-20	20	<1%	Excluded	
21-24	47	1%	19	4%
25-34	285	8%	75	16%
35-44	435	12%	106	23%
45-54	612	16%	94	21%
55-64	1,262	34%	51	11%
65+	1,049	28%	24	5%



Demographic	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
<b>Race</b>				
American Indian or Alaska Native	39	1%	Excluded	
Asian	9	<1%	Excluded	
Black or African American	909	24%	42	9%
White	2,514	68%	364	79%
Some other race	39	1%	Excluded	
More than one race	114	3%	7	2%
No response	107	3%	40	9%
<b>Ethnicity</b>				
Hispanic/Latinx	100	3%	10	2%
Not Hispanic/Latinx	3,591	96%	Excluded	
No response	40	1%	450	98%
<b>Insurance</b> (insurance on the web is only asked if online NRT is turned on)				
Medicaid	1,065	28%	N/A	
Medicare	1,143	31%	N/A	
Medicaid and Medicare	557	15%	N/A	
Other insurance	558	15%	N/A	
Uninsured	349	9%	N/A	
No response	59	2%	N/A	
<b>Sexual orientation and gender identity</b>				
Not LGBTQ+	3,491	94%	366	80%
LGBTQ+	215	6%	65	14%
Bisexual	110	3%	37	8%

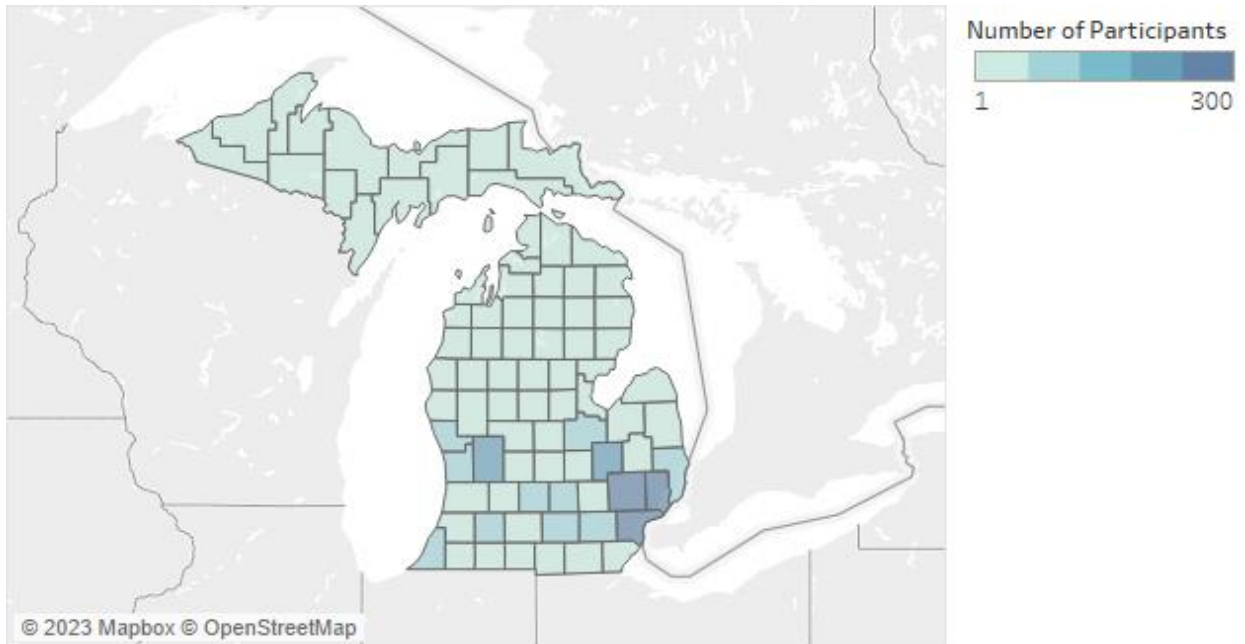


Demographic	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
<b>Gay or lesbian</b>	91	2%	15	3%
<b>Transgender</b>	19	<1%	16	4%
<b>Queer</b>	17	<1%	Excluded	
<b>No response</b>	25	<1%	29	6%
<b>Behavioral health (BH) conditions</b>				
<b>No BH conditions</b>	1,699	46%	278	60%
<b>One BH condition</b>	684	18%	47	10%
<b>Two or more BH conditions</b>	1,348	36%	135	29%
<b>No response</b>	Excluded		Excluded	
<b>Medical condition (participants may be counted in multiple categories)</b>				
<b>Cancer</b>	565	15%	15	3%
<b>Diabetes</b>	682	18%	25	5%
<b>COPD</b>	1,384	37%	43	9%
<b>Cardiovascular disease</b>	1,827	49%	109	24%
<b>No cancer, diabetes, COPD, or cardiovascular disease</b>	1,143	31%	314	68%
<b>No response</b>	Excluded		Excluded	



The following is a map of Michigan counties shaded by the number of participants. According to 2021 BRFSS data 17.0% of Michigan residents currently smoke, equivalent to 1,341,281 adults<sup>5</sup>. From July 2021 through June 2022, 3,433 adult cigarette users completed an intake with the Quitline by phone or online and 2,874 received coaching and or quit medications. As defined by NAQC, Michigan achieved a promotional reach of 0.3% and a treatment reach of 0.2%<sup>6,7</sup>.

Note, Wayne County had twice as many participants as the next county. The color scale was adjusted to show significant shading in other counties.



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<sup>5</sup> BRFSS Prevalence and Trends Data  
<https://nccd.cdc.gov/BRFSSPrevalence>

<sup>6</sup> NAQC. (2009). *Measuring Reach of Quitline Programs. Quality Improvement Initiative* (S. Cummins, PhD). Phoenix, AZ.

<sup>7</sup> North American Quitline Consortium. 2021. Results from the 2021 NAQC Annual Survey of Quitlines. K. Mason, editor. Available at <https://www.naquitline.org/page/2021survey>.



## Tobacco Use Patterns

The following tables present data on participant use of tobacco for the phone and web program between July 2021 through June 2022.

Demographic	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
<b>Tobacco use type</b> (participants may be counted in multiple categories)				
<b>By tobacco type</b>				
Cigarettes	3,435	92%	345	75%
Cigars, cigarillos, or little cigars	177	5%	11	2%
Pipe	11	<1%	Excluded	
Smokeless tobacco	46	1%	10	2%
Other tobacco	16	<1%	35	8%
e-Cigarettes or vaping products	413	11%	109	24%
<b>By single or dual/poly use</b>				
Single-use tobacco	3,353	90%	374	81%
Dual/Poly product use	378	10%	86	19%
<b>Cigarettes per day (CPD)</b> (out of all who use cigarettes)				
1-10 CPD	1,064	31%	100	29%
11-20 CPD	1,552	45%	176	51%
21-30 CPD	402	12%	46	13%
31+ CPD	329	9%	19	6%
No response or 0 CPD (trying to stay quit)	88	3%	Excluded	



## Services Provided

The following tables presents data on what services were provided to participants between July 2021 through June 2022.

Service Area	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
<b>Participation in services</b>				
<b>Intake-only participants</b>	608	16%	460	100%
<b>All coaching participants</b>				
1-2 coaching calls, no medication	767	21%	N/A	
1-2 coaching calls, with NRT	1,096	29%		
3+ coaching calls, no medication	133	4%		
3+ coaching calls, with NRT	1,127	30%		
<b>Digital services (participants may be counted in multiple categories)</b>				
<b>Text program</b>	2,593	69%	286	62%
<b>Email program</b>	1,699	46%	199	43%
<b>Web program</b>	800	21%	460	100%
<b>eCoaching/Live Text Coaching</b>	Excluded		Excluded	
<b>No text, email, or web program</b>	761	20%	N/A	
<b>Number of digital services (participants may be counted in multiple categories)</b>				
<b>No digital service</b>	761	20%	N/A	
<b>One service</b>	1,370	37%	65	14%
<b>Two services</b>	1,078	29%	316	69%
<b>Three or more services</b>	522	14%	79	17%



Service Area	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
<b>Coaching calls completed</b>				
<b>Intake only</b>	608	16%	N/A	
<b>1</b>	1,332	36%		
<b>2</b>	531	14%		
<b>3</b>	319	9%		
<b>4</b>	510	14%		
<b>5+ calls</b>	431	12%		

Enrolled Participant Engagement (phone participants only)	Participants Reaching Call	Percent Reaching Call (Retention)
<b>1</b>	3,123	100%
<b>2</b>	1,791	57%
<b>3</b>	1,260	40%
<b>4</b>	941	30%
<b>5+ calls</b>	431	14%

Special Programs (phone participants only)	Participants	Percent of Total
<b>BH participants</b>	1,487	40%
<b>PPP participants</b>	24	<1%
<b>AICTP participants</b>	24	<1%
<b>MLMQ participants</b>	21	<1%



<b>Referral Pathway (phone participants only)</b>	<b>Participants</b>	<b>Percent of Total</b>
<b>Referral Pathway</b>		
<b>Self-referred</b>	3,574	96%
<b>Provider-referred</b>	157	4%



## Program Satisfaction

The Quitline program participants were surveyed about their satisfaction with the overall service of the program, the usefulness of the materials they received, and the usefulness of the Coaches. Missing responses (don't know or no answer) are excluded from the denominator. Satisfaction rates of 92% or higher were noted for all content types for phone program participants who received NRT. Satisfaction was lower for those that did not receive NRT (range of 70% to 92%).

Satisfied With...	Survey Respondents	Satisfied	Percent Satisfied
<b>Overall program</b>	603	536	89%
<b>For participants who ordered medication</b>	471	443	94%
<b>For participants who did not order medication</b>	132	93	70%
<b>Provided materials</b>	382	370	97%
<b>For participants who ordered medication</b>	317	310	98%
<b>For participants who did not order medication</b>	65	60	92%
<b>Coaches and counselors</b>	523	470	90%
<b>For participants who ordered medication</b>	424	391	92%
<b>For participants who did not order medication</b>	99	79	80%



## Conclusions

For people who enrolled from July 2021 through June 2022, Michigan Tobacco Quitlink achieved an overall responder quit rate of 27%, assisting an estimated 1,007 Michigan residents with quitting tobacco. These outcome data demonstrate that the Quitline, an evidence-based program that tailored support to meet the needs of each participant, was effective in helping people quit using tobacco.

Research has found the use of both phone coaching and quit medications doubles an individual's chances of quitting, and suggests that completing three or more coaching calls can further increase successful quit attempts<sup>8,9</sup>. Nearly 60% of the Quitline coaching participants (59.6%) received quit medications and 14% completed four coaching calls. Among the survey pool, the responder quit rate for those who received coaching and NRT was 27%, and 34% for those who completed at least four coaching calls. These data further demonstrate the success of the Quitline, but also highlight possible areas for future program improvements. The Quitline may benefit from identifying strategies to increase reach, and sustain participant engagement in the program. National Jewish Health can partner with Michigan Tobacco Quitlink to develop and test engagement strategies.

Another area for continued focus is support for people living with a behavioral health condition who are trying to quit tobacco. Among phone program participants, 54% indicated that they had one or more behavioral health conditions. The responder quit rates for survey pool participants living with one behavioral health condition was 23% and 24% for those living with two or more behavioral health conditions. Comparatively, the responder quit rate for survey pool participants who were not living with a behavioral health condition was 30%. These data help underscore that people living with behavioral health conditions face unique challenges when trying to quit may benefit from additional support. In July 2020, National Jewish Health began testing additional outreach strategies, including supplemental activities workbooks, specialized text messaging, and providing information on local resources that support behavioral health to further increase program retention and quit rates of participants living with behavioral health conditions. These efforts are currently under evaluation and National Jewish Health anticipates the results will be shared in 2023.

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<sup>8</sup>Fiore MC, Jaen CR, Baker TB, Bailey WC, Benowitz NL, Curry SJ, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. In: Department of Health and Human Services Public Health Service, editor. Rockville, MD: Government Printing Office; 2008.

<sup>9</sup> Matkin W, Ordóñez-Mena J, Hartmann-Boyce J. Telephone counselling for smoking cessation. Cochrane Database of Systematic Reviews 2019, Issue 5. Art. No.: CD002850. DOI: 10.1002/14651858.CD002850.pub4



National Jewish Health is honored to partner with the Michigan Department of Health and Human Services to serve the residents of the state with evidence-based tobacco treatment. We look forward to continuing our partnership and collaboration to find new ways to increase engagement of the populations most impacted by tobacco and decreasing the negative impact of tobacco for all Michigan participants.



## Acknowledgements

Implementation of the services provided is a coordinated and collaborative effort by many individuals at National Jewish Health and our clients. We would like to acknowledge the extensive efforts of the Quitline Coaches, Management Team, and survey staff that provide guidance, enrollment, and tobacco treatment services to Quitline callers.

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## Appendix A – Survey Methodology

The evaluation was conducted February 2022 through January 2023, seven-months post intake. The data were self-reported by program participants who consented to the evaluation survey during intake and responses were collected by an independent survey agency, Westat Inc. The survey was conducted by phone and eligible participants could receive up to seven outreach calls to invite them to participate in the evaluation survey.

Respondents were asked about their tobacco use and assigned a current status of “Quit” if the participant indicated that they had not used tobacco — even a puff — in the 30 days prior to the call, including e-cigarettes in the same period, as recommended by NAQC. This definition of abstinence is referred to as the point prevalence rate and is the industry standard for determining follow-up quit rate. Due to the number of survey responses, some demographic breakdowns yielded limited results. Throughout the report, rows with fewer than five respondents were excluded. Of the individuals identified and contacted for a follow-up survey, a percentage were not successfully contacted for a survey. Some were not contacted because they could not be reached after multiple attempts and others because they chose not to participate in the survey despite consenting during the intake process.

The evaluation survey was designed to meet NAQC guidelines and recommendations<sup>10</sup>.

- Conducted seven-months post enrollment in the Quitline program.
- Utilized census sample of participants that aimed for a response rate of 50% or greater with at least n=400 of completed survey responders.
- Surveyed only participants who consented at intake to participating in an evaluation.
- Calculated a 30-day point prevalence responder quit rate that includes only participants who received treatments with the strongest evidence base, which are telephone counseling and/or FDA-approved medications.
- Reports basic information about participants’ characteristics and level of service use along with quit rates.
- Calculating responder rates and not intention to treat (ITT) rates, because calculating ITT assumes that all non-responders are using tobacco and includes them in the calculation.
- Reports a 95% confidence interval in order to represent the inherent variability in surveys and provide a range in which the true quit rate likely falls within.

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<sup>10</sup> North American Quitline Consortium (2015). Calculating Quit Rates, 2015 Update. (Betzner, A., Lien, B., Rainey, J. et.al.). Phoenix, AZ.



## Appendix B – Survey and Respondent Group Comparison

The following table describes the demographic characteristics among the survey pool and the respondent group. Respondents were older, slightly more male and Black, more reported having Medicare for insurance, and were more engagement compared to the overall survey pool.

Demographic	Survey pool	Respondent Group
<b>Median age (Standard Deviation)</b>	59 (13.7)	62 (13.0)
<b>Gender</b>		
<b>Female</b>	63%	62%
<b>Male</b>	36%	38%
<b>Race</b>		
<b>American Indian or Alaska Native</b>	1%	1%
<b>Black or African American</b>	24%	28%
<b>White</b>	68%	64%
<b>Some other race</b>	1%	1%
<b>More than one race</b>	3%	3%
<b>No response</b>	3%	3%
<b>Insurance</b>		
<b>Medicaid</b>	28%	24%
<b>Medicare</b>	31%	39%
<b>Medicaid and Medicare</b>	15%	15%
<b>Other Insurance</b>	15%	13%
<b>Uninsured</b>	9%	7%
<b>No response</b>	2%	2%



Demographic	Survey pool	Respondent Group
Average coaching calls for coaching participants (Standard Deviation)	2.58 (1.82)	3.25 (2.00)
Received quit medications (of coaching participants)	71%	79%

