

Michigan Tobacco Quitlink 2023 Outcomes Report

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Executive Summary

From July 2022 through June 2023, the Michigan Tobacco Quitline 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.¹ National Jewish Health conducted an evaluation of the program by surveying participants seven months after enrollment (February 2023 through January 2024).

All callers who completed intake from July 2022 through June 2023 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 seven-months post intake. Web-only participants were not surveyed as part of this evaluation.

A total of 3,416 participants completed a phone intake in this report period, 3,379 consented to the survey and were included in the survey pool, and 861 completed the survey, resulting in a 25% response rate.

Key highlights from the survey include:

- Overall, 27% of Michigan Tobacco Quitline phone coaching participants quit using tobacco.
- Phone participants who completed four or more coaching calls had a quit rate of 32%.
- Participants living with two or more behavioral health conditions had a 22% quit rate compared to a 33% 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.

¹ 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 the 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. With the exception of participants who had commercial health insurance and were eligible for one coaching call, all other 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 to receive medications.

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 were eligible for quit medications. Eligibility and amount of NRT offered were subject to change throughout the year:

- Uninsured participants.
- Commercial Insurance.
- State Employee.
- Medicare members.
- Medicaid members.
- Managed Care Medicaid.
- Medicare/Medicaid dual eligible.
- 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.² 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).

² 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

The Quitline began offered 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 3,416 participants completed a phone intake in this report period, 3,379 consented to the survey and were included in the survey pool, and 861 completed the survey, resulting in a 25% 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 31.2% (95% confidence interval = 28.1% - 34.3%), while the overall responder quit rate for any tobacco product was 27.4% (95% confidence interval = 24.4% - 30.4%).

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 seven-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, at 24%.

Participation	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
All participants	3,379	861	236	27%
Intake-only participants	552	46	11	24%
All coaching participants	2,827	815	225	28%
Coaching, no NRT	675	129	37	29%
Coaching and NRT	2,152	686	188	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) and number of digital services had similar ranges of 24% to 29%.

Digital Service	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Text program	2,457	596	172	29%
Email program	1,831	469	129	28%
Web program	760	161	38	24%

By number of digital services	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
No digital services (phone only)	535	162	41	25%
One service	1,144	278	78	28%
Two services	1,196	315	90	29%
Three services	504	106	27	25%



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.^{3,4} The highest reported quit rate was among participants who completed four coaching calls (39%).

Coaching Calls Completed	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Intake only	552	46	11	24%
1	998	175	35	20%
2	451	104	21	20%
3	338	105	31	30%
4	600	247	97	39%
5+ calls	440	184	41	22%

³ 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.

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



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. Given that the quit rates reported in the previous table were highest for those who completed four calls, it is important to note that 49% of survey pool participants completed three coaching calls, while only 16% of participants completed five or more coaching calls. Increasing the percentage of program participants who engage in subsequent coaching calls should be a focus for future Quitline program efforts.

Calls Completed	# of Participants Reaching Call	Percent of Participants Reaching Call
1	2,827	100%
2	1,829	65%
3	1,378	49%
4	1,040	37%
5+ calls	440	16%



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 lower quit rate (21%) compared to those who were eligible but did not opt into the protocol (29%). 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 2024.

Behavioral Health Protocol	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Have a BH condition and did not opt in to the program	576	150	43	29%
Have a BH condition and opted in to the program	1,392	350	73	21%



Menthol Incentives Program

The responder quit rate for menthol users was 27%, which was slightly higher than the quit rate for responders who did not use menthol cigarettes (25%). The engagement of menthol users was also higher than for non-menthol users as measured by the average number of completed calls (2.90 vs. 2.71, respectively).

Menthol Use	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate	Average # Completed Calls
Menthol Use	1,499	404	108	27%	2.90
Do not Use Menthol	1,578	382	96	25%	2.71
Don't know/no response	Excluded	Excluded			

The Pregnancy and Postpartum Program (PPP)

The PPP for Michigan enrolled 23 participants during the evaluation time period and all participants consented to follow-up. Less than five participants responded to the survey and therefore the data are excluded. 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)

Thirty-seven participants enrolled in the AICTP program in the report period and 35 consented to follow-up, nine 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 2024.

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, 20 participants enrolled in phone services during the report period and consented to follow-up. Less than five participants responded to the survey and therefore the data are excluded. 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 state clients, 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 and MLMQ programs had responder quit rates that exceeded the 30% NAQC benchmark for success.

Specialty Program (Multiple States)	Survey Respondents	Percent Receiving Quit Medication	Average Coaching Calls	Responder Quit Rate
PPP	63	17%	4.3	32%
AICTP	81	76%	2.7	26%
MLMQ	48	N/A	2.9	65%
Menthol	2,937	81%	2.6	27%



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.

The responder quit rate for provider-referred participants was lower compared to self-referred participants (23% and 28%, respectively). However, the number of respondents that were referred by their provider is much lower than the number of self-referred participants and data should be interpreted with caution. 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	3,211	813	227	28%
Provider-referred	168	48	9	23%



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=3,081) and single product use (n=2,923). The responder quit rate for cigarettes was 26%, compared to 31% for e-cigarettes. The responder quit rate for single product and dual product users was similar at 28% 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
Cigarettes	3,081	786	204	26%
Cigars, cigarillos, or little cigars	195	56	15	27%
Smokeless tobacco	39	7	4	57%
Other tobacco, including pipe	22	5	2	40%
e-Cigarettes or vaping products	504	118	37	31%

Single and dual use	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Single product use	2,923	747	206	28%
Dual/Poly product use	456	114	30	26%



Cigarettes per Day

The table below provides data only for survey pool participants who reported smoking cigarettes at intake. Among the 3,081 survey pool participants who smoked cigarettes, most (n=1,409) reported they smoked 11 to 20 cigarettes per day (CPD) and the responder quit rate was 23%. The highest responder quit rate among participants who smoked 1 to 10 CPD (30%).

Cigarettes Per Day	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
1-10 CPD	940	242	72	30%
11-20 CPD	1,409	347	79	23%
21-30 CPD	371	101	25	25%
31+ CPD	267	71	17	24%
No response	94	25	11	44%



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=2,131) with a responder quit rate of 27%, compared to 28% 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	2,131	521	140	27%
Male	1,237	337	94	28%
Other gender identities	11	Excluded		
No response	0			

Age Distribution

The highest responder quit rates were among those aged 25-34 and 65+ (41% and 29%, respectively). The lowest responder quit rate was among those aged 35-44 (21%). 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	79	11	3	27%
25-34	241	34	14	41%
35-44	367	78	16	21%
45-54	569	141	31	22%
55-64	1,087	288	81	28%
65+	1,036	309	91	29%



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 Native, Asian, and Native Hawaiian or other Pacific Islander participants, these responses were grouped in the “some other race” group.

The majority of survey pool participants identified as White and non-Hispanic with responder quit rates of 25% and 28%, respectively. The responder quit rate for participants that identified as Black or African American was 31%.

Race or Ethnicity	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Race				
American Indian or Alaska Native	49	12	4	33%
Black or African American	789	245	77	31%
White	2,266	538	136	25%
Some other race	34	11	3	27%
More than one race	136	32	10	31%
No response	105	23	6	26%
Ethnicity				
Hispanic	101	18	4	22%
Not Hispanic	3,225	831	230	28%
No response	53	12	2	17%



Education Distribution

Participants with a high school diploma or GED comprised the largest group in the survey pool (n=1,204), followed by participants with some college or university (n=995). The responder quit rates for these groups were 29% and 27%, respectively. Overall, these data demonstrate the Quitline served people across education levels.

Highest Level of Education	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Less than grade 9	102	29	11	38%
Grade 9 to 11 and no degree	423	92	22	24%
High school diploma or GED	1,204	299	86	29%
Some college or university	995	243	65	27%
College degree, including vocational school	638	195	52	27%
No response	17	Excluded		

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 Medicare (n=1,112) or Medicaid (n=924) with responder quit rates of 28% and 32%, respectively.

Insurance	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Medicaid	924	198	63	32%
Medicare	1,112	332	92	28%
Medicaid and Medicare	614	194	44	23%
Other insurance	388	77	17	22%
Uninsured	274	44	14	32%
No response	67	16	6	38%



Sexual Orientation and Gender Identity

Five percent of survey pool participants identified as LGBTQ+ (n=175) and the responder quit rate was 30%. 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
Not LGBTQ+	3,169	807	221	27%
LGBTQ+	175	44	13	30%
Bisexual	101	22	6	27%
Lesbian or gay	66	21	5	24%
Transgender or queer	18	7	3	43%
No response	35	10	2	20%

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.

Sexual Orientation and Gender Identity (Multiple State Clients)	Survey Respondents	Responder Quit Rate
Not LGBTQ+	8,915	30%
LGBTQ+	677	28%
Bisexual	404	29%
Lesbian or gay	236	25%
Transgender	66	41%
Queer	60	30%
No response	85	21%



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. Regardless of participation in the BH protocol, a higher number participants reported living with two or more behavioral health conditions (n=1,381) compared to living with one behavioral health condition (n=587) with quit rates of 22% and 25%, respectively. Comparatively, survey pool participants who did not report living with a behavioral health condition had a responder quit rate of 33%. 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
No behavioral health conditions	1,411	361	120	33%
One behavioral health condition	587	158	40	25%
Two or more behavioral health conditions	1,381	342	76	22%



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=1,697) and COPD (n=1,278) with responder quit rates of 26% and 23%, respectively. The highest quit rate was observed among respondents with Diabetes (34%).

Medical Condition	Survey Pool Participants	Survey Respondents	Quit	Responder Quit Rate
Cancer	559	168	49	29%
Diabetes	605	176	59	34%
COPD	1,278	353	81	23%
Cardiovascular disease	1,697	477	123	26%
No cancer, diabetes, COPD, or cardiovascular disease	976	207	60	29%
No response	39	Excluded		



Participant Demographics

The following table provides details for all participants who completed an intake from July 2022 through June 2023. 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 2022 through June 2023, National Jewish Health registered 3,416 participants with a phone intake and 642 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
Gender				
Female	2,153	63%	427	67%
Male	1,252	37%	198	31%
Transgender, gender non-binary, or another gender identity	8	<1%	17	3%
No response	Excluded		0	0%
Age				
17 or under	20	<1%	71	11%
18-20	12	<1%	16	3%
21-24	47	1%	39	6%
25-34	244	7%	93	15%
35-44	371	11%	151	24%
45-54	578	17%	119	19%
55-64	1,097	32%	112	17%
65+	1,047	31%	41	6%



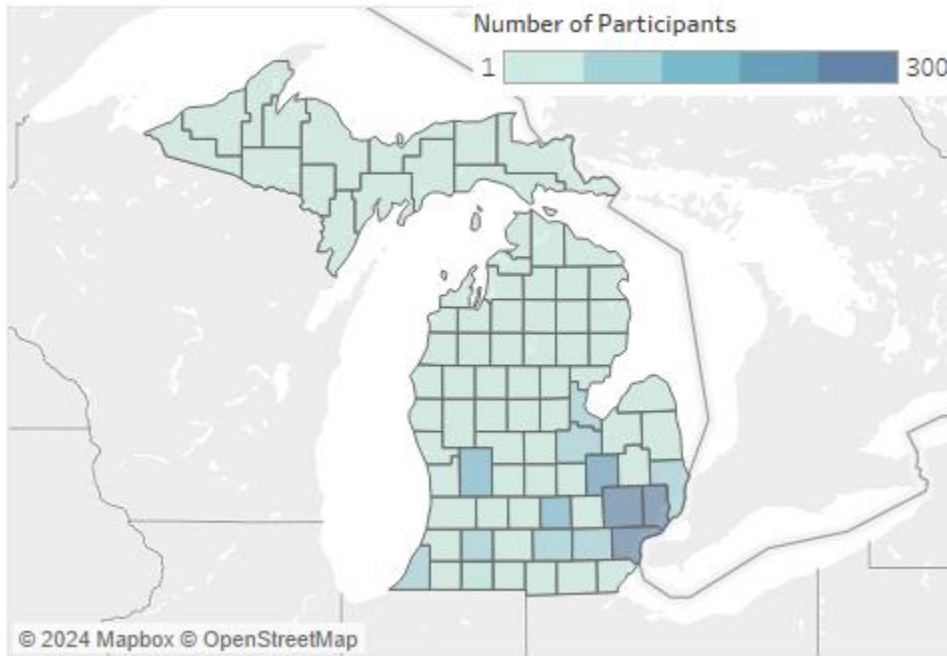
Demographic	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
Race				
American Indian or Alaska Native	51	2%	9	1%
Asian	5	<1%	6	<1%
Black or African American	797	23%	82	13%
White	2,287	67%	458	71%
Some other race	33	1%	Excluded	
More than one race	137	4%	26	4%
No response	106	3%	60	9%
Ethnicity				
Hispanic	103	3%	20	3%
Not Hispanic	3,256	95%	0	0%
No response	57	2%	622	97%
Insurance (insurance on the web is only asked if online NRT is turned on)				
Medicaid	934	27%	N/A	
Medicare	1,121	33%	N/A	
Medicaid and Medicare	621	18%	N/A	
Other insurance	396	12%	N/A	
Uninsured	276	8%	N/A	
No response	68		N/A	



Demographic	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
Sexual orientation and gender identity				
Not LGBTQ+	3,204	94%	505	79%
LGBTQ+	175	5%	93	15%
Bisexual	101	3%	64	10%
Gay or lesbian	66	2%	14	2%
Transgender	19	<1%	16	4%
Queer	12	<1%	9	1%
No response	37	1%	44	7%
Behavioral health (BH) conditions				
No BH conditions	1,407	41%	349	54%
One BH condition	610	18%	73	11%
Two or more BH conditions	1,399	41%	220	34%
No response	0	0%	0	0%
Medical condition (participants may be counted in multiple categories)				
Cancer	565	16%	23	4%
Diabetes	612	18%	63	10%
COPD	1,293	38%	85	13%
Cardiovascular disease	1,714	50%	171	27%
No cancer, diabetes, COPD, or cardiovascular disease	987	29%	308	48%
No response	39	1%	94	15%



The following is a map of Michigan counties shaded by the number of participants. According to 2022 BRFSS data 15.2% of Michigan residents currently smoke, equivalent to 1,204,796 adults.⁵ From July 2022 through June 2023, 4,058 adult cigarette users completed an intake with the Quitline by phone or online and 2,867 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%.^{6,7}



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

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

⁷ 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 2022 through June 2023.

Demographic	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
Tobacco use type (participants may be counted in multiple categories)				
By tobacco type				
Cigarettes	3,113	91%	479	75%
Cigars, cigarillos, or little cigars	197	6%	26	4%
Pipe	14	<1%	9	1%
Smokeless tobacco	40	1%	22	3%
Other tobacco	62	2%	59	9%
e-Cigarettes or vaping products	509	15%	183	29%
By single or dual/poly use				
Single-use tobacco	2,956	87%	512	80%
Dual/Poly product use	460	14%	130	20%
Cigarettes per day (CPD) (out of all who use cigarettes)				
1-10 CPD	952	31%	158	33%
11-20 CPD	1,423	46%	225	47%
21-30 CPD	373	12%	54	11%
31+ CPD	269	9%	32	7%
No response or 0 CPD (trying to stay quit)	96	3%	10	2%
Menthol users (only among those who reported using cigarettes)				
Menthol user	1,518	49%	199	42%
Non-menthol user	1,591	51%	273	57%
No response	Excluded	8%	7	2%



Services Provided

The following tables present data on what services were provided to participants between July 2022 through June 2023.

Service Area	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
Participation in services				
Intake-only participants				
No Text-to-Order NRT	561	16%	630	98%
Text-to-Order NRT	0	0%	12	2%
All coaching participants			N/A	
1-2 coaching calls, no medication	570	17%		
1-2 coaching calls, with NRT	894	26%		
3+ coaching calls, no medication	110	3%		
3+ coaching calls, with NRT	1,281	38%		
Digital services (participants may be counted in multiple categories)				
Text program	2,477	73%	408	64%
Email program	1,845	54%	243	38%
Web program	766	22%	642	100%
No text, email, or web program	544	16%	N/A	
Number of digital services				
No digital service	544	16%	N/A	
One service	1,162	34%	133	21%
Two services	1,204	35%	369	58%
Three or more services	506	15%	140	22%



Service Area	Phone Participants	Percent of Phone	Web-only Participants	Percent of Web-only
Coaching calls completed			N/A	
Intake only	561	16%		
1	1,008	30%		
2	456	13%		
3	339	10%		
4	607	18%		
5+ calls	445	13%		

Enrolled Participant Engagement (phone participants only)	Participants Reaching Call	Percent Reaching Call (Retention)
1	2,855	100%
2	1,847	65%
3	1,391	45%
4	1,052	37%
5+ calls	445	16%

Special Programs (phone participants only)	Participants	Percent of Total
BH participants	1,418	42%
PPP participants	23	<1%
AICTP participants	37	1%
MLMQ participants	20	<1%
Menthol participants	1,518	49%



Referral Pathway (phone participants only)	Participants	Percent of Total
Referral Pathway		
Self-referred	3,231	96%
Provider-referred	185	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 93% or higher were noted for all content types for phone program participants who received NRT. Overall program satisfaction was lower for those that did not receive NRT (85%).

Satisfied With...	Survey Respondents	Satisfied	Percent Satisfied
Overall program	687	636	93%
For participants who ordered medication	570	536	94%
For participants who did not order medication	117	100	85%
Provided materials	418	414	99%
For participants who ordered medication	358	356	99%
For participants who did not order medication	60	58	97%
Coaches and counselors	629	583	93%
For participants who ordered medication	533	497	93%
For participants who did not order medication	96	86	90%



Conclusions

For people who enrolled from July 2022 through June 2023, Michigan Tobacco Quitlink achieved an overall responder quit rate of 27%, assisting an estimated 922 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.^{8,9} Over 70% of the Quitline coaching participants received quit medications (76%) and 37% completed four or more coaching calls. Among the survey pool, the responder quit rate for those who received coaching and NRT was 27%, and 32% among 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, 59% 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 25%, and 22% 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 33%. 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 2024.

⁸Fiore 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.

⁹ 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 2023 through January 2024, 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.¹⁰

- 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.

¹⁰ 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 likely to be male, and more likely to identify as Black or African American than the survey pool. More respondents reported having Medicare for insurance than the survey pool, were more engaged, and were more likely to have received quit medication.

Demographic	Survey pool	Respondent Group
Median age (Standard Deviation)	59 (13.7)	61 (12.6)
Gender		
Female	63%	61%
Male	37%	39%
Race		
American Indian or Alaska Native	1%	1%
Black or African American	23%	28%
White	67%	62%
Some other race	1%	1%
More than one race	4%	4%
No response	3%	3%
Insurance		
Medicaid	27%	23%
Medicare	33%	39%
Medicaid and Medicare	18%	23%
Other Insurance	11%	9%
Uninsured	8%	5%
No response	2%	2%



Demographic	Survey pool	Respondent Group
Average coaching calls for coaching participants (Standard Deviation)	2.82 (1.84)	3.47 (1.91)
Received quit medications (of coaching participants)	64%	80%

