Quit Partner™ 2022 Outcomes Report

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Executive Summary

From February 2021 to January 2022, Quit Partner™ offered a comprehensive commercial tobacco cessation program. Operated by National Jewish Health, Quit Partner™ offered a coaching and individual services programs with interactive cessation resources to support Minnesota residents who wanted to quit using commercial tobacco products.

National Jewish Health conducted an evaluation of Quit Partner™ from September 2021 to August 2022. The survey assessed quit outcomes and program satisfaction at seven-months post program enrollment, and utilized a rolling census approach of all participants who consented at intake to participate in the evaluation.

Coaching program participants included in the evaluation survey pool were surveyed via phone, with up to seven phone outreach attempts conducted for each participant at different times to maximize response. Individual services program participants included in the evaluation survey pool were emailed an invitation to complete the survey and received up to two additional survey reminders.

Among the 3,012 participants who enrolled in the individual services program, 1,909 consented and were included the survey pool. The survey was completed by 184 survey pool participants, resulting in a 10% response rate, with a 28% responder quit rate. Given the extremely low response rate for individual services program participants, the outcomes report focuses on data from coaching program participants.

Among the 1,812 participants who enrolled in the coaching program, 1,357 consented and were included in the survey pool. The survey was completed by 277 survey pool participants, resulting in a 20% response rate.

Key highlights from the survey include:

- Overall, 26% of coaching program participants quit using commercial tobacco.
- Coaching program participants who completed five or more phone coaching calls had a quit rate of 27%.
- Coaching program participants who received both phone coaching and NRT had a quit rate of 28%. It is important to note, 84% of participants who received phone coaching also received NRT.
- Coaching program participants living with two or more behavioral health conditions had a 21% quit rate compared to a 27% quit rate for participants who are not 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 commercial tobacco cessation journey.
- Among program participants who received quit medications, 93% expressed satisfaction with the overall program.

Quit Partner™ Program

Quit Partner™ (the Quitline) provides free cessation support to Minnesota residents trying to stop using commercial tobacco. The Quitline offers support through a coaching program and individual services program. The coaching program offers access to coaching via phone, online chat and text (for ages 13 to 24 only), along with an interactive web portal, digital services such as text and email, and by providing FDA-approved smoking cessation medications. The individual services program offers access to select digital services and a 2-week starter kit of FDA-approved smoking cessation medications. Individuals may enroll in either program by:

- Calling 1-800-QUIT-NOW or 1-855-DEJELO-YA;
- Completing an enrollment form using the web portal; or
- During a Quitline outreach call following a fax or web referral made by the individual's healthcare provider.

The Quitline recognizes that some populations require unique support to stop using commercial tobacco. To meet this need, the Quitline offered tailored phone programs for people who were planning to become pregnant, pregnant and postpartum people, American Indians, youth aged 13 to 17, young adults aged 18 to 24 years old, and people living with behavioral health conditions. To support individuals for whom English is a second language, the Quitline offered telephone coaching, print materials, and a website in Spanish. The Quitline also partnered with LanguageLine services to provide real-time translation in more than 200 additional languages.

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

Individual Services Program

The individual services program provided Minnesota residents 18 years of age or older, regardless of health insurance status, the ability to select any combination of digital services (i.e., text, email, web) and order a 2-week starter kit of quit medications in the form of nicotine replacement therapy (NRT). The individual services program did not provide access to coaching via the phone or online. Minnesota residents could participate in individual services once per year.

Coaching Program

The coaching program provided any Minnesota resident who was 13 years of age or older, with select health insurance plans (including uninsured or underinsured status), and was thinking about or actively trying to quit, the ability to select phone, online or text (for ages 13 – 24 years only) coaching, and order quit medications in the form of nicotine replacement therapy (NRT). 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 commercial tobacco. Participants enrolled in phone coaching were eligible to receive up to five proactive calls from the Quitline and information tailored to their unique medical or demographic characteristics. Minnesota residents seeking support could receive coaching over multiple quit attempts each year, if needed.

Digital Services (Text, Email, Online, eCoaching)

Participants were able to choose one or more digital services to layer onto the coaching program experience, or as stand-alone services (individual services program). Digital services were designed to enhanced the support participants received during their quit attempt and included:

- Opt-in interactive motivational text messages.
- Motivational email messages.
- An interactive web program (mn.quitlogix.org) available 24/7 that provides:
    - Information about quitting.
    - Interactive cost-saving calculators.
    - Ability to design a quit plan tailored to the participants needs.
    - Engagement with a community of other people trying to quit.
    - Ability to track quit medication shipments.
- eCoaching sessions conducted over web chat (not included in the individual services program).

Quit Medications

Quit medications in the form of NRT (patch, gum and lozenge) were made available to participants 18 years or older and who were trying to quit commercial tobacco, and medically eligible (i.e., not directed by a medical provider to not use NRT. People who were pregnant or breast/chest feeding needed medical provider approval for NRT.

The amount of NRT offered varied by program or protocol, and the participant's insurance status. Participants in the individual services program were eligible for a 2-week NRT starter kit, one time per year. Participants in the coaching program were generally eligible for a 4-week supply of NRT, unless they were part of American Indian Commercial Tobacco Program (ACITP) or Behavioral Health protocol which provided a 12-week and 10-week supply of NRT, respectively.

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 commercial tobacco.

Pregnancy and Postpartum Program (PPP)

Pregnant participants often find quitting during pregnancy easier than maintaining their quit following the birth of their child (i.e., postpartum). The PPP provided extended support to help pregnant people successfully quit commercial tobacco during their pregnancy and maintain their quit postpartum. The program was available to participants who began phone coaching during pregnancy. Participants received up to nine coaching calls (five calls during pregnancy and four calls postpartum), and access to 4-week supply of quit medications with a health care provider's consent. In addition, the PPP offered gift card incentives for participants who completed coaching calls; $20 for each coaching call completed during pregnancy and $30 for each coaching call completed during postpartum (up to $220 total). The PPP used a dedicated Coach model, which matched the same 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.[1]

Planning to Become Pregnant

For a healthy baby, one of the best times to quit commercial tobacco is before pregnancy. To support people who are planning to become pregnant, the Quitline's planning pregnancy protocol used a dedicated Coach model, which matched the same Coach with a single participant throughout their time in the protocol. Participants were eligible for quit medications, but no incentives were offered. If a participant became pregnant during the program, the participant was transitioned to the PPP program.

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 and up to 10 coaching calls with additional outreach attempts to for scheduled calls. The AICTP program was available to American Indians, regardless of health insurance status. This innovative program was staffed by Coaches with lived experience in American Indian communities and who were specially trained to provide culturally sensitive services to this population. AICTP participants were eligible for a 12-week supply of quit medications. A dedicated toll-free number (855-5AI-QUIT) and website (AIQuitline.com) enabled direct access to the AICTP.

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[1] 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.

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

The My Life, My Quit™ program supported youth age 13 to 17 with quitting commercial tobacco, regardless of health insurance status, 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). All Coaches engaging with youth participants were specially selected and trained based on their ability to create rapport with younger commercial 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, regardless of health insurance status, 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). The YA program used the same short code used for the MLMQ to support quick engagement with the Quitline for young adults.

Behavioral Health Protocol

People living with a behavioral health condition and who use commercial tobacco products have a harder time quitting and maintaining their quit, compared to commercial 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 guidance 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 activities workbooks, specialized text messaging, and providing information on local resources that support behavioral health. Participants in the Behavioral Health protocol were eligible for a 10-week supply of combination therapy quit medications.

Menthol Incentives Protocol

Menthol is a cooling agent used to help reduce the harshness and acidity of commercial tobacco smoke by providing a cooling effect on the lungs and mouth.[2] Some populations are

[2] Menthol Tobacco Products. Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control. Available at: https://www.cdc.gov/tobacco/basic_information/menthol/index.html. Accessed on: September 2, 2022.

more likely to smoke commercial tobacco products with menthol as the characterizing flavor, including African Americans, youth, women, LGBTQ+, and young adults living with serious mental health conditions.[3] The commercial tobacco industry has a long history of targeting these communities with aggressive marketing of menthol commercial tobacco products. [4] In 2021, the Quitline implemented menthol incentives for coaching program participants who reported using 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 ($50 total). Additional coaching calls were not incentivized.

[3] Menthol Smoking and Related Health Disparities. Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control. Available at: https://www.cdc.gov/tobacco/basic_information/menthol/related-health-disparities.html. Accessed on: September 2, 2022.

[4] Menthol. Truth Initiative. April 2022. Available at: https://truthinitiative.org/research-resources/traditional-tobacco-products/menthol-facts-stats-and-regulation.

Cessation Rates

The following sections describe findings for the evaluation of the Quitline program broken out by program enrollment type, commercial tobacco use patterns, demographics, and behavioral health and medical conditions. Note, where the number of respondents in a reporting category was fewer than five persons, we did not include the results. See Appendix A for 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 Quitline enrollees who were included in the overall evaluation survey sample.
- **Responder Quit Rate**: Defined as self-reported abstinence for the past 30-days (also known as 30-day point prevalence).
- **Survey respondents**: 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

For the individual services program, 1909 were included the survey pool and 184 completed the survey, resulting in a 10% response rate. Given the low response rate for participants in the individual services program, the report's analysis focuses on an overall quit rate and quit rate by individual services utilized.

For the coaching program, a total of 1,357 participants were included in the survey pool and 277 completed the evaluation survey, resulting in a 20% response rate.

See Appendix B for a demographic comparison of survey respondents to survey pool participants.

Overall Quit Rate for Coaching Program

The responder quit rate for participants using conventional tobacco alone in the report period was 29.6% (95% confidence interval = 24.2% - 35.0%), while the overall responder quit rate for participants using any commercial tobacco product was 25.6% (95% confidence interval = 20.5% - 30.7%). Working to increase the response rate will help reduce the confidence interval range and thereby increase the precision of the overall quit rate estimate. National Jewish Health looks forward to working with Quit Partner™ to explore options for increasing the evaluation response rate.

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

1) ENDS are considered commercial 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 commercial tobacco are described by:

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

Quit Rate for Individual Services Program

Analysis of participants who utilized one individual service found they were most likely to either order an NRT starter kit or select the web services, with quit rates of 24% and 22%, respectively. Note, number of participants who only completed an intake for individual services program is low and data should be interpreted with caution. Analysis of quit rates by number of individual services utilized found higher quit rates for participants who engaged in two or three services (32% and 28%, respectively).

Participation	Participants	Survey Respondents	Quit	Responder Quit Rate
Individual Services participants	511	61	16	26%
Intake-only participants	35	6	3	50%
NRT Starter Kit participants	184	33	8	24%
Text only participants	44	4	Excluded	
Chat only participants	0	0	Excluded	
Email only participants	2	0	Excluded	
Web only participants	246	18	4	22%

By number of Individual services	Participants	Survey Respondents	Quit	Responder Quit Rate
No services (intake only)	35	6	3	50%
One service	476	55	13	24%
Two services	306	37	12	32%
Three+ Services	1,092	86	24	28%

Quit Rate for Coaching Program

Within the coaching program, all of the participants selected phone as the mode for engaging in coaching. Overall, 26% reported they were quit at 7-month follow-up. Quit rates increased as participants engaged in more program components, going from 21% for participants who only completed intake to 28% for participants who received coaching and NRT. It is important to note, 84% of participants who received phone coaching also received NRT.

Participation	Participants	Survey Respondents	Quit	Responder Quit Rate
Phone participants	1,357	277	71	26%
Intake-only participants	537	86	18	21%
All coaching participants	820	191	53	28%
Coaching, no medication	132	26	7	27%
Coaching and NRT	688	165	46	28%

Quit Rate by Digital Services

Coaching program participants may opt to also enroll in digital services. Note, participants could select more than one digital service and therefore may be counted in multiple categories.

Quit rates by type of digital service were very similar at 21% for email and web programs and 22% for the text program. Among participants who engaged in one or two digital services, quit rates were 26% and 23%, respectively. The data for participants who engaged in three digital services is low and should be interpreted with caution.

Technology	Participants	Survey Respondents	Quit	Responder Quit Rate
Text program	1,032	195	42	22%
Email program	559	105	22	21%
Web program	455	77	16	21%
eCoaching program	2	Excluded	Excluded	Excluded

By number of digital services	Participants	Survey Respondents	Quit	Responder Quit Rate
No digital services (phone only)	156	51	19	37%
One service	592	116	30	26%
Two services	372	69	16	23%
Three services	237	41	6	15%

Quit Rate by Calls 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.[5,6] For coaching program participants, the highest reported quit rates were among those who completed two coaching calls (29%) or 5+ coaching calls (27%). Note, most participants who completed the fourth coaching call then completed the fifth as well, and the number of participants with exactly four coaching calls is low and data should be interpreted with caution.

[5] 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.

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

Coaching Calls Completed	Participants	Survey Respondents	Quit	Responder Quit Rate
Intake only	537	86	18	21%
1	311	47	10	21%
2	169	42	12	29%
3	91	25	6	24%
4	74	17	9	53%
5+ calls	175	60	16	27%

The following table provides data on all Quitline participants enrolled in the coaching program who were included in the survey pool and shows the cumulative number of participants who completed each coaching call as a percentage of all coaching program participants. Of the 820 participants who completed coaching call one, 62% went on to complete the second coaching call. While the percentage of participants completing additional calls declines with each successive call, in light of the quit rates reported in the previous table it is important to note, 41% of participants are completing three calls and 21% are completing five or more calls. Increasing the percentage of callers who complete at least three coaching calls should be a focus for future Quitline efforts.

Calls Completed	# of Participants Reaching Call	Percent of Participants Reaching Call
Intake	1,357	
1	820	100%
2	509	62%
3	340	41%
4	249	30%
5+ calls	175	21%

Special Population Programs

The Quitline provides special population programs for people planning to become pregnant, people who are pregnant or postpartum, American Indians, youth aged 13 to 17, young adults aged 18 to 24, people living with behavioral health conditions and people who smoke menthol flavored commercial tobacco products.

Evaluation of these programs is challenging for a variety of reasons including the number of participants who enroll in a program during the evaluation's intake period and ability to reach participants seven-months post enrollment in the program. Due to these challenges, National Jewish Health is only able to report quit rates for the Behavioral Health, AICTP, Young Adult and Menthol Incentives programs that are specific to Quit Partner™.

Behavioral Health Program

The table below details the quit rates for two groups: 1) Quitline participants who were eligible but **did not opt** into the BH protocol, and 2) Quitline participants who were eligible and **opted** into the BH protocol. Participants in the BH protocol reported a lower quit rate (20%) compared to those who were eligible but did not opt into the protocol (28%). 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. However, these data do 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 anticipates sharing a full report in 2023.

Behavioral Health Protocol	Participants	Survey Respondents	Quit	Responder Quit Rate
Have a BH condition and did not opt in to the program	205	40	11	28%
Have a BH condition and opted in to the program	280	56	11	20%

The Pregnancy and Postpartum Program (PPP)

During the evaluation period, two participants enrolled in the PPP and consented to follow-up, and none responded to the 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 a quit rate of 68%. The evaluation also showed that incentives increased engagement and higher incentives resulted in higher engagement.

The Planning to become Pregnant Protocol

During this evaluation period, four participants enrolled in the protocol and consent to follow-up, and none responded to the survey. The planning to become pregnant protocol is unique to a few states served by National Jewish Health. Currently, no multi-state evaluation data are available to provide additional context of protocol impact on quit rates.

American Indian Commercial Tobacco Program (AICTP)

During the evaluation period, 36 participants enrolled in AICTP and consented to follow-up. The response rate was 16% (n=6) and the overall responder quit rate was 50%. Note, these data should be interpreted with caution given the very low numbers. In FY2020, 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 Quit Partner™ previously. In 2022, National Jewish Health conducted a supplemental evaluation of the AICTP to estimate an overall quit rate for the program with a larger sample size and found an overall quit rate of 38%. National Jewish Health anticipates sharing a full report on the supplemental evaluation in 2023.

My Life, My Quit™ (MLMQ™)

While engagement in MLMQ online services and live text coaching is high, engagement in MLMQ phone coaching is lower. The Quitline enrolled seven MLMQ phone participants during the evaluation period; all of whom were contacted via phone and invited to complete the survey and none responded. A multi-state evaluation of MLMQ conducted in 2021 found a quit rate of nearly 63% for program participants.

Young Adult Program

During the evaluation period, 41 participants enrolled in Young Adult program and consented to follow-up. The response rate was 15% (n=6) and the overall responder quit rate was 17%. Note, these data should be interpreted with caution given the very low numbers.

Menthol Incentives

The data below only include participants who reported smoking cigarettes and compare participants who smoked menthol flavored cigarettes (menthol users) to participants who did not (non-menthol users). Nearly 20% of participants who reported smoking cigarettes were menthol users (n=264) and reported a 30% quit rate. The average number of completed coaching calls for both groups (menthol users and non-menthol users) was the same at 2.8 calls. Among participant who reported smoking menthol flavored cigarettes, 26% identified as Black/African American and 60% as White. A previous analysis brief provided to Quit Partner™ found prior to the introduction of incentives, overall menthol users had lower retention rates (as measured by completed coaching calls) compared to non-menthol users. After incentives were introduced, the retention rate of menthol users more closely mimicked non-menthol users, indicating the incentives were supporting increased engagement.

Menthol Use	Participants	Average # of Completed Coaching Calls	Survey Respondents	Quit	Responder Quit Rate
Menthol users	264	2.8	56	17	30%
Non-menthol users	674	2.8	137	30	22%
Don't know/no response	321	1.9	56	12	21%

To provide additional context on the impact of special programs and protocols on quit rates, the table below provides responder quit rates from multi-state evaluations of the special population program. Please note, each state client offers different types and durations of quit medication, which may be a factor that influences the responder quit rate. In addition, the data below do not represent all states National Jewish Health serves.

Specialty Program (Multiple State Clients)	Survey Respondents	Percent Receiving Quit Medication	Average Coaching Calls	Responder Quit Rate
PPP participant	21	16%	3.4	33%
AICTP participant	40	73%	3.3	25%
MLMQ participant	29	N/A	2.5	72%
BH participant	2,170	59%	3.0	26%

Quit Rate by Referral Pathway

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

Coaching program participants referred by providers reported a quit rate of 26%, compared to 25% for self-referred participants. It is important to note, the rate of referrals from providers across all states dramatically declined beginning in early 2020 and lasting through 2021. National Jewish Health attributes this reduction primarily to the COVID-19 pandemic, and disruptions to how people access health care and health care referral systems.

Referral Pathway	Participants	Survey Respondents	Quit	Responder Quit Rate
Self-referred	1270	266	67	25%
Provider-referred	87	11	4	26%

Quit Rate by Commercial Tobacco Use Patterns

This section provides information on coaching program participants who reported quitting by type of commercial tobacco product used and by the number of cigarettes smoked per day.

Quit Rate by Commercial Tobacco Use Type

The majority of participants reported smoking cigarettes (n=1,259) and single product use (n=1,210). The quit rate for participants who reported smoking cigarettes was 24%, compared to 28% for participants who reported using e-cigarettes. The quit rate for participants who reported signal product use was 27%, compared to 9% for dual/poly product use (i.e., use of more than one type of commercial tobacco product). Quit rates for participants who use e-Cigarettes, cigars, other tobacco products, and dual/poly product use should be interpreted with caution given the low number of survey respondents. Finally, participants who reported dual/poly product use may be represented in multiple of the single-type tobacco categories.

Commercial Tobacco Product Type	Participants	Survey Respondents	Quit	Responder Quit Rate
By product type				
Cigarettes	1,259	249	59	24%
Cigars, cigarillos, or little cigars	41	10	1	10%
Other tobacco (including pipe and smokeless tobacco)	60	13	4	31%
e-Cigarettes or vaping products	143	25	7	28%
By single or dual/poly use				
Single-use tobacco	1,210	254	69	27%
Dual/Poly product use	147	23	2	9%

Cigarettes per Day

The table below provides data only for participants who reported smoking cigarettes at intake. Among participants who smoked cigarettes, more participants (n=556) reported they smoked 11 to 20 cigarettes per day (CPD) and the responder quit rate was 22%. Overall, the Quitline is helping light to heavy smokers quit commercial tobacco. Note, given the low number of respondents for 21-30 CPD and 31+ CPD, data should be interpreted with caution.

Cigarettes Per Day	Participants	Survey Respondents	Quit	Responder Quit Rate
1-10 CPD	409	79	17	22%
11-20 CPD	556	108	24	22%
21-30 CPD	133	26	7	27%
31+ CPD	107	23	5	22%
No response	54	13	6	46%

Quit Rate by Demographics

This section provides information on the proportion of coaching program participants who reported quitting by key demographic variables: gender, age, race and ethnicity, insurance statue/type, education level, and sexual orientation and gender identity.

Gender Distribution

The majority of participants identified as female (n=797). The responder quit rate for female participants was 27%, compared to 24% for participants who identified as male. Both of these responder quit rates fall within the 95% confidence interval for the overall responder quit.

Gender	Participants	Survey Respondents	Quit	Responder Quit Rate
Female	797	156	42	27%
Male	543	120	29	24%
Other	17	1	Excluded	
No Response	0	0	Excluded	

Age Distribution

Overall, these data demonstrate that the Quitline is supporting commercial tobacco users across the age spectrum. Note, data for participants aged 21-24, 25-34, and 35-44 should be interpreted with caution given the number of respondents.

Age Group	Participants	Survey Respondents	Quit	Responder Quit Rate
20 or under	20	1	Excluded	
21-24	28	5	1	20%
25-34	135	20	7	35%
35-44	208	28	2	7%
45-54	249	44	12	27%
55-64	402	91	27	30%
65+	311	88	22	25%
No Response	4	0	Excluded	

Racial Distribution

Each participant could identify with 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 and therefore are underrepresented in the evaluation survey analysis. Due to the limited number of responses from Asians, and Native Hawaiians or other Pacific Islanders participants, these were grouped with the “some other race” group.

The majority of participants identified as White (n=1,043) and non-Hispanic (n=1,270) with responder quit rates of 28% and 24%, respectively. Participants who identified as Black (n=140) were the second largest racial group among Quitline participants, and reported a quit rate of 12%.

Race or Ethnicity	Participants	Survey Respondents	Quit	Responder Quit Rate
Race				
American Indian or Alaska Native	48	7	4	57%
Black or African American	140	34	4	12%
White	1,043	214	59	28%
More than one race	55	10	1	10%
Some other race	29	4	Excluded	
No response	42	8	3	38%
Ethnicity				
Hispanic/Latinx	42	7	4	57%
Not Hispanic/Latinx	1,270	263	64	24%
No response	45	7	3	43%

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”. Most survey pool participants reported having Medicare for health insurance (n=569), with a responder quit rate of 28%. Uninsured participants reported the lowest quit rate at 15%. Note, the quit rate for participants who did not provide information on their health insurance (i.e., “no response”) should be interpreted with caution due to the low number of responses.

Insurance	Participants	Survey Respondents	Quit	Responder Quit Rate
Medicaid	232	34	9	26%
Medicare	569	145	40	28%
Other insurance	270	53	11	21%
Uninsured	198	33	5	15%
No response	88	12	6	50%

Education Distribution

Participants with a high school diploma or GED comprised the largest group in the survey pool (n = 443), and reported quit rate of 26%. Participants with some college or university reported the highest quit rate at 33%. Overall, the Quitline is supporting participants of all levels of educational attainment.

Highest Level of Education	Participants	Survey Respondents	Quit	Responder Quit Rate
8th grade or less	15	1	Excluded	
Some high school	121	19	5	26%
High school diploma or GED	443	85	22	26%
Some college or university	429	98	32	33%
College degree, including vocational school	338	74	12	16%
No response	11	0	Excluded	

Sexual Orientation and Gender Identity

Nearly 7% of survey pool participants identified as LGBTQ+ (n=89) and the responder quit rate was 18%. Because the LGBTQ+ category includes both sexual orientation and gender identity, participants may be counted more than once across specific LGBTQ+ groups. In addition, these data should be interpreted with caution because only eleven participants who identified as LGBTQ+ completed the survey.

Sexual Orientation and Gender Identity	Participants	Survey Respondents	Quit	Responder Quit Rate
Not LGBTQ+	1,237	260	66	25%
LGBTQ+	89	11	2	18%
Bisexual	41	6	1	17%
Lesbian or gay	38	7	1	14%
Transgender	16	1	Excluded	
Queer	10	1	Excluded	
No Response	31	6	3	50%

To provide additional context, the table below provides responder quit rates from multi-state evaluations to include a larger number of survey respondents who identify as LGBTQ+. Please note, each state client has different quit medication offerings, which may influence quit rates. In addition, the data below do not represent all states National Jewish Health serves.

Sexual Orientation and Gender Identity (Multiple State Clients)	Survey Respondents	Responder Quit Rate
Not LGBTQ+	5,590	1,663
LGBTQ+	386	30%
Bisexual	215	28%
Lesbian or gay	152	30%
Transgender	29	31%
Queer	38	21%
No response	50	32%

Quit Rate for Health Conditions

This section provides information on coaching program participants who reported quitting by report of behavioral health they may live with and medical conditions they may have which are caused or worsened by commercial tobacco use.

Quit Rate by Behavioral Health Conditions

During intake, participants were asked whether they have a behavioral health condition, including depression, anxiety, and substance use. The responder quit rates, regardless of participation in the Quitline's special Behavioral Health protocol, for participants living with one behavioral health condition was 27%, and 21% for participants living with two or more behavioral health conditions.

Number of Behavioral Health Conditions	Participants	Survey Respondents	Quit	Responder Quit Rate
No behavioral health conditions	872	181	49	27%
One behavioral health condition	149	33	9	27%
Two or more behavioral health conditions	336	63	13	21%

Quit Rate by Medical Conditions

During intake participants are screened for a variety of medical conditions. Some participants may report more than one medical condition and therefore are represented in more than one category. The conditions most commonly reported were cardiovascular disease (n=551) and COPD (n=332). The highest responder quit rates were among people who reported they had diabetes or COPD (36% and 29%, respectively).

Medical Condition	Participants	Survey Respondents	Quit	Responder Quit Rate
Cancer	144	21	5	24%
Diabetes	201	50	18	36%
COPD	332	65	19	29%
Cardiovascular disease	551	126	31	25%
No cancer, diabetes, COPD, or cardiovascular disease	577	110	25	23%
No Response	0			

Reduction in Commercial Tobacco Use

The following tables present data from coaching program participants who reported smoking cigarettes and were not quit at follow-up (n=190). These data compare reported cigarettes smoked per day (CPD) at intake compared to follow-up to assess for overall reduction in smoking. At follow-up, 46% of participants reported smoking 1-10 CPD, an increase from 33% at intake.

Cigarettes per day (CPD) (among those who smoke cigarettes)	% (n) at Intake	% (n) at Follow-up
1-10 CPD	33% (62)	46% (88)
11-20 CPD	44% (84)	33% (62)
21-30 CPD	10% (19)	4% (7)
31+ CPD	9% (18)	2% (4)
No response	4% (7)	15% (29)

COVID Questions

In 2020, several questions were added to the phone intake to assess the perceived impact of the COVID-19 pandemic on participants' commercial tobacco use and motivation to quit. The questions were asked of cigarette and e-cigarettes users. Data for participants who refused or responded "Don't know" to the questions are excluded.

Perceived Impact of COVID at Intake

Among participants who smoked cigarettes, the highest quit rates were among those who stated their motivation to quit and amount they smoked stayed the same (28% and 31%, respectively). Participants who stated that continuing to smoke might increase the risk of getting coronavirus reported a 33% quit rate, compared to 22% quit rate for those who states continuing to smoke would definitely increase their risk.

Among participants who used e-cigarettes, the highest quit rates were also among those who stated their motivation to quit and amount they smoked stayed the same (36% and 40%, respectively).

Cigarette Users' Responses	Participants	Survey Respondents	Quit	Responder Quit Rate
Because of COVID-19, has your motivation to quit cigarettes increased, decreased or stayed the same?				
Increased	484	92	28	20%
Stayed the same	638	132	37	28%
Decreased	101	21	4	19%
Because of COVID-19, has the amount you smoke increased, decreased or stayed the same?				
Increased	544	108	18	17%
Stayed the same	584	120	37	31%
Decreased	104	20	4	20%
To what extent, if any, do you believe that continued smoking affects the risk of getting coronavirus or having a more serious case?				
Definitely increases	418	79	17	22%
Might increase	140	24	8	33%
Does not change	297	69	17	25%
Might reduce or definitely reduces	19	3	Excluded	

eCigarette and Vape Users' Responses	Participants	Survey Respondents	Quit	Responder Quit Rate
Because of COVID-19, has your motivation to quit e-cigs/Vaping increased, decreased or stayed the same?				
Increased	54	8	2	25%
Stayed the same	68	14	5	36%
Decreased	17	3	Excluded	
Because of COVID-19, has the amount you use e-Cigs or vape increased, decreased, stayed the same?				
Increased	74	12	1	8%
Stayed the same	60	10	4	40%
Decreased	8	2	Excluded	
To what extent, if any, do you believe that continued vaping affects the risk of getting coronavirus or having a more serious case?				
Might increase or definitely increases	39	3	Excluded	
Does not change	18	5	1	20%
Might reduce or definitely reduces	2	1	Excluded	

Quit Rate for Regions

Minnesota's 87 counties were grouped into the following seven regions based on guidance from Minnesota Compass: Central, Northland, Northwest, Southern, Southwest, Twin Cities, and West Central. Appendix C details counties included in each region, according to Minnesota Compass. The following table includes only coaching program participants. Overall quit rates ranged from a high of 40% for the Northwest region to a low of 20% for West Central region. These data also demonstrate that the Quitline is serving Minnesota residents from all seven regions of the state. Note, data for the Northland, Northwest, Southwest, and West Central regions should be interpreted with caution give the number of respondents.

Regions	Participants	Survey Respondents	Quit	Responder Quit Rate
Central	155	38	8	21%
Northland	111	18	7	39%
Northwest	67	10	4	40%
Southern	167	35	12	34%
Southwest	83	17	6	35%
Twin Cities	686	149	32	21%
West Central	88	10	2	20%

Participant Demographics

In the following tables we provide details for all participants who completed an intake from February 2021 through January 2022. Groups with fewer than five participants are excluded from the table. Demographic information that is not asked during intake for individual services program participants are marked not applicable (N/A). Note, for county demographic data, only the top ten counties reported are listed.

Between February 2021 through January 2022, National Jewish Health registered 1,812 participants into the coaching program and 3,012 participants into the individual services program.

Demographic Characteristics

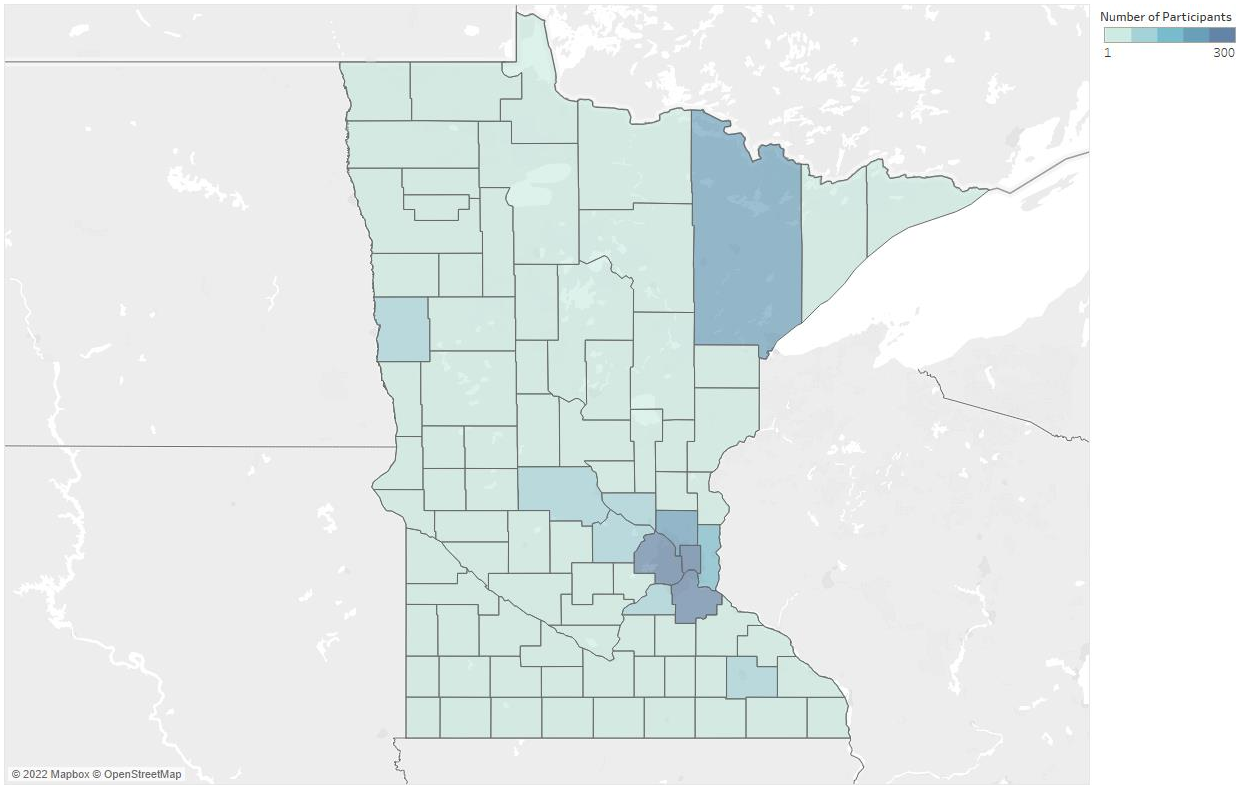
Demographic	Coaching Participants	% of Coaching	Individual Services Participants	% of Individual Services
Gender				
Female	1,071	59%	1,760	58%
Male	708	39%	1,192	40%
Other	32	2%	58	2%
No Response	1	<1%	2	<1%
Age				
17 or under	29	2%	21	1%
18-20	43	2%	107	4%
21-24	68	4%	187	6%
25-34	241	13%	709	23%
35-44	293	16%	663	22%
45-54	316	17%	431	14%
55-64	448	25%	388	13%
65+	337	19%	262	9%
No Response	37	2%	244	8%

Demographic	Coaching Participants	% of Coaching	Individual Services Participants	% of Individual Services
Race				
American Indian or Alaska Native	55	3%	44	1%
Black or African American	180	10%	139	5%
White	1,386	77%	2,501	83%
Some other race	36	2%	58	2%
More than one race	70	4%	81	3%
No response	85	5%	189	6%
Ethnicity				
Hispanic/ Latinx	53	3%	78	3%
Not Hispanic/ Latinx	1,269	70%	262	9%
No response	490	27%	2,672	88%
Insurance				
Medicaid	240	13%	47	1%
Medicare	575	32%	145	5%
Other insurance	291	16%	82	3%
Uninsured	204	11%	19	1%
No response	502	28%	2,719	90%
Education				
8th grade or less	25	1%	33	1%
Some high school	167	9%	146	5%
High school diploma or GED	529	29%	789	26%
Some college or university	572	31%	1,087	36%

Demographic	Coaching Participants	% of Coaching	Individual Services Participants	% of Individual Services
College degree, including vocational school	476	26%	848	28%
No response	43	2%	109	4%
LQBTQ+				
Not LGBTQ+	1,569	87%	2,536	84%
LGBTQ+	173	9%	336	11%
Bisexual	86	5%	161	6%
Gay or lesbian	62	3%	115	4%
Trans-gender	32	2%	58	2%
Queer	32	2%	72	3%
No response	70	4%	140	5%
Number of Behavioral Health Conditions				
No BH conditions	1,328	73%	247	8%
One BH condition	149	8%	10	<1%
Two or more BH conditions	336	19%	18	1%
No Response	0	0%	2,737	91%
Medical Conditions (participants may be counted in multiple categories)				
Cancer	161	9%	117	4%
Diabetes	234	13%	208	7%
COPD	376	21%	243	8%
Cardiovascular disease	902	35%	605	20%
No cancer, diabetes, COPD, or cardiovascular disease	840	50%	2,156	72%
No Response	0	0%	0	0%

Demographic	Coaching Participants	% of Coaching	Individual Services Participants	% of Individual Services
County				
Hennepin	416	23%	580	19%
Ramsey	220	12%	274	9%
Dakota	109	6%	219	7%
Anoka	104	6%	191	6%
Saint Louis	90	5%	151	5%
Washington	55	3%	126	4%
Stearns	40	2%	88	3%
Olmsted	37	2%	62	2%
Sherburne	32	2%	81	3%
Scott	29	2%	60	2%
Region				
Central	212	12%	477	16%
Northland	140	8%	239	8%
Northwest	84	4%	97	3%
Southern	221	12%	391	13%
Southwest	95	5%	128	5%
Twin Cities	953	53%	1,510	50%
West Central	102	6%	148	5%

The following is a map of Minnesota counties shaded by the number of participants. According to 2021 BRFSS data 13.4% of Minnesota's adult residents currently smoke[7], equivalent to 543,001 adults[8]. With 4,774 adult participants, Quit Partner™ reached an estimated 0.8% of adult smokers in the state through the coaching or individual services programs.



[7] BRFSS Prevalence and Trends Data
https://nccd.cdc.gov/BRFSSPrevalence

[8] United States Census Bureau Data
https://www.census.gov/quickfacts/fact/table/MN/PST045221

Tobacco Use Patterns

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

Demographic	Coaching Participants	% of Coaching	Individual Services Participants	% of Individual Services
By tobacco type (participants may be counted in multiple categories)				
Cigarettes	1,594	88%	2,479	82%
Cigars, cigarillos, or little cigars	63	4%	84	3%
Pipe, Smokeless, and Other tobacco	109	6%	229	8%
e-Cigarettes or vaping products	197	11%	246	8%
By single or dual/poly use				
Single-use tobacco	1,611	89%	2,738	91%
Dual/Poly product use	201	11%	274	9%
Cigarettes Per Day (CPD)				
1-10 CPD	412	25%	5	<1%
11-20 CPD	555	36%	2	<1%
21-30 CPD	133	9%	0	0%
31+ CPD	107	7%	0	0%
No response or 0 CPD (trying to stay quit)	387	24%	2,220	>99%

Services Provided

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

Service Area	Coaching Participants	% of Coaching	Individual Services Participants	% of Individual Services
Participation Type – Individual Services by Single Service Used				
Intake-only participants	n/a	n/a	43	1%
NRT Starter Kit only	n/a	n/a	184	6%
Text only	n/a	n/a	44	1%
Chat only	n/a	n/a	0	0%
Email only	n/a	n/a	4	<1%
Web only	n/a	n/a	450	15%
Participation Type – Individual Services by Multiple Services Used				
One service	n/a	n/a	725	24%
Two services	n/a	n/a	843	28%
Three+ services	n/a	n/a	1,444	48%
Participation Type - Coaching				
All coaching participants	1,812	100%	n/a	n/a
Intake-2 coaching calls, no medication	594	6%	n/a	n/a
Intake-2 coaching calls, with NRT	879	20%	n/a	n/a
3+ coaching calls, no medication	19	1%	n/a	n/a
3+ coaching calls, with NRT	320	18%	n/a	n/a
Digital Services (participants may be counted in multiple categories)				
Text program	1,278	70%	1,132	38%

Service Area	Coaching Participants	% of Coaching	Individual Services Participants	% of Individual Services
Email program	713	39%	908	33%
Web program	2	<1%	2,737	91%
No text, email, or web program	157	9%	n/a	n/a
Calls Completed				
Intake only	988	55%	3,012	100%
1	316	17%	0	0%
2	169	9%	0	0%
3	91	5%	0	0%
4	74	4%	0	0%
5+ calls	174	10%	0	0%

Enrolled Participant Engagement (coaching program participants only)	Participants Reaching Call	Percent Reaching Call
1	824	100%
2	508	62%
3	339	41%
4	248	30%
5+ calls	174	21%

Special Programs	Participants	Percent of Total
PPP participants	2	<1%
Planning to become Pregnant participants	4	<1%
AICTP participants	38	2%
MLMQ participants	28	1%
BH participants	280	15%
Young Adult participants	42	2%

Referral Pathway (phone participants only)	Participants	Percent of Total
Referral Pathway		
Self-referred	1,726	95%
Provider-referred	86	5%

Program Satisfaction

Quit Partner™ coaching 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 88% or higher were noted for all content types for the phone program. Note, due to the low number of evaluation survey responses, individual services program participants are not included in this table.

Satisfied With…	Survey Respondents	Satisfied	Percent Satisfied
Overall program	250	232	93%
For participants who ordered NRT	225	209	93%
For participants who did not order NRT	25	23	92%
Provided materials	188	176	94%
For participants who ordered NRT	172	160	93%
For participants who did not order NRT	16	16	100%
Coaches and counselors	209	186	89%
For participants who ordered NRT	189	167	88%
For participants who did not order NRT	20	19	95%

Conclusions

Between February 2021 through January 2022, Quit Partner™ Minnesota achieved an overall responder quit rate of 26% for the coaching program, assisting an estimated 471 Minnesota residents with quitting commercial tobacco. These outcome data demonstrate Quit Partner™, an evidence-based program that tailors support to meet the needs of each participant, was effective in helping people quit using commercial 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.[9,10] Among participants who received coaching, 84% of received NRT and achieved a 28% quit rate, while 21% of participants completed five coaching calls and achieved a 27% quit rate. These data further demonstrate the success of Quit Partner™, and highlight future program improvements may benefit from identifying strategies to sustain participant engagement in the program (i.e., complete more coaching calls). National Jewish Health can partner with Quit Partner™ to develop and test engagement strategies.

Another area for possible program improvement is to further support people living with a behavioral health condition who are trying to quit commercial tobacco. Nearly 30% of coaching program participants (27%) indicated that they were living with at least one behavioral health condition. Participants living with a behavioral health condition who opted into the Behavioral Health protocol had a reported quit rate of 20% compared a 28% quit rate for those who were eligible but did not opt into the protocol. 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. However, these data do 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 anticipates sharing a full report in 2023.

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[9]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.

[10] 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

The addition of incentives for coaching program participants who smoked menthol flavored cigarettes has increased program engagement and supported quit rates that achieve NAQC benchmarks. The average number of completed coaching calls was 2.8 (mirroring that for non-menthol users), with a 30% responder quit rate. A previous analysis brief provided to Quit Partner™ found prior to the introduction of incentives, overall, menthol users had lower retention rates (as measured by completed coaching calls) compared to non-menthol users. National Jewish Health recommends Quit Partner™ continue to monitor the impact of menthol incentives.

Among the 3,012 participants who enrolled in the individual services program, 1,909 consented and were included the survey pool. The survey was completed by 184 participants, resulting in a ten percent response rate, with a 28% responder quit rate. Given the extremely low response rate for the individual services program, the 2022 outcomes report focuses on data from coaching program. Quit Partner™ may benefit from strategies to increase response rates for both coaching and individual services programs, such as offering incentives for surveys, and using pre-notification outreach with increased outreach attempts.

National Jewish Health is honored to partner with Quit Partner™ to serve the residents of Minnesota with evidence-based commercial tobacco treatment. We look forward to continuing our partnership and collaboration to find new ways to increase and engagement of populations most impacted by commercial tobacco and decreasing the negative impact of commercial tobacco for all Minnesota 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 July 2021 through August 2022, seven-months post intake. All participants who completed intake from February 2021 to January 2022 and agreed to follow-up, regardless of their readiness to quit, were eligible for inclusion in the survey pool. Coaching program participants included in the survey pool were surveyed via phone, with up to seven phone outreach attempts conducted for each participant throughout the evaluation survey period at different times to maximize response. Coaching program participants' responses are self-reported and collected by an independent survey agency, Westat Inc. Individual services program participants included in the survey pool were emailed an invitation to complete the evaluation survey at the beginning of the month and received two additional survey reminders.

Respondents are asked about their commercial tobacco use and assigned a current status of "Quit" if the participant indicated that they had not used commercial 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 have been 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.[11]

- Conducted seven-months post enrollment in the Quitline program.
- Utilized a rolling, random 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.

[11] NAQC Issue Paper, Calculating Quit Rate, 2015 Update
https://cdn.ymaws.com/www.naQuitline.org/resource/resmgr/Issue_Papers/WhitePaper2015QRUpdate.pdf

- 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 sample.
- 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.

Appendix B – Coaching Progrma Survey Pool and Respondent Group Comparison

The following table describes the demographic characteristics among the coaching program survey pool overall and the respondent group in particular. Compared to the survey pool respondents were older, the gender distribution included more males, slightly more identified as Black/African American, achieved a higher level of education, more likely to have Medicare and more engaged than the overall survey pool (i.e., completed more coaching calls and more likely to have received cessation medication).

Demographic	Survey pool	Respondent Group
Median age (SD)	56 (14.4)	59 (14.1)
Gender		
Female	59%	56%
Male	40%	43%
Other	1%	1%
No Response	0%	0%
Race		
American Indian or Alaska Native	4%	3%
Black or African American	10%	12%
White	77%	77%
Some other race	2%	1%
More than one race	4%	4%
No response	3%	3%
Education		
Less than grade 9	1%	1%
Grade 9 to 11, no degree	9%	7%
High school diploma or GED	33%	30%

Demographic	Survey pool	Respondent Group
Some college or university	31%	35%
College degree or trade/vocational school	25%	27%
No Response	1%	0%
Insurance		
Medicaid	17%	12%
Medicare	42%	53%
Other Insurance	20%	19%
Uninsured	15%	12%
No response	6%	4%
Average coaching calls for coaching participants (SD)	2.7 (1.9)	3.2 (2.0)
Received quit medications (of coaching participants)	84%	86%

Appendix C – Minnesota Regions and Counties

Region	Counties included in Region
Central	Benton, Cass, Chicago, Crow Wing, Isanti, Kanabec, Mille Lacs, Morrison, Pine, Sherburne, Stearns, Todd, Wadena, Wright
Northland	Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, St. Louis
Northwest	Beltrami, Clearwater, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norma, Pennington, Polk, Red Lake, Roseau
Southern	Blue Earth, Brown, Dodge, Fairbault, Filmore, Freeborn, Goodhue, Houston, LeSueur, Martin, Mower, Nicollet, Olmsted, Rice, Sibley, Steele, Wabasha, Waseca, Watonwan, Winona
Southwest	Big Stone, Chippewa, Cottonwood, Jackson, Kandiyohi, Lac qui Parle, Lincoln, Lyon, McLeod, Meeker, Murray, Nobles, Pipestone, Redwood, Renville, Rock, Swift, Yellow Medicine
Twin Cities	Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington
West Central	Becker, Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse, Wilkin