

EVALUATION REPORT



Oklahoma Tobacco Helpline FY21 Evaluation Report

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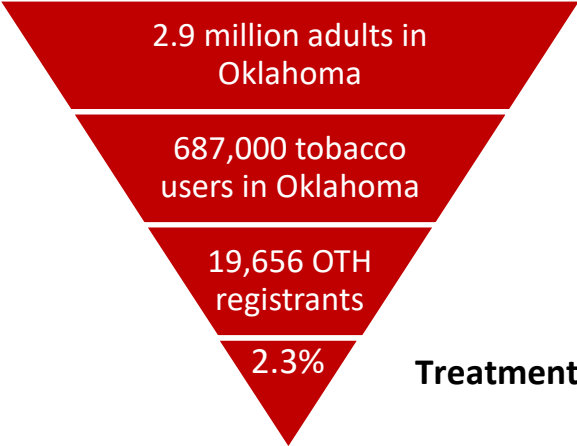
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Key Findings

Total Registrations 19,656 ↓ 31% from FY20

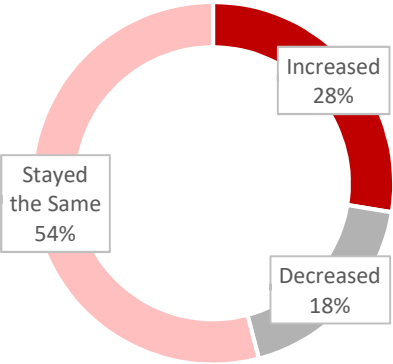
Total Referrals 12,989 ↓ 28% from FY20

7-month Quit Rate 34.1% ≈ FY20 Quit Rate (34.4%)

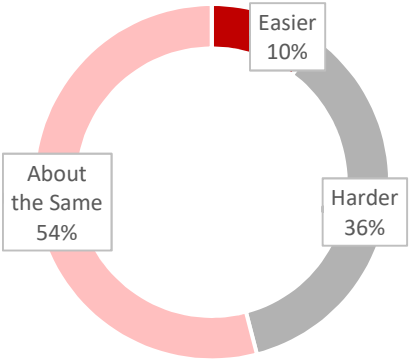


Treatment Reach ↓ 28% from FY20

Because of COVID, my quitting motivation has....



Because of COVID, quitting has become....



Evaluation data from FY21 demonstrate that the Oklahoma Tobacco Helpline continues to provide a valuable, effective service to Oklahomans who use tobacco. The Helpline, administered by Optum, Inc. and evaluated by the Hudson College of Public Health at the OU Health Sciences Center, has operated since 2003, helping tens of thousands of Oklahoma tobacco users quit. Key findings from the FY21 evaluation include:

- During FY21, **19,656 tobacco users** registered for services from the Oklahoma Tobacco Helpline. This is 31% lower than what was observed in FY20 (n=28,547 tobacco users).
- The FY21 Helpline treatment reach was **2.3%** of all tobacco users in the state.
- Across all Helpline registrants, **95.7% reported overall satisfaction** ratings of ‘very,’ ‘mostly,’ or ‘somewhat’ satisfied with Helpline services, with only 5% ‘not at all’ satisfied.
- At the 7-month follow-up survey, **34.1% of all participants reported not smoking for one month or longer**, exceeding the NAQC benchmark for quit rates (30%).
- Tobacco users from **all 77 Oklahoma counties** contacted the Helpline for services in FY21. Of tobacco users registering for services, 17.7% came from Oklahoma County and another 16.7% came from Tulsa County.
- **About four out of 10 (42%) tobacco users chose Individual Services**, which could include one or more of the following: a 2-week starter kit of NRT, text messages, emails, and a quit guide. Of these, the percentage of participants who were abstinent 30 or more days at the 7-month follow-up was 31.7%.
- **Another 7,898 (40%) tobacco users enrolled in the multiple call proactive telephone program.** Tobacco users who enrolled in the multiple call program achieved high 30-day abstinence rates of 34.6%.
- **Eight out of 10 tobacco users (80%) received NRT** from the Helpline.
- During FY21, health professionals and health systems across the state referred 1,148 tobacco users by fax, 4,431 by electronic referral, and **7,410** by online referral. However, only **12.8% of referrals resulted in a Helpline registration.**

Introduction

The Department of Biostatistics and Epidemiology within the University of Oklahoma Health Sciences Center is the independent evaluator for the Oklahoma Tobacco Helpline. The evaluation team uses registration data from Optum, the Helpline service provider, to report registration and utilization patterns. Participant satisfaction with Helpline services and participant success in quitting tobacco are evaluated through a 7-month follow-up survey of a random sample of registrants. Professional Data Analysts (PDA) is contracted to conduct the follow-up survey. The FY21 evaluation demonstrates that the Oklahoma Tobacco Helpline continues to provide a valuable and necessary service to Oklahoma residents across the state, but the reach of the Helpline is significantly lower than it has been in more than a decade. Among those tobacco users utilizing the service, there continued to be good representation from groups with disparities in tobacco use and related health outcomes. It is unclear what effect, if any, the COVID pandemic has had on quit intentions and ultimately registration with the Helpline. This report contains some limited data to address this question, using questions added to the follow-up survey.

During FY21, the Oklahoma Tobacco Helpline continued to provide all of the services previously offered, including phone, web, text messages, emails, and nicotine replacement therapy (NRT). Tobacco users could choose **Individual Services**, which do not include the telephone counseling. Any participant, regardless of health insurance status, could select one or more of the following: a starter kit (2-weeks) of nicotine replacement therapy (NRT) with a follow-up telephone call, text messages, emails, and a Quit Guide. Another option for tobacco users not wanting to interact with a coach via telephone is **WebCoach**, which includes web-based assistance with quitting, with optional NRT (2-week starter kit), text messages, emails, and a downloadable Quit Guide.

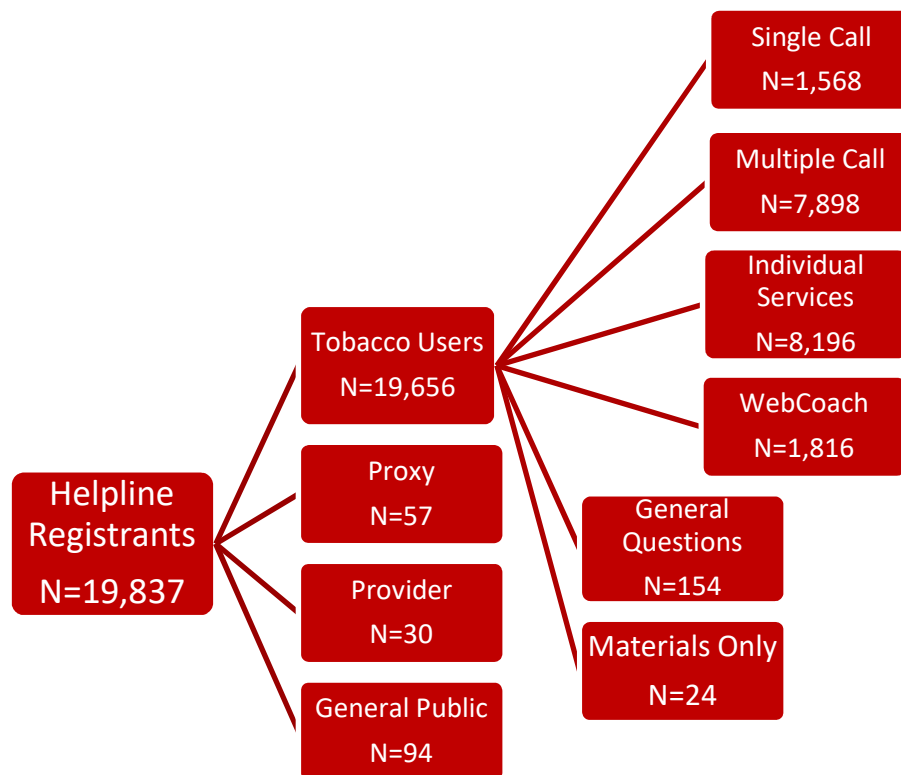
Tobacco users could also choose the traditional telephone counseling program (Helpline) with optional NRT, web-based assistance, text messaging, emails, and a Quit Guide. Health insurance status determines who is eligible for the single call program versus the multiple call program. Tobacco users with private insurance are only eligible for the single call telephone intervention plus two weeks of NRT. State employees with HealthChoice are eligible for the multiple call program (which includes up to 10 proactive calls from a Quit Coach) and up to 12 weeks of NRT. Uninsured and Medicare recipients are eligible for the multiple call program with up to 8 weeks of free NRT, and Medicaid

beneficiaries receive the multiple call program plus a 2-week supply of NRT. Pregnant smokers, regardless of insurance status, receive a 10-call Helpline intervention specifically designed for the special needs of these women. With a medical override, pregnant women can receive additional NRT. In April 2020, The Helpline began offering a specialized protocol for tobacco users with behavioral conditions. Participants choosing the Behavioral Health Program (BHP) are eligible for 7 proactive calls with a coach and up to 12 weeks of combination NRT. BHP utilization and outcomes are described in a separate report.

Utilization of the Oklahoma Tobacco Helpline, FY21

During FY21, from July 1, 2020 through June 30, 2021, a total of 19,656 tobacco users registered for services by calling the 1-800-QUITNOW telephone number, registering online or through the referral from a healthcare provider. This is 31% lower than what was observed in FY20 (n=28,547 tobacco users). In addition to tobacco users, the total Helpline registrants included 30 health care providers, 57 friends and family members of tobacco users (proxy callers), and 94 people from the general public who accessed the Helpline for tobacco cessation information (Figure 1).

Figure 1. Flow chart of Helpline registrants, FY21



Some tobacco users registered for services more than once during FY21 (see page 22). For this report, tobacco users are only counted one time and they are classified according to the most intensive service received (Multiple Call > Single Call > WebCoach > Individual Services).

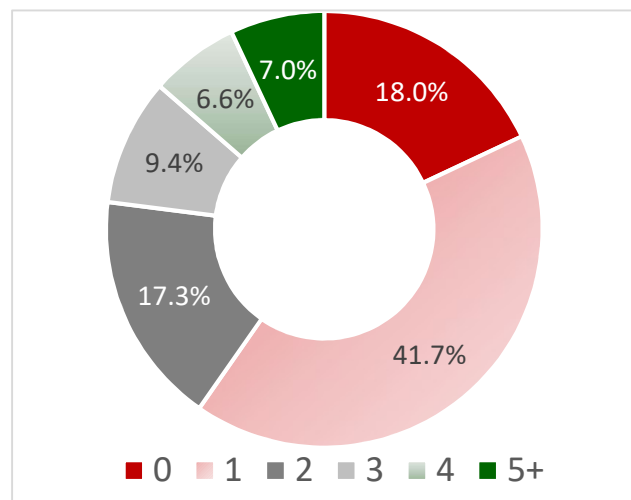
Of the 19,656 tobacco users, 41.7% (n=8,196) registered for Individual Services without the call program (Table 1). Another 7,898 (40.2%) enrolled in the multiple call proactive telephone cessation program, and 1,568 (8.0%) enrolled in the single call telephone cessation program. An additional 9.2% (n=1,816) registered for the WebCoach program. There were 154 tobacco users who requested tobacco cessation general information only, and 24 who only received materials through the mail.

Table 1. Helpline registrants (Tobacco Users) by service, FY21 (n=19,656)

	N	%
Single call	1,568	8.0%
Multiple call	7,898	40.2%
Individual Services	8,196	41.7%
WebCoach	1,816	9.2%
General questions	154	0.8%
Materials only	24	0.1%

Among multiple call participants, the average number of completed intervention calls in FY21 was 1.7 calls. About 18% registered but did not complete any Helpline calls. About 42% completed only one call (Figure 2).

Figure 2. Number of intervention calls completed by tobacco users enrolling in the multiple call program, FY21 (n=7,898)

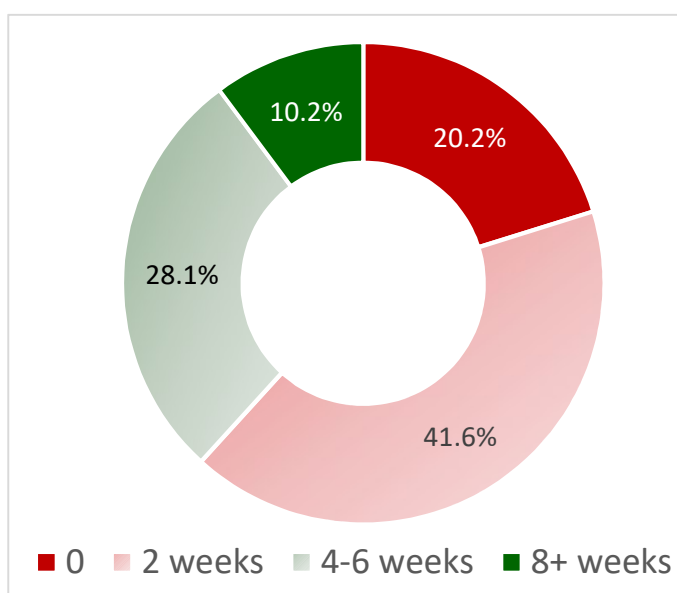


Tobacco users who want to quit may also receive NRT from the Helpline, and the vast majority (80%) did (Figure 3). One out of five tobacco users received no NRT from the Helpline, which could be attributed to contraindications for its use, or participant preference to not use NRT. About 88% of tobacco users registering for Individual Services (n=7,512 of the 8,196) received NRT from the Helpline.

Table 2. Helpline service utilization among tobacco users, FY21

Helpline Service		
Services received from the Helpline	NRT (no calls)	44.1%
	NRT + calls	1.1%
	NRT + calls + other	34.0%
	Calls, no NRT	3.5%
	No NRT, no calls	17.4%
Additional Helpline services	WebCoach	50.9%
	Text messages	39.2%
	Email messages	29.6%

Figure 3. Weeks of NRT received from the Helpline among tobacco users registering for services, FY21 (n=19,478*)



*excludes tobacco users who did not receive intervention (General questions and materials only, n=178)

The majority of tobacco users received only the patch (45.5%), while 15.6% received gum and 12.7% received the lozenge (Table 3). About 26% received some form of combo NRT.

Table 3. Type of NRT received from the Helpline among tobacco users receiving NRT, FY21 (n=15,552)

Type of NRT	N	%
Gum	2430	15.6%
Lozenge	1976	12.7%
Patch	7072	45.5%
Gum and Lozenge	110	0.7%
Patch and Gum	1782	11.5%
Patch and Lozenge	2075	13.3%
Patch, Gum and Lozenge	107	0.7%

Across all programs available to tobacco users wanting to quit, almost 40% received text messages and 30% received email messages. Those enrolled in the Single call program had the highest percentage opting for text (51.0%) and WebCoach participants were more likely to receive emails messages (43.4%, Table 4). Of note is that Individual Service participants are less likely to elect to receive text messages.

Table 4. Percent of tobacco users receiving text and email messages, by program, FY21

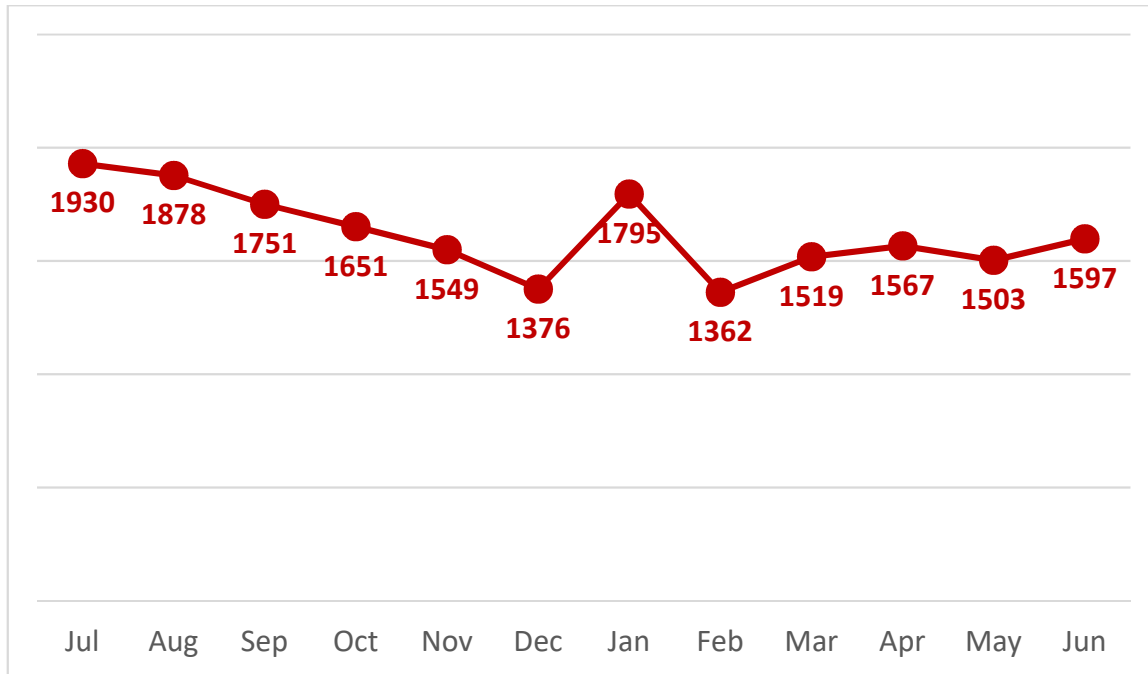
Program	Text messages	Email messages
Multiple Call Program	42.6%	28.5%
Single Call Program	51.0%	26.8%
Individual Services	32.8%	28.4%
WebCoach	43.1%	43.4%
All tobacco users*	39.2%	29.7%

*excludes those receiving "General information"

In addition, 69% of single call participants and 47% of multiple call participants also registered for the integrated WebCoach program to support their telephone-based coaching.

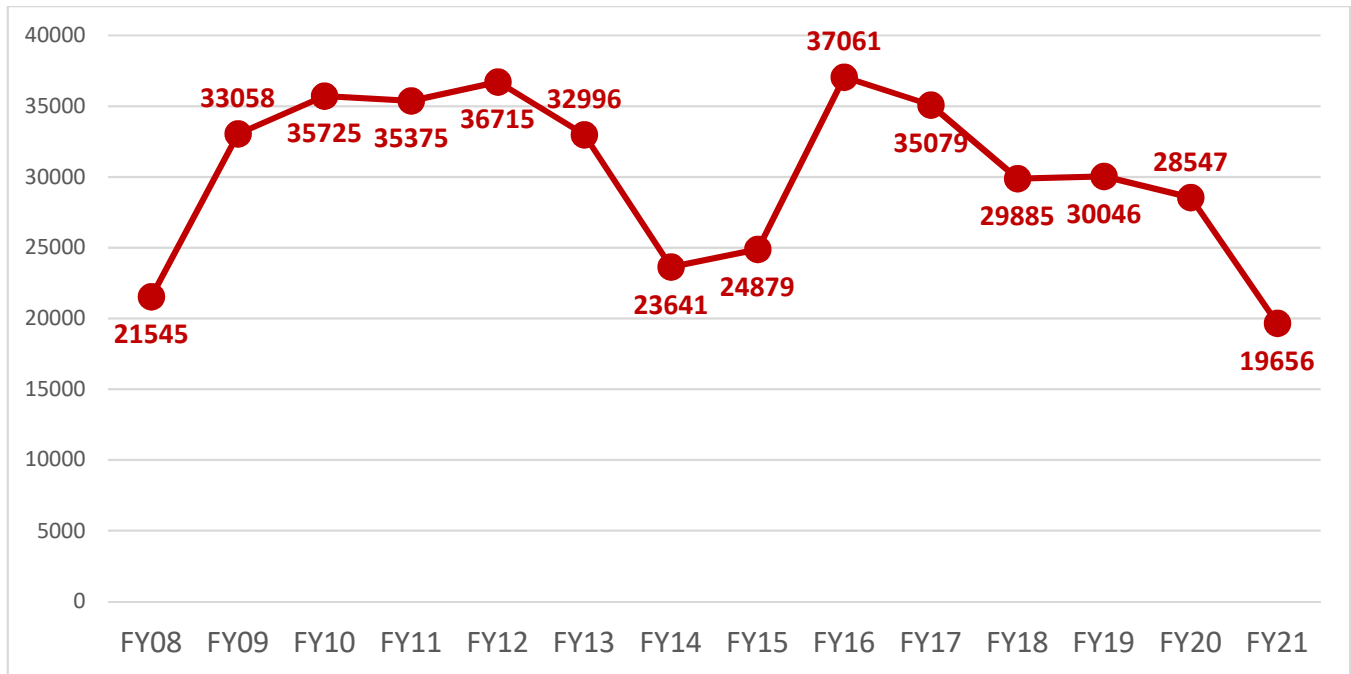
The number of tobacco users registering with the Helpline in FY21 ranged from about 1362 in February to almost 1800 in January 2021 (Figure 4). Consistent with past experience, registrations for quitline services spike in January reflecting New Year’s resolutions that many smokers make to quit smoking,

Figure 4. Tobacco users registering with the Helpline by month, FY21



In FY21, registrations for Helpline services were at their lowest point in the last 14 years. According to the North American Quitline Consortium (NAQC) this trend was observed in other states as well. It is not clear what impact, if any, COVID may have on intentions to quit or tobacco use behaviors.

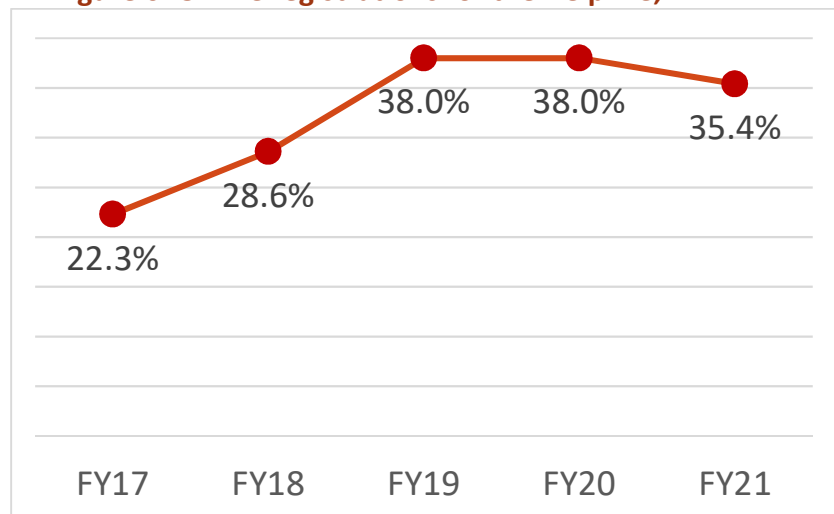
Figure 5. Tobacco users registering with the Helpline by FY



Mode of Entry: Telephone and Online Registrations during FY21

Tobacco users can register for Helpline services by calling 1-800-QUITNOW or visiting the Helpline webpage at www.okhelpline.com. In FY21, 56.6% of tobacco users registered by phone versus 35.4% online. Another 8.0% registered via a referral. Online registrations have increased over time as a result of the promotion of the website via digital ads (Figure 6).

Figure 6. Online registrations for the Helpline, FY17-FY21



Demographic Characteristics of Tobacco Users Registering with the Helpline during FY21

Demographic characteristics were collected and reported for **19,478 tobacco users** registering for services. This does not include those requesting “general information” or “materials only.” In addition, a limited set of demographic questions were asked of tobacco users registering for Individual Services and via the website; thus, some variables in the table below have a high number of “missing” responses.

More than half (55.8%) of tobacco users registering with the Helpline were female (Table 5). Registrants were also mostly white (71.0%) and non-Hispanic (92.2%). Almost six percent of registrants identified as multiracial (5.7%). Although 10.2% of registrants identified as American Indian alone, when any identification of American Indian race was counted (alone and part of multiracial response) the proportion increased to 14.7%. During FY21, a majority of registrants was under the age of 55 (68.5%).

Tobacco users who register and who identify themselves as American Indian are asked if they are an enrolled member of a tribe, and if so, what tribe. Among registrants who identified themselves as “American Indian,” 78% reported tribal affiliation. Among those reporting tribal affiliation, Cherokee Nation accounted for 42% of responses; while Choctaw Nation was reported by 17%.

Consistent with prior years, 54.0% of tobacco users registering for services had incomes of less than \$20,000 in FY21, and 17.0% had less than a high school degree. In addition, 15.2% of tobacco users registering were Medicaid recipients, and 40.5% were uninsured (Table 6).

Table 5. Gender, race/ethnicity and age of Helpline registrants, FY21 (n=19,478)

Demographics		N	%
Gender	Female	10,851	55.8%
	Male	8,609	44.2%
	Missing	18	
Race	White	13,720	71.0%
	Black or African American	1,399	7.2%
	American Indian/Alaskan Native	1,969	10.2%
	Multiracial	1,107	5.7%
	Other	653	3.4%
	Not Known, Refused	482	2.5%
	Missing	148	.
Ethnicity	Hispanic	929	4.8%
	Non-Hispanic	17,767	92.2%
	Not Known, Refused	564	2.9%
	Missing	218	.
Age	18-24	1308	6.7%
	25-34	4128	21.2%
	35-44	4364	22.4%
	45-54	3550	18.2%
	55-64	3871	19.9%
	65-74	1800	9.2%
	75+	452	2.3%
	Missing	5	.

Table 6. Education, income and health insurance status of tobacco users registering with the Helpline, FY21 (n=19,478)

Characteristic		N	%
Education	Less than grade 9	386	3.5%
	Grade 9-11, no degree	1491	13.5%
	High School Degree or GED	3870	35.1%
	Some College or University	3282	29.8%
	College or University Degree	1776	16.1%
	Not Known, Refused	210	1.9%
	Missing*	8463	.
Income	<\$10,000	5713	29.7%
	\$10,000-14,999	2621	13.6%
	\$15,000-19,999	2059	10.7%
	\$20,000-24,999	1599	8.3%
	\$25,000-34,999	1831	9.5%
	\$35,000-49,999	1684	8.8%
	\$50,000-74,999	1048	5.4%
	\$75,000+	772	4.0%
	Not Known, Refused	1906	9.9%
	Missing	245	.
Health insurance status	Medicaid	2942	15.2%
	Medicare	3275	16.9%
	Private	4177	21.6%
	Uninsured	7833	40.5%
	Veterans	156	0.8%
	Not known, Refused	951	4.9%
	Missing	144	.

*Not asked of those registering by web

Two new questions were added to the Helpline registration process in FY20: active service or veteran status and living in public housing. Among those responding to the question, 6.5% identified as active service military or a veteran/retired member of the US military including the Reserve and National Guard. When asked about living in public housing, 9.4% responded “Yes.” This was very similar to what was observed in FY20 (6.9% active military or veteran/retired and 9.1% living in public housing).

Tobacco Users Reporting Mental Health and Substance Abuse Disorders

More than half (55.6%) of tobacco users registering for services reported having at least one mental health or substance abuse disorder (Table 7). The most common MHSA disorders among those reporting at least one, are Depression (68.9%), Generalized Anxiety Disorder (54.9%), Post Traumatic Stress Disorder (36.1%), and Bi-polar Disorder (28.1%). Almost 31% reported drug and alcohol abuse. Of the Helpline registrants who reported at least one MHSA disorder, 30.1% believed their condition would interfere with their ability to quit tobacco, while 18.0% did not know if their condition would interfere with the ability to quit tobacco.

Table 7. Prevalence of mental health or substance abuse disorders among tobacco users who registered for services, FY21 (n=19,478)

MHSA condition*	N	%
At least one	9,725	55.6%
None	7,227	41.3%
Not known, refused	530	3.0%
Missing	1,996	.

*Possible mental health and substance abuse conditions: Bi-Polar Disorder, Depression, Drug or Alcohol Abuse, Generalized Anxiety Disorder, Post-Traumatic Stress Disorder, Schizophrenia, Attention-Deficit Hyperactivity Disorder, Gambling Addiction

Tobacco users registering for Helpline services and reporting one or more mental health or substance abuse disorder are offered a specialized protocol for tobacco users with behavioral conditions.

Participants choosing the Behavioral Health Program (BHP) are eligible for 7 proactive calls with a

coach and up to 12 weeks of combination NRT. In FY21, 2768 tobacco users participated in the BHP, and their demographic and utilization data are included in the totals in this overall report. Specific BHP utilization and outcomes are described in a separate report.

Helpline Utilization by Pregnant Women

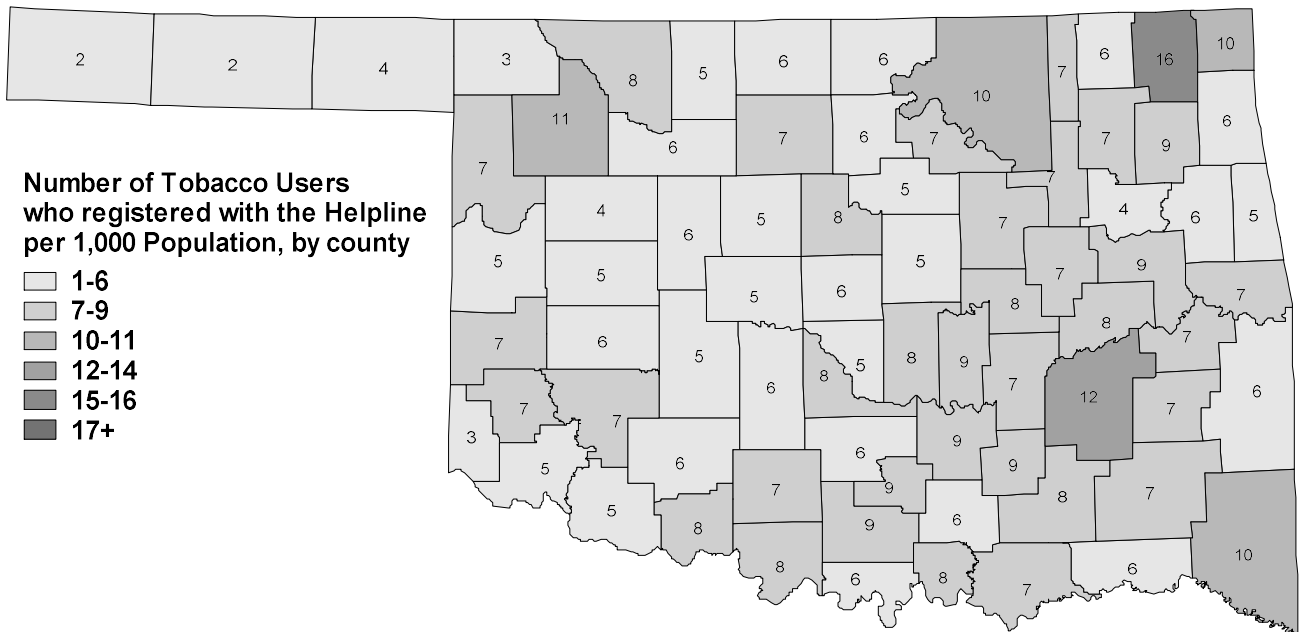
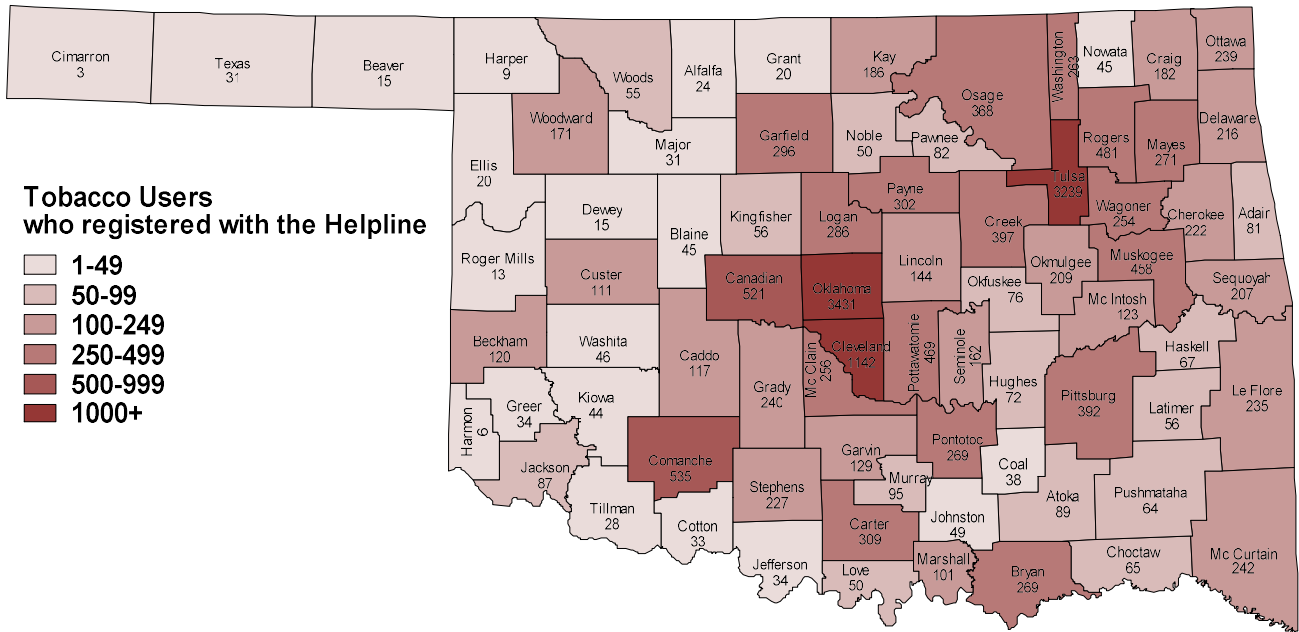
During FY21, 212 tobacco users who were also pregnant accessed the Helpline for assistance quitting smoking. An additional 176 women who were planning pregnancy and 51 breastfeeding moms utilized the Helpline. By comparison, in FY20 323 tobacco users who were also pregnant accessed the Helpline for assistance quitting smoking.

Geographic Distribution of Tobacco Users Registering for Services

The Oklahoma Tobacco Helpline is reaching tobacco users in all parts of Oklahoma (Table 8 and Maps). Tobacco users from all 77 Oklahoma counties contacted the Helpline for services in FY21. Of tobacco users registering for services, 17.7% came from Oklahoma County (n=3,431) and another 16.7% came from Tulsa county (n=3,242). Cleveland County accounted for 5.9% of registrations (n=1,143)

Table 8. Number of tobacco users who registered for services by county, FY21 (n=19,478)

County	Count	County	Count	County	Count
Adair	81	Grant	20	Nowata	45
Alfalfa	25	Greer	34	Okfuskee	76
Atoka	89	Harmon	6	Oklahoma	3431
Beaver	15	Harper	9	Okmulgee	209
Beckham	120	Haskell	68	Osage	368
Blaine	45	Hughes	72	Ottawa	239
Bryan	269	Jackson	87	Pawnee	81
Caddo	117	Jefferson	34	Payne	301
Canadian	521	Johnston	49	Pittsburg	389
Carter	309	Kay	186	Pontotoc	268
Cherokee	222	Kingfisher	55	Pottawatomie	469
Choctaw	65	Kiowa	44	Pushmataha	64
Cimarron	3	Latimer	56	Roger Mills	13
Cleveland	1143	Le Flore	235	Rogers	481
Coal	38	Lincoln	144	Seminole	162
Comanche	535	Logan	286	Sequoyah	207
Cotton	33	Love	50	Stephens	227
Craig	182	Major	31	Texas	31
Creek	398	Marshall	101	Tillman	28
Custer	111	Mayes	271	Tulsa	3242
Delaware	216	McClain	256	Wagoner	254
Dewey	15	McCurtain	242	Washington	263
Ellis	20	McIntosh	122	Washita	46
Garfield	296	Murray	95	Woods	55
Garvin	197	Muskogee	460	Woodward	169
Grady	415	Noble	50	<i>Unknown</i>	60
				Total	19,478



The maps display the number of registrations by county and the number of registrations per county population over the age of 18. As expected, the counties with the greatest population density had the largest number of registrants to the Helpline. However, as seen in the second map, when the number of Helpline registrants per adult population is considered, some of the less densely populated counties had the greatest number of tobacco users registering for services per 1000 adults. For

example, Craig and Pittsburg counties had some of the highest rates of registration, with 12 or more registrants per 1000 adult population.

Tobacco Use Patterns among Registrants

Among tobacco users registering for services, 41.6% reported smoking <1 pack of cigarettes a day (Table 9). Almost half of those responding stated that the time after waking to first tobacco use was five minutes or less (48.1%).

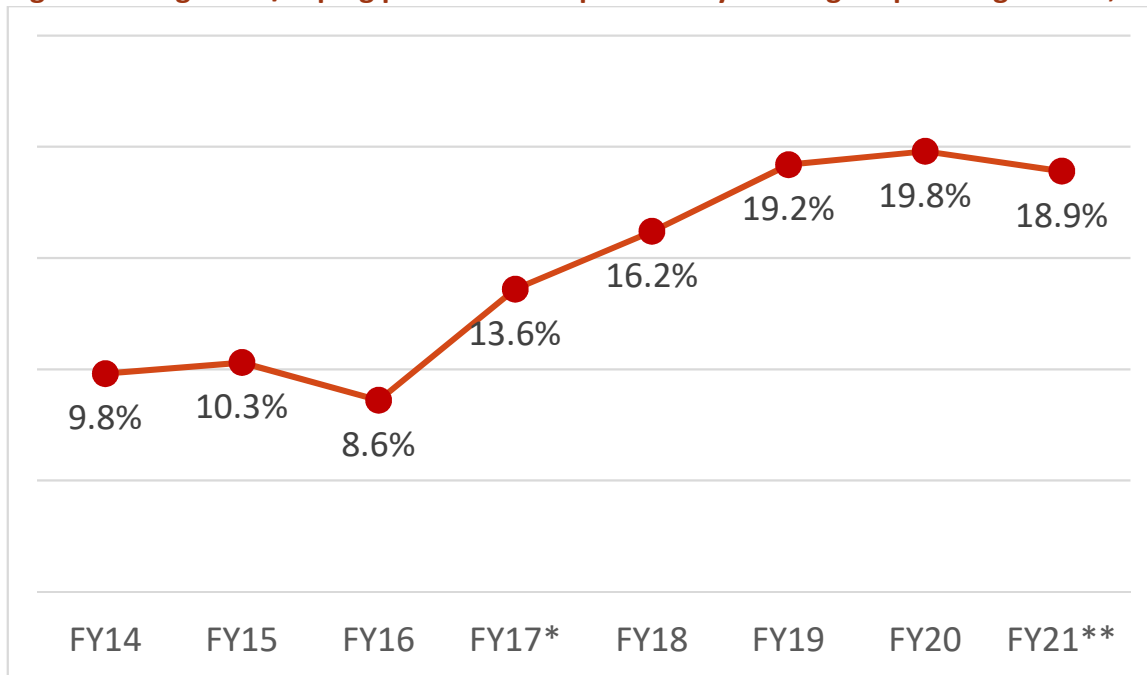
Table 9. Tobacco use patterns among registrants, FY21 (n=19,478)

Category		N	%
Time to first cigarette after waking	5 minutes	9051	48.1%
	6-30 minutes	6326	33.6%
	31-60 minutes	1962	10.4%
	>60 minutes	1381	7.3%
	Not known, refused	108	0.6%
	Missing	650	.
Number of cigarettes per day	<1 pack	7260	41.6%
	1 pack	5933	34.0%
	>1 pack but < 2	2337	13.4%
	2 packs +	1776	10.2%
	None (OTP user)	132	0.8%
	Missing	2040	.

E-Cigarette Use among Tobacco Users Registering for Helpline Services

During FY21, the e-cigarette questions at registration were changed, and data was not available for all registrants from mid-March through June. However, among those asked the question from July-March, 18.9% reported they had used e-cigarette or vaping products in the past 30 days. This represents a 4.5% decrease when compared to FY20 (19.8%, Figure 7). Among those using an e-cigarette in FY21, 81% were also currently smoking combustible cigarettes at the time of registration.

Figure 7. E-cigarette/vaping product use in past 30 days among Helpline registrants, FY14-FY20



*In FY17 the e-cigarette questions asked at registration changed to capture use during the past 30 days. Previously registrants were asked about current use at the time of Helpline registration.

** Data only available through mid-March 2021.

How do registrants hear about the Helpline?

When tobacco users register for services with the Helpline, they are asked how they heard about the service. This question provides one indicator of the Helpline promotion within the community.

During FY21, hearing about the Helpline from TV was the most frequent response (31.7%, Table 10).

The next most frequent response was Health Professional/Health Department (21.6%) followed by Family/Friend (14.5%). Almost 7% of registrants reported hearing about the Helpline through online sources such as Facebook and Twitter.

Table 10. How registrants heard about the Helpline, FY21 (n=19,478)

How heard about	%
TV	31.7%
Health Professional/Department	21.6%
Family/Friend	14.5%
Website/Facebook/Twitter	6.9%
Outdoor ad	3.2%
Brochure/Mailing	3.2%
Radio	3.7%
2-1-1	4.1%
Employer/worksite	0.8%
Other	8.3%
Does Not Remember/ Refused/Not Collected	2.0%

Fax, Electronic and Online Referrals

Referrals offer the opportunity for health care providers and other agencies to proactively request that the Helpline contact their patients or clients who want help quitting tobacco. Overall number of referrals in FY21 was lower than FY20 (12,989 vs 18,022), and the number of tobacco users actually registering for services as a result of a referral was lower as well (1663 in FY21 compared to 2065 in FY20). However, the proportion of referrals registering for service, the “connection” rate, increased somewhat in FY21 (12.8% compared to 11.5% in FY20). Table 11 provides detailed data related to the three different referral options with outcome data overall and by referral type.

Table 11. Electronic, fax, and online referrals to the Helpline, FY21 (n=12,989)

	Type of Referral						All Referrals Combined	
	Electronic Referral		Fax Referral		Online Referral			
Referral Status	N	%	N	%	N	%	N	%
Accepted & enrolled in services	358	8.1%	305	26.6%	1000	13.5%	1663	12.8%
Accepted but didn't enroll	6	0.1%	5	0.4%	17	0.2%	28	0.2%
Declined services when contacted	723	16.3%	192	16.7%	1242	16.8%	2157	9.5%
Unreachable	1706	38.5%	611	53.2%	4076	55.0%	6393	49.2%
Duplicate referral	973	22.0%	10	0.9%	40	0.5%	1023	7.9%
Already enrolled at time of referral	269	6.1%	16	1.4%	944	12.7%	1229	9.5%
Referral rejected (not enough info)	359	8.1%	1	0.1%	.	.	360	2.8%
Pending referral	37	0.8%	8	0.7%	91	1.2%	136	1.0%
<i>Total</i>	<i>4431</i>	<i>100.0%</i>	<i>1148</i>	<i>100.0%</i>	<i>7410</i>	<i>100.0%</i>	<i>12989</i>	<i>100.0%</i>

About 36% of accepted referrals were for the multiple call Helpline program, and about another 36% chose Individual Services. Five percent selected the single call Helpline program and 9% chose web only. The remaining referrals received self-help materials or answers to general questions.

Re-enrollments and Upgrades During FY21

Across all Helpline services, 9.2% (n=1790) of registrants re-enrolled or upgraded to a more intensive service during FY21. About 11% of tobacco users registering for Individual Services re-enrolled or upgraded, with nearly all (95.2%) upgrading to a call program. 7.2% of Multiple Call program participants re-enrolled in the Multiple Call program during the FY.

Treatment Reach of the Oklahoma Tobacco Helpline

Treatment reach measures the proportion of tobacco users across the state that received evidence-based services from the Oklahoma Tobacco Helpline. The population of tobacco users is estimated based on the Behavioral Risk Factor Surveillance Survey (BRFSS). Because the 2020 BRFSS asked about both cigarette and smokeless tobacco use, *the Helpline treatment reach is also examined*

separately for cigarette smokers and smokeless tobacco users. Only Helpline callers who completed an intervention call or who received NRT from the Helpline are counted as having received treatment.

In FY21, 15,552 registrants completed an intervention call, received NRT from the Helpline, or both, resulting in a treatment reach of 2.3% of Oklahoma tobacco users (Table 12). Treatment reach among cigarette smokers (2.8%) was higher than treatment reach among smokeless tobacco users (0.9%). Treatment reach among females was almost two times higher than treatment reach among males (3.2% vs. 1.7%). African Americans and American Indians had very similar treatment reach (2.0% and 2.1%, respectively). Overall, treatment reach was 28% lower in FY21 as compared to FY20.

Table 12. Treatment reach of the Oklahoma Tobacco Helpline, FY21

Population Subset	Number Completed Intervention	Population of Tobacco Users*	Treatment Reach
All tobacco users	15552	687030	2.3%
Cigarette smokers	14672	532763	2.8%
Smokeless tobacco users	1761	198955	0.9%
Females	8661	273110	3.2%
Males	6878	413920	1.7%
African Americans**	1089	55722	2.0%
American Indians**	1594	75936	2.1%

*Fiscal year 2021 enrollment is compared to the population of cigarette smokers and smokeless tobacco users (18+ years old) from BRFSS 2020

**American Indian and African American Helpline and BRFSS participants selected only one racial group

Helpline Utilization by Youth under 18 years old

During FY21, 32 youth under the age of 18 accessed the Helpline for assistance quitting smoking. Although the number is small, these youth reported using multiple tobacco products including e-cigarettes and other vapor devices (n=21) and smokeless tobacco (n=4). The majority of youth (n=18) enrolled in the multiple call telephone cessation program, and 9 signed up for Individual Services. The remaining youth received web only (n=5).

Follow-Up of Helpline Registrants for Evaluation

The North American Quitline Consortium (NAQC) recommends a standardized approach for assessing program outcomes for quitline services across the US and Canada. At a minimum, NAQC recommends that state quitlines conduct a follow-up survey of a random sample of quitline callers 7-months following quitline enrollment. Thirty-day point prevalence abstinence is the preferred measure of “success.” Furthermore, NAQC has established a 50% response rate to the follow-up survey as the benchmark for reporting valid quit rates.

The follow-up of Oklahoma Tobacco Helpline participants in this FY21 report includes tobacco users registering for services between December 1, 2019 and November 30, 2020. The 7-month follow-up survey was conducted from July 6, 2020 through July 8, 2021.

To conduct the follow-up evaluation, a random sample of participants in the different service programs was selected. Despite significant attention and resources, the response rate to the 7-month follow-up just barely achieved the ideal benchmark of a 50% response rate, at 50.1%. Only 4.5% of participants contacted refused to participate in the follow-up study, similar to prior years. The remainder of non-respondents included those who could not be contacted during follow-up. A total of 1,622 participants completed the 7-month follow-up survey.

Satisfaction with Services

Across all Helpline registrants, 95.7% reported being “very,” “mostly,” or “somewhat” satisfied with Helpline services, with 3.7% being “not at all” satisfied and another 0.7% refusing or responding “don’t know” (Table 13). Satisfaction rates varied somewhat by the program as well as NRT received. Satisfaction was similar across all Helpline programs. Nearly two-thirds of those receiving 4 or more weeks of NRT reported being “very” satisfied.

Table 13. Overall satisfaction with the Helpline program by service type, FY21

Helpline Program	% Satisfied*
Single call	94.6%
Multiple call	96.2%
Individual Services	95.2%
Web Coach	95.5%
<i>Total</i>	<i>95.7%</i>
Amount of NRT received	% Very Satisfied
2 weeks of NRT	61.3%
4-6 weeks of NRT	68.4%
8+ weeks of NRT	67.6%

*Denotes very satisfied, mostly satisfied, or somewhat satisfied.

Quit Experiences Reported at the 7- month Follow-up

Quit rates, defined as 30-day abstinence from tobacco, are calculated among survey respondents at the 7-month follow-up interval.

For each calculated quit rate, a 95% confidence interval (CI) is calculated and reported. This CI provides a range of values within which we are 95% confident that the “true” quit rate lies. Because our calculated quit rates are based on a sample of the population, some uncertainty will exist about the accuracy of the estimate. The CI is interpreted as the “plausible” range of values for the true quit rate.

At the 7-month follow-up survey, 34.1% of all participants reported not smoking for one month or longer (Table 14). The 30-day abstinent rate varied by intensiveness of Helpline services received. The combination of a multiple call program with 8 weeks of either single NRT or combination NRT proved very effective with quit rates of 38.1% and 35.1%, respectively.

Table 14. Percentage of Helpline participants abstinent 30 or more days at 7-month follow-up by program, FY21 (responder quit rates)

Program	Total N	Percent Abstinent	95% CI
Overall	1,613	34.1%	(31.8, 36.4)
All Single Call	164	40.2%	(32.7, 47.7)
All Multiple Call*	677	34.6%	(31.0, 38.1)
Multiple Call + 2 weeks NRT	62	25.8%	(14.9, 36.7)
Multiple Call + 4-6 weeks NRT	95	35.8%	(26.1, 45.4)
Multiple Call + 8+ weeks NRT (any)	488	35.9%	(31.6, 40.0)
Multiple Call + 8+ weeks NRT (single)	126	38.1%	(29.6, 46.6)
Multiple Call + 8+ weeks NRT (combo)	362	35.1%	(30.2, 40.0)
Individual Services	641	31.7%	(28.1, 35.3)
Web Coach	131	35.9%	(27.7, 44.1)

*Not mutually exclusive groups

When e-cigarette use at the 7-month follow-up is considered (secondary quit measure as recommended by NAQC), the overall quit rate is 30.3% (95% CI 28.1-32.5).

Use of NRT after Registering with the Helpline

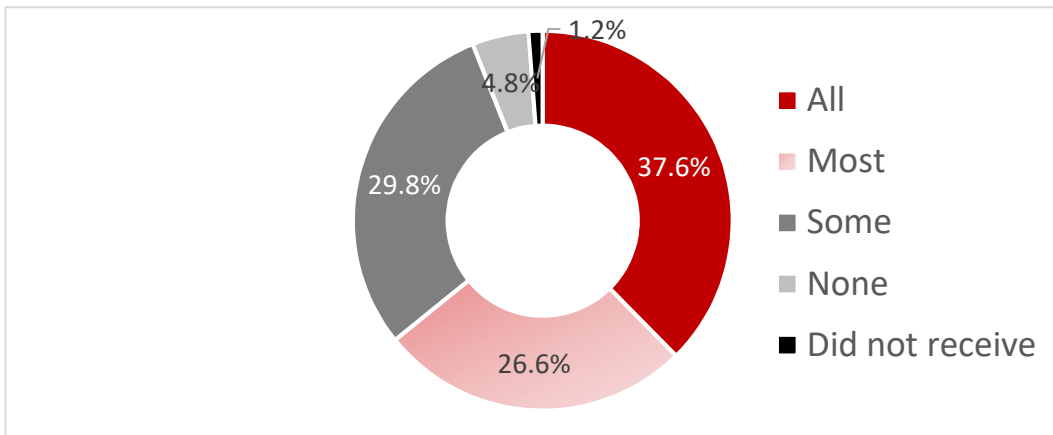
During FY21, participants were asked questions on the follow-up survey to assess their use of NRT and other medications since registering with the Helpline. This included both the NRT sent by the Helpline as well as pharmacotherapy used outside of the Helpline program (Table 15).

Table 15. Use of any NRT or cessation prescription medication since registering for Helpline services, assessed at 7-month follow-up survey, FY21 (n=1,622)

	N	%
NRT Patches	1102	67.9%
NRT Gum	562	34.6%
NRT Lozenge	435	26.8%
NRT Inhaler or Spray	0	0%
Rx Zyban	72	4.4%
Rx Chantix	70	4.3%

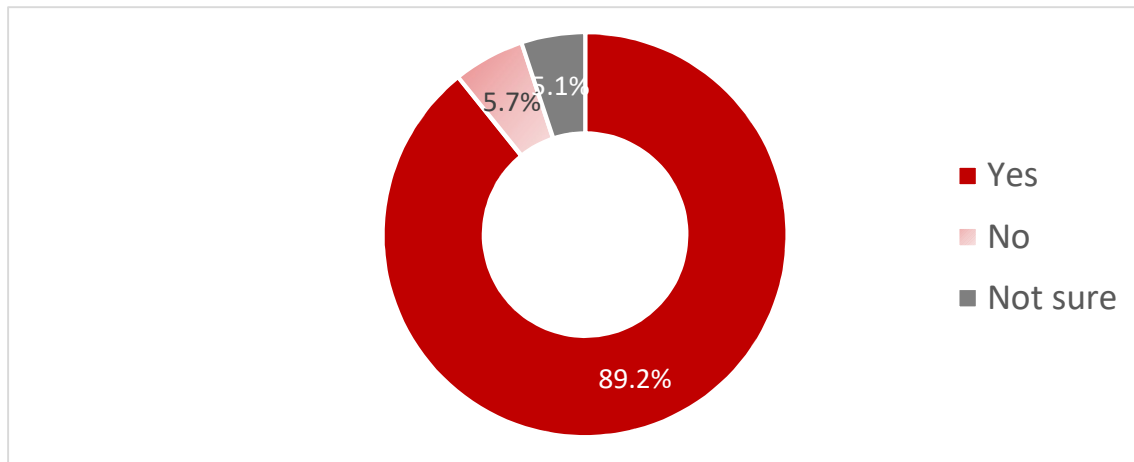
Participants were also asked about the NRT sent by the Helpline (Figure 8). Among those who requested NRT, 37.6% reported using all of the product, and another 26.6% reported using most. About 30% of those requesting NRT used some of the product (36%), and 4.8% reported using none of the NRT sent by the Helpline.

Figure 8. Use of NRT provided by the Helpline since registering for Helpline services, assessed at 7-month follow-up survey, FY21



Among participants receiving combination NRT from the Helpline, 10.8% indicated they did not understand how to use the patch and other NRT together (No and Not sure responses combined).

Figure 9. Use of combination NRT provided by the Helpline since registering for Helpline services, assessed at 7-month follow-up survey, FY21 (n=353)



Health Status and Home Smoking Policy

During FY21, participants were asked questions on the follow-up survey to assess their general health and wellbeing as well as rules about smoking in the home. These are likely to be important covariates related to successful smoking cessation.

Approximately one-third (36.6%) of participants reported that their general health was good, 23.5% reported that their general health was fair, and 11.3% reported that their general health was poor (Table 16). The mean number of days in the past month participants reported their physical health was not good was 7.9 days, and the mean number of days their mental health was not good was 10.8 days.

Table 16. General health for Helpline participants at the 7-month follow-up survey, FY21 (n=1,622)

	N	%
Excellent	113	7.0%
Very good	345	21.3%
Good	593	36.6%
Fair	381	23.5%
Poor	184	11.3%
Not Known, Refused	6	0.4%
<i>Total</i>	<i>1622</i>	<i>100.0%</i>

At the 7-month follow-up, about two-thirds (68.9%) of participants reported they do not allow smoking inside their homes. 17% reported smoking was permitted anywhere in their homes (Table 17).

Table 17. Rules about smoking in the home among Helpline participants at the 7-month follow-up survey, FY21 (n=1,622)

Rules about smoking inside the home	Number	Percent
No one is allowed to smoke anywhere inside the home	1117	68.9%
Smoking is allowed in some places or at some times	208	12.8%
Smoking is permitted anywhere inside the home	276	17.0%
Not known/refused	20	1.2%
Missing	1	.

Ease of Use and Willingness to Refer Others

During FY21, participants were asked a question on the follow-up survey to assess their level of agreement with the following statement, “The Helpline program was easy to understand.” Overall 60.6% Strongly Agreed with the statement, and 36.0% Agreed. Interestingly, participants in the Web Coach program had the lowest levels of agreement with 3.8% disagreeing or strongly disagreeing with the statement (Table 18). Nearly all of the respondents (95%) indicated they would refer the Helpline to a friend or family member trying to quit tobacco.

Table 18. Agreement with the statement, “The Helpline program was easy to understand” among Helpline participants at the 7-month follow-up survey, FY21 (n=1,621)

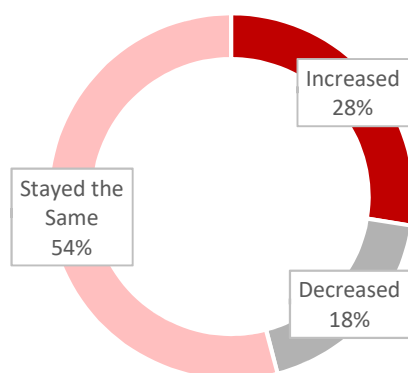
Level of Agreement	Multiple Call	Single Call	Web Coach	Individual Services	Total
Strongly agree	63.5%	53.3%	52.3%	61.2%	60.6%
Agree	33.4%	42.4%	43.2%	35.6%	36.0%
Disagree	1.0%	1.8%	3.0%	1.7%	1.5%
Strongly disagree	1.2%	0.6%	0.8%	0.5%	0.8%
Not known/Refused	0.9%	1.8%	0.8%	1.1%	1.0%

COVID-19

In December 2020, new questions were added to the 7-month follow-up survey to assess the impact of COVID-19 on quitting. Participants were asked about motivation to quit and difficulty quitting in

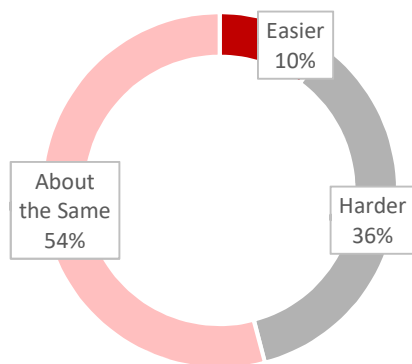
the presence of the pandemic. Only 28% responded that COVID increased their motivation to quit, while 18% responded the pandemic decreased their motivation to quit.

Figure 10. Impact of COVID on motivation to quit smoking since registering for Helpline services, assessed at 7-month follow-up survey, FY21 (n=944)



More than a third of respondents to the follow-up survey responded that COVID made it harder to quit tobacco (36%).

Figure 11. Impact of COVID on quitting, assessed at 7-month follow-up survey, FY21 (n=941)



Conclusions

This evaluation report demonstrates significantly lower utilization of the Helpline as compared to FY20. This may be due to the COVID-19 pandemic, as registrations began to decline in March 2020. One notable effect of the COVID-19 pandemic is its impact on health systems referrals, which were 28% lower in FY21 as compared to FY20. While the number of referrals received by health care providers and health systems was large (n=12,989), the referral “connection rate” was low. Only 12.8% of referrals actually resulted in a Helpline registration.

While 40.1% of tobacco users enrolled in the multiple call proactive telephone program, which includes up to five proactive calls with a Quit Coach, the average number of completed intervention calls in FY21 was only 1.8 calls. About 18% registered but did not complete any Helpline calls, and 41.8% completed only one call. Strategies to increase engagement in the most robust Helpline service should continue to be explored.

Eight out of 10 (80%) of all tobacco users registering for services received NRT from the Helpline; however, data from the sample of participants responding to the 7-month follow-up survey indicate relatively low compliance rates with the use of NRT sent by the Helpline, with about a third using only some or none of the NRT. Among those receiving combination NRT, 89% reported that they understood how to use the two different forms of NRT sent by the Helpline.

The satisfaction and quit rates included in this report are collected 7-months after registration for services and remain high. Across all Helpline registrants, 95.7% reported being “very,” “mostly,” or “somewhat” satisfied with Helpline services, and only 5% were “not at all” satisfied. Most Helpline participants agreed that the Helpline program was easy to understand, and nearly all would recommend the Helpline to a friend or family member trying to quit tobacco.

Most importantly, overall quit rates continue to meet the NAQC benchmark of 30% abstinence for 30-days at the 7-month follow-up. At the 7-month follow-up survey, 34.1% of all Helpline participants in Oklahoma reported not smoking for one month or longer. However, quit rates varied by intensiveness of Helpline services received.

This report highlights a need to monitor Helpline enrollments, as utilization was at its lowest level in many years. Future evaluation will continue to monitor the impact of the different Helpline programs, and factors associated with levels of engagement and quit success.