

Connecticut Community & SMI/SUD Tobacco Cessation Grant Programs: Final Evaluation Report



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Executive Summary

The purpose of the *Connecticut Community & SMI/SUD Tobacco Cessation Program Final Report* is to summarize the tobacco cessation programming of the SMI/SUD tobacco cessation programs (2010-2012) as well as the first year of programming at three community-based programs (2012)¹. The following are some key findings contained in the report:

Key Successes

- The majority of program enrollees were referred by a physical or mental health care provider, including cessation counselors, indicating that grantee organizations made good use of internal resources and connections to bring tobacco users.
- Grantee programs reached vulnerable populations of tobacco users that suffer disproportionately from the negative health effects of tobacco use. For example, most enrollees had a high school degree or less, had annual incomes of less than \$35,000 per year, and had some form of government-sponsored insurance. Additionally, the majority of enrollees were either currently dealing with or had dealt with co-morbid physical or mental health conditions in the past and around half lived with a smoker.
- Around two-thirds of enrollees attended three or more counseling sessions, which is above program utilization observed in other similar face-to-face cessation programs.
- Rates of 30-day point prevalence tobacco abstinence were, generally, at least as high as those for unassisted quits (4-7%). One grantee program (Meriden) equaled, if not exceeded the 30-day quit rate of the Connecticut quitline. Additionally, in most cases, individuals that were abstinent at follow-up were more likely to have attended a greater number of counseling sessions and to have used cessation medications to help them quit. Even those that were not abstinent were able to reduce their cigarette consumption. Grantee's more

¹ The three community-based programs will continue through 2013; however, since PDA's contract with CT DPH expires in early 2013, this report only includes cumulative data for these three programs through December 2012.

thorough collection of outcome data allowed for more accurate estimates to be calculated than in the past.

- For three of the grantees, costs-per-enrollment (CPE) with and without NRT were at or under that of the typical CPE for face-to-face programs.

Key Challenges

- Grantees have not reached a large proportion of uninsured tobacco users, the reasons for which are unclear and would need further investigation.
- Grantees have, overall, been less successful in getting clients to participate in relapse prevention sessions.
- Program satisfaction data was only collected by three of the four grantees and only for 20% of those eligible to take the survey. Results are, therefore, not likely representative of the majority of program enrollees.
- CCI's cost per enrollment was above the typical CPE threshold; however, CCI also provides programming and activities not typically implemented by other community programs, so CCI should likely be held to a different CPE standard (if one yet exists for similar programs). DPH may choose to find a balance between cost efficiencies and providing services to priority populations.

Key Recommendations

- Given the numbers of clients served by community grantees under this funding initiative, it may be reasonable to assume that similar organizations could each serve 100-200 unique individuals during a two-year grant period.
- Recruiting participants from within an agency's existing client base may require periodic training of agency staff on provision of brief intervention and referrals (i.e. ask, advise, refer). If on-site cessation services are not available, agency staff should be trained to provide referrals to the Connecticut Quitline.
- Overall, grantees should only be expected to collect and update participant contact information, collect enrollment data, track program utilization (sessions and minutes) as well as NRT distribution. Optimally, program satisfaction and follow-up data (7 months and perhaps at 4 months for harder-to-reach populations) should be collected by a person or entity external to the cessation program.

- CT DPH should consider gathering feedback from community and SMI/SUD grantees to learn from their experiences regarding what worked and what did not work in terms of outreach, programming, and data collection and to use the resulting lessons learned and successes to help improve future grant initiatives.
- Grantee-level reports should be reviewed for more specific recommendations.

Background

In September 2009, the Connecticut Department of Public Health (CT DPH) funded community and specialized tobacco cessation treatment program as part of Connecticut's comprehensive tobacco control program. As part of this initiative, six community-based organizations² as well as a collective of several behavioral health organizations that serve severely mentally ill and substance use dependent (SMI / SUD) populations³ throughout the State of Connecticut were awarded two-year contracts⁴ to implement tobacco cessation programming.

As part of this initiative, CT DPH also awarded Professional Data Analysts, Inc. (PDA) with a contract to conduct an external process and outcome evaluation of the community and SMI / SUD programs. PDA's evaluation built on the data collection system developed by CT DPH and previous evaluation contractors.

During the two-year contract period, PDA worked with each of the seven grantees to provide technical assistance around the data collection system and forms designed by CT DPH. Additionally, PDA provided quarterly and annual reports based on grantee-collected data which summarized grantee program activities, participant characteristics and participant outcomes as well as provided recommendations for programming and data collection improvements.

² The six community organizations are as follows: AIDS Project New Haven (APNH), Fair Haven Community Health Center (FHCHC), Generations Family Health Center (GFHC), Harford Gay & Lesbian Health Collective (HGLHC), Ledge Light Health District (LLHD), and the Hospital of Saint Raphael—Haelen Center (St. Raphael).

³ CommuniCare, Inc. (CCI)

⁴ Mid-way through the two-year period, the contracted behavioral health organization, CommuniCare, Inc., was provided with a contract extension for an additional year.

In 2011, PDA's evaluation contract with CT DPH was amended to include evaluation and technical assistance for newly-funded community-based programs as well as to continue the evaluation of the SMI/SUD programs. This contract amendment also included a process evaluation of a pilot emergency department-based brief tobacco cessation intervention⁵.

The following report provides an overview of three of the community-based grantee programs that were newly-funded in 2011 as well as the SMI/SUD programs using cumulative, grantee-collected data through December 2012.

Evaluation & Technical Assistance

PDA's process and outcome evaluation was built on the data collection system and evaluation strategy developed by CT DPH and previous evaluation contractors. PDA's strategy has been to implement process measures aimed at identifying areas for improvement in service delivery, assuring program accountability and quality, and monitoring program outcomes and effectiveness. To this end, PDA has provided technical assistance to the following four funded cessation grantees in 2012— City of Meriden, Middlesex Hospital, the Hospital of Saint Raphael / St. Vincent's Hospital and CommuniCare, Inc.—to help them comply with the CT DPH data collection requirements and summarize evaluation data.

Grantee Technical Assistance. Technical assistance for grantees consisted of telephone and email communications and a technical assistance web portal where grantees could ask questions and obtain data collection documents, instruction manuals, and training materials produced by CT DPH and PDA⁶. Additionally, PDA produced two brief narrative reports based on cumulative data collected by grantees to date. These reports highlighted program participant demographics, clinical characteristics, patterns of program utilization and short-term, intermediate and long-term outcomes. In addition to

⁵ Capesius, TC. (2013). Brief Tobacco Cessation Intervention Pilot Project: Windham Community Memorial Hospital Emergency Department. Prepared by Professional Data Analysts, Inc.

⁶ Detailed documentation of grantee technical assistance has been provided to CT DPH as part of PDA's quarterly administrative reporting.

summarizing grantee data, these reports highlighted grantee successes, challenges and provided recommendations for data collection and programming specific to each agency. PDA reviewed these reports with grantees. Additionally, PDA worked internally and with CT DPH to conduct quality assurance checks of grantee data and provide grantees with the opportunity to correct data errors.

Evaluation Technical Assistance to CT DPH. In addition to working with each grantee to help them comply with DPH data collection requirements, PDA worked with CT DPH to provide suggestions to help align data collection and evaluation components with best practices in the field of tobacco cessation program evaluation. To this end, PDA conducted telephone conversations with key CT DPH grant staff and provided suggestions for improvements to the current data collection system and forms.

Purpose of the Final Report

The purpose of the *Connecticut Community & SMI/SUD Tobacco Cessation Program Final Report* is to summarize the tobacco cessation programming of the CommuniCare, Inc., SMI/SUD tobacco cessation programs (2010-2013) as well as approximately the first twelve months of programming conducted by three community-based programs—the City of Meriden, Middlesex Hospital and the Hospital of Saint Raphael / St. Vincent’s Medical Center.

To this end, the report provides a snapshot, in aggregate and by grantee agency⁷, where applicable of cessation programming that has occurred to date for each of the four grantees. This includes a description of program participant demographic and clinical characteristics, program utilization, short-term, intermediate and long-term participant outcomes, cost-per-enrollment, and the potential for sustainability of tobacco cessation efforts, where applicable. These analyses will help to provide answers to the following evaluation questions:

- What referral mechanisms appear to be the most successful?
- What are the characteristics of clients served by the programs?
- To what extent are programs serving their targeted populations?

⁷ Individual grantee agency reports will be provided as separate documents.

- To what extent are programs serving the number of clients they were contracted to serve?
- To what extent are clients utilizing cessation services provided by the funded programs?
- How satisfied were clients with the services they received at each agency?
- What are tobacco abstinence rates for each agency?
- What is the cost per enrollment for each agency?

In addition to answering the evaluation questions listed above, the report aims to provide a summary of key strengths, challenges and provide recommendations for programming and data collection for future CT DPH tobacco cessation funding initiatives.

Methodology

There were three types of data used in this report, namely: tobacco cessation program data collected by grantee organizations, cost data provided by CT DPH for each cessation grantee, as well as demographic data from the 2011 Behavioral Risk Factor Surveillance Survey (BRFSS). Each data source is briefly described below. More detailed description of methodology is provided in the appendix to this report.

Programmatic Data. Grantees were required by CT DPH to collect program data using the following forms: Referral/Enrollment Form, Attendance Tracking (NRT Log⁸)/Program Completion (Drop-Out, Relapse Prevention) Form, Patient Satisfaction Form, Pregnancy Outcome Form (if applicable), and 4 and 7-month Follow-Up Forms.

Cost Data. Cost data used in cost-per-enrollment analyses were calculated using: 1) expenditure data from CT DPH and, 2) an estimate of the proportion of costs typically associated with managing a grant initiative, as published in available research.

⁸ The NRT log was added to this form in early 2011.

2011 Connecticut BRFSS. A comparison was made of the demographic characteristics of cigarette smokers in Connecticut (BRFSS 2011) compared to grantee program participant demographics.

Analysis

Two main types of analyses were conducted for this report—tobacco abstinence and cost-per-enrollment. Each are described briefly below with additional details provided in the appendix to this report.

Tobacco abstinence rates. Two 30-day point prevalence abstinence rates (responder and ITT) were calculated for individual grantee programs with 30 or more 4-month and 30 or more 7-month follow-up surveys. Program participants were considered to be abstinent at follow-up if they had not used any tobacco for 30 or more days at the time they completed the follow-up survey.

Cost-Per-Enrollment. A cost-per-enrollment (CPE) analysis was conducted to show the number of unique enrollments by the grant amount paid to each of the four grantees, with and without NRT costs included.

Limitations

Data was not aggregated for the CCI and three community programs in several instances, as the SMI/SUD programs constitute the majority of the data, CCI serves a slightly different population of tobacco users, and each program is at a different level of maturity. Outcomes, in particular should be reviewed by program and abstinence rates between the community and SMI/SUD populations should not be compared. Limitations are discussed further, as appropriate, within each results section below as well as within the individual grantee-level reports.

Results

The following is summary of grantee programming, program participants, program utilization, participant outcomes and other outcomes of interest for the time period of February 2010 through January 2013⁹. Each section below provides evidence and answers to key evaluation questions. The report culminates in an overview of key successes and challenges and provides a summary of key recommendations for future tobacco cessation grant initiatives. Accompanying the report are aggregate and agency-level reports as well as key appendices that provide additional information.

What referral mechanisms appear to be the most successful?

Overall, the vast majority of program enrollees (around 80%) across the four grantee programs were referred by a physical or mental health care provider, including cessation counselors. Less than 10% of enrollees were either referred by a friend or family member or enrolled in response to a program brochure or flyer. A very small number were referred by their employer or by the Connecticut Quitline. These results indicate that the funded organizations made good use of internal resources and connections to bring tobacco users to their programs and benefitted to some degree from word-of-mouth referrals.

What are the characteristics of clients served by the programs?

Demographic Characteristics. Across all four programs, the majority of program enrollees were female (56%), heterosexual (85%) and 45 years of age or older (62%). The program that had the greatest proportion of those under 45 years of age was the City of Meriden. Additionally, across three of the programs, the majority of enrollees (75%) were White, followed by Black or African-American (16%). Only the program at St. Raphael / St. Vincent had more non-White than

⁹ As described earlier under “Methodology”, some analyses will include either a truncated or expanded time frame, which will be identified in each report sub-section.

White enrollees. Most program enrollees (85%) were not of Hispanic or Latino ethnicity and spoke English as their primary language (94%). Two programs—the City of Meriden and St. Raphael—served the largest proportion Hispanic or Latino tobacco users (20% and 17%, respectively) and the City of Meriden served the largest proportion of enrollees whose primary language was not English. Most program enrollees (63%) had a high school degree or less and just over three-quarters (77%) had an annual income of less than \$35,000. Lastly, the majority of enrollees (79%) had some form of government-sponsored insurance. The City of Meriden had the largest proportion of enrollees with some form of private insurance (45%) and Middlesex Hospital served the largest proportion of uninsured (16%).

When the demographic characteristics of grantee program enrollees are compared to that of cigarette users in Connecticut (BRFSS 2011), grantee programs served more females, those over the age of 45, those with less education, Black/African-American and those with some form of health insurance and served fewer tobacco users of “other” or mixed race.

Table 1. Demographic comparison of CBO and SMI/SUD program participants to the general population of Connecticut cigarette users (BRFSS 2011)

Item	Response	Tobacco users ^a served by all 4 programs		Cigarette users Statewide (BRFSS 2011, weighted)	
		N	%	N	%
Gender	Male	614	43.8	250,710	53.3
	Female	787	56.2	219,426	46.7
	Total	1,401	100.0	470,136	100.0
$\chi^2 = 160.98, df=1, p<.001$					
Age in years	18-24	77	5.5	65,591	14.1
	25-34	190	13.6	109,763	23.4
	35-44	250	17.9	81,674	17.4
	45-54	526	37.7	104,673	22.4
	55-64+	353	25.3	106,192	22.7
	Total	1,396	100.0	468,253	100.0
$\chi^2 = 133.06, df=4, p<.001$					
Non-Hisp. Race	White	1,061	76.1	359,557	77.1
	Black or African-American	226	16.2	53,985	11.6
	Other ^b	108	7.7	52,909	11.3
	Total	1,395	100.0	466,451	100.0
$\chi^2 = 21.3, df=2, p<.001$					
Hispanic Ethnicity	Yes	192	13.7	52,333	11.2

Item	Response	Tobacco users ^a served by all 4 programs		Cigarette users Statewide (BRFSS 2011, weighted)	
		N	%	N	%
NS	No	1,206	86.3	415,586	88.8
	Total	1,398	100.0	467,919	100.0
Education level	<9 th grade/some HS	336	24.2	71,600	15.2
	HS grad/GED	556	40.0	187,899	40.0
	Some college	383	27.6	139,915	29.8
	College degree or more	115	8.2	70,722	15.0
	Total	1,390	100.0	470,136	100.0
$\chi^2 = 51.91, df=3, p<.001$					
Insurance status	Uninsured	89	6.4	94,745	20.3
	Insured (govt. or private) ^c	1,307	93.6	372,591	79.7
	Total	1,396	100.0	467,337	100.00
$\chi^2 = 108.74, df=1, p<.001$					

^a BRFSS only includes cigarette smokers; however, the aggregate program data includes 34 exclusive users of other tobacco products.

^b For the programs, this includes: Asian (n=6), American-Indian/Alaskan Native (n=7), and Native Hawaiian or Pacific Islander (n=4), and "other: please specify" (n=91). The "other" category for BRFSS includes: Asian (n=10,436), Native Hawaiian or Pacific Islander (n=887), American-Indian/Alaskan Native (n=4,562), other race (n=29,021), and multiracial (n=8,003).

^c Includes any type of insurance (private and government-sponsored). The majority of insured program participants were on some form of government-sponsored insurance (e.g. Medicaid). BRFSS only asks those that are 64 years of age and under, whereas aggregate program data includes 73 individuals that are 65+.

Clinical Characteristics. The vast majority of program enrollees (94%, n=1,335) had used tobacco within 30 days of their enrollment date. Most were cigarette users (92%), of which 39% were light smokers (0-10 cigarettes per day), 44% were moderate smokers (11-19 cigarettes per day), and 18% were heavy smokers (20+ cigarettes per day). Most smoked every day (94%). Around 13% (n=193) of enrollees reported using other forms of tobacco, of which 82% also used cigarettes and 18% were exclusive users of other forms of tobacco (no cigarettes). Most enrollees (88%) had tried to quit before program enrollment and 47% reported living with a smoker. Lastly, 66% of all enrollees reported having past or current treatment for one or more physical health condition (particularly hypertension, hyperlipidemia, and lung disease) and 86% reported past or

current treatment for one or more mental health condition (particularly depression and anxiety)¹⁰.

Overall, given the demographic and clinical characteristics of enrollees, grantees have served a substantial number of tobacco users from populations disproportionately burdened by the negative health effects of tobacco use. Most enrollees were cigarette users that smoked a pack of cigarettes per day or less. The majority reported trying to quit using tobacco prior to program enrollment and just less than half reported living with a smoker. Finally, the majority of enrollees were either currently dealing with or had dealt with co-morbid physical or mental health conditions in the past.

To what extent are programs serving their targeted populations?

All grantees were contracted to serve adults with higher rates of tobacco use, including those with lower incomes, the uninsured and those with mental illness or substance use disorders. As shown in Table 2, almost all program enrollees across the four sites were 18 or older and over 60% were either receiving or had received treatment for one or more mental illness or substance use disorder. The majority of enrollees in two grantee programs (CCI and St. Raphael) had annual incomes below \$15,000. Grantees served a relatively small proportion of the uninsured (4-16%), given that about 20% of cigarette users in Connecticut are uninsured. Additionally, while not specified as target populations for this set of grantees, it is interesting to note that two grantees (Meriden and St. Raphael) reached a larger proportion of Hispanic or Latino tobacco users and St. Raphael served more non-White enrollees than White enrollees.

¹⁰ More detailed data is available in the Appendix to this report.

Table 2. Key populations served by grantee agency and overall (proportions of each grantee agency’s enrollees)

Agency	% Adults 18 ^a	% Hisp. ethnic.	% Non-White	% Tx for MI/SU ^b condition	% Low income (less than \$15K)	% uninsured
Middlesex Hospital	100%	2%	10%	62%	48%	16%
City of Meriden	99%	20%	11%	67%	33%	9%
St. Raphael & St. Vincent	100%	17%	56%	67%	78%	4%
CCI	99%	12%	20%	98%	62%	6%

^a There were a total of 2 program enrollees that were under the age of 18.

^b Past or present treatment for a mental health or substance use condition

NOTE: Blue highlight = target population(s), as delineated in executed grant contracts

Overall, grantees are reaching at least a portion of their contracted target populations; however, the extent to which this has occurred differs by program (see individual grantee reports for more details). The majority of enrollees have some form of government-sponsored insurance and have very low annual incomes, suggesting that these programs are reaching a vulnerable population of tobacco users. However, grantees have not reached a large proportion of uninsured tobacco users, the reasons for which are unclear and would need further investigation.

To what extent are programs serving the number of clients they were contracted to serve?

As shown in Table 3 below, grantees were contracted to serve varying numbers of enrollees. It should be noted, again, that the City of Meriden, Middlesex Hospital and St. Raphael/St. Vincent grants still had 9.5 months remaining in



their two-year grant contract period at the time this report was written, whereas, CCI's grant contract ended December 31, 2012.

Table 3. Grantee enrollment goals, number of enrollments and percent of goal met

Agency	Contracted goal for #s enrolled	Total # of valid ^a enrollments	% goal met
Middlesex Hospital	150	50	33.3%
City of Meriden	210	182	86.7%
St. Raphael & St. Vincent	500	191	38.2%
CCI	3,695	1,643	44.5%

^a Valid enrollments = single enrollments + re-enrollments 3+ months after last contact date of previous enrollment

CCI was able to meet less than half of their enrollment goal by the end of their grant period. Middlesex Hospital and St. Raphael have met around a third of their contracted goals and may not reach their contract goals by the end of the grant period. Potential reasons for these results are described in more detail in each agency's individual reports. The City of Meriden, in contrast, is set to meet or exceed their enrollment goal by October 2013 when their contract ends.

Overall, grantees have met their enrollment goals with varying degrees of success. CT DPH may want to delve further into understanding the City of Meriden's success as well as barriers to success for other grantees, in order to inform future cessation grant contracts (e.g. setting reasonable enrollment goals).

To what extent are clients utilizing cessation services provided by the funded programs?

The majority of program enrollees 85% (n=1,195) attended one or more counseling session. More specifically, 38% (n=537) attended 1-2 sessions, 18% (n=247) attended 3-4 sessions, and 29% (n=411) attended 5 or more sessions. The average number of sessions (group or individual) attended was 3.94 (stdev=3.19; min=1, max=15). The average number of individual sessions was 1.40 (stdev=2.03; min=0, max=15) and the average number of group sessions was 2.54 (stdev=3.14; min=0, max=15). When these levels of program utilization are compared to program utilization described in a previous study of similar face-to-face programs¹¹, grantees overall had a larger proportion of enrollees attend 4 or more sessions (38% vs. 12%), and a much smaller proportion attending only 1 session (25% vs. 47%). Lastly, 6% (n=80) of enrollees attended one or more relapse prevention session as part of their most recent enrollment (avg=2.79 sessions; stdev=3.37, min=1, max=15). These results indicate that overall, grant programs have been successful in getting enrollees to attend multiple counseling sessions, particularly multiple group sessions. They have been less successful, however, in getting clients to participate in relapse prevention sessions.

How satisfied were clients with the services they received?

Program satisfaction data was collected by three of the four grantees and from only 20% of eligible program enrollees. While program satisfaction was very high for those that responded, there is not enough data to make an accurate conclusion of program satisfaction. In future grant contracts, CT DPH may want to consider eliminating this form, integrating some key questions into the 4-month follow-up survey or having an outside entity collect satisfaction data from a random sample of program enrollees. One of these methods may help reduce

¹¹ Paula A. Keller, M.P.H.; Anne Betzner, Ph.D.; Lija Greenesid, Ph.D.; Barbara A. Schillo, Ph.D.; Jennifer L. Cash, M.P.H.; Michael G. Luxenberg, Ph.D. *Relative Reach, Utilization, Effectiveness and Costs of ClearWay Minnesota'sSM QUITPLAN[®] Services*. Poster presented during the 2011 Society for Research on Nicotine and Tobacco annual meeting.

grantee data collection burden and lead to the collection of results that are more representative of the majority of program enrollees.

What are tobacco abstinence rates?

Tobacco use reduction and abstinence is measured at three different time points—at program completion/drop out (short-term outcomes), 4-months post-enrollment (intermediate outcomes) and 7-months post-enrollment (long-term outcomes). Results at each time point will be described briefly below; however, more detailed results are provided within each grantee’s report.

Program Completion. Around 12% (n=172) of enrollees surveyed at program completion or drop out quit using tobacco for 30-days or more at the time they were surveyed. In general, those that completed a program appear to have been more likely to have quit using tobacco than those that dropped out. Of those that tried to quit using tobacco since enrollment, 65% reported using one or more medications to help them quit. Just over a third of respondents indicated that they had made changes to their smoking habits, namely 48% reported reducing or stopping smoking in their home, at work, in their car or in public and 21% reported only smoking outside. Just over half of respondents reported being referred to the Connecticut Quitline for relapse prevention support, 29% were referred to a relapse support group, 26% were referred to some other relapse prevention service, 17% reported being referred to individual counseling, and 2% were referred to a community program.

4-Month Follow-Up. Three of the four agencies collected 4-month follow-up data. Responder and ITT 30-day point prevalence abstinence rates¹² differed by program. The “true” quit rate likely resides between the more liberal responder and more conservative ITT quit rates. In general, grantee quit rates were at least as good if not better than that of unassisted quitting. Table 4 provides a summary of quit rates by grantee program. CCI’s results were broken out by program type (pre-cessation and cessation).

¹² The report appendix provides a more detailed description of how this rate is calculated.

Table 4. 4-Month Responder and ITT 30-day point prevalence abstinence rates by grantee program

Grantee	Responder Quit Rate w/95% CI (liberal)	Intent-to-Treat Quit Rate w/95% CI (conservative)
CCI (low-motivation; pre-cessation)	9.2 (5.0, 15.6)	7.4 (4.0, 12.7)
CCI (high-motivation; cessation)	16.8 (13.5, 20.7)	15.2 (12.2, 18.8)
St. R/St V.	11.6 (3.6, 26.2)	10.0 (3.0, 22.9)
Meriden	40.2 (29.7, 51.7)	34.0 (24.9, 44.4)

The City of Meriden's 30-day abstinence rates are comparable to 7-month quit rates observed for the Connecticut Quitline. CCI's abstinence rates for their cessation group are higher than for their pre-cessation group (as would be expected), but are lower than that of the Quitline. Lastly, St. Raphael's and CCI's pre-cessation enrollee abstinence rates are at or above the rate of unassisted quitting (4-7%) but are well below that of the Quitline. In general, across all grantee programs, those that were abstinent at follow-up had attended more counseling sessions and were more likely to have used one or more medications to help them quit. Additionally, across grant programs, those that were not abstinent at follow-up were able to reduce the number of cigarettes they smoked per day and the reduction was typically greater for program completers versus drop outs.

7-Month Follow-Up. Three of the four agencies collected 7-month follow-up data. Responder and ITT 30-day point prevalence abstinence rates differed by program. The "true" quit rate likely resides between the more liberal responder and more conservative ITT quit rates. In general, grantee quit rates were at least as good than for unassisted quitting. Table 5 provides a summary of quit rates by grantee program. CCI's results were, again, broken out by program type (pre-cessation and cessation).

Table 5. 7-month Responder and ITT 30-day point prevalence abstinence rates by grantee program

Grantee	Responder Quit Rate w/95% CI (liberal)	Intent-to-Treat Quit Rate w/95% CI (conservative)
CCI (low-motivation; pre-cessation)	7.1 (2.5, 15.7)	3.5 (1.2, 8.0)
CCI (high-motivation; cessation)	13.9 (9.9, 19.9)	7.9 (5.5, 10.9)
St. R/St V.	27.8 (9.6, 54.1)	14.7 (4.6, 32.2)
Meriden	38.8 (25.4, 53.8)	30.2 (19.4, 43.2)
CT Quitline (as point of reference)	27.1 (23.7, 30.7)	--

The City of Meriden's 30-day abstinence rates are, again, comparable to if not slightly higher than 7-month quit rates observed for the Connecticut Quitline. CCI's abstinence rates for their cessation group are higher than for their pre-cessation group (as would be expected), but are well below that of the Quitline. This is to be expected with CCI's focus on SMI/SUD populations that are often more highly addicted and have a harder time remaining abstinent. St. Raphael's quit rates appear to be better than that of unassisted quitting, however, a lower response rate makes their 7-month quit rates more unreliable. Lastly, CCI's pre-cessation enrollee abstinence rates are at or below the rate of unassisted quitting (4-7%). In general, across all grantee programs, those that were abstinent at follow-up had attended more counseling sessions. For CCI, cessation medication use was higher for those that were abstinent. However, for St. Raphael, a larger proportion of those that quit did not use medications, in comparison to those that did not quit. For Meriden, medication use looked to be about the same for quitters and non-quitters. Additionally, as observed at 4-month follow-up, those that were not abstinent at follow-up were able to reduce the number of cigarettes they smoked per day and the reduction was typically greater for program completers versus drop outs across grantee programs.

Overall, tobacco abstinence rates varied greatly by grantee program. Rates were generally at least as high as those for unassisted quits, if not better. One grantee program equaled, if not exceeded the quit rate of the state quitline. In most cases, individuals that were abstinent at follow-up were more likely to have attended a greater number of counseling sessions and to have used cessation medications to help them quit. Even those that were not abstinent were able to reduce their cigarette consumption.

What is the cost per enrollment?

The section describes the results of a cost per enrollment analysis for calendar year 2012. This time period reflects CCI's costs for the latter part of the funded grant period, when services could be considered more mature. It also reflects costs for St. Raphael's new (2012) contract with St. Vincent. Lastly, while Middlesex Hospital and City of Meriden have newer programs (approx. 1 year old), cost per enrollment analyses were conducted at the request of CT DPH.

The benefit of this analysis is that it can be conducted for all programs. The limitation of this analysis is that it does not take into account the relative efficacy of each program in helping clients quit. The cost per enrollment was calculated by dividing the total cost by the number of eligible enrollees. This was done for individual programs only, as each program served a different client population and are at different levels of program maturity.

Costs

Cost data for each program was provided to PDA by CT DPH. Costs represent direct programming costs, costs related to program marketing, and the cost of nicotine replacement therapies (NRT) for the most recent 11 or 12-month¹³ program period. Table 6 provides a breakdown of costs by grantee with projected CT DPH administrative costs of 7% with NRT costs included. NRT

¹³ Since only 11 months of enrollment data were available for Middlesex Hospital, 11 months of cost data were also used.

costs were approximately \$89,628 for CCI (15% of direct costs), \$15,586 for St. Raphael/St. Vincent (49% of direct costs), \$24,743 for City of Meriden (36% of direct costs), and \$2,343 for Middlesex Hospital (17% of direct costs).

Table 6. Direct, media and indirect costs with NRT

	Direct, media cost w/ NRT	Estimated Indirect costs: DPH Admin (7%)	Total Costs w/NRT
CCI	\$589,445	\$41,261	\$630,706
St. R./St.V.	\$ 31,618	\$ 2,213	\$ 33, 831
Meriden	\$ 69,330	\$ 4,853	\$ 74,183
Middlesex	\$ 13,920	\$ 974	\$ 14,894

Table 7 provides a cost breakdown by grantee which excludes the cost of NRT.

Table 7. Direct, media and indirect costs without NRT

	Direct, media cost w/out NRT	Estimated Indirect Costs: DPH Admin (7%)	Total costs w/out NRT
CCI	\$499,817	\$ 34,987	\$534,804
St. R./St.V.	\$ 16,032	\$ 1,122	\$ 17,154
Meriden	\$ 44,587	\$ 3,121	\$ 47,708
Middlesex	\$ 11,577	\$ 810	\$ 12,387

Cost Per Enrollment (CPE)

The total program costs described above were used to calculate the cost of enrollment for each grantee agency. Table 8 provides a breakdown of enrollments for a 12-month period of time for CCI, St. Raphael/St. Vincent, and City of Meriden. Only 11 months of data were available for Middlesex Hospital.

Table 8. Cost per enrollment by cessation program with and without NRT

	Enrollments	CPE w/NRT	CPE <u>w/out</u> NRT
CCI	662	\$ 953	\$ 808
St. R./St.V.	175	\$ 193	\$ 98
Meriden	156	\$ 476	\$ 306
Middlesex	49	\$ 304	\$ 253

CPE w/NRT. In PDA's experience of face-to-face cessation programs, a typical cost per enrollment with NRT falls below \$600¹⁴. Three grantees fall substantially

¹⁴ This is based on PDA's CPE analyses from three states and over 20 grantee programs which provide cessation services face-to-face (not quitlines). Some of these programs served very vulnerable (footnote continued)

below this threshold: St. Raphael's (\$193), Middlesex (\$304), and Meriden (\$476). PDA considers these grantees to be functioning within a typical cost-per-enrollment range, based on our experience. Additionally, according to cost-per-enrollment analyses conducted for the 2011 CT CBO and SMI/SUD Annual Report, the average CPE across community-based programs was \$184 (range \$78-\$807). One grantee, CCI, falls above this range as well as above the \$600 threshold found for other community programs, with a cost per enrollment of \$953. Typically, PDA would recommend that a program with this cost per enrollment be examined to see if it is being run with DPH's desired level of efficiency. However, it is important to note that CCI serves tobacco users who are ready to quit and those who are not. CCI's programming also includes extensive organizational norm and policy change efforts. PDA's threshold for typical cost per enrollment doesn't include programs that are designed to serve people not ready to quit with intensive counseling programs, nor that include additional norm and policy change components. Therefore, we do not think that PDA's threshold of \$600 should be applied to CCI. We are unaware of literature that would indicate what a typical cost per enrollment would be for a program like CCI.

CPE w/out NRT. In addition to calculating cost per enrollment with NRT, PDA calculated cost per enrollment excluding NRT costs. We see that for two programs, excluding NRT costs caused their cost per enrollment to decrease drastically compared to the cost per enrollment with NRT. These programs are St. Raphael's (\$98 without NRT, \$193 with NRT) and Meriden (\$306 without NRT, \$476 with NRT). For the other two programs, excluding NRT did not make a big difference (\$808 without NRT vs. \$953 with NRT for CCI and \$253 without NRT vs. \$304 with NRT for Middlesex). The difference in cost per enrollment with or without NRT is dependent on the proportion of each grantee's budget dedicated to NRT. For the two programs where the cost per enrollment was drastically reduced, NRT made up a higher proportion of their budget: 49% for

populations including the homeless and those suffering from mental illness and substance use disorders. Others served higher income and less vulnerable groups. Some are group programs and others provide one-on-one counseling. Across all these types of programs what we see is that a cost per enrollment from \$400-\$600 is typical. Please note that NRT costs are included in these calculations.

St. Raphael and 36% for Meriden. In contrast, NRT made up only 15% of CCI's budget and 17% of Middlesex's budget.

Overall, most grantees had costs per enrollment that were at or below that found within similar face-to-face community programs. Cost per enrollment for CCI was higher than the typical CPE threshold; however, CCI also provides programming for those that are not ready to quit and includes other social norm and policy change elements not included as part of other community programs. We recommend conducting an assessment of CCI's cost per enrollment over time and that CT DPH ensure that the dollars spent on CCI match the priority of reaching the SMI/SUD population.

Summary

Overall, grantee programs were successful at reaching vulnerable populations of tobacco users that suffer disproportionately from the negative health effects of tobacco use. Key program characteristics and outcomes are described below.

Recruitment and referrals. The majority of program enrollees (around 80%) across the four grantee programs were referred by a physical or mental health care provider, including cessation counselors. These results indicate that the funded organizations made good use of internal resources and connections to bring tobacco users to their programs and benefitted to some degree from word-of-mouth referrals.

Enrollee Characteristics. The majority of program enrollees were female and 45 years of age or older. The majority of enrollees in most programs were non-Hispanic and White; however, one program served more non-White than White enrollees. Most enrollees had low levels of education and incomes of less than \$35,000 per year. The majority of enrollees had some form of government-sponsored insurance. In comparison to cigarette users in Connecticut, program enrollees were more likely to be female, 45 years of age or older, have a high school degree or less, be Black or African-American and have some form of health insurance. Additionally, most enrollees were cigarette users that smoked a pack of cigarettes per day or less. The majority reported trying to quit using tobacco prior to program enrollment and just less than half reported living with a

smoker. Finally, the majority of enrollees were either currently dealing with or had dealt with co-morbid physical or mental health conditions in the past.

Targeted Populations Served. Grantees are reaching at least a portion of their contracted target populations; however, the extent to which this has occurred differs by grantee. Enrollee characteristics suggest that grantee programs are reaching a vulnerable population of tobacco users. However, grantees have not reached a large proportion of uninsured tobacco users, the reasons for which are unclear and would need further investigation.

Enrollment Goals Met. Each grantee met a different proportion of their targeted number of enrollees, ranging from a low of 33% to a high of 87%. Three of the grantee programs still have 9.5 months left in their contracts; however, only one of the three will likely meet or exceed their enrollment goal.

Program Utilization. The majority of program enrollees attended one or more counseling session. More specifically, 38% attended 1-2 sessions, 18% attended 3-4 sessions, and 29% attended 5 or more sessions. When levels of program utilization are compared to program utilization described in a previous study of face-to-face programs, CT grantees overall had a larger proportion of enrollees attend 4 or more sessions and a much smaller proportion attending only 1 session. Grantees have, however, been less successful in getting clients to participate in relapse prevention sessions.

Program Satisfaction. While enrollees surveyed have overwhelmingly satisfied with the grantee programs, satisfaction data was only collected by three of the four grantees and only for 20% of those eligible to take the survey. Results are, therefore, not likely representative of the majority of program enrollees.

Tobacco abstinence and reduction. Tobacco abstinence rates varied greatly by grantee program at each time point (program completion, 4-month, and 7-month follow-up). Rates were, generally, at least as high as those for unassisted quits, if not better. One grantee program (Meriden) equaled, if not exceed the quit rate of the state quitline. Additionally, in most cases, individuals that were abstinent at follow-up were more likely to have attended a greater number of counseling sessions and to have used cessation medications to help them quit. Even those that were not abstinent were able to reduce their cigarette consumption.

Cost Per Enrollment (CPE). Across the four grantees, CPE with NRT ranged from a low of \$193 to a high of \$953. Most had CPEs that were at or below a typical CPE for face-to-face programs. CPE without NRT ranged from \$98 to 808. CCI's cost per enrollment was the only one that was higher (with and without NRT) than the typical \$600 threshold; however, CCI also provides programming for those that are not ready to quit and includes other social norm and policy change elements not included as part of other community programs. CCI should therefore likely be held to a different CPE standard if one currently exists.

Recommendations

The following are key recommendations, based on the results as well as PDA's experience providing technical assistance to grantees, for CT DPH to consider for future face-to-face tobacco cessation grant initiatives. Many of these recommendations are the same or similar to those provided in the 2011 CT Community and SMI/SUD Annual Report (November 2011).

Numbers Served. Given the numbers of clients served by community grantees under this funding initiative, it may be reasonable to assume that similar organizations could each serve 100-200 unique individuals during a two-year grant period. Grantee agencies that can recruit within the existing client base of their agency may be able to serve a greater number of participants than those that have to conduct more extensive community outreach to recruit clients. Additionally, grantee programs could likely serve more people after they become more mature. Finally, if grantee data collection burden is reduced substantially, programs may be able to serve more clients (see *Data Collection* recommendations below).

Training & Participant Recruitment. Recruiting participants from within an agency's existing client base may require periodic training of agency staff on provision of brief intervention and referrals (i.e. ask, advise, refer). If on-site cessation services are not available, agency staff should be trained to provide referrals to the Connecticut Quitline (either provision of Quitline materials or use of the fax referral system). Conversely, if on-site programs are in need of additional recruitment mechanisms, the Connecticut Quitline could become a good source of referrals. Quitline callers that request additional assistance and/or are looking for face-to-face resources could be referred to face-to-face

cessation counseling services in a nearby community as long as the Quitline is provided with regularly updated lists of currently funded programs.

Data Collection. Overall, grantees should only be expected to collect and update participant contact information, collect enrollment data, track program utilization (sessions and minutes) and NRT distribution. Optimally, program satisfaction and follow-up data (7 months and perhaps at 4 months for harder-to-reach populations) should be collected by an person or entity external to the cessation program.

Participant Enrollment & Contact Information. Grantees should be expected to collect program enrollment information and maintain up-to-date participant contact information (e.g. phone number, email address). Contact information would need to be used for follow-up and be sent to the agency collecting follow-up data on a monthly basis. For this to happen, program participants would need to provide consent to share their contact information for follow-up purposes. This is best done at the time of enrollment. This may require an additional question and field added the enrollment form and associated database, to make it easier for grantees to administer.

Participant Characteristics. CT DPH may want to consider adding a question about use of menthol cigarettes to the enrollment and follow-up forms, as it has recently been shown to be associated with reduced odds of quitting¹⁵, particularly among Black and Puerto Rican menthol users many of whom may have been served by the current community grantees. The NAQC MDS¹⁶ currently includes an item on menthol use. Also as electronic cigarette use is increasing, asking about use at intake and follow-up may become important.

Program Utilization. In addition to the number of sessions attended, grantees should track the number of minutes spent in each counseling session. This will

¹⁵ Delnevo, C.D., Gundersen, D.A., Hrywna, M., Echeverria, S.E., Steinberg, M.B. (October 2011). *Smoking-Cessation Prevalence Among U.S. Smokers of Menthol Versus Non-Menthol Cigarettes*. *AJPM* (41)(4): 357-365. Accessed 10/26/11: <http://www.sciencedirect.com/science/article/pii/S0749379711004624>.

¹⁶ Provided the following citation is used, the MDS may be copied or reproduced without permission: North American Quitline Consortium (NAQC). *The Minimal Data Set for Evaluating Quitlines*. Phoenix, AZ: NAQC; Dec. 2009.

allow for a more accurate picture of counseling intensity which then can be analyzed along with tobacco abstinence to gauge whether a certain amount of intervention is related to tobacco abstinence.

Cessation Pharmacotherapy. Continue to closely document cessation medications dispensed to clients. Additionally, while self-reported medication use at follow-up is not a perfect measure of use, it can provide insight into why program participants were more or less successful in quitting. In the future, self-reported medication use, if asked at 7-month follow-up, should use NAQC MDS question wording to increase the reliability and validity of responses.

Program Completion Status. In the future, instead of defining program participants by whether they were “program completers” or “drop outs”, it would be more meaningful to compare participants with differing levels of program utilization (# of sessions and # of minutes in counseling) and compare their 7-month abstinence rates. This would be more in line with established data collection practices in tobacco cessation and would likely lead to more meaningful abstinence comparisons.

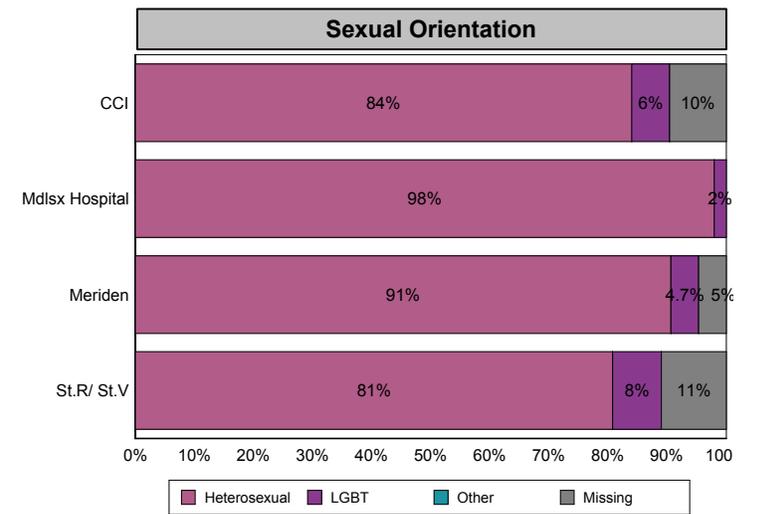
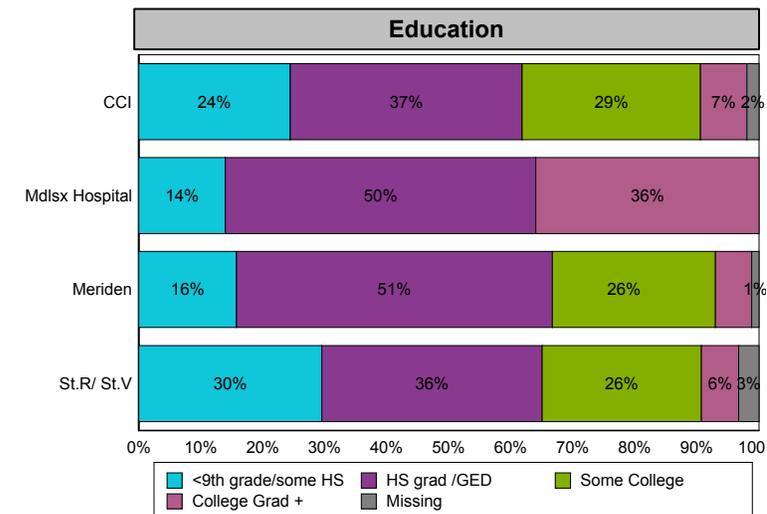
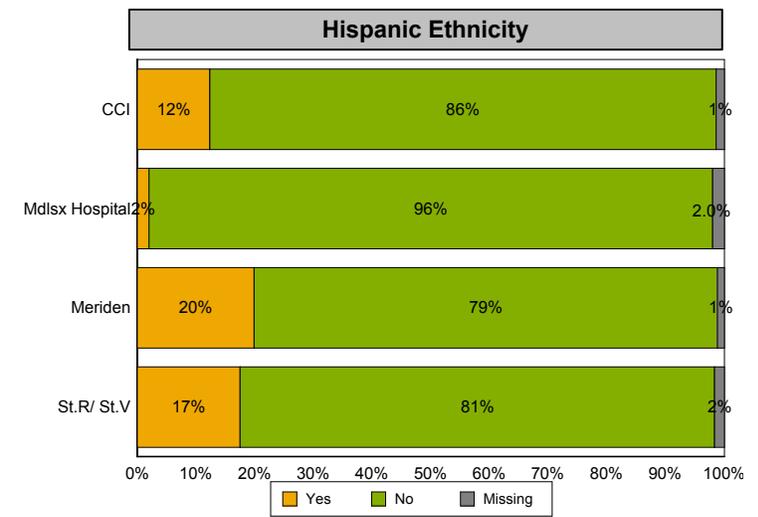
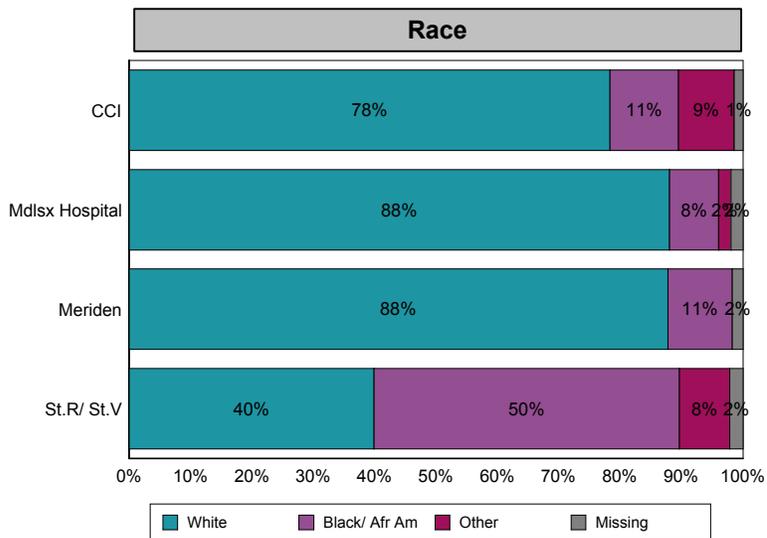
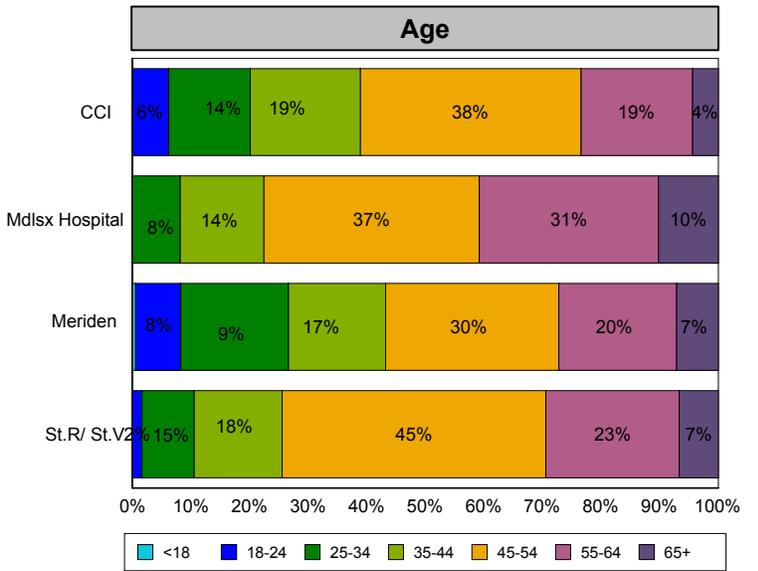
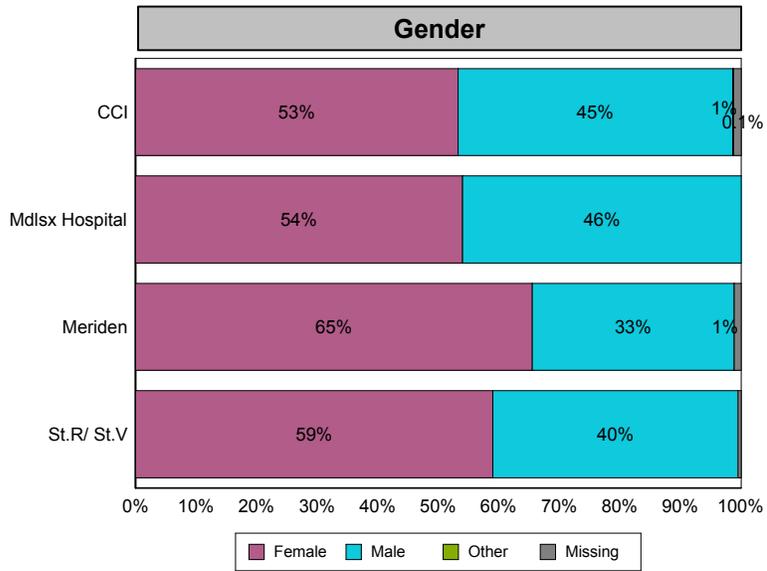
Program Satisfaction. In future grant contracts, CT DPH may want to consider eliminating this form, integrating some key questions into the 4-month follow-up survey or having an outside entity collect satisfaction data from a random sample of program enrollees. One of these methods may help reduce grantee data collection burden and lead to the collection of results that are more representative of the majority of program enrollees.

Participant Outcomes. Optimally, participant outcome data should be collected 7-months post program enrollment per emerging standards in the field, using standardized methodology and questions such as those provided with the North American Quitline Consortium’s Minimal Data Set (NAQC MDS) and supported by the CDC. In addition, the MDS has items that are aimed at gathering information additional support services used as well as types of cessation medications that were used. Follow-up data collection should be conducted by an external agency with experience collecting similar data. The data collection agency should aim for a response rate of 50% or higher to increase the likelihood that abstinence rates will be more representative of all program participants.

If serious concerns exist regarding potential participant attrition, outcome data could also be collected 4-months post program enrollment using standardized MDS items and methodology (similar to the 7-month follow-up). If this data collection time point is kept, consider asking a few key program satisfaction questions so they do not need to be asked at a separate data collection time point. It is recommended that data collection at program completion / drop out be eliminated or that grantees be provided with additional training and resources to collect data at this time point.

Grantee Feedback. Per suggestions indicated in the individual grantee narrative reports that accompany this aggregate report, CT DPH should consider talking with community and SMI/SUD grantees to learn from their experiences regarding what worked and what did not work in terms of outreach, programming, and data collection and to use the resulting lessons learned and successes to help improve future grant initiatives.

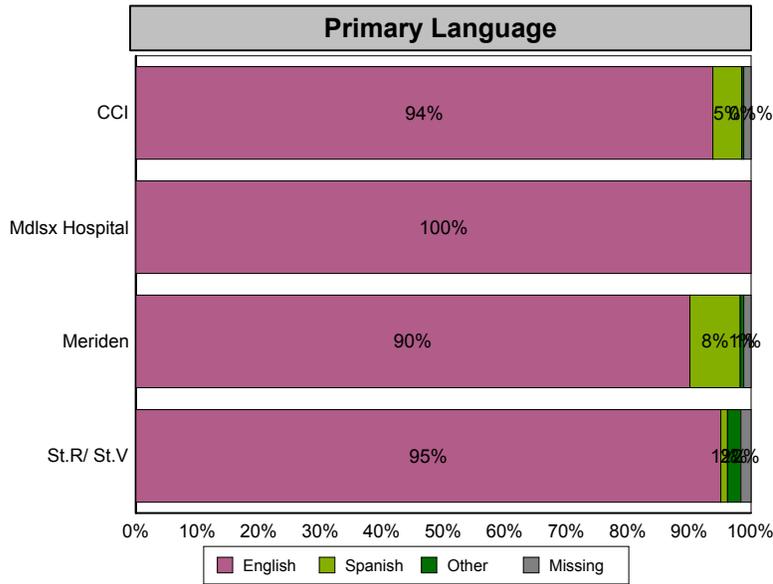
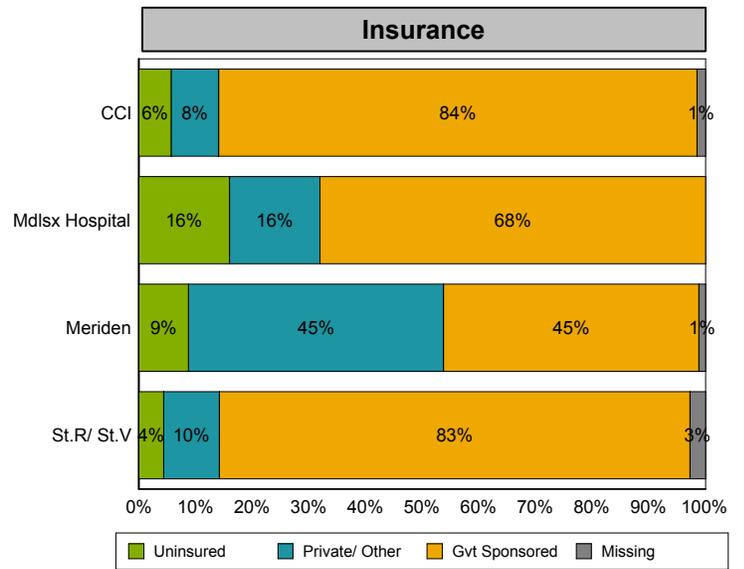
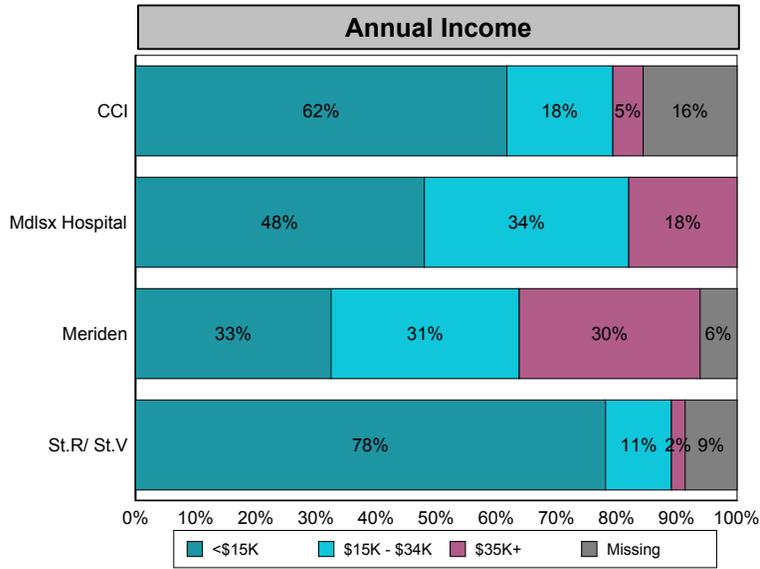
Demographic Characteristics* (N= 1,418)**



*Data source is the Program Enrollment and Referral Form; data are from the most recent enrollment.

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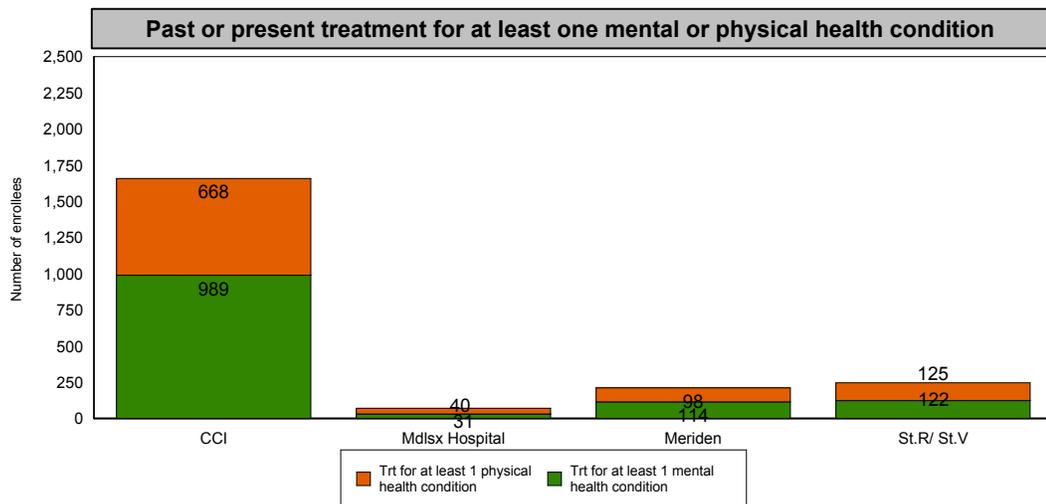
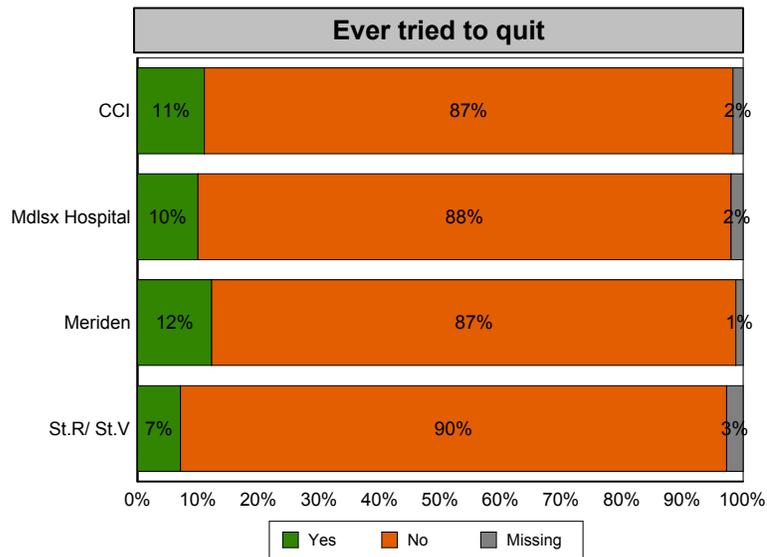
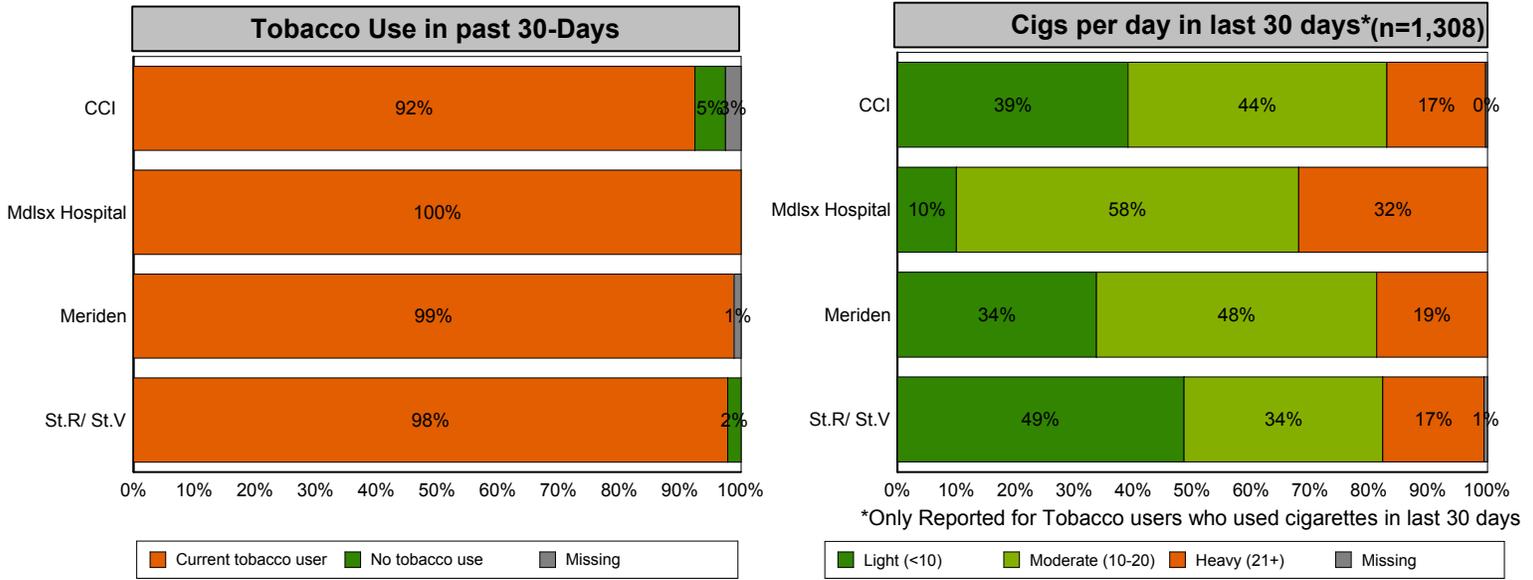
Demographic Characteristics* (N= 1,418)**



*Data source is the Program Enrollment and Referral Form; data are from the most recent enrollment.

**CommuniCare N=1,014, Hopsital of St.R & St.V N=183, City of Meriden N=171, Middlesex Hospital N=50

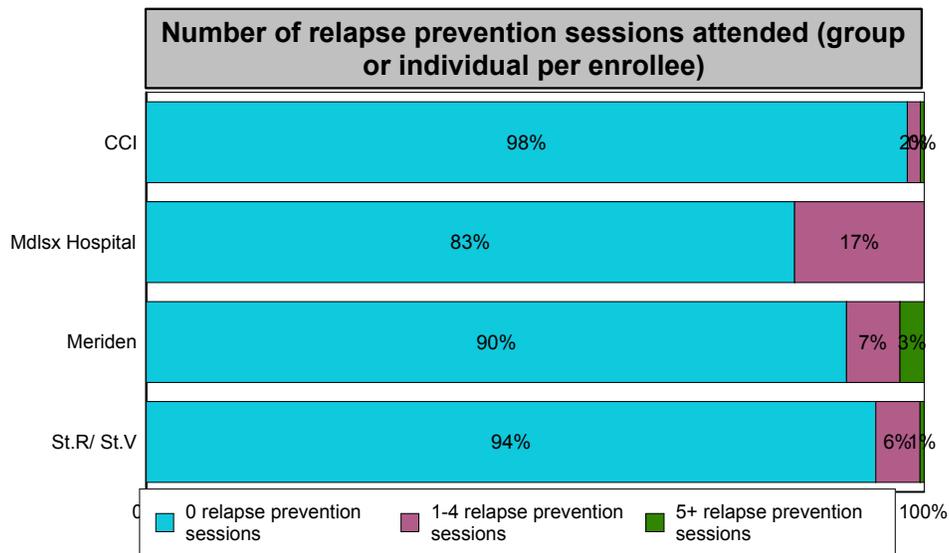
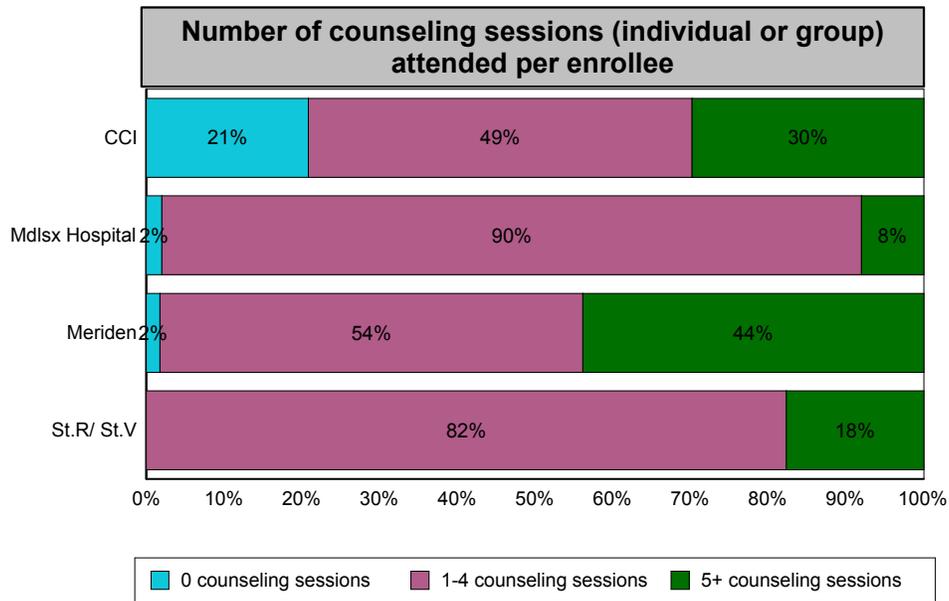
Clinical Characteristics * (N= 1,418)**



*Data source is the Program Enrollment and Referral Form; data are from the most recent enrollment.

**CommuniCare N=1,014, Hopsital of St.R & St.V N=183, City of Meriden N=171, Middlesex Hospital N=50

Program Utilization* (N= 1,409)**



*Data source is the Attendance Tracking and Program Completion Form; data is from the most recent enrollment.

**CommuniCare N=1,007, Hospital of St.R & St.V N=181, City of Meriden N=171, Middlesex Hospital N=50

***Utilization, graduation, and patient satisfaction are only reported for most recent enrollments with at least one of the following conditions satisfied: one or more recorded counseling session(s), a recorded completion status or a last contact date dated three or more months ago.

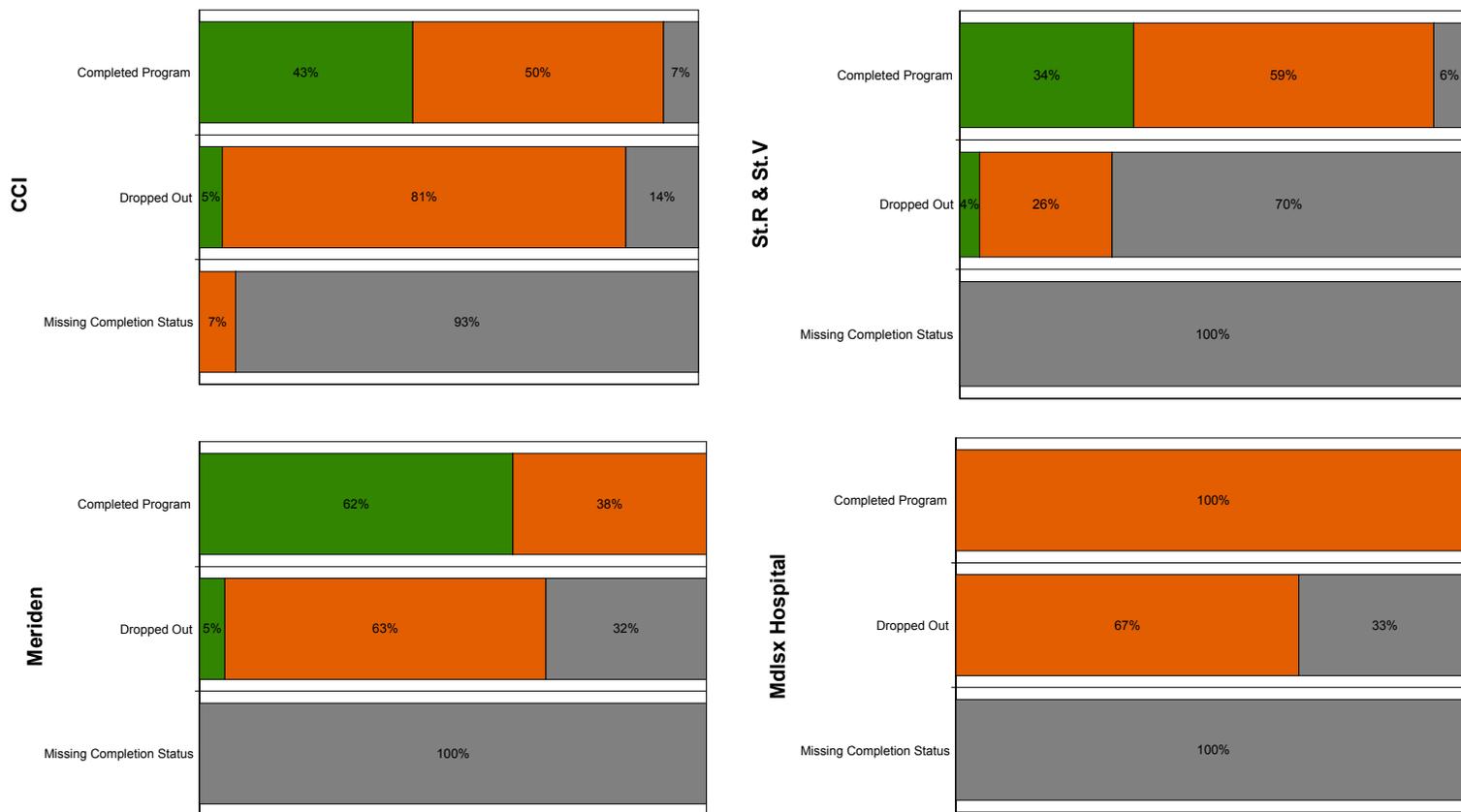
Program Completion* (N= 1,409)

Tobacco use status by program completion status*

KEY ■ No tobacco use in past 30 days ■ Tobacco user □ Missing tobacco use status

Grantee Level:

Note: Agencies should not be directly compared to one another **

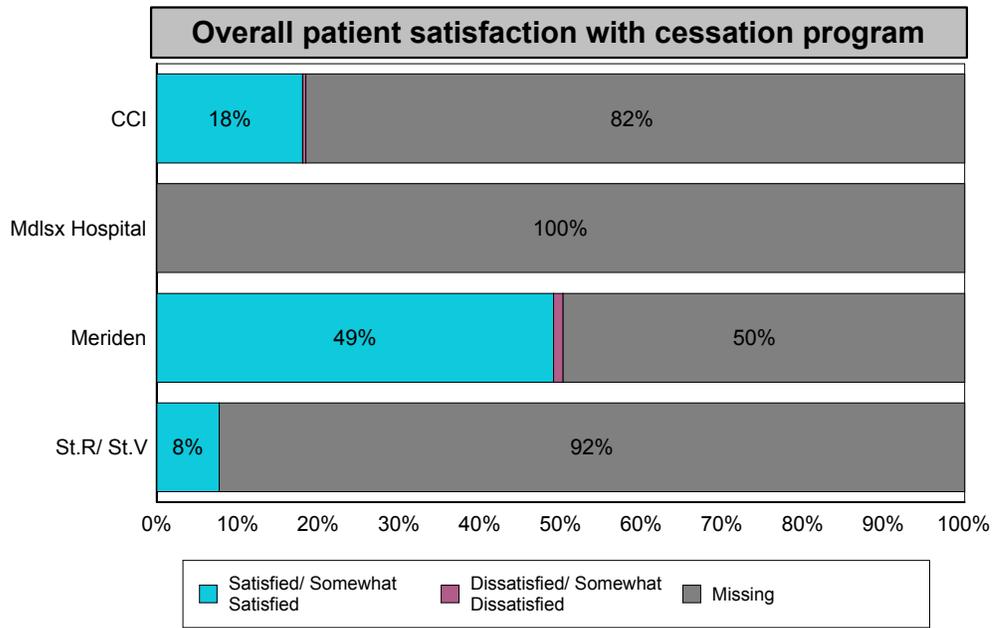


* A program completion form was to be filled out when a client either completed a cessation program (completer) or if the client had no contact/ no sessions attended for 3+ months (drop out)

**Note of caution: programs did not always define completers and drop outs in the same manner; therefore comparisons of one program to another should be avoided. (e.g. CCI should not be compared to City of Meriden)

***CommuniCare N=1,007, Hospital of St.R & St.V N=181, City of Meriden N=171, Middlesex Hospital N=50

Patient Satisfaction with Tobacco Cessation Services* (N=286)**



*Data source is the Patient Satisfaction Form; data is from the most recent enrollment.

**CommuniCare N=186, Hospitals of St.R & St.V N=14, City of Meriden N=86, Middlesex Hospital N=0

***Patient satisfaction is only reported for most recent enrollments with either at least one recorded counseling session, a recorded completion status or a last contact date dated three or more months ago.

4-Month Patient Follow-up Quit Rate****(N=726)

Responder (Quit) Rate (RR) = # abstinent / # who responded to the survey

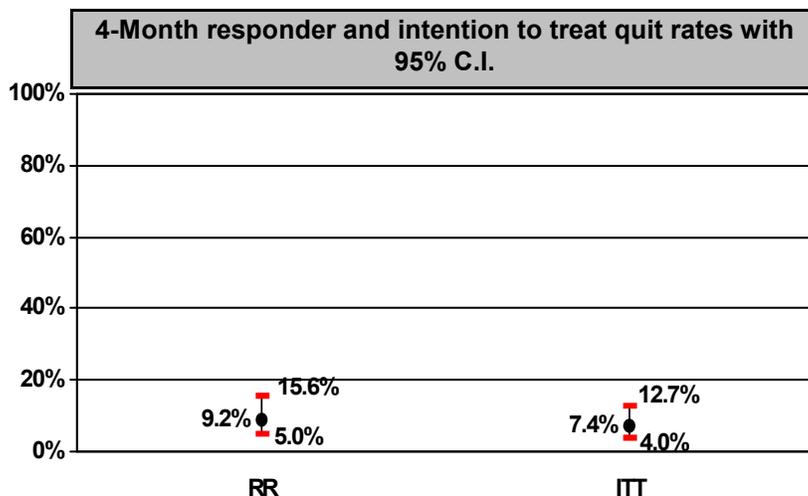
Intent-to-Treat (Quit) Rate (ITT) = # abstinent / # eligible for the survey

The “true” quit rate lies somewhere in between the responder rate and the intent to treat rate.

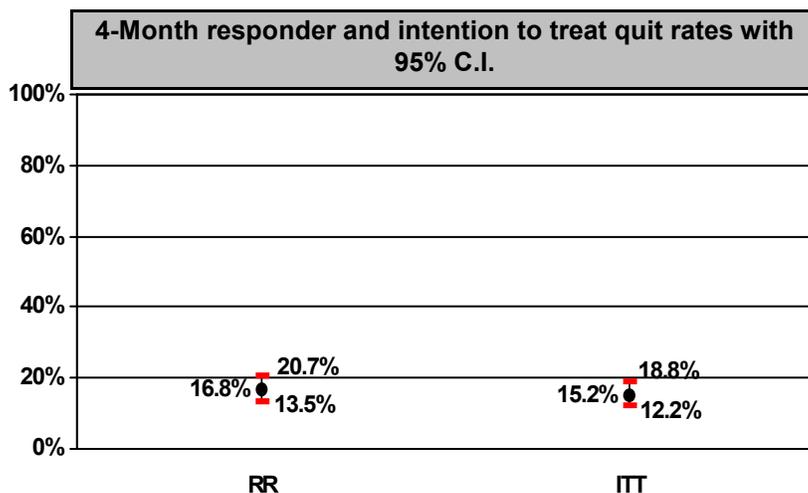
95% Confidence Interval (CI) = the margin of error for the quit rate estimates (i.e. quit rate ± error; depicted by red bars on either side of RR and ITT quit rates).

* For additional technical details please see the report Appendix A entitled: **Primer on Tobacco Abstinence Rates**

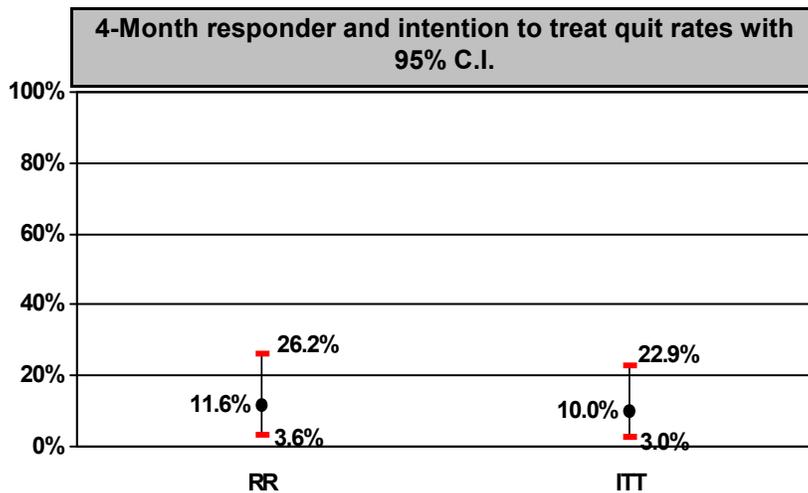
CCI Low Motivation



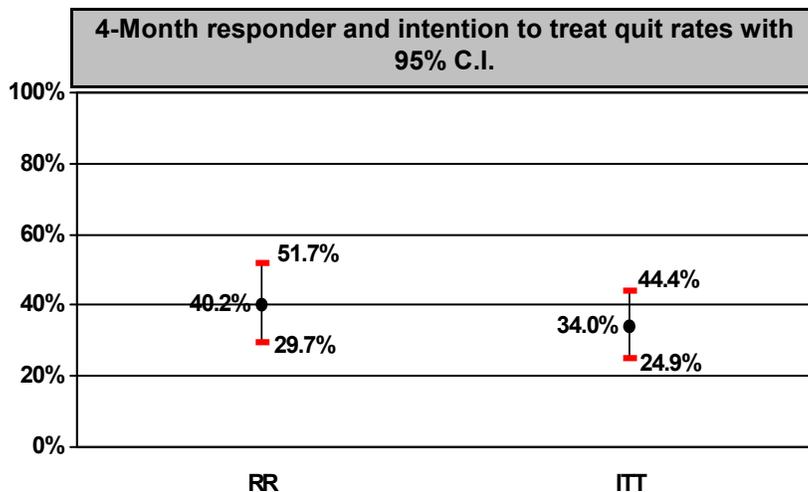
CCI High Motivation



St.R / St.V



Meriden



*Data source is the Patient Follow-Up Form.

* 4- Month follow-up assesment is reported for those assesments between 90 and 150 days post intake date.

**Note of caution: programs did not always define completers and drop outs in the same manner; therefore comparisons of one program to another should be avoided. (e.g. CCI should not be compared to Meriden)

***Cigarette use reduction was calculated for completers and drop-outs who were still using cigarettes at 4-month follow-up. No enrollees with missing program completion status or missing cigarette use status were included in the analysis. Tests for significant differences are only conducted when n=30+ observations per group.

Cigarette Reduction at 4-month follow-up by program completion status*

Grantee Level:

Note: Agencies should not be directly compared to one another **

CCI Low Motivation

Program Completion Status (LM)	Avg. # cigarettes per day:		Avg. # days/week:	
	At Enrollment	At 4-Month Follow-up	At Enrollment	At 4-Month Follow-up
Completed Program (max N=29)	16.24	12.38	7	6.86
Dropped Out (max N=58)	20.91	17.41	6.95	6.93
	There is overall significant reduction of the number of cigarettes smoked per day at enrollment to 4-month follow-up (F-stat=16.079, p-value<.001). However there is no significant difference between the number of cigarettes per day reduced for those who completed the program and those who dropped out of the program.		There is no overall significant reduction of the number of days smoked per week at enrollment to 4-month follow-up. There is also no significant difference between the number of days smoked per week reduced for those who completed the program and those who dropped out of the program.	

CCI High Motivation

Program Completion Status (HM)	Avg. # cigarettes per day:		Avg. # days/week:	
	At Enrollment	At 4-Month Follow-up	At Enrollment	At 4-Month Follow-up
Completed Program (max N=122)	14.24	10.04	6.33	6.28
Dropped Out (max N=148)	16.63	13.33	6.89	6.87
	There is overall significant reduction of the number of cigarettes smoked per day at enrollment to 4-month follow-up (F-stat=47.30, p-value<.001). There is also a significant difference between the number of cigarettes per day reduced for those who completed the program and those who dropped out of the program (F-stat=5.84, p-value=.016).		There is no overall significant reduction of the number of days smoked per week at enrollment to 4-month follow-up. However, there is a significant difference between the number of days smoked per week reduced for those who completed the program and those who dropped out of the program (F-stat=15.057, p-value<.001).	

St.R / St.V

Program Completion Status	Avg. # cigarettes per day:		Avg. # days/week:	
	At Enrollment	At 4-Month Follow-up	At Enrollment	At 4-Month Follow-up
Completed Program (max N=16)	14.94	4.81	6.81	5.56
Dropped Out (max N=22)	14.55	9.77	7	7

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Meriden

Program Completion Status	Avg. # cigarettes per day:		Avg. # days/week:	
	At Enrollment	At 4-Month Follow-up	At Enrollment	At 4-Month Follow-up
Completed Program (max N=27)	18.3	10.82	6.96	6.25
Dropped Out (max N=15)	14.94	10.4	6.69	6.53

*Data source is the Patient Follow-Up Form.

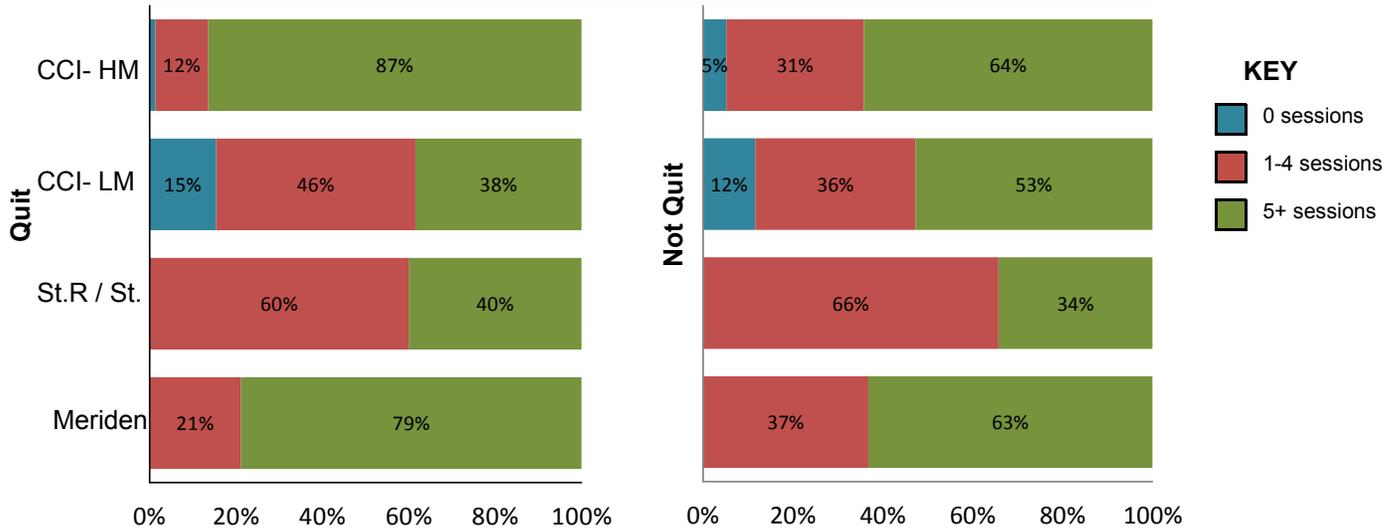
** 4- Month follow-up assesment is reported for those assesments between 90 and 150 days post intake date.

***Note of caution: programs did not always define completers and drop outs in the same manner; therefore comparisons of one program to another should be avoided. (e.g. CCI should not be compared to Meriden)

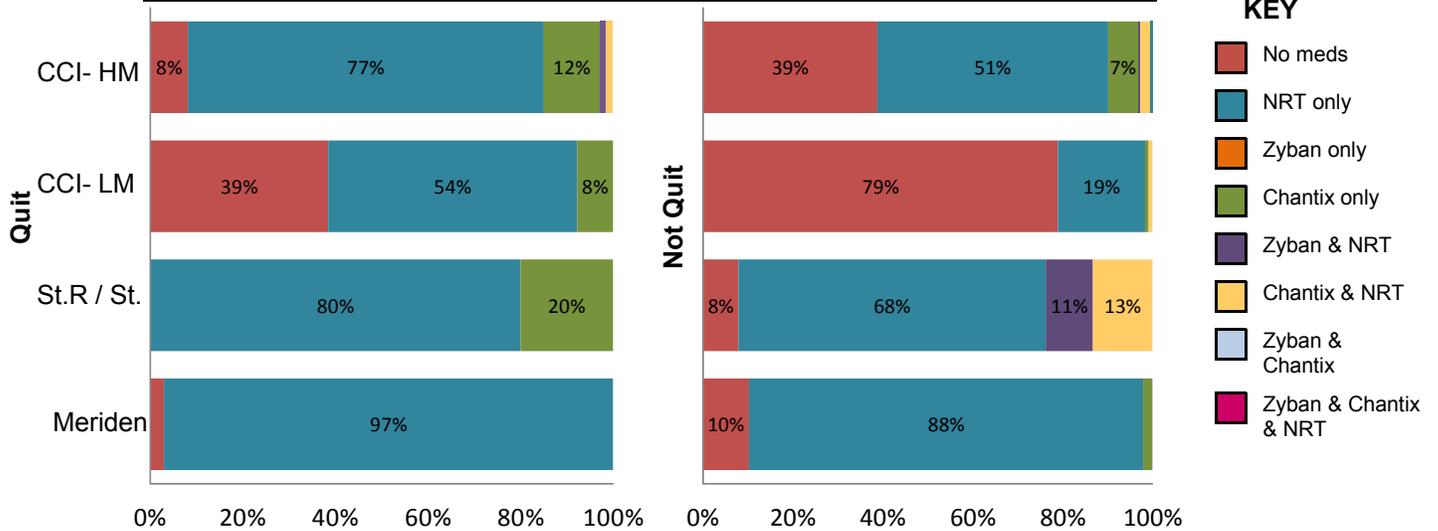
****Cigarette use reduction was calculated for completers and drop-outs who were still using cigarettes at 4-month follow-up. No enrollees with missing program completion status or missing cigarette use status were included in the analysis. Tests for significant differences are only conducted when n=30+ observations per group.

4-Month Patient Follow-up Assessment****(N=726)

Number of counseling sessions by Quit status at 4-month Follow-up



Self reported medication use pattern by Quit status at 4-month Follow-up



*Data source is the Patient Follow-Up Form.

** 4- Month follow-up assesment is reported for those assesments between 90 and 150 days post intake date.

***Quit is defined as abstinence for 30 days or more from all tobacco products as reported at follow-up.

****CCI Quit n=88 Not Quit n=513, St.R / St.V Quit n=5 Not Quit n=38, Meriden Quit n=33 Not Quit n=49, Mdlx Hospital Quit n=0 Not Quit n=0

7-Month Patient Follow-up Quit Rates ***(N=421)

Responder (Quit) Rate (RR) = # abstinent / # who responded to the survey

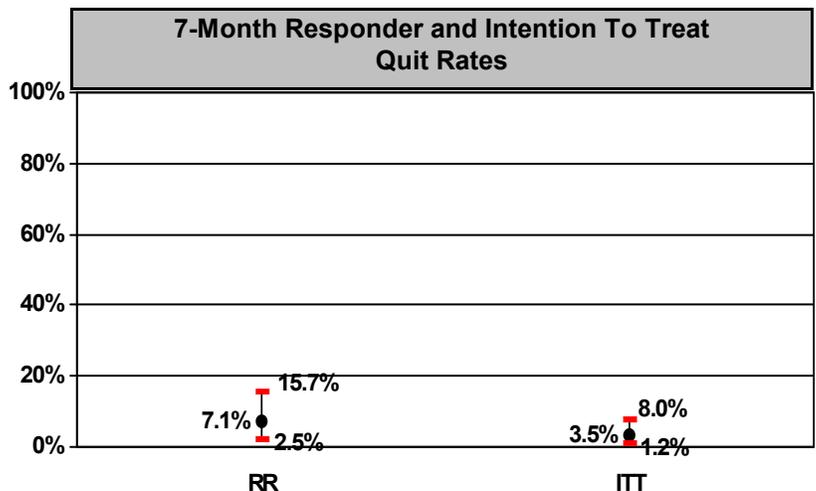
Intent-to-Treat (Quit) Rate (ITT) = # abstinent / # eligible for the survey

The "true" quit rate lies somewhere in between the responder rate and the intent to treat rate.

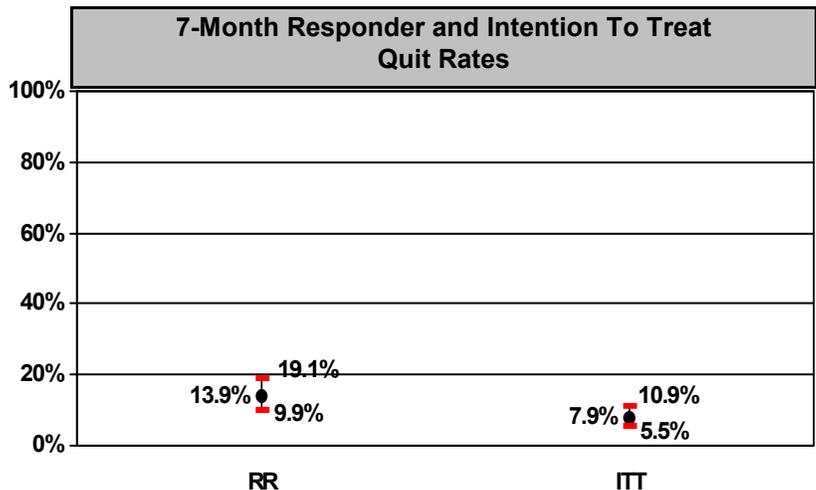
95% Confidence Interval (CI) = the margin of error for the quit rate estimates (i.e. quit rate ± error; depicted by red bars on either side of RR and ITT quit rates).

* For additional technical details please see the report Appendix A entitled: **Primer on Tobacco Abstinence Rates**

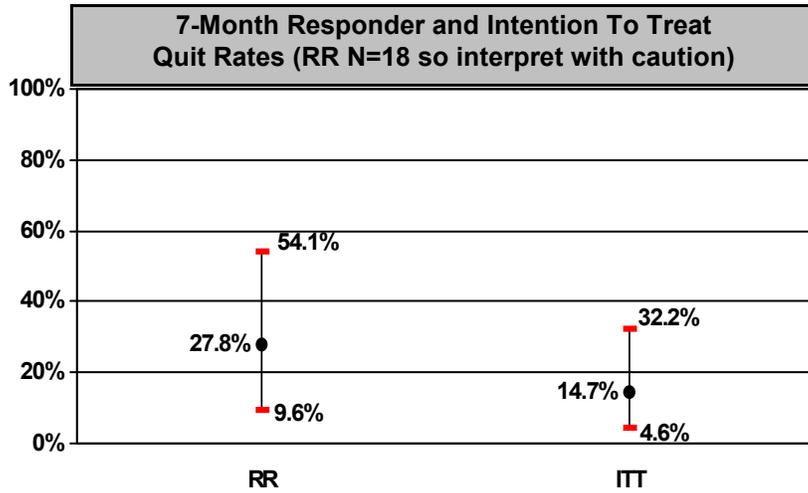
CCI Low Motivation



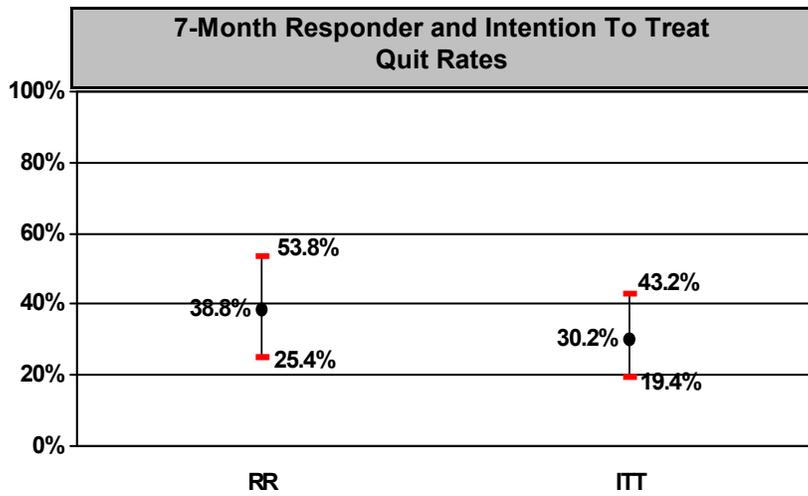
CCI High Motivation



St.R / St.V



Meriden



*Data source is the Patient Follow-Up Form.

** 7- Month follow-up assesment is reported for those assesments between 180 and 240 days post intake date.

***Quit is defined as abstinence for 30 days or more from all tobacco products as reported at follow-up.

Cigarette Reduction at 7-month follow-up by program completion status*

Grantee Level:

Note: Agencies should not be directly compared to one another **

CCI Low Motivation

Program Completion Status (LM)	Avg. # cigarettes per day:		Avg. # days/week:	
	At Enrollment	At 7-Month Follow-up	At Enrollment	At 7-Month Follow-up
Completed Program (max N=10)	21.2	11.8	7	7
Dropped Out (max N=34)	20.15	14.91	6.74	7

CCI High Motivation

Program Completion Status (HM)	Avg. # cigarettes per day:		Avg. # days/week:	
	At Enrollment	At 7-Month Follow-up	At Enrollment	At 7-Month Follow-up
Completed Program (max N=79)	14.94	8.92	6.54	6.38
Dropped Out (max N=47)	11.85	10.36	6.89	6.94
	<p>There is overall significant reduction of the number of cigarettes smoked per day at enrollment to 7-month follow-up (F-stat=24.82, p-value=.003). There is, however, not a significant difference between the number of cigarettes per day reduced for those who completed the program and those who dropped out of the program.</p>		<p>There is no overall significant reduction of the number of days smoked per week at enrollment to 7-month follow-up. However, there is a significant difference between the number of days smoked per week reduced for those who completed the program and those who dropped out of the program (F-stat=6.51, p-value=.012).</p>	

St.R & St.V

Program Completion Status	Avg. # cigarettes per day:		Avg. # days/week:	
	At Enrollment	At 7-Month Follow-up	At Enrollment	At 7-Month Follow-up
Completed Program (max N=5)	16.4	4.6	7	6.2
Dropped Out (max N=7)	12.71	5.67	7	5.83

CT DPH Tobacco Cessation Program Aggregate Report - March 2013 Final Report (Jan.'10 - Jan.'13)

City of Meriden

Program Completion Status	Avg. # cigarettes per day:		Avg. # days/week:	
	At Enrollment	At 7-Month Follow-up	At Enrollment	At 7-Month Follow-up
Completed Program (max N=10)	15.6	8	7	6.25
Dropped Out (max N=15)	30	20	7	7

*Data source is the Patient Follow-Up Form.

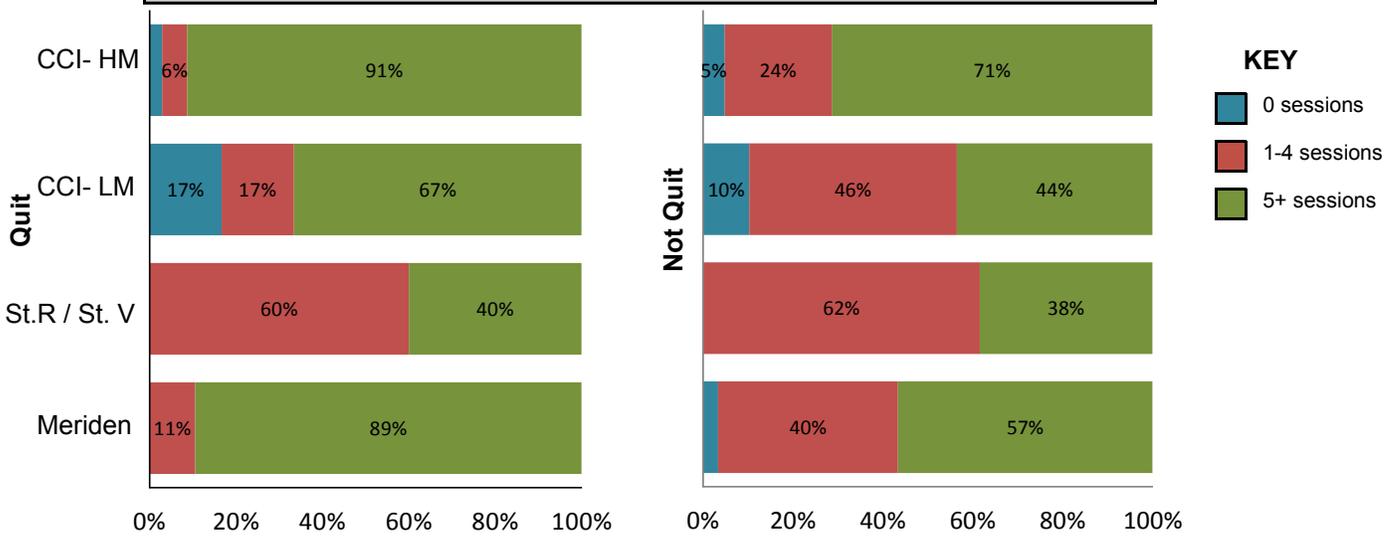
** 7- Month follow-up assesment is reported for those assesments between 180 and 240 days post intake date.

***Note of caution: programs did not always define completers and drop outs in the same manner; therefore comparisons of one program to another should be avoided. (e.g. CCI should not be compared to Meriden)

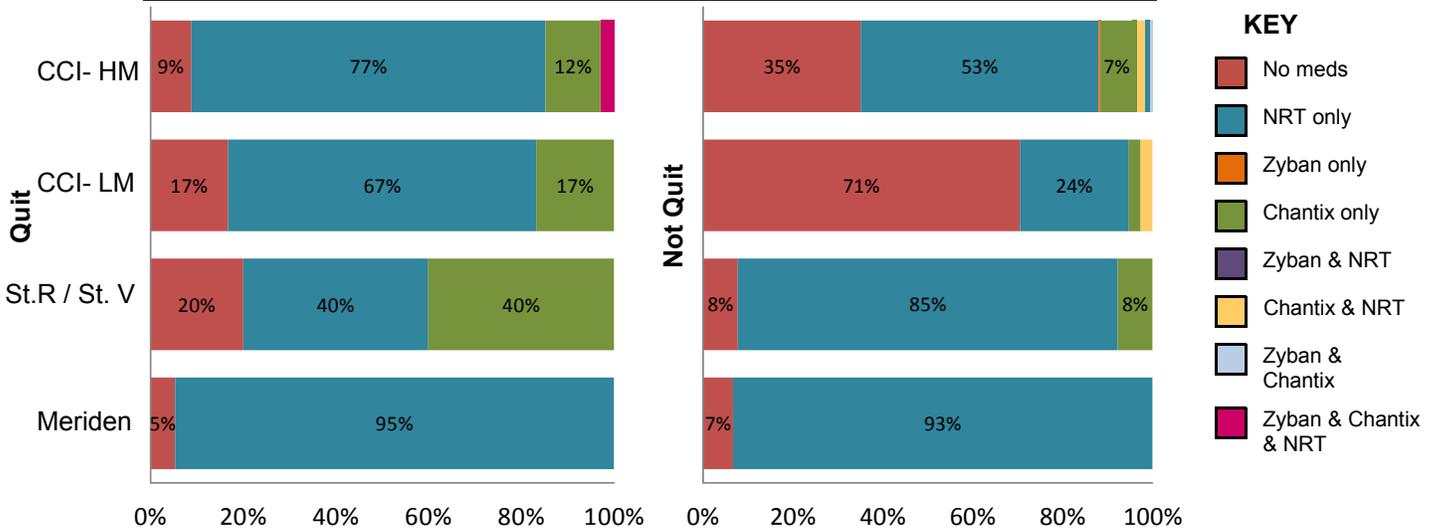
****Cigarette use reduction was calculated for completers and drop-outs who were still using cigarettes at 4-month follow-up. No enrollees with missing program completion status or missing cigarette use status were included in the analysis. Tests for significant differences are only conducted when n=30+ observations per group.

7-Month Patient Follow-up Assessment****(N=421)

Number of counseling sessions by Quit status at 7-month Follow-up



Self Reported Medication Use Pattern by quit status at 7-month Follow-up



*Data source is the Patient Follow-Up Form.

** 7- Month follow-up assesment is reported for those assesments between 180 and 240 days post intake date.

***Quit is defined as abstinence for 30 days or more from all tobacco products as reported at follow-up.

****CCI Quit n=42 Not Quit n=306, St.R / St.V Quit n=5 Not Quit n=14, Meriden Quit n=20 Not Quit n=34, Mdlx Hospital Quit n=0 Not Quit n=0

Report Appendix A

PRIMER ON TOBACCO ABSTINENCE RATES

- **Responder Rates (RR).** This rate is calculated as:

$$\text{Responder Rate} = \frac{\text{\# abstinent}}{\text{\# who responded to the survey}}$$

The responder rate is based on those that complete a survey. The disadvantage of this rate is that it is overly optimistic. If 25% of participants didn't respond to the survey, at least in part because many are still smoking, then the abstinence rate is biased upwards. If everyone had responded to the survey the rate would be lower. Programs want to know about everyone they served, not just the people who responded to the survey. The intent-to-treat rate addresses this concern, but it is biased also – in the opposite direction.

- **Intent-to-Treat Rates (ITT).** This rate answers the question: of the people you intended to serve, how many are abstinent given the most conservative assumptions? The rate is calculated as:

$$\text{Intent to Treat Rate} = \frac{\text{\# abstinent}}{\text{\# eligible for the survey}}$$

The ITT rate is based on the entire group of people that were chosen to be surveyed (called the “sample”). The ITT rate **assumes that anyone who didn't answer the survey is still smoking**. This is a more conservative assumption than the responder rate.

The “true” quit rate lies somewhere in between the responder rate and the intent to treat rate. The best way to improve the accuracy of our estimates is to get more people to respond to the survey, which brings the responder and intent to treat rates closer together.

Confidence Intervals (CI). The confidence interval is a mechanism to see potential error in our estimates due to small sample size or study design. Larger sample sizes will, in most cases, produce smaller confidence intervals, meaning that the quit rate calculation is more likely to be accurate.

- For example, using a 95% confidence interval, if the quit rate is 26.5% with a margin of error of ± 4.3 , that means that 95 times out of 100 the true quit rate will lie somewhere between 22.2% and 30.8%. The margin of error is smaller for ITT rates, because their sample sizes are larger and closer to population rates, so the error decreases.

Additional Note Concerning Exclusions: Those that indicated that they had not used tobacco (of any kind) for more than 30 days at enrollment or did not have data for “last time used tobacco” at enrollment were excluded from quit rate calculations as the inclusion of these people may bias the quit rate.

Report Appendix B

Enrollments and Referral Sources

Table 1. Primary Referral Source for Enrollees at Intake

	N	%
Primary Care Provider	42	4.2
Quitline	1	.1
Other health care/Dental provider	9	.9
Brochure/Flyer	93	9.3
Counselor/Therapist	666	66.6
Friend/Family	67	6.7
Employer	7	.7
Other referral source/self	115	11.5
Total	1000	100.0

** 14 or 1.4% of 1014 cases are missing a response to item so are not reported in the table above.

CommuniCare Tobacco Cessation Program Aggregate Report - Quarterly Report (Jan. '10 – Jan. '13)

Table 2. Number of Total Enrollments per Month (includes dual enrollments)

	N	%
January 2010	6	.3
February 2010	43	2.4
March 2010	30	1.7
April 2010	12	.7
May 2010	31	1.7
June 2010	23	1.3
July 2010	35	1.9
August 2010	31	1.7
September 2010	10	.6
October 2010	38	2.1
November 2010	24	1.3
December 2010	65	3.6
January 2011	27	1.5
February 2011	59	3.3
March 2011	70	3.9
April 2011	50	2.8
May 2011	62	3.4
June 2011	116	6.4
July 2011	53	2.9
August 2011	66	3.7
September 2011	60	3.3
October 2011	82	4.5
November 2011	57	3.2
December 2011	68	3.8
January 2012	56	3.1
February 2012	53	2.9
March 2012	83	4.6
April 2012	70	3.9
May 2012	52	2.9
June 2012	82	4.5
July 2012	62	3.4
August 2012	57	3.2
September 2012	42	2.3
October 2012	76	4.2
November 2012	44	2.4
December 2012	12	.7
January 2013	1	.1

CommuniCare Tobacco Cessation Program Aggregate Report - Quarterly Report (Jan. '10 – Jan. '13)

Total	1808	100.0
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** 16 or .9% of 1824 cases are missing a response to item so are not reported in the table above.

Table 3. Number of Unique Enrollments per Month (excludes dual enrollments)

	N	%
January 2010	1	0.1
February 2010	23	2.3
March 2010	12	1.2
April 2010	2	0.2
May 2010	4	0.4
June 2010	11	1.1
July 2010	19	1.9
August 2010	11	1.1
September 2010	4	0.4
October 2010	11	1.1
November 2010	12	1.2
December 2010	21	2.1
January 2011	11	1.1
February 2011	25	2.5
March 2011	31	3.1
April 2011	13	1.3
May 2011	26	2.6
June 2011	60	6.0
July 2011	23	2.3
August 2011	31	3.1
September 2011	33	3.3
October 2011	43	4.3
November 2011	30	3.0
December 2011	45	4.5
January 2012	26	2.6
February 2012	33	3.3
March 2012	47	4.7
April 2012	38	3.8
May 2012	38	3.8
June 2012	54	5.4
July 2012	44	4.4
August 2012	51	5.1
September 2012	37	3.7
October 2012	75	7.5

CommuniCare Tobacco Cessation Program Aggregate Report - Quarterly Report (Jan. '10 – Jan. '13)

November 2012	43	4.3
December 2012	12	1.2
January 2013	1	0.1
Total	1001	100.0

** 13 or 1.3% of 1014 cases are missing a response to item so are not reported in the table above.

Demographic Characteristics at Intake

Table 4. Gender of Participant

	N	%
Female	540	53.9
Male	460	46.0
Other	1	.1
Total	1001	100.0

** 13 or 1.3% of 1014 cases are missing a response to item so are not reported in the table above.

Table 5. Age at Intake

	N	%
Under 18	1	.1
18-24	61	6.1
25-34	139	13.9
35-44	188	18.8
45-54	377	37.7
55-64	190	19.0
65+	44	4.4
Total	1000	100.0

** 14 or 1.4% of 1014 cases are missing a response to item so are not reported in the table above.

Table 6. Race of Participant

	N	%
White	794	79.5
Black or African American	113	11.3
Asian	4	.4
American Indian or Alaskan Native	5	.5
Native Hawaiian or Pacific Islander	2	.2
Other/Mixed	81	8.1
Total	999	100.0

**15 or 1.5% of 1014 cases are missing a response to item so are not reported in the table above.

CommuniCare Tobacco Cessation Program Aggregate Report - Quarterly Report (Jan. '10 – Jan. '13)

Table 7. Educational Level of Participant at Intake

	N	%
9 th grade/Some high school	248	24.9
High school graduate/GED	379	38.1
Some college	291	29.3
College graduate or higher	76	7.7
Total	994	100.0

** 20 or 2.0% of 1014 cases are missing a response to item so are not reported in the table above.

Table 8. Ethnicity of Participant

	N	%
Yes – Hispanic or Latino	125	12.5
No – Not Hispanic or Latino	875	87.5
Total	1000	100.0

** 14 or 1.4% of 1014 cases are missing a response to item so are not reported in the table above.

Table 9. Sexual Orientation at Intake

	N	%
Heterosexual/Straight	850	92.7
Gay / Bisexual	65	7.1
Other	2	.2
Total	917	100.0

** 97 or 9.6% of 1014 cases are missing a response to item so are not reported in the table above.

Table 10. Primary Language of Enrollees at Intake

	N	%
English	951	94.9
Spanish	48	4.8
Other	3	.3
Total	1002	100.0

** 12 or 1.2% of 1014 cases are missing a response to item so are not reported in the table above.

CommuniCare Tobacco Cessation Program Aggregate Report - Quarterly Report (Jan. '10 – Jan. '13)

Table 11. Type of Health Insurance at Intake

	N	%
No insurance	58	5.8
Government sponsored insurance	856	85.7
Private insurance	72	7.2
Other Type of Insurance	13	1.3
Total	999	100.0

** 15 or 1.5% of 1014 cases are missing a response to item so are not reported in the table above.

Table 12. Annual Income of Enrollees at Intake

	N	%
Less than \$10,000	497	49.8
\$10,000 to less than \$15,000	119	11.9
\$15,000 to less than \$20,000	112	11.2
\$20,000 to less than \$25,000	23	2.3
\$25,000 to less than \$35,000	41	4.1
\$35,000 to less than \$50,000	19	1.9
\$50,000 to less than \$75,000	22	2.2
\$75,000 or more	9	1.0
Refused/Don't Know	156	15.6
Total	998	100.0

** 16 or 1.6% of 1014 cases are missing a response to item so are not reported in the table above.

Table 13. Pregnant Enrollees at Intake (Reported for "Females" and "Other" Gender)

	N	%
Yes	6	1.1
No	521	98.9
Total	527	100.0

** 14 or 2.6% of 541 cases are missing a response to item so are not reported in the table above.

Clinical Characteristics at Intake

Table 14. Enrollees Use of Tobacco in the past 30 days at intake

	N	%
No tobacco – 30 day abstinent	51	5.2
Yes – Not 30 day abstinent	937	94.8
Total	988	100.0

** 26 or 2.6% of 1014 cases are missing a response to item so are not reported in the table above.

Table 15. Enrollees Use of Cigarettes at intake

	N	%
No	80	8.0
Yes	923	92.0
Total	1003	100.0

** 11 or 1.1% of 1014 cases are missing a response to item so are not reported in the table above.

Table 16. Average Number of Cigarettes per day at Intake

	N	Mean
Cigarettes Per Day	920	16.75

**3 or .3% of 923 cases are missing a response to item so are not reported in the table above.

Table 17. Number of Cigarettes Smoked per day at Intake

	N	%
Light (0-10)	361	39.2
Moderate (11-19)	405	44.0
Heavy (21+)	154	16.8
Total	920	100.0

** 3 or .3% of 923 cases are missing a response to item so are not reported in the table above.

Table 18. Enrollees Smoking Status

	N	%
Everyday	872	95.1
Somedays	42	4.6
Not at all	3	.3
Total	917	100.0

** 6 or .7% of 923 cases are missing a response to item so are not reported in the table above.

CommuniCare Tobacco Cessation Program Aggregate Report - Quarterly Report (Jan. '10 – Jan. '13)

Table 19. Enrollees Use of Tobacco Other than Cigarettes at Intake

	N	%
No	853	85.6
Yes	143	14.4
Total	996	100.0

** 18 or 1.8% of 1014 cases are missing a response to item so are not reported in the table above.

Table 20. Exclusive other (non-cig.) tobacco users at Intake

	N	%
No	122	85.3
Yes	21	14.7
Total	143	100.0

** 0 or .0% of 143 cases are missing a response to item so are not reported in the table above.

Table 21. Average Number of Times per day Tobacco Other than cigarettes is Used at Intake

	N	Mean
Tobacco Per Day	113	9.15

** 30 or 21.0% of 143 cases are missing a response to item so are not reported in the table above.

Table 22. Tobacco used per day at Intake

	N	%
Light (0-10)	82	72.6
Moderate (11-19)	23	20.4
Heavy (21+)	8	7.0
Total	113	100.0

** 30 or 21.0% of 143 cases are missing a response to item so are not reported in the table above.

Table 23. Tried to Quit

	N	%
No	112	11.2
Yes	885	88.8
Total	997	100.0

** 17 or 1.7% of 1014 cases are missing a response to item so are not reported in the table above.

CommuniCare Tobacco Cessation Program Aggregate Report - Quarterly Report (Jan. '10 – Jan. '13)

Table 24. Type of Quit Method Used at Intake

	N	%
Nicotine Spray	12	1.4
Nicotine Patch	460	52.6
Nicotine Lozenge	132	15.1
Zyban	13	1.5
Wellbutrin	69	7.9
Chantix	157	18.0
Group Counseling	115	13.2
Individual Counseling	56	6.4
Quit Cold Turkey	521	59.6
Other	79	9.0
Nicotine Gum	219	25.1
Total	1833	209.8

** 11 or 1.2% of 885 cases are missing a response to item so are not reported in the table above.

*** Multiple response set for those who indicated previous use of quit methods at Intake. Individuals using multiple methods are represented multiple times; therefore, percents will total over 100%.

Table 25. Number of Enrollees Living with a Smoker

	N	%
No	472	47.4
Yes	524	52.6
Total	996	100.0

** 18 or 1.8% of 1014 cases are missing a response to item so are not reported in the table above.

Table 26. Received Treatment for Heart Disease at Intake

	N	%
Past/Current	124	12.5
None	871	87.5
Total	995	100.0

** 19 or 1.9% of 1014 cases are missing a response to item so are not reported in the table above.

Table 27. Received Treatment for Blood Pressure at Intake

	N	%
Past/Current	347	34.8
None	649	65.2
Total	996	100.0

** 18 or 1.8% of 1014 cases are missing a response to item so are not reported in the table above.

CommuniCare Tobacco Cessation Program Aggregate Report - Quarterly Report (Jan. '10 – Jan. '13)

Table 28. Received Treatment for Diabetes at Intake

	N	%
Past/Current	195	19.6
None	800	80.4
Total	995	100.0

** 19 or 1.9% of 1014 cases are missing a response to item so are not reported in the table above.

Table 29. Received Treatment for Cholesterol at Intake

	N	%
Past/Current	335	33.6
None	661	66.4
Total	996	100.0

** 18 or 1.8% of 1014 cases are missing a response to item so are not reported in the table above.

Table 30. Received Treatment for Stroke at Intake

	N	%
Past/Current	50	5.0
None	944	95.0
Total	994	100.0

** 20 or 2.0% of 1014 cases are missing a response to item so are not reported in the table above.

Table 31. Received Treatment for Cancer at Intake

	N	%
Past/Current	76	7.6
None	918	92.4
Total	994	100.0

** 20 or 2.0% of 1014 cases are missing a response to item so are not reported in the table above.

Table 32. Received Treatment for Lung Disease at Intake

	N	%
Past/Current	330	33.3
None	660	66.7
Total	990	100.0

** 24 or 2.4% of 1014 cases are missing a response to item so are not reported in the table above.

CommuniCare Tobacco Cessation Program Aggregate Report - Quarterly Report (Jan. '10 – Jan. '13)

Table 33. Received Treatment for Drug Addiction at Intake

	N	%
Past/Current	461	46.5
None	530	53.5
Total	991	100.0

** 23 or 2.3% of 1014 cases are missing a response to item so are not reported in the table above.

Table 34. Received Treatment for Depression at Intake

	N	%
Past/Current	843	84.9
None	150	15.1
Total	993	100.0

** 21 or 2.1% of 1014 cases are missing a response to item so are not reported in the table above.

Table 35. Received Treatment for Anxiety at Intake

	N	%
Past/Current	778	78.2
None	217	21.8
Total	995	100.0

** 19 or 1.9% of 1014 cases are missing a response to item so are not reported in the table above.

Table 36. Received Treatment for Schizophrenia at Intake

	N	%
Past/Current	230	23.1
None	765	76.9
Total	995	100.0

** 19 or 1.9% of 1014 cases are missing a response to item so are not reported in the table above.

Table 37. Received Treatment for Bipolar at Intake

	N	%
Past/Current	391	39.3
None	604	60.7
Total	995	100.0

** 19 or 1.9% of 1014 cases are missing a response to item so are not reported in the table above.

CommuniCare Tobacco Cessation Program Aggregate Report - Quarterly Report (Jan. '10 – Jan. '13)

Table 38. Received Treatment for Gambling Addiction at Intake

	N	%
Past/Current	72	7.3
None	921	92.7
Total	993	100.0

** 21 or 2.1% of 1014 cases are missing a response to item so are not reported in the table above.

Table 39. Received Treatment for Alcohol Addiction at Intake

	N	%
Past/Current	434	43.6
None	561	56.4
Total	995	100.0

** 19 or 1.9% of 1014 cases are missing a response to item so are not reported in the table above.

Program Utilization

Table 40. Total Number of Group or Individual Counseling Sessions

	N	%
No sessions	210	20.9
One session	217	21.5
Two sessions	118	11.7
Three sessions	85	8.4
Four sessions	77	7.6
Five sessions	67	6.8
Six or more sessions	233	23.1
Total	1007	100.0

** 0 or .0% of 1007 cases are missing a response to item so are not reported in the table above.

Table 41. Tobacco Cessation Program Utilization per Enrollee by Session Type (Excluding those without program utilization)

		Average Individual Sessions per Enrollee	Average Group Sessions per Enrollee	Average Total Sessions per Enrollee
	N	797	797	797
	Mean	1.00	3.23	4.23
	Std. Dev.	1.91	3.25	3.37
	Minimum	.00	.00	1.00
	Maximum	15.00	15.00	15.00

Table 42. Number of Group or Individual Relapse Sessions

	N	%
No sessions	979	97.2
One session	17	1.7
Two sessions	2	.2
Three sessions	3	.3
Four sessions	1	.1
Five sessions	0	.0
Six or more sessions	5	.5
Total	1007	100.0

** 0 or .0% of 1007 cases are missing a response to item so are not reported in the table above.

CommuniCare Tobacco Cessation Program Aggregate Report - Quarterly Report (Jan. '10 – Jan. '13)

**Table 43. Relapse Prevention Utilization per Enrollee by Session Type
(Excluding those without program utilization)**

		Average Individual Relapse Prevention Sessions per Enrollee	Average Group Relapse Prevention Sessions per Enrollee	Average Total Relapse Prevention Sessions per Enrollee
	N	28	28	28
	Mean	1.04	2.21	3.25
	Std. Dev.	2.82	3.63	4.18
	Minimum	.00	.00	1.00
	Maximum	15.00	15.00	15.00

Program Completion/ Drop-Out Form

Table 44. Self-reported Completion of Program

	N	%
No	711	80.4
Yes	173	19.6
Total	884	100.0

** 123 or 12.2% of 1007 cases are missing a response to item so are not reported in the table above.

Table 45. Enrollees Use of Tobacco in the past 30 days at Program Completion or Drop Out

	N	%
No tobacco – 30 day abstinent	107	13.8
Yes – Not 30 day abstinent	671	86.2
Total	778	100.0

** 229 or 22.7% of 1007 cases are missing a response to item so are not reported in the table above.

Table 46. Enrollees Use of Cigarettes at Program Completion or Drop Out

	N	%
No	142	17.3
Yes	680	82.7
Total	822	100.0

** 185 or 18.4% of 1007 cases are missing a response to item so are not reported in the table above.

Table 47. Average Number of Cigarettes per day at Program Completion or Drop Out

	N	Mean
Cigarettes Per Day	666	14.41

** 14 or 2.1% of 680 cases are missing a response to item so are not reported in the table above.

Table 48. Number of Cigarettes Smoked per day at Program Completion or Drop Out

	N	%
Light (0-10)	327	49.1
Moderate (11-19)	269	40.4
Heavy (21+)	70	10.5
Total	666	100.0

** 14 or 2.1% of 680 cases are missing a response to item so are not reported in the table above.

CommuniCare Tobacco Cessation Program Aggregate Report - Quarterly Report (Jan. '10 – Jan. '13)

Table 49. Enrollees Smoking Status at Program Completion or Drop Out

	N	%
Everyday	628	93.6
Somedays	40	6.0
Not at all	3	.4
Total	671	100.0

** 9 or 1.3% of 680 cases are missing a response to item so are not reported in the table above.

Table 50. Enrollees Use of Tobacco Other than Cigarettes at Program Completion or Drop Out

	N	%
No	736	90.4
Yes	78	9.6
Total	814	100.0

** 193 or 19.2% of 1007 cases are missing a response to item so are not reported in the table above.

Table 51. Exclusive Tobacco users only at Program Completion or Drop Out

	N	%
No	60	77.9
Yes	17	22.1
Total	77	100.0

** 1 or 1.3% of 78 cases are missing a response to item so are not reported in the table above.

Table 52. Average Number of Times per day Tobacco Other than cigarettes is Used at Program Completion or Drop Out

	N	Mean
Tobacco Per Day	52	11.35

** 26 or 33.3% of 78 cases are missing a response to item so are not reported in the table above.

Table 53. Did You Try to Quit Using Tobacco While Participating in This Program of Enrollees at Program Completion or Drop Out

	N	%
No	444	54.9
Yes	365	45.1
Total	809	100.0

** 198 or 19.7% of 1007 cases are missing a response to item so are not reported in the table above.

Table 54. Type of Quit Method Used at Program Completion or Drop Out

	N	%
Nicotine Spray	11	3.1
Nicotine Patch	213	60.5
Nicotine Lozenge	108	30.7
Zyban	1	.3
Wellbutrin	3	.9
Chantix	41	11.6
Group Counseling	116	33.0
Individual Counseling	52	14.8
Quit Cold Turkey	34	9.7
Other	17	4.8
Nicotine Gum	98	27.8
Total	694	197.2

** 13 or 3.6% of 365 cases are missing a response to item so are not reported in the table above.

*** Multiple response set for those who indicated previous use of quit methods at Intake. Individuals using multiple methods are represented multiple times; therefore, percents will total over 100%.

Table 55. Self-Reported Changes in Smoking Habits Made

	N	%
No	374	48.3
Yes	400	51.7
Total	774	100.0

** 233 or 23.1% of 1007 cases are missing a response to item so are not reported in the table above.

Table 56. Changes Made to Smoking Behavior of Enrollees at Program Completion or Drop Out

	N	%
Reduced or no longer smoke in home, work, car, or public	198	50.4
Only smoke outside	100	25.4
Stopped completely	123	31.3
Other	74	18.8
Total	495	125.9

** 7 or 1.8% of 400 cases are missing a response to item so are not reported in the table above.

*** Multiple response set for those who indicated previous use of quit methods at Intake. Individuals using multiple methods are represented multiple times; therefore, percents will total over 100%.

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Table 57. Self-Reported Relapse Prevention Referrals for Enrollees at Program Completion or Drop Out

	N	%
Quitline	629	89.5
Relapse Support Group	286	40.7
Individual Counseling	93	13.2
Community Program	30	4.3
Other Relapse Prevention	281	40.0
Total	1319	187.7

** 304 or 30.2% of 1007 are missing a response to item so are not reported in the table above.

*** Multiple response set for those who indicated previous use of quit methods at Intake. Individuals using multiple methods are represented multiple times; therefore, percents will total over 100%.

Patient Satisfaction at Program Completion

Table 58. Overall Satisfaction with the Tobacco Program

	N	%
Very Satisfied	105	56.5
Mostly Satisfied	77	41.4
Somewhat Dissatisfied	2	1.1
Not At All Satisfied	2	1.1
Total	186	100.0

** 821 or 81.5% of 1007 cases are missing a response to item so are not reported in the table above.

Table 59. The Tobacco Sessions Met at a Convenient Time

	N	%
Strongly Agree	82	44.6
Agree	98	53.3
Disagree	3	1.6
Strongly Disagree	1	.5
Total	184	100.0

** 823 or 81.7% of 1007 cases are missing a response to item so are not reported in the table above.

Table 60. The Tobacco Sessions Met at a Convenient Location

	N	%
Strongly Agree	94	50.5
Agree	91	48.9
Disagree	1	.5
Strongly Disagree	0	.0
Total	186	100.0

** 821 or 81.5% of 1007 cases are missing a response to item so are not reported in the table above.

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Table 61. The Information Given at the Sessions was Clear and Easy to Understand

	N	%
Strongly Agree	102	54.8
Agree	82	44.1
Disagree	1	.5
Strongly Disagree	1	.5
Total	186	100.0

** 821 or 81.5% of 1007 cases are missing a response to item so are not reported in the table above.

Table 62. The My Tobacco Counselor Treated Me with Respect

	N	%
Strongly Agree	131	70.4
Agree	55	29.6
Disagree	0	0.0
Strongly Disagree	0	0.0
Total	186	100.0

** 820 or 81.4% of 1007 cases are missing a response to item so are not reported in the table above.

Table 63. I Received the Kind of Service I Wanted to Help Me Quit

	N	%
Strongly Agree	107	57.8
Agree	76	41.1
Disagree	2	1.1
Strongly Disagree	0	0.0
Total	185	100.0

** 822 or 81.6% of 1007 cases are missing a response to item so are not reported in the table above.

Table 64. The Tobacco Program Met Most of My Needs to Quit

	N	%
Strongly Agree	99	53.5
Agree	83	44.9
Disagree	3	1.6
Strongly Disagree	0	0.0
Total	185	100.0

** 822 or 81.6% of 1007 cases are missing a response to item so are not reported in the table above.

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Table 65. If a Friend Were in Need of Similar Help to Quit, I would recommend the Tobacco Program to Him or Her

	N	%
Strongly Agree	124	66.7
Agree	62	33.3
Disagree	0	0.0
Strongly Disagree	0	0.0
Total	186	100.0

** 821 or 81.5% of 1007 cases are missing a response to item so are not reported in the table above.

Table 66. If I Were to Seek Help Again, I would Come Back to the Tobacco Program

	N	%
Strongly Agree	129	70.1
Agree	53	28.2
Disagree	2	1.1
Strongly Disagree	0	0.0
Total	184	100.0

** 823 or 81.7% of 1007 cases are missing a response to item so are not reported in the table above.

Drop-Out Characteristics

Table 67. Gender of Participant at Drop Out

	N	%
Female	378	53.2
Male	331	46.6
Other	1	.2
Total	710	100.0

** 1 or .1% of 711 cases are missing a response to item so are not reported in the table above.

Table 68. Age at Drop Out

	N	%
Under 18	1	.1
18-24	46	6.5
25-34	106	14.9
35-44	136	19.2
45-54	270	38.0
55-64	129	18.2
65+	22	3.1
Total	710	100.0

** 1 or .1% of 711 cases are missing a response to item so are not reported in the table above.

Table 69. Race of Participant at Drop Outs

	N	%
White	553	78.1
Black or African American	87	12.3
Asian	2	.3
American Indian or Alaskan Native	5	.7
Native Hawaiian or Pacific Islander	2	.3
Other/Mixed	59	8.3
Total	708	100.0

** 3 or .4% of 711 cases are missing a response to item so are not reported in the table above.

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Table 70. Educational Level of Participant at Drop Outs

	N	%
9 th grade/Some high school	177	25.1
High school graduate/GED	279	39.6
Some college	205	29.1
College graduate or higher	44	6.2
Total	705	100.0

** 6 or .8% of 711 cases are missing a response to item so are not reported in the table above.

Table 71. Ethnicity of Participant at Drop Outs

	N	%
Yes – Hispanic or Latino	96	13.5
No – Not Hispanic or Latino	613	86.5
Total	709	100.0

** 2 or .3% of 711 cases are missing a response to item so are not reported in the table above.

Follow-Up 4-month Low Motivation Group

Follow-up reported for all Low Motivation enrollments with valid follow-up; this is updated from previous reports which only reported follow-up for the most recent enrollment of those participants with multiple enrollments

Table 72. Tobacco Reduction Intake to Follow-up for Low Motivation (4-month)

Program Completion Status (LM)	Avg. # cigarettes per day:		Avg. # days/week:	
	At Enrollment	At 4-Month Follow-up	At Enrollment	At 4-Month Follow-up
Completed Program (max N=29)	16.24	12.38	7	6.86
Dropped Out (max N=58)	20.91	17.41	6.95	6.93
	<p>There is overall significant reduction of the number of cigarettes smoked per day at enrollment to 4-month follow-up (F-stat=16.079, p-value<.001). However, there is no significant difference between the number of cigarettes per day reduced for those who completed the program and those who dropped out of the program.</p>		<p>There is no overall significant reduction of the number of cigarettes smoked per week at enrollment to 4-month follow-up. There is also no significant difference between the number of cigarettes per week reduced for those who completed the program and those who dropped out of the program.</p>	

NOTE:

The remaining follow-up results are reported for those enrollees using the Low Motivation Curriculum only.

Chart 1. Response and Intention to Treat Quit Rates for Low Motivation (4-month)

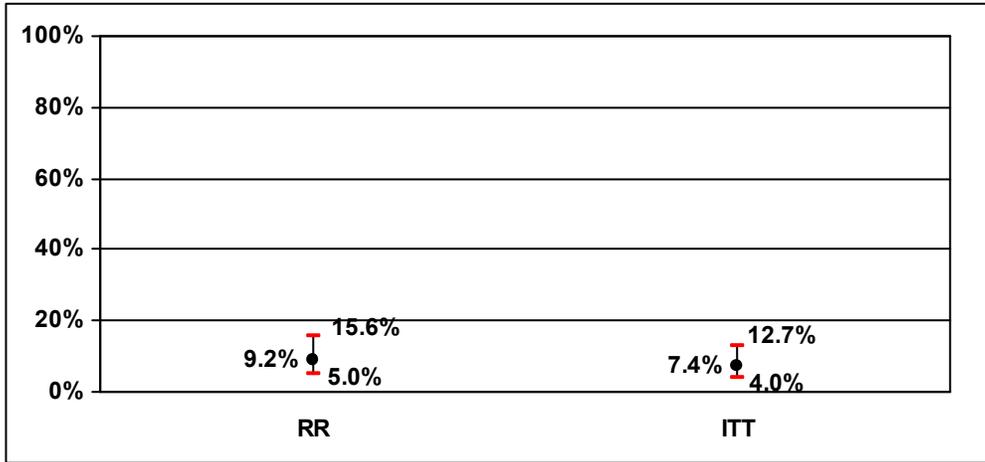


Table 73. Response and Intention to Treat Quit Rates Low Motivation (4-month)

	ITT		RR	
	N	%	N	%
Abstinent for 30 days or more	13	7.4	13	9.2
Not quit	129	73.7	129	90.8
Missing	33	18.9	--	--
Total	175	100.0	142	100.0

Table 74. Total Number of Group or Individual Counseling Sessions (4-month Low Motivation)

	Not quit		Quit	
	N	%	N	%
No sessions	15	11.6	2	15.3
One session	21	16.3	4	30.8
Two sessions	8	6.2	0	.0
Three sessions	12	9.3	1	7.7
Four sessions	5	3.9	1	7.7
Five sessions	11	8.5	0	.0
Six or more sessions	57	44.2	5	38.5
Total	129	100.0	13	100.0

** 0 or .0% of 142 cases are missing a response to item so are not reported in the table above.

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Table 75. Med- Usage (4-month Low Motivation)

	Not quit		Quit	
	N	%	N	%
Zyban/Wellbutrin, Chantix & NRT	0	.0	0	.0
Zyban/Wellbutrin & Chantix only	0	.0	0	.0
Chantix & NRT	1	.8	0	.0
Zyban/Wellbutrin & NRT	0	.0	0	.0
Chantix only	1	.8	1	7.7
Zyban/Wellbutrin only	0	.0	0	.0
NRT only	25	19.3	7	53.8
No meds reported	102	79.1	5	38.5
Total	129	100.0	13	100.0

** 0 or .0% of 142 cases are missing a response to item so are not reported in the table above.

Table 76. Smoking Status (4-month Low Motivation)

	N	%
Everyday	116	82.3
Some Days	3	2.1
Not At All	22	15.6
Total	141	100.0

** 1 or .7% of 142 cases are missing a response to item so are not reported in the table above.

Table 77. Were you able to make any changes to your Smoking Habits? (4-month Low Motivation)

	N	%
No	54	40.3
Yes	80	59.7
Total	134	100.0

** 8 or 5.6% of 142 cases are missing a response to item so are not reported in the table above.

Table 78. Changes made to Smoking Habits for those who indicated changes (4-month Low Motivation)

	N	%
Reduced or no longer smoke at home	37	46.3
Reduced or no longer smoke at work	8	10.0
Reduced or no longer smoke in my car	13	16.3
Reduced or no longer smoke in public	40	50.0
Only smoke outside	25	31.3
Stopped smoking completely	19	23.8
Other Changes	14	17.5
Total	156	195.2

** 0 or .0% of 80 cases are missing a response to item so are not reported in the table above.

*** Multiple response set for those who indicated changes to smoking behavior at program completion or drop out. Individuals engaging in multiple changes to their smoking behavior are represented multiple times; therefore, percents will total over 100%.

Follow-Up 4-month High Motivation

Follow-up reported for all High Motivation enrollments with valid follow-up; this is updated from previous reports which only reported follow-up for the most recent enrollment of those participants with multiple enrollments

Table 79. Tobacco Reduction Intake to Follow-up for High Motivation (4-month)

Program Completion Status (HM)	Avg. # cigarettes per day:		Avg. # days/week:	
	At Enrollment	At 4-Month Follow-up	At Enrollment	At 4-Month Follow-up
Completed Program (max N=122)	14.24	10.04	6.33	6.28
Dropped Out (max N=148)	16.63	13.33	6.89	6.87
	<p>There is overall significant reduction of the number of cigarettes smoked per day at enrollment to 4-month follow-up (F-stat=47.30, p-value<.001). There is also a significant difference between the number of cigarettes per day reduced for those who completed the program and those who dropped out of the program (F-stat=5.84, p-value=.016).</p>		<p>There is no overall significant reduction of the number of cigarettes smoked per week at enrollment to 4-month follow-up. However, there is a significant difference between the number of cigarettes per week reduced for those who completed the program and those who dropped out of the program (F-stat=15.057, p-value<.001).</p>	

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NOTE:

The remaining follow-up results are reported for those enrollees using the High Motivation Curriculum only.

Chart 2. Response and Intention to Treat Quit Rates for High Motivation (4-month)

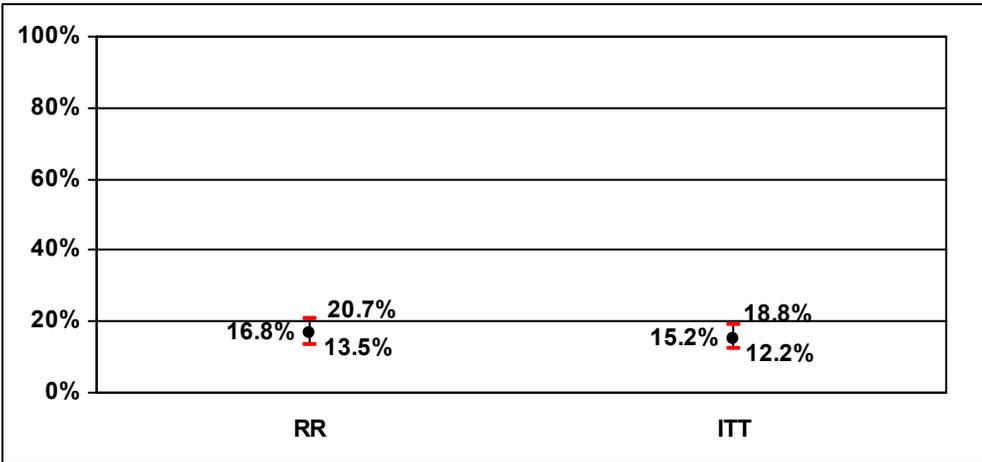


Table 80. Response and Intention to Treat Quit Rates High Motivation (4-month)

	ITT		RR	
	N	%	N	%
Abstinent for 30 days or more	74	15.2	74	16.8
Not quit	366	75.3	366	83.2
Missing	46	9.5	--	--
Total	486	100.0	440	100.0

Table 81. Total Number of Group or Individual Counseling Sessions (4-month High Motivation)

	Not quit		Quit	
	N	%	N	%
No sessions	19	5.2	1	1.3
One session	29	7.9	1	1.3
Two sessions	31	8.5	3	4.1
Three sessions	25	6.8	0	.0
Four sessions	27	7.4	5	6.8
Five sessions	27	7.4	4	5.4
Six or more sessions	208	56.8	60	81.1
Total	366	100.0	74	100.0

** 0 or .0% of 440 cases are missing a response to item so are not reported in the table above.

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Table 82. Med- Usage (4-month High Motivation)

	Not quit		Quit	
	N	%	N	%
Zyban/Wellbutrin, Chantix & NRT	2	.5	1	1.4
Zyban/Wellbutrin & Chantix only	2	.5	0	.0
Chantix & NRT	8	2.2	1	1.4
Zyban/Wellbutrin & NRT	0	.0	0	.0
Chantix only	24	6.6	9	12.2
Zyban/Wellbutrin only	0	.0	0	.0
NRT only	188	51.4	57	77.0
No meds reported	142	38.8	6	8.0
Total	366	100.0	74	100.0

** 0 or .0% of 440 cases are missing a response to item so are not reported in the table above.

Table 83. Smoking Status (4-month High Motivation)

	N	%
Everyday	289	66.3
Some Days	45	10.3
Not At All	102	23.4
Total	436	100.0

** 4 or .9% of 440 cases are missing a response to item so are not reported in the table above.

Table 84. Were you able to make any changes to your Smoking Habits? (4-month High Motivation)

	N	%
No	79	19.1
Yes	334	80.9
Total	413	100.0

** 27 or 6.1% of 440 cases are missing a response to item so are not reported in the table above.

Table 85. Changes made to Smoking Habits for those who indicated changes (4-month High Motivation)

	N	%
Reduced or no longer smoke at home	143	43.1
Reduced or no longer smoke at work	24	7.2
Reduced or no longer smoke in my car	65	19.6
Reduced or no longer smoke in public	132	39.8
Only smoke outside	90	27.1
Stopped smoking completely	92	27.7
Other Changes	62	18.7
Total	608	183.2

** 2 or 0.6% of 334 cases are missing a response to item so are not reported in the table above.

*** Multiple response set for those who indicated changes to smoking behavior at program completion or drop out. Individuals engaging in multiple changes to their smoking behavior are represented multiple times; therefore, percents will total over 100%.

Follow-Up 7-month Low Motivation

Follow-up reported for all Low Motivation enrollments with valid follow-up; this is updated from previous reports which only reported follow-up for the most recent enrollment of those participants with multiple enrollments

Table 86. Tobacco Reduction Enrollment to Follow-up Low Motivation (7-month)

Program Completion Status (LM)	Avg. # cigarettes per day:		Avg. # days/week:	
	At Enrollment	At 7-Month Follow-up	At Enrollment	At 7-Month Follow-up
Completed Program (max N=10)	21.2	11.8	7	7
Dropped Out (max N=34)	20.15	14.91	6.74	7

NOTE:

The remaining follow-up results are reported for those enrollees using the Low Motivation Curriculum only.

Chart 3. Response and Intention to Treat Quit Rates for Low Motivation (7-month)

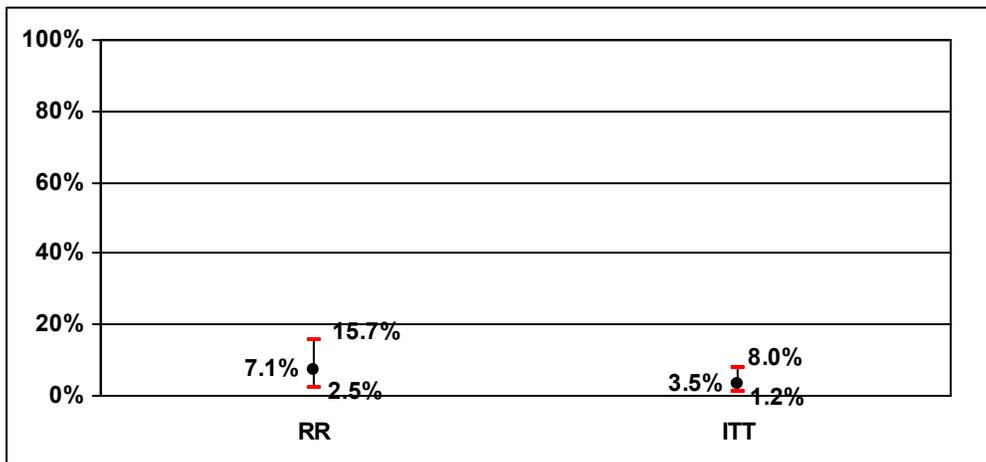


Table 87. Response and Intention to Treat Quit Rates Low Motivation (7-month)

	ITT		RR	
	N	%	N	%
Abstinent for 30 days or more	6	3.5	6	7.1
Not quit	78	45.6	78	92.9
Missing	87	50.9	--	--
Total	171	100.0	84	100.0

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Table 88. Total Number of Group or Individual Counseling Sessions (7-month Low Motivation)

	Not quit		Quit	
	N	%	N	%
No sessions	8	10.2	1	16.7
One session	17	21.8	0	.0
Two sessions	7	9.0	0	.0
Three sessions	6	7.7	1	16.7
Four sessions	6	7.7	0	.0
Five sessions	6	7.7	1	16.7
Six or more sessions	28	35.9	3	49.9
Total	78	100.0	6	100.0

** 0 or .0% of 84 cases are missing a response to item so are not reported in the table above.

Table 89. Med- Usage (7-Month Low Motivation)

	Not quit		Quit	
	N	%	N	%
Zyban/Wellbutrin, Chantix & NRT	0	.0	0	.0
Zyban/Wellbutrin & Chantix only	0	.0	0	.0
Chantix & NRT	2	2.6	0	.0
Zyban/Wellbutrin & NRT	0	.0	0	.0
Chantix only	2	2.6	1	16.7
Zyban/Wellbutrin only	0	.0	0	.0
NRT only	19	24.3	4	66.6
No meds reported	55	70.5	1	16.7
Total	78	100.0	6	100.0

** 0 or .0% of 84 cases are missing a response to item so are not reported in the table above.

Table 90. Smoking Status (7-Month Low Motivation)

	N	%
Everyday	71	84.5
Some Days	2	2.4
Not At All	11	13.1
Total	84	100.0

** 0 or .0% of 84 cases are missing a response to item so are not reported in the table above.

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Table 91. Were you able to make any changes to your Smoking Habits? (7-Month Low Motivation)

	N	%
No	21	26.2
Yes	59	73.8
Total	80	100.0

** 4 or 4.8% of 84 cases are missing a response to item so are not reported in the table above.

Table 92. Changes made to Smoking Habits for those who indicated changes (7-Month Low Motivation)

	N	%
Reduced or no longer smoke at home	37	63.8
Reduced or no longer smoke at work	3	5.2
Reduced or no longer smoke in my car	11	19.0
Reduced or no longer smoke in public	24	41.4
Only smoke outside	21	36.2
Stopped smoking completely	8	13.8
Other Changes	5	8.6
Total	109	187.9

** 1 or .0% of 59 cases are missing a response to item so are not reported in the table above.

*** Multiple response set for those who indicated changes to smoking behavior at program completion or drop out. Individuals engaging in multiple changes to their smoking behavior are represented multiple times; therefore, percents will total over 100%.

Follow-Up 7-month High Motivation

Follow-up reported for all High Motivation enrollments with valid follow-up; this is updated from previous reports which only reported follow-up for the most recent enrollment of those participants with multiple enrollments

Table 93. Tobacco Reduction Enrollment to Follow-up High Motivation (7-month)

Program Completion Status (HM)	Avg. # cigarettes per day:		Avg. # days/week:	
	At Enrollment	At 7-Month Follow-up	At Enrollment	At 7-Month Follow-up
Completed Program (max N=79)	14.94	8.92	6.54	6.38
Dropped Out (max N=47)	11.85	10.36	6.89	6.94
	<p>There is overall significant reduction of the number of cigarettes smoked per day at enrollment to 7-month follow-up (F-stat=24.82, p-value=.003). There is, however, not a significant difference between the number of cigarettes per day reduced for those who completed the program and those who dropped out of the program.</p>		<p>There is no overall significant reduction of the number of cigarettes smoked per week at enrollment to 7-month follow-up. However, there is a significant difference between the number of cigarettes per week reduced for those who completed the program and those who dropped out of the program (F-stat=6.51, p-value=.012).</p>	

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NOTE:

The remaining follow-up results are reported for those enrollees using the High Motivation Curriculum only.

Chart 4. Response and Intention to Treat Quit Rates for High Motivation (7-month)

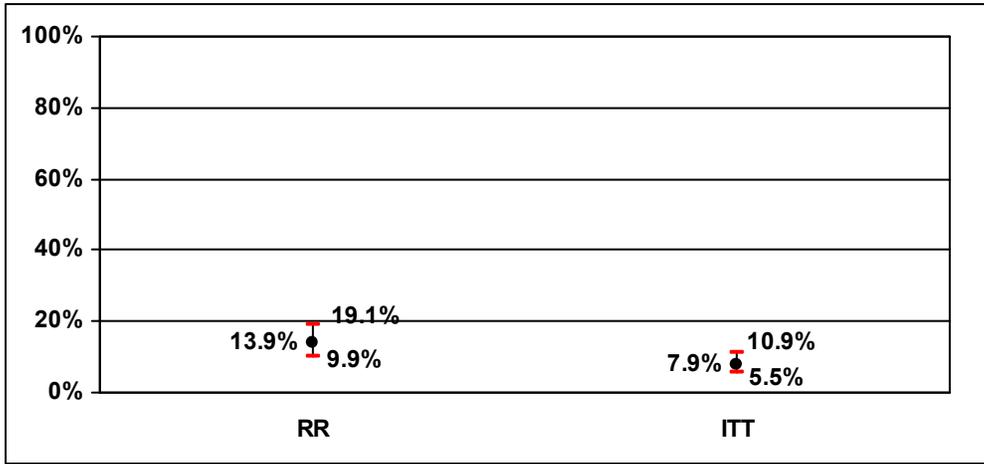


Table 94. Response and Intention to Treat Quit Rates High Motivation (7-month)

	ITT		RR	
	N	%	N	%
Abstinent for 30 days or more	34	7.9	34	13.9
Not quit	210	48.5	210	86.1
Missing	189	43.6	--	--
Total	433	100.0	244	100.0

Table 95. Total Number of Group or Individual Counseling Sessions (7-month High Motivation)

	Not quit		Quit	
	N	%	N	%
No sessions	10	4.8	1	2.9
One session	10	4.8	0	.0
Two sessions	14	6.7	0	.0
Three sessions	14	6.7	1	2.9
Four sessions	12	5.6	1	2.9
Five sessions	13	6.2	3	8.9
Six or more sessions	137	65.2	28	82.4
Total	210	100.0	34	100.0

** 0 or .0% of 244 cases are missing a response to item so are not reported in the table above.

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Table 96. Med- Usage (7-Month High Motivation)

	Not quit		Quit	
	N	%	N	%
Zyban/Wellbutrin, Chantix & NRT	1	.5	1	2.9
Zyban/Wellbutrin & Chantix only	2	1.0	0	.0
Chantix & NRT	4	1.9	0	.0
Zyban/Wellbutrin & NRT	2	1.0	0	.0
Chantix only	15	7.1	4	11.8
Zyban/Wellbutrin only	1	.5	0	.0
NRT only	111	52.9	26	76.5
No meds reported	74	35.2	3	8.8
Total	210	100.0	34	100.0

** 0 or .0% of 244 cases are missing a response to item so are not reported in the table above.

Table 97. Smoking Status (7-Month High Motivation)

	N	%
Everyday	151	62.4
Some Days	32	13.2
Not At All	59	24.4
Total	242	100.0

** 2 or .8% of 244 cases are missing a response to item so are not reported in the table above.

Table 98. Were you able to make any changes to your Smoking Habits? (7-Month High Motivation)

	N	%
No	29	12.9
Yes	196	87.1
Total	225	100.0

** 19 or 7.8% of 244 cases are missing a response to item so are not reported in the table above.

Table 99. Changes made to Smoking Habits for those who indicated changes (7-Month High Motivation)

	N	%
Reduced or no longer smoke at home	100	51.0
Reduced or no longer smoke at work	13	6.6
Reduced or no longer smoke in my car	44	22.4
Reduced or no longer smoke in public	85	43.4
Only smoke outside	53	27.0
Stopped smoking completely	50	25.5
Other Changes	33	16.8
Total	378	192.7

** 0 or .0% of 196 cases are missing a response to item so are not reported in the table above.

*** Multiple response set for those who indicated changes to smoking behavior at program completion or drop out. Individuals engaging in multiple changes to their smoking behavior are represented multiple times; therefore, percents will total over 100%.

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Report Appendix C

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Enrollments and Referral Sources

Table 1. Primary Referral Source for Enrollees at Intake

	N	%
Primary Care Provider	127	69.4
Quitline	1	.5
Other health care/Dental provider	9	4.9
Brochure/Flyer	7	3.8
Counselor/Therapist	4	2.2
Friend/Family	9	4.9
Employer	0	.0
Other referral source/self	26	14.2
Total	183	100.0

** 0 or .0% of 183 cases are missing a response to item so are not reported in the table above.

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Table 2. Number of Total Enrollments per Month (includes dual enrollments)

	N	%
January 2012	22	11.5
February 2012	18	9.4
March 2012	10	5.2
April 2012	17	8.9
May 2012	19	9.9
June 2012	14	7.3
July 2012	14	7.3
August 2012	10	5.2
September 2012	15	7.9
October 2012	14	7.3
November 2012	16	8.4
December 2012	6	3.1
January 2013	16	8.4
Total	191	100.0

** 0 or .0% of 191 cases are missing a response to item so are not reported in the table above.

Table 3. Number of Unique Enrollments per Month (excludes dual enrollments)

	N	%
January 2012	21	11.5
February 2012	16	8.7
March 2012	10	5.5
April 2012	16	8.7
May 2012	17	9.3
June 2012	13	7.1
July 2012	14	7.7
August 2012	10	5.5
September 2012	14	7.7
October 2012	14	7.7
November 2012	16	8.7
December 2012	6	3.3
January 2013	16	8.7
Total	183	100.0

** 0 or 0% of 183 cases are missing a response to item so are not reported in the table above.

Demographic Characteristics at Intake

Table 4. Gender of Participant

	N	%
Female	108	59.3
Male	74	40.7
Other	0	.0
Total	182	100.0

** 1 or .5% of 183 cases are missing a response to item so are not reported in the table above.

Table 5. Age at Intake

	N	%
Under 18	0	.0
18-24	3	1.7
25-34	16	8.9
35-44	27	15.0
45-54	81	45.0
55-64	41	22.8
65+	12	6.7
Total	180	100.0

** 3 or 1.6% of 183 cases are missing a response to item so are not reported in the table above.

Table 6. Race of Participant

	N	%
White	73	40.8
Black or African American	91	50.8
Asian	2	1.1
American Indian or Alaskan Native	1	.6
Native Hawaiian or Pacific Islander	2	1.1
Other/Mixed	10	5.6
Total	179	100.0

** 4 or 2.2% of 183 cases are missing a response to item so are not reported in the table above.

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Table 7. Educational Level of Participant at Intake

	N	%
9 th grade/Some high school	54	30.5
High school graduate/GED	65	36.7
Some college	47	26.6
College graduate or higher	11	6.2
Total	177	100.0

** 6 or 3.3% of 183 cases are missing a response to item so are not reported in the table above.

Table 8. Ethnicity of Participant

	N	%
Yes – Hispanic or Latino	32	17.8
No – Not Hispanic or Latino	148	82.2
Total	180	100.0

** 3 or 1.6% of 183 cases are missing a response to item so are not reported in the table above.

Table 9. Sexual Orientation at Intake

	N	%
Heterosexual/Straight	147	90.2
Gay / Bisexual	15	9.2
Other	1	.6
Total	163	100.0

** 20 or 10.9% of 183 cases are missing a response to item so are not reported in the table above.

Table 10. Primary Language of Enrollees at Intake

	N	%
English	174	96.7
Spanish	2	1.1
Other	4	2.2
Total	180	100.0

** 3 or 1.6% of 183 cases are missing a response to item so are not reported in the table above.

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Table 11. Type of Health Insurance at Intake

	N	%
No insurance	8	4.5
Government sponsored insurance	152	85.4
Private insurance	17	9.6
Other Type of Insurance	1	.6
Total	178	100.0

** 5 or 2.7% of 183 cases are missing a response to item so are not reported in the table above.

Table 12. Annual Income of Enrollees at Intake

	N	%
Less than \$10,000	111	63.8
\$10,000 to less than \$15,000	25	14.4
\$15,000 to less than \$20,000	10	5.7
\$20,000 to less than \$25,000	7	4.0
\$25,000 to less than \$35,000	2	1.1
\$35,000 to less than \$50,000	3	1.7
\$50,000 to less than \$75,000	0	0
\$75,000 or more	1	.6
Refused/Don't Know	15	8.6
Total	174	100.0

** 9 or 4.9% of 183 cases are missing a response to item so are not reported in the table above.

Table 13. Pregnant Enrollees at Intake (Reported for “Females” and “Other” Gender)

	N	%
Yes	3	3.4
No	84	96.6
Total	87	100.0

** 21 or 19.4% of 108 cases are missing a response to item so are not reported in the table above.

Clinical Characteristics at Intake

Table 14. Enrollees Use of Tobacco in the past 30 days at intake

	N	%
No tobacco – 30 day abstinent	4	2.2
Yes – Not 30 day abstinent	179	97.8
Total	183	100.0

** 0 or .0% of 183 cases are missing a response to item so are not reported in the table above.

Table 15. Enrollees Use of Cigarettes at intake

	N	%
No	8	4.4
Yes	175	95.6
Total	183	100.0

** 0 or .0% of 183 cases are missing a response to item so are not reported in the table above.

Table 16. Average Number of Cigarettes per day at Intake

	N	Mean
Cigarettes Per Day	174	15.53

**1 or .6% of 175 cases are missing a response to item so are not reported in the table above.

Table 17. Number of Cigarettes Smoked per day at Intake

	N	%
Light (0-10)	85	48.9
Moderate (11-19)	59	33.9
Heavy (21+)	30	17.2
Total	174	100.0

** 1 or .6% of 175 cases are missing a response to item so are not reported in the table above.

Table 18. Enrollees Smoking Status

	N	%
Everyday	161	96.4
Somedays	5	3.0
Not at all	1	.6
Total	167	100.0

** 8 or 4.6% of 175 cases are missing a response to item so are not reported in the table above.

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Table 19. Enrollees Use of Tobacco Other than Cigarettes at Intake

	N	%
No	153	85.0
Yes	27	15.0
Total	180	100.0

** 3 or 1.6% of 183 cases are missing a response to item so are not reported in the table above.

Table 20. Exclusive other (non-cig.) tobacco users at Intake

	N	%
No	23	85.2
Yes	4	14.8
Total	27	100.0

** 0 or .0% of 27 cases are missing a response to item so are not reported in the table above.

Table 21. Average Number of Times per day Tobacco Other than cigarettes is Used at Intake

	N	Mean
Tobacco Per Day	9	6.00

** 18 or 66.7% of 27 cases are missing a response to item so are not reported in the table above.

Table 22. Tobacco used per day at Intake

	N	%
Light (0-10)	8	88.9
Moderate (11-19)	1	11.1
Heavy (21+)	0	.0
Total	9	100.0

** 18 or 66.7% of 27 cases are missing a response to item so are not reported in the table above.

Table 23. Tried to Quit

	N	%
No	13	92.7
Yes	165	7.3
Total	178	100.0

** 5 or 2.7% of 183 cases are missing a response to item so are not reported in the table above.

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Table 24. Type of Quit Method Used at Intake –percent or percent of cases?

	N	%
Nicotine Spray	0	.0
Nicotine Patch	112	69.6
Nicotine Lozenge	17	10.6
Zyban	4	2.5
Wellbutrin	2	1.2
Chantix	26	16.1
Group Counseling	1	.6
Individual Counseling	6	3.7
Quit Cold Turkey	88	54.7
Other	9	5.6
Nicotine Gum	38	23.6
Total	303	188.2

** 4 or 2.4% of 165 cases are missing a response to item so are not reported in the table above.

*** Multiple response set for those who indicated previous use of quit methods at Intake. Individuals using multiple methods are represented multiple times; therefore, percents will total over 100%.

Table 25. Number of Enrollees Living with a Smoker

	N	%
No	89	50.9
Yes	86	49.1
Total	175	100.0

** 8 or 4.4% of 183 cases are missing a response to item so are not reported in the table above.

Table 26. Received Treatment for Heart Disease at Intake

	N	%
Past/Current	30	17.2
None	144	82.8
Total	174	100.0

** 9 or 4.9% of 183 cases are missing a response to item so are not reported in the table above.

Table 27. Received Treatment for Blood Pressure at Intake

	N	%
Past/Current	83	47.7
None	91	52.3
Total	174	100.0

** 9 or 4.9% of 183 cases are missing a response to item so are not reported in the table above.

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Table 28. Received Treatment for Diabetes at Intake

	N	%
Past/Current	48	27.6
None	126	72.4
Total	174	100.0

** 9 or 4.9% of 183 cases are missing a response to item so are not reported in the table above.

Table 29. Received Treatment for Cholesterol at Intake

	N	%
Past/Current	63	36.4
None	110	63.6
Total	173	100.0

** 10 or 5.5% of 183 cases are missing a response to item so are not reported in the table above.

Table 30. Received Treatment for Stroke at Intake

	N	%
Past/Current	11	6.4
None	162	93.6
Total	173	100.0

** 10 or 5.5% of 183 cases are missing a response to item so are not reported in the table above.

Table 31. Received Treatment for Cancer at Intake

	N	%
Past/Current	14	8.1
None	158	91.9
Total	172	100.0

** 11 or 6.0% of 183 cases are missing a response to item so are not reported in the table above.

Table 32. Received Treatment for Lung Disease at Intake

	N	%
Past/Current	65	38.2
None	105	61.8
Total	170	100.0

** 13 or 7.1% of 183 cases are missing a response to item so are not reported in the table above.

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Table 33. Received Treatment for Drug Addiction at Intake

	N	%
Past/Current	64	37.0
None	109	63.0
Total	173	100.0

** 10 or 5.5% of 183 cases are missing a response to item so are not reported in the table above.

Table 34. Received Treatment for Depression at Intake

	N	%
Past/Current	83	48.0
None	90	52.0
Total	173	100.0

** 10 or 5.5% of 183 cases are missing a response to item so are not reported in the table above.

Table 35. Received Treatment for Anxiety at Intake

	N	%
Past/Current	68	39.3
None	105	60.7
Total	173	100.0

** 10 or 5.5% of 183 cases are missing a response to item so are not reported in the table above.

Table 36. Received Treatment for Schizophrenia at Intake

	N	%
Past/Current	13	7.5
None	160	92.5
Total	173	100.0

** 10 or 5.5% of 183 cases are missing a response to item so are not reported in the table above.

Table 37. Received Treatment for Bipolar at Intake

	N	%
Past/Current	25	14.5
None	148	85.5
Total	173	100.0

** 10 or 5.5% of 183 cases are missing a response to item so are not reported in the table above.

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Table 38. Received Treatment for Gambling Addiction at Intake

	N	%
Past/Current	4	2.3
None	168	97.7
Total	172	100.0

** 11 or 6.0% of 183 cases are missing a response to item so are not reported in the table above.

Table 39. Received Treatment for Alcohol Addiction at Intake

	N	%
Past/Current	48	27.9
None	124	72.1
Total	172	100.0

** 11 or 6.0% of 183 cases are missing a response to item so are not reported in the table above.

Program Utilization

Table 40. Total Number of Group or Individual Counseling Sessions

	N	%
No sessions	0	.0
One session	90	49.7
Two sessions	32	17.7
Three sessions	17	9.4
Four sessions	10	5.5
Five sessions	15	8.3
Six or more sessions	17	9.4
Total	181	100.0

** 0 or .0% of 181 cases are missing a response to item so are not reported in the table above.

Table 41. Tobacco Cessation Program Utilization per Enrollee by Session Type (Excluding those without program utilization)

	Average Individual Sessions per Enrollee	Average Group Sessions per Enrollee	Average Total Sessions per Enrollee
N	181	181	181
Mean	1.65	.93	2.57
Std. Dev.	1.90	2.34	2.51
Minimum	.00	.00	1.00
Maximum	13.00	15.00	15.00

Table 42. Number of Group or Individual Relapse Sessions

	N	%
No sessions	166	91.7
One session	10	5.5
Two sessions	2	1.1
Three sessions	0	.0
Four sessions	2	1.1
Five sessions	0	.0
Six or more sessions	1	.6
Total	181	100.0

** 0 or .0% of 181 cases are missing a response to item so are not reported in the table above.

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**Table 43. Relapse Prevention Utilization per Enrollee by Session Type
(Excluding those without program utilization)**

		Average Individual Relapse Prevention Sessions per Enrollee	Average Group Relapse Prevention Sessions per Enrollee	Average Total Relapse Prevention Sessions per Enrollee
	N	15	15	15
	Mean	1.47	.53	2.00
	Std. Dev.	2.07	1.13	1.96
	Minimum	.00	.00	1.00
	Maximum	8.00	4.00	8.00

Program Completion/ Drop-Out Form

Table 44. Self-reported Completion of Program

	N	%
No	103	76.3
Yes	32	23.7
Total	135	100.0

** 46 or 25.4% of 181 cases are missing a response to item so are not reported in the table above.

Table 45. Enrollees Use of Tobacco in the past 30 days at Program Completion or Drop Out

	N	%
No tobacco – 30 day abstinent	15	24.6
Yes – Not 30 day abstinent	46	75.4
Total	61	100.0

** 120 or 66.3% of 181 cases are missing a response to item so are not reported in the table above.

Table 46. Enrollees Use of Cigarettes at Program Completion or Drop Out

	N	%
No	15	24.6
Yes	46	75.4
Total	61	100.0

** 120 or 66.3% of 181 cases are missing a response to item so are not reported in the table above.

Table 47. Average Number of Cigarettes per day at Program Completion or Drop Out

	N	Mean
Cigarettes Per Day	45	9.47

** 1 or 2.2% of 46 cases are missing a response to item so are not reported in the table above.

Table 48. Number of Cigarettes Smoked per day at Program Completion or Drop Out

	N	%
Light (0-10)	34	75.6
Moderate (11-19)	7	15.6
Heavy (21+)	4	8.8
Total	45	100.0

** 1 or 2.2% of 46 cases are missing a response to item so are not reported in the table above.

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Table 49. Enrollees Smoking Status at Program Completion or Drop Out

	N	%
Everyday	41	93.2
Somedays	3	6.8
Not at all	0	.0
Total	44	100.0

** 2 or 4.3% of 46 cases are missing a response to item so are not reported in the table above.

Table 50. Enrollees Use of Tobacco Other than Cigarettes at Program Completion or Drop Out

	N	%
No	54	93.1
Yes	4	6.9
Total	58	100.0

** 123 or 68.0% of 181 cases are missing a response to item so are not reported in the table above.

Table 51. Exclusive Tobacco users only at Program Completion or Drop Out

	N	%
No	4	100.0
Yes	0	.0
Total	4	100.0

** 0 or .0% of 4 cases are missing a response to item so are not reported in the table above.

Table 52. Average Number of Times per day Tobacco Other than cigarettes is Used at Program Completion or Drop Out

	N	Mean
Tobacco Per Day	1	1.00

** 3 or 75.0% of 4 cases are missing a response to item so are not reported in the table above.

Table 53. Did You Try to Quit Using Tobacco While Participating in This Program of Enrollees at Program Completion or Drop Out

	N	%
No	2	3.4
Yes	56	96.6
Total	58	100.0

** 123 or 68.0% of 181 cases are missing a response to item so are not reported in the table above.

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Table 54. Type of Quit Method Used at Program Completion or Drop Out

	N	%
Nicotine Spray	35	62.5
Nicotine Patch	0	.0
Nicotine Lozenge	13	23.2
Zyban	0	0
Wellbutrin	0	0
Chantix	14	25.0
Group Counseling	0	0
Individual Counseling	2	3.6
Quit Cold Turkey	0	0
Other	0	0
Nicotine Gum	14	25.0
Total	78	139.9

** 0 or .0% of 56 cases are missing a response to item so are not reported in the table above.

*** Multiple response set for those who indicated previous use of quit methods at Intake. Individuals using multiple methods are represented multiple times; therefore, percents will total over 100%.

Table 55. Self-Reported Changes in Smoking Habits Made

	N	%
No	10	19.2
Yes	42	80.8
Total	52	100.0

** 129 or 71.3% of 181 cases are missing a response to item so are not reported in the table above.

Table 56. Changes Made to Smoking Behavior of Enrollees at Program Completion or Drop Out

	N	%
Reduced or no longer smoke in home, work, car, or public	24	60.0
Only smoke outside	1	2.5
Stopped completely	15	37.5
Other	1	2.5
Total	41	102.5

** 2 or 4.8% of 42 cases are missing a response to item so are not reported in the table above.

*** Multiple response set for those who indicated previous use of quit methods at Intake. Individuals using multiple methods are represented multiple times; therefore, percents will total over 100%.

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Table 57. Self-Reported Relapse Prevention Referrals for Enrollees at Program Completion or Drop Out

	N	%
Quitline	47	83.9
Relapse Support Group	18	32.1
Individual Counseling	41	73.2
Community Program	0	.0
Other Relapse Prevention	0	.0
Total	106	189.2

** 125 or 69.1% of 181 are missing a response to item so are not reported in the table above.

*** Multiple response set for those who indicated previous use of quit methods at Intake. Individuals using multiple methods are represented multiple times; therefore, percents will total over 100%.

Patient Satisfaction at Program Completion

Table 58. Overall Satisfaction with the Tobacco Program

	N	%
Very Satisfied	10	71.4
Mostly Satisfied	4	28.6
Somewhat Dissatisfied	0	.0
Not At All Satisfied	0	.0
Total	14	100.0

** 167 or 92.3% of 181 cases are missing a response to item so are not reported in the table above.

Table 59. The Tobacco Sessions Met at a Convenient Time

	N	%
Strongly Agree	7	50.0
Agree	7	50.0
Disagree	0	.0
Strongly Disagree	0	.0
Total	14	100.0

** 167 or 92.3% of 181 cases are missing a response to item so are not reported in the table above.

Table 60. The Tobacco Sessions Met at a Convenient Location

	N	%
Strongly Agree	8	57.1
Agree	6	42.9
Disagree	0	.0
Strongly Disagree	0	.0
Total	14	100.0

** 167 or 92.3% of 181 cases are missing a response to item so are not reported in the table above.

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Table 61. The Information Given at the Sessions was Clear and Easy to Understand

	N	%
Strongly Agree	10	71.4
Agree	4	28.6
Disagree	0	.0
Strongly Disagree	0	.0
Total	14	100.0

** 167 or 92.3% of 181 cases are missing a response to item so are not reported in the table above.

Table 62. The My Tobacco Counselor Treated Me with Respect

	N	%
Strongly Agree	11	78.6
Agree	3	21.4
Disagree	0	.0
Strongly Disagree	0	.0
Total	14	100.0

** 167 or 92.3% of 181 cases are missing a response to item so are not reported in the table above.

Table 63. I Received the Kind of Service I Wanted to Help Me Quit

	N	%
Strongly Agree	11	78.6
Agree	3	21.4
Disagree	0	.0
Strongly Disagree	0	.0
Total	14	100.0

** 167 or 92.3% of 181 cases are missing a response to item so are not reported in the table above.

Table 64. The Tobacco Program Met Most of My Needs to Quit

	N	%
Strongly Agree	8	57.1
Agree	6	42.9
Disagree	0	.0
Strongly Disagree	0	.0
Total	14	100.0

** 167 or 92.3% of 181 cases are missing a response to item so are not reported in the table above.

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Table 65. If a Friend Were in Need of Similar Help to Quit, I would recommend the Tobacco Program to Him or Her

	N	%
Strongly Agree	10	71.4
Agree	4	28.6
Disagree	0	.0
Strongly Disagree	0	.0
Total	14	100.0

** 167 or 92.3% of 181 cases are missing a response to item so are not reported in the table above.

Table 66. If I Were to Seek Help Again, I would Come Back to the Tobacco Program

	N	%
Strongly Agree	11	78.6
Agree	3	21.4
Disagree	0	.0
Strongly Disagree	0	.0
Total	14	100.0

** 167 or 92.3% of 181 cases are missing a response to item so are not reported in the table above.

Drop-Out Characteristics

Table 67. Gender of Participant at Drop Out

	N	%
Female	64	62.1
Male	39	37.9
Total	103	100.0

** 0 or .0% of 103 cases are missing a response to item so are not reported in the table above.

Table 68. Age at Drop Out

	N	%
Under 18	0	.0
18-24	2	1.9
25-34	9	8.8
35-44	16	15.7
45-54	48	47.1
55-64	20	19.6
65+	7	6.9
Total	102	100.0

** 1 or 1.0% of 103 cases are missing a response to item so are not reported in the table above.

Table 69. Race of Participant at Drop Outs

	N	%
White	39	38.2
Black or African American	53	52.0
Asian	2	2.0
American Indian or Alaskan Native	0	.0
Native Hawaiian or Pacific Islander	1	.9
Other/Mixed	7	6.9
Total	102	100.0

** 1 or 1.0% of 103 cases are missing a response to item so are not reported in the table above.

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Table 70. Educational Level of Participant at Drop Outs

	N	%
9 th grade/Some high school	32	32.7
High school graduate/GED	34	34.7
Some college	26	26.5
College graduate or higher	6	6.1
Total	98	100.0

** 5 or 4.9% of 103 cases are missing a response to item so are not reported in the table above.

Table 71. Ethnicity of Participant at Drop Outs

	N	%
Yes – Hispanic or Latino	22	21.6
No – Not Hispanic or Latino	80	78.4
Total	102	100.0

** 1 or 1.0% of 103 cases are missing a response to item so are not reported in the table above.

Follow-Up 4-month

Follow-up reported for all enrollments with valid follow-up; this is updated from previous reports which only reported follow-up for the most recent enrollment of those participants with multiple enrollments

Table 72. Tobacco Reduction Intake to Follow-up (4-month)

Program Completion Status	Avg. # cigarettes per day:		Avg. # days/week:	
	At Enrollment	At 4-Month Follow-up	At Enrollment	At 4-Month Follow-up
Completed Program (max N=16)	14.94	4.81	6.81	5.56
Dropped Out (max N=22)	14.55	9.77	7	7

Chart 1. Response and Intention to Treat Quit Rates for (4-month)



Table 73. Response and Intention to Treat Quit Rates for High Motivation (4-month)

	ITT		RR	
	N	%	N	%
Abstinent for 30 days or more	5	10.0	5	11.6
Not quit	38	76.0	38	88.3
Missing	7	14.0	--	--
Total	50	100.0	43	100.0

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Table 74. Total Number of Group or Individual Counseling Sessions (4-month)

	Not quit		Quit	
	N	%	N	%
No sessions	0	.0	0	.0
One session	9	23.7	2	40.0
Two sessions	7	18.4	1	20.0
Three sessions	3	7.9	0	.0
Four sessions	6	15.8	0	.0
Five sessions	4	10.5	1	20.0
Six or more sessions	9	23.7	1	20.0
Total	38	100.0	5	100.0

** 0 or .0% of 43 cases are missing a response to item so are not reported in the table above.

Table 75. Med- Usage (4-Month)

	Not quit		Quit	
	N	%	N	%
Zyban/Wellbutrin, Chantix & NRT	0	.0	0	.0
Zyban/Wellbutrin & Chantix only	0	.0	0	.0
Chantix & NRT	5	13.2	0	.0
Zyban/Wellbutrin & NRT	0	.0	0	.0
Chantix only	4	10.5	1	20.0
Zyban/Wellbutrin only	0	.0	0	.0
NRT only	26	68.4	4	80.0
No meds reported	3	7.9	0	.0
Total	38	100.0	5	100.0

** 0 or .0% of 43 cases are missing a response to item so are not reported in the table above.

Table 76. Smoking Status (4-Month)

	N	%
Everyday	32	74.4
Some Days	6	14.0
Not At All	5	11.6
Total	43	100.0

** 0 or .0% of 43 cases are missing a response to item so are not reported in the table above.

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Table 77. Were you able to make any changes to your Smoking Habits? (4-Month)

	N	%
No	4	9.8
Yes	37	90.2
Total	41	100.0

** 2 or 4.7% of 43 cases are missing a response to item so are not reported in the table above.

Table 78. Changes made to Smoking Habits for those who indicated changes (4-Month)

	N	%
Reduced or no longer smoke at home	26	72.2
Reduced or no longer smoke at work	1	2.8
Reduced or no longer smoke in my car	5	13.9
Reduced or no longer smoke in public	27	75.0
Only smoke outside	0	.0
Stopped smoking completely	7	19.4
Other Changes	2	5.6
Total	68	188.9

** 1 or 2.7% of 37 cases are missing a response to item so are not reported in the table above.

*** Multiple response set for those who indicated changes to smoking behavior at program completion or drop out. Individuals engaging in multiple changes to their smoking behavior are represented multiple times; therefore, percents will total over 100%.

Follow-Up 7-month

Follow-up reported for all enrollments with valid follow-up; this is updated from previous reports which only reported follow-up for the most recent enrollment of those participants with multiple enrollments

Table 79. Tobacco Reduction Enrollment to Follow-up (7-month)

Program Completion Status	Avg. # cigarettes per day:		Avg. # days/week:	
	At Enrollment	At 7-Month Follow-up	At Enrollment	At 7-Month Follow-up
Completed Program (max N=5)	16.4	4.6	7	6.2
Dropped Out (max N=7)	12.71	5.67	7	5.83

Chart 2. Response and Intention to Treat Quit Rates (7-month)

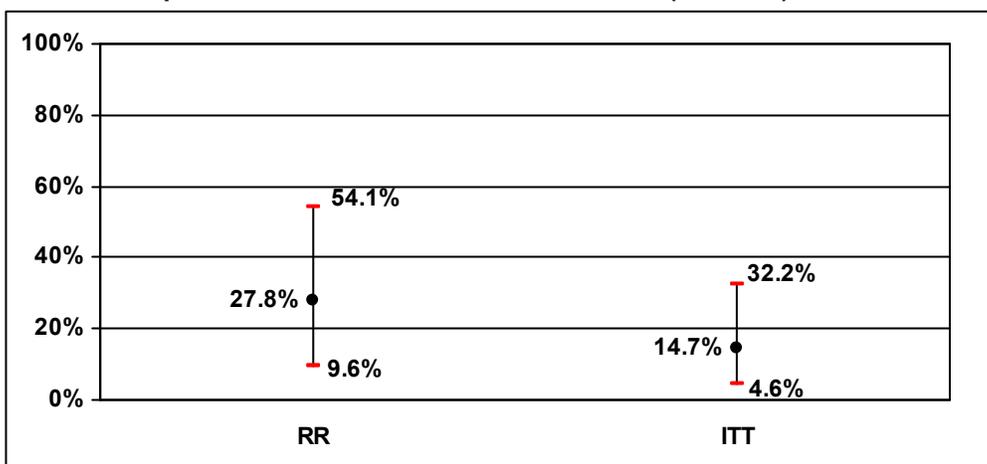


Table 80. Response and Intention to Treat Quit Rates (7-month)

	ITT		RR	
	N	%	N	%
Abstinent for 30 days or more	5	14.7	5	27.8
Not quit	13	38.2	13	72.2
Missing	16	47.1	--	--
Total	34	100.0	18	100.0

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Table 81. Total Number of Group or Individual Counseling Sessions (7-month)

	Not quit		Quit	
	N	%	N	%
No sessions	--	--	--	--
One session	3	23.1	2	40.0
Two sessions	3	23.1	0	.0
Three sessions	1	7.7	0	.0
Four sessions	1	7.7	1	20.0
Five sessions	2	15.4	0	.0
Six or more sessions	3	23.0	2	40.0
Total	13	100.0	5	100.0

** 0 or .0% of 18 cases are missing a response to item so are not reported in the table above.

Table 82. Med- Usage (7-Month)

	Not quit		Quit	
	N	%	N	%
Zyban/Wellbutrin, Chantix & NRT	0	.0	0	.0
Zyban/Wellbutrin & Chantix only	0	.0	0	.0
Chantix & NRT	0	.0	0	.0
Zyban/Wellbutrin & NRT	0	.0	0	.0
Chantix only	1	7.7	2	40.0
Zyban/Wellbutrin only	0	.0	0	.0
NRT only	11	84.6	2	40.0
No meds reported	1	7.7	1	20.0
Total	13	100.0	5	100.0

** 0 or .0% of 18 cases are missing a response to item so are not reported in the table above.

Table 83. Smoking Status (7-Month)

	N	%
Everyday	8	47.1
Some Days	4	23.5
Not At All	5	29.4
Total	17	100.0

** 1 or 5.6% of 18 cases are missing a response to item so are not reported in the table above.

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Table 84. Were you able to make any changes to your Smoking Habits? (7-Month)

	N	%
No	2	12.5
Yes	14	87.5
Total	16	100.0

** 2 or 11.1% of 18 cases are missing a response to item so are not reported in the table above.

Table 85. Changes made to Smoking Habits for those who indicated changes (7-Month)

	N	%
Reduced or no longer smoke at home	9	64.3
Reduced or no longer smoke at work	9	64.3
Reduced or no longer smoke in my car	0	.0
Reduced or no longer smoke in public	0	.0
Only smoke outside	0	.0
Stopped smoking completely	5	35.7
Other Changes	1	7.1
Total	24	171.4

** 0 or .0% of 14 cases are missing a response to item so are not reported in the table above.

*** Multiple response set for those who indicated changes to smoking behavior at program completion or drop out. Individuals engaging in multiple changes to their smoking behavior are represented multiple times; therefore, percents will total over 100%.

Report Appendix D

Enrollments and Referral Sources

Table 1. Primary Referral Source for Enrollees at Intake

	N	%
Primary Care Provider	0	.0
Quitline	0	.0
Other health care/Dental provider	1	.6
Brochure/Flyer	21	12.7
Counselor/Therapist	1	.6
Friend/Family	32	19.4
Employer	8	4.9
Other referral source/self	102	61.8
Total	165	100.0

** 6 or 3.5% of 171 cases are missing a response to item so are not reported in the table above.

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Table 2. Number of Total Enrollments per Month (includes dual enrollments)

	N	%
November 2011	4	2.1
December 2011	7	3.9
January 2012	32	18.0
February 2012	9	5.1
March 2012	15	8.4
April 2012	13	7.3
May 2012	8	4.5
June 2012	14	7.9
July 2012	16	9.0
August 2012	6	3.4
September 2012	16	9.0
October 2012	9	5.1
November 2012	11	6.2
December 2012	7	3.9
January 2013	11	6.2
Total	178	100.0

** 4 or 2.2% of 182 cases are missing a response to item so are not reported in the table above.

Table 3. Number of Unique Enrollments per Month (excludes dual enrollments)

	N	%
November 2011	3	1.80
December 2011	6	3.59
January 2012	29	17.37
February 2012	8	4.79
March 2012	14	8.38
April 2012	12	7.19
May 2012	8	4.79
June 2012	13	7.78
July 2012	16	9.58
August 2012	6	3.59
September 2012	14	8.38
October 2012	9	5.39
November 2012	11	6.59
December 2012	7	4.19
January 2013	11	6.59
Total	167	100.0

** 4 or 2.3% of 171 cases are missing a response to item so are not reported in the table above.

Demographic Characteristics at Intake

Table 4. Gender of Participant-

	N	%
Female	112	66.3
Male	57	33.7
Other	0	.0
Total	169	100.0

** 2 or .5% of 171 cases are missing a response to item so are not reported in the table above.

Table 5. Age at Intake

	N	%
Under 18	1	.6
18-24	13	7.7
25-34	31	18.3
35-44	28	16.6
45-54	50	29.6
55-64	34	20.1
65+	12	7.1
Total	169	100.0

** 2 or 1.2% of 171 cases are missing a response to item so are not reported in the table above.

Table 6. Race of Participant

	N	%
White	150	89.3
Black or African American	18	10.7
Asian	0	.0
American Indian or Alaskan Native	0	.0
Native Hawaiian or Pacific Islander	0	.0
Other/Mixed	0	.0
Total	168	100.0

** 3 or 1.8% of 171 cases are missing a response to item so are not reported in the table above.

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Table 7. Educational Level of Participant at Intake

	N	%
9 th grade/Some high school	27	16.0
High school graduate/GED	87	51.5
Some college	45	26.6
College graduate or higher	10	5.9
Total	169	100.0

** 2 or 1.2% of 171 cases are missing a response to item so are not reported in the table above.

Table 8. Ethnicity of Participant

	N	%
Yes – Hispanic or Latino	34	20.1
No – Not Hispanic or Latino	135	79.9
Total	169	100.0

** 2 or 1.2% of 171 cases are missing a response to item so are not reported in the table above.

Table 9. Sexual Orientation at Intake

	N	%
Heterosexual/Straight	155	95.1
Gay / Bisexual	8	4.9
Other	0	.0
Total	163	100.0

** 8 or 4.7% of 171 cases are missing a response to item so are not reported in the table above.

Table 10. Primary Language of Enrollees at Intake

	N	%
English	154	91.1
Spanish	14	8.3
Other	1	.6
Total	169	100.0

** 2 or 1.2% of 171 cases are missing a response to item so are not reported in the table above.

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Table 11. Type of Health Insurance at Intake

	N	%
No insurance	15	8.8
Government sponsored insurance	77	45.6
Private insurance	77	45.6
Other Type of Insurance	0	0
Total	169	100.0

** 5 or 2.7% of 171 cases are missing a response to item so are not reported in the table above.

Table 12. Annual Income of Enrollees at Intake

	N	%
Less than \$10,000	22	13.5
\$10,000 to less than \$15,000	31	19.0
\$15,000 to less than \$20,000	23	14.1
\$20,000 to less than \$25,000	9	5.5
\$25,000 to less than \$35,000	19	11.7
\$35,000 to less than \$50,000	18	11.0
\$50,000 to less than \$75,000	22	13.5
\$75,000 or more	9	5.5
Refused/Don't Know	10	6.2
Total	163	100.0

** 8 or 4.7% of 171 cases are missing a response to item so are not reported in the table above.

Table 13. Pregnant Enrollees at Intake (Reported for “Females” and “Other” Gender)

	N	%
Yes	11	10.1
No	98	89.8
Total	109	100.0

** 3 or 2.7% of 112 cases are missing a response to item so are not reported in the table above.

Clinical Characteristics at Intake

Table 14. Enrollees Use of Tobacco in the past 30 days at intake

	N	%
No tobacco – 30 day abstinent	0	.0
Yes – Not 30 day abstinent	169	100.0
Total	169	100.0

** 2 or 1.2% of 171 cases are missing a response to item so are not reported in the table above.

Table 15. Enrollees Use of Cigarettes at intake

	N	%
No	9	5.3
Yes	160	94.7
Total	169	100.0

** 2 or 1.2 % of 171 cases are missing a response to item so are not reported in the table above.

Table 16. Average Number of Cigarettes per day at Intake

	N	Mean
Cigarettes Per Day	160	16.50

** 0 or .0% of 160 cases are missing a response to item so are not reported in the table above.

Table 17. Number of Cigarettes Smoked per day at Intake

	N	%
Light (0-10)	54	33.8
Moderate (11-19)	76	47.5
Heavy (21+)	30	18.7
Total	160	100.0

** 0 or .0% of 160 cases are missing a response to item so are not reported in the table above.

Table 18. Enrollees Smoking Status

	N	%
Everyday	142	88.8
Somedays	17	10.6
Not at all	1	.6
Total	160	100.0

** 0 or .0% of 160 cases are missing a response to item so are not reported in the table above.

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Table 19. Enrollees Use of Tobacco Other than Cigarettes at Intake

	N	%
No	148	88.1
Yes	20	11.9
Total	168	100.0

** 3 or 1.8% of 171 cases are missing a response to item so are not reported in the table above.

Table 20. Exclusive other (non-cig.) tobacco users at Intake

	N	%
No	11	55.0
Yes	9	45.0
Total	20	100.0

** 0 or .0% of 20 cases are missing a response to item so are not reported in the table above.

Table 21. Average Number of Times per day Tobacco Other than cigarettes is Used at Intake

	N	Mean
Tobacco Per Day	11	8.36

** 9 or 45.0% of 20 cases are missing a response to item so are not reported in the table above.

Table 22. Tobacco used per day at Intake

	N	%
Light (0-10)	7	63.6
Moderate (11-19)	4	36.4
Heavy (21+)	0	.0
Total	11	100.0

** 9 or 45.0% of 20 cases are missing a response to item so are not reported in the table above.

Table 23. Tried to Quit

	N	%
No	0	.0
Yes	148	100.0
Total	148	100.0

** 0 or .0% of 148 cases are missing a response to item so are not reported in the table above.

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Table 24. Type of Quit Method Used at Intake –percent or percent of cases?

	N	%
Nicotine Spray	0	.0
Nicotine Patch	82	56.6
Nicotine Lozenge	9	6.2
Zyban	8	5.5
Wellbutrin	5	3.4
Chantix	28	19.3
Group Counseling	7	4.8
Individual Counseling	12	8.3
Quit Cold Turkey	97	66.9
Other	10	6.9
Nicotine Gum	25	17.2
Total	283	195.1

** 3 or 2.0% of 148 cases are missing a response to item so are not reported in the table above.

*** Multiple response set for those who indicated previous use of quit methods at Intake. Individuals using multiple methods are represented multiple times; therefore, percents will total over 100%.

Table 25. Number of Enrollees Living with a Smoker

	N	%
No	74	46.8
Yes	84	53.2
Total	158	100.0

** 13 or 7.6% of 171 cases are missing a response to item so are not reported in the table above.

Table 26. Received Treatment for Heart Disease at Intake

	N	%
Past/Current	17	10.1
None	151	89.9
Total	168	100.0

** 3 or 1.8% of 171 cases are missing a response to item so are not reported in the table above.

Table 27. Received Treatment for Blood Pressure at Intake

	N	%
Past/Current	40	23.8
None	128	76.2
Total	168	100.0

** 3 or 1.8% of 171 cases are missing a response to item so are not reported in the table above.

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Table 28. Received Treatment for Diabetes at Intake

	N	%
Past/Current	25	14.9
None	143	85.1
Total	168	100.0

** 3 or 1.8% of 171 cases are missing a response to item so are not reported in the table above.

Table 29. Received Treatment for Cholesterol at Intake

	N	%
Past/Current	54	32.1
None	114	67.9
Total	168	100.0

** 3 or 1.8% of 171 cases are missing a response to item so are not reported in the table above.

Table 30. Received Treatment for Stroke at Intake

	N	%
Past/Current	8	4.8
None	159	95.2
Total	167	100.0

** 4 or 2.3% of 171 cases are missing a response to item so are not reported in the table above.

Table 31. Received Treatment for Cancer at Intake

	N	%
Past/Current	11	6.6
None	155	93.4
Total	166	100.0

** 5 or 2.9% of 171 cases are missing a response to item so are not reported in the table above.

Table 32. Received Treatment for Lung Disease at Intake

	N	%
Past/Current	52	32.3
None	109	67.7
Total	161	100.0

** 10 or 5.8% of 171 cases are missing a response to item so are not reported in the table above.

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Table 33. Received Treatment for Drug Addiction at Intake

	N	%
Past/Current	29	17.5
None	137	82.5
Total	166	100.0

** 5 or 2.9% of 171 cases are missing a response to item so are not reported in the table above.

Table 34. Received Treatment for Depression at Intake

	N	%
Past/Current	68	40.5
None	100	59.5
Total	168	100.0

** 3 or 1.8% of 171 cases are missing a response to item so are not reported in the table above.

Table 35. Received Treatment for Anxiety at Intake

	N	%
Past/Current	62	36.9
None	106	63.1
Total	168	100.0

** 3 or 1.8% of 171 cases are missing a response to item so are not reported in the table above.

Table 36. Received Treatment for Schizophrenia at Intake

	N	%
Past/Current	4	2.4
None	164	97.6
Total	168	100.0

** 3 or 1.8% of 171 cases are missing a response to item so are not reported in the table above.

Table 37. Received Treatment for Bipolar at Intake

	N	%
Past/Current	20	11.8
None	149	88.2
Total	169	100.0

** 2 or 1.2% of 171 cases are missing a response to item so are not reported in the table above.

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Table 38. Received Treatment for Gambling Addiction at Intake

	N	%
Past/Current	3	1.8
None	165	98.2
Total	168	100.0

** 3 or 1.8% of 171 cases are missing a response to item so are not reported in the table above.

Table 39. Received Treatment for Alcohol Addiction at Intake

	N	%
Past/Current	36	21.3
None	133	78.7
Total	169	100.0

** 2 or 1.2% of 171 cases are missing a response to item so are not reported in the table above.

Program Utilization

Table 40. Total Number of Group or Individual Counseling Sessions

	N	%
No sessions	3	1.7
One session	21	12.3
Two sessions	28	16.4
Three sessions	18	10.5
Four sessions	26	15.2
Five sessions	23	13.5
Six or more sessions	52	30.4
Total	171	100.0

** 0 or .0% of 171 cases are missing a response to item so are not reported in the table above.

Table 41. Tobacco Cessation Program Utilization per Enrollee by Session Type (Excluding those without program utilization)

		Average Individual Sessions per Enrollee	Average Group Sessions per Enrollee	Average Total Sessions per Enrollee
	N	168	168	168
	Mean	2.92	1.60	4.52
	Std. Dev.	2.07	2.68	2.77
	Minimum	.00	.00	1.00
	Maximum	8.00	11.00	12.00

Table 42. Number of Group or Individual Relapse Sessions

	N	%
No sessions	144	84.2
One session	11	6.4
Two sessions	4	2.4
Three sessions	5	2.9
Four sessions	2	1.2
Five sessions	0	.0
Six or more sessions	5	2.9
Total	171	100.0

** 0 or .0% of 171 cases are missing a response to item so are not reported in the table above.

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**Table 43. Relapse Prevention Utilization per Enrollee by Session Type
(Excluding those without program utilization)**

		Average Individual Relapse Prevention Sessions per Enrollee	Average Group Relapse Prevention Sessions per Enrollee	Average Total Relapse Prevention Sessions per Enrollee
	N	27	27	27
	Mean	.70	2.63	3.33
	Std. Dev.	.91	3.44	3.51
	Minimum	.00	.00	1.00
	Maximum	3.00	12.00	15.00

Program Completion/ Drop-Out Form

Table 44. Self-reported Completion of Program

	N	%
No	60	44.1
Yes	76	55.9
Total	136	100.0

** 35 or 20.5% of 171 cases are missing a response to item so are not reported in the table above.

Table 45. Enrollees Use of Tobacco in the past 30 days at Program Completion or Drop Out

	N	%
No tobacco – 30 day abstinent	50	42.7
Yes – Not 30 day abstinent	67	57.3
Total	117	100.0

** 54 or 31.6% of 171 cases are missing a response to item so are not reported in the table above.

Table 46. Enrollees Use of Cigarettes at Program Completion or Drop Out

	N	%
No	54	46.6
Yes	62	53.4
Total	116	100.0

** 55 or 32.2% of 171 cases are missing a response to item so are not reported in the table above.

Table 47. Average Number of Cigarettes per day at Program Completion or Drop Out

	N	Mean
Cigarettes Per Day	53	10.13

** 9 or 14.5% of 62 cases are missing a response to item so are not reported in the table above.

Table 48. Number of Cigarettes Smoked per day at Program Completion or Drop Out

	N	%
Light (0-10)	32	60.4
Moderate (11-19)	20	37.7
Heavy (21+)	1	1.9
Total	53	100.0

** 9 or 14.5% of 62 cases are missing a response to item so are not reported in the table above.

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Table 49. Enrollees Smoking Status at Program Completion or Drop Out

	N	%
Everyday	39	72.2
Somedays	15	27.8
Not at all	0	.0
Total	54	100.0

** 8 or 12.9% of 62 cases are missing a response to item so are not reported in the table above.

Table 50. Enrollees Use of Tobacco Other than Cigarettes at Program Completion or Drop Out

	N	%
No	110	95.7
Yes	5	4.3
Total	115	100.0

** 56 or 32.7% of 171 cases are missing a response to item so are not reported in the table above.

Table 51. Exclusive Tobacco users only at Program Completion or Drop Out

	N	%
No	1	20.0
Yes	4	80.0
Total	5	100.0

** 0 or .0% of 5 cases are missing a response to item so are not reported in the table above.

Table 52. Average Number of Times per day Tobacco Other than cigarettes is Used at Program Completion or Drop Out

	N	Mean
Tobacco Per Day	5	6.60

** 0 or .0% of 5 cases are missing a response to item so are not reported in the table above.

Table 53. Did You Try to Quit Using Tobacco While Participating in This Program of Enrollees at Program Completion or Drop Out

	N	%
No	8	7.1
Yes	104	92.9
Total	112	100.0

** 59 or 34.5% of 171 cases are missing a response to item so are not reported in the table above.

Table 54. Type of Quit Method Used at Program Completion or Drop Out

	N	%
Nicotine Spray	0	.0
Nicotine Patch	95	91.3
Nicotine Lozenge	13	12.5
Zyban	0	.0
Wellbutrin	2	1.9
Chantix	2	1.9
Group Counseling	34	32.7
Individual Counseling	84	80.8
Quit Cold Turkey	4	3.8
Other	1	1.0
Nicotine Gum	2	1.9
Total	237	227.8

** 0 or .0% of 104 cases are missing a response to item so are not reported in the table above.

*** Multiple response set for those who indicated previous use of quit methods at Intake. Individuals using multiple methods are represented multiple times; therefore, percents will total over 100%.

Table 55. Self-Reported Changes in Smoking Habits Made

	N	%
No	23	24.2
Yes	72	75.8
Total	95	100.0

** 76 or 44.4% of 171 cases are missing a response to item so are not reported in the table above.

Table 56. Changes Made to Smoking Behavior of Enrollees at Program Completion or Drop Out

	N	%
Reduced or no longer smoke in home, work, car, or public	26	37.1
Only smoke outside	4	5.7
Stopped completely	42	60.0
Other	6	8.6
Total	78	111.4

** 2 or 2.8% of 72 cases are missing a response to item so are not reported in the table above.

*** Multiple response set for those who indicated previous use of quit methods at Intake. Individuals using multiple methods are represented multiple times; therefore, percents will total over 100%.

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Table 57. Self-Reported Relapse Prevention Referrals for Enrollees at Program Completion or Drop Out

	N	%
Quitline	104	88.9
Relapse Support Group	100	85.5
Individual Counseling	103	88.0
Community Program	0	.0
Other Relapse Prevention	86	73.5
Total	393	335.9

** 54 or 31.6% of 171 are missing a response to item so are not reported in the table above.

*** Multiple response set for those who indicated previous use of quit methods at Intake. Individuals using multiple methods are represented multiple times; therefore, percents will total over 100%.

Patient Satisfaction at Program Completion

Table 58. Overall Satisfaction with the Tobacco Program

	N	%
Very Satisfied	72	83.7
Mostly Satisfied	12	14.0
Somewhat Dissatisfied	2	2.3
Not At All Satisfied	0	.0
Total	86	100.0

** 85 or 49.7% of 171 cases are missing a response to item so are not reported in the table above.

Table 59. The Tobacco Sessions Met at a Convenient Time

	N	%
Strongly Agree	64	75.3
Agree	20	23.5
Disagree	1	1.2
Strongly Disagree	0	.0
Total	85	100.0

** 86 or 50.3% of 171 cases are missing a response to item so are not reported in the table above.

Table 60. The Tobacco Sessions Met at a Convenient Location

	N	%
Strongly Agree	75	88.2
Agree	10	11.8
Disagree	0	.0
Strongly Disagree	0	.0
Total	85	100.0

** 86 or 50.3% of 171 cases are missing a response to item so are not reported in the table above.

Table 61. The Information Given at the Sessions was Clear and Easy to Understand

	N	%
Strongly Agree	84	98.8
Agree	1	1.2
Disagree	0	.0
Strongly Disagree	0	.0
Total	85	100.0

** 86 or 50.3% of 171 cases are missing a response to item so are not reported in the table above.

Table 62. The My Tobacco Counselor Treated Me with Respect

	N	%
Strongly Agree	85	100.0
Agree	0	.0
Disagree	0	.0
Strongly Disagree	0	.0
Total	85	100.0

** 86 or 50.3% of 171 cases are missing a response to item so are not reported in the table above.

Table 63. I Received the Kind of Service I Wanted to Help Me Quit

	N	%
Strongly Agree	77	89.5
Agree	8	9.3
Disagree	1	1.2
Strongly Disagree	0	.0
Total	86	100.0

** 85 or 49.7% of 171 cases are missing a response to item so are not reported in the table above.

Table 64. The Tobacco Program Met Most of My Needs to Quit

	N	%
Strongly Agree	60	70.6
Agree	23	27.1
Disagree	2	2.3
Strongly Disagree	0	.0
Total	85	100.0

** 86 or 50.3% of 171 cases are missing a response to item so are not reported in the table above.

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Table 65. If a Friend Were in Need of Similar Help to Quit, I would recommend the Tobacco Program to Him or Her

	N	%
Strongly Agree	83	97.6
Agree	2	2.4
Disagree	0	.0
Strongly Disagree	0	.0
Total	85	100.0

** 86 or 50.3% of 171 cases are missing a response to item so are not reported in the table above.

Table 66. If I Were to Seek Help Again, I would Come Back to the Tobacco Program

	N	%
Strongly Agree	79	94.0
Agree	5	6.0
Disagree	0	.0
Strongly Disagree	0	.0
Total	84	100.0

** 87 or 50.9% of 171 cases are missing a response to item so are not reported in the table above.

Drop-Out Characteristics

Table 67. Gender of Participant at Drop Out

	N	%
Female	41	68.3
Male	19	31.7
Total	60	100.0

** 0 or .0% of 60 cases are missing a response to item so are not reported in the table above.

Table 68. Age at Drop Out

	N	%
Under 18	1	1.7
18-24	7	11.7
25-34	20	33.3
35-44	10	16.7
45-54	11	18.3
55-64	9	15.0
65+	2	3.3
Total	60	100.0

** 0 or .0% of 60 cases are missing a response to item so are not reported in the table above.

Table 69. Race of Participant at Drop Outs

	N	%
White	51	85.0
Black or African American	9	15.0
Asian	0	.0
American Indian or Alaskan Native	0	.0
Native Hawaiian or Pacific Islander	0	.0
Other/Mixed	0	.0
Total	60	100.0

** 0 or .0% of 60 cases are missing a response to item so are not reported in the table above.

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Table 70. Educational Level of Participant at Drop Outs

	N	%
9 th grade/Some high school	14	23.3
High school graduate/GED	30	50.0
Some college	13	21.7
College graduate or higher	3	5.0
Total	60	100.0

** 0 or .0% of 60 cases are missing a response to item so are not reported in the table above.

Table 71. Ethnicity of Participant at Drop Outs

	N	%
Yes – Hispanic or Latino	15	25.0
No – Not Hispanic or Latino	45	75.0
Total	60	100.0

** 0 or .0% of 60 cases are missing a response to item so are not reported in the table above.

Follow-Up 4-month

Follow-up reported for all enrollments with valid follow-up; this is updated from previous reports which only reported follow-up for the most recent enrollment of those participants with multiple enrollments

Table 72. Tobacco Reduction Intake to Follow-up (4-month)

Program Completion Status	Avg. # cigarettes per day:		Avg. # days/week:	
	At Enrollment	At 4-Month Follow-up	At Enrollment	At 4-Month Follow-up
Completed Program (max N=27)	18.3	10.82	6.96	6.25
Dropped Out (max N=15)	14.94	10.4	6.69	6.53

Chart 1. Response and Intention to Treat Quit Rates (4-month)

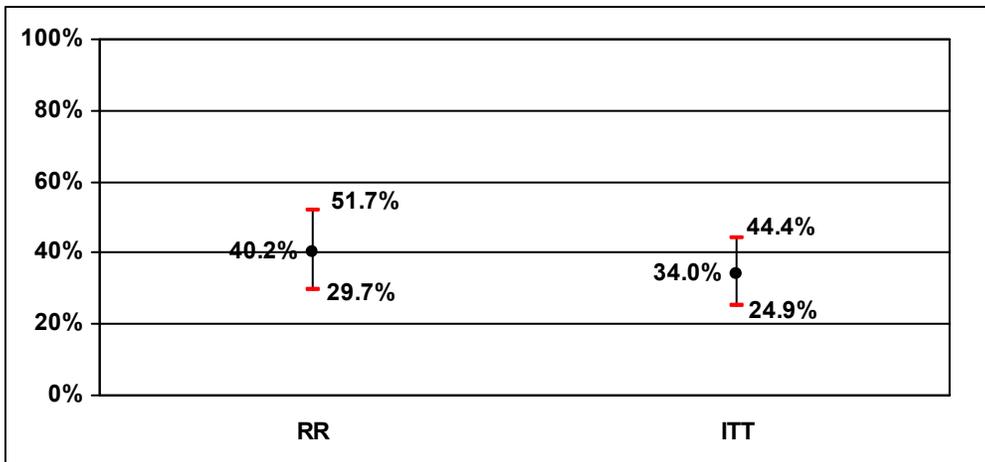


Table 73. Response and Intention to Treat Quit Rates (4-month)

	ITT		RR	
	N	%	N	%
Abstinent for 30 days or more	33	34.0	33	40.2
Not quit	49	50.5	49	59.8
Missing	15	15.5	--	--
Total	97	100.0	82	100.0

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Table 74. Total Number of Group or Individual Counseling Sessions (4-month)

	Not quit		Quit	
	N	%	N	%
No sessions	0	.0	0	.0
One session	7	14.3	1	3.0
Two sessions	2	4.1	2	6.1
Three sessions	2	4.1	1	3.0
Four sessions	7	14.3	3	9.1
Five sessions	9	18.2	7	21.2
Six or more sessions	22	44.9	19	57.6
Total	49	100.0	33	100.0

** 0 or .0% of 82 cases are missing a response to item so are not reported in the table above.

Table 75. Med- Usage (4-Month)

	Not quit		Quit	
	N	%	N	%
Zyban/Wellbutrin, Chantix & NRT	0	.0	0	.0
Zyban/Wellbutrin & Chantix only	0	.0	0	.0
Chantix & NRT	0	.0	0	.0
Zyban/Wellbutrin & NRT	0	.0	0	.0
Chantix only	1	2.0	0	.0
Zyban/Wellbutrin only	0	.0	0	.0
NRT only	43	87.8	32	97.0
No meds reported	5	10.2	1	3.0
Total	49	100.0	33	100.0

** 0 or .0% of 82 cases are missing a response to item so are not reported in the table above.

Table 76. Smoking Status (4-Month)

	N	%
Everyday	32	39.5
Some Days	12	14.8
Not At All	37	45.7
Total	81	100.0

** 1 or 1.2% of 82 cases are missing a response to item so are not reported in the table above.

Table 77. Were you able to make any changes to your Smoking Habits? (4-Month)

	N	%
No	12	20.3
Yes	47	79.7
Total	59	100.0

** 23 or 28.0% of 82 cases are missing a response to item so are not reported in the table above.

Table 78. Changes made to Smoking Habits for those who indicated changes (4-Month)

	N	%
Reduced or no longer smoke at home	21	44.7
Reduced or no longer smoke at work	0	.0
Reduced or no longer smoke in my car	0	.0
Reduced or no longer smoke in public	0	.0
Only smoke outside	5	10.6
Stopped smoking completely	22	46.8
Other Changes	9	19.1
Total	57	121.2

** 0 or .0% of 47 cases are missing a response to item so are not reported in the table above.

*** Multiple response set for those who indicated changes to smoking behavior at program completion or drop out. Individuals engaging in multiple changes to their smoking behavior are represented multiple times; therefore, percents will total over 100%.

Follow-Up 7-month

Follow-up reported for all enrollments with valid follow-up; this is updated from previous reports which only reported follow-up for the most recent enrollment of those participants with multiple enrollments

Table 79. Tobacco Reduction Enrollment to Follow-up (7-month)

Program Completion Status	Avg. # cigarettes per day:		Avg. # days/week:	
	At Enrollment	At 7-Month Follow-up	At Enrollment	At 7-Month Follow-up
Completed Program (max N=10)	15.6	8	7	6.25
Dropped Out (max N=15)	30	20	7	7

Chart 2. Response and Intention to Treat Quit Rates (7-month)

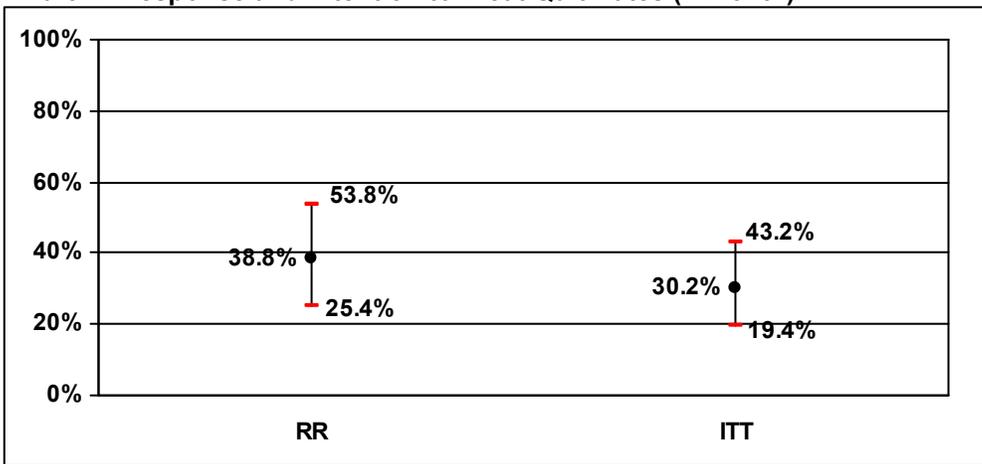


Table 80. Response and Intention to Treat Quit Rates (7-month)

	ITT		RR	
	N	%	N	%
Abstinent for 30 days or more	19	30.2	19	38.8
Not quit	30	47.6	30	61.2
Missing	14	22.2	--	--
Total	63	100.0	49	100.0

Table 81. Total Number of Group or Individual Counseling Sessions (7-month)

	Not quit		Quit	
	N	%	N	%
No sessions	1	3.3	0	.0
One session	1	3.3	1	5.3
Two sessions	3	10.0	1	5.3

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Three sessions	2	6.7	0	.0
Four sessions	6	20.0	0	.0
Five sessions	10	33.3	4	21.0
Six or more sessions	7	23.4	13	68.4
Total	30	100.0	19	100.0

** 0 or .0% of 49 cases are missing a response to item so are not reported in the table above.

Table 82. Med- Usage (7-Month)

	Not quit		Quit	
	N	%	N	%
Zyban/Wellbutrin, Chantix & NRT	0	.0	0	.0
Zyban/Wellbutrin & Chantix only	0	.0	0	.0
Chantix & NRT	0	.0	0	.0
Zyban/Wellbutrin & NRT	0	.0	0	.0
Chantix only	0	.0	0	.0
Zyban/Wellbutrin only	0	.0	0	.0
NRT only	28	93.3	18	94.7
No meds reported	2	6.7	1	5.3
Total	30	100.0	19	100.0

** 0 or .0% of 49 cases are missing a response to item so are not reported in the table above.

Table 83. Smoking Status (7-Month)

	N	%
Everyday	18	39.1
Some Days	5	10.9
Not At All	23	50.0
Total	46	100.0

** 3 or 6.1% of 49 cases are missing a response to item so are not reported in the table above.

Table 84. Were you able to make any changes to your Smoking Habits? (7-Month)

	N	%
No	10	32.3
Yes	21	67.7
Total	31	100.0

** 18 or 36.7% of 49 cases are missing a response to item so are not reported in the table above.

Table 85. Changes made to Smoking Habits for those who indicated changes (7-Month)

	N	%
Reduced or no longer smoke at home	7	33.3
Reduced or no longer smoke at work	0	.0
Reduced or no longer smoke in my car	0	.0
Reduced or no longer smoke in public	0	.0
Only smoke outside	0	.0
Stopped smoking completely	13	61.9
Other Changes	1	4.8
Total	21	100.0

** 0 or .0% of 21 cases are missing a response to item so are not reported in the table above.

*** Multiple response set for those who indicated changes to smoking behavior at program completion or drop out. Individuals engaging in multiple changes to their smoking behavior are represented multiple times; therefore, percents will total over 100%.

Report Appendix E

Enrollments and Referral Sources

Table 1. Primary Referral Source for Enrollees at Intake

	N	%
Primary Care Provider	38	76.0
Quitline	0	.0
Other health care/Dental provider	0	.0
Brochure/Flyer	4	8.0
Counselor/Therapist	3	6.0
Friend/Family	1	2.0
Employer	0	.0
Other referral source/self	4	8.0
Total	50	100.0

** 0 or .0% of 50 cases are missing a response to item so are not reported in the table above.

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Table 2. Number of Total Enrollments per Month (includes dual enrollments)

	N	%
February 2012	3	6.0
March 2012	5	10.0
April 2012	6	12.0
May 2012	5	10.0
June 2012	6	12.0
July 2012	5	10.0
August 2012	7	14.0
September 2012	7	14.0
October 2012	3	6.0
November 2012	2	4.0
January 2013	1	2.0
Total	50	100.0

** 0 or .0% of 50 cases are missing a response to item so are not reported in the table above.

Table 3. Number of Unique Enrollments per Month (excludes dual enrollments)

	N	%
February 2012	3	6.0
March 2012	5	10.0
April 2012	6	12.0
May 2012	5	10.0
June 2012	6	12.0
July 2012	5	10.0
August 2012	7	14.0
September 2012	7	14.0
October 2012	3	6.0
November 2012	2	4.0
January 2013	1	2.0
Total	50	100.0

** 0 or .0% of 50 cases are missing a response to item so are not reported in the table above.

Demographic Characteristics at Intake

Table 4. Gender of Participant-

	N	%
Female	27	54.0
Male	23	46.0
Other	0	.0
Total	50	100.0

** 0 or .0% of 50 cases are missing a response to item so are not reported in the table above.

Table 5. Age at Intake

	N	%
Under 18	0	.0
18-24	0	.0
25-34	4	8.2
35-44	7	14.3
45-54	18	36.7
55-64	15	30.6
65+	5	10.2
Total	49	100.0

** 1 or 2.0% of 50 cases are missing a response to item so are not reported in the table above.

Table 6. Race of Participant

	N	%
White	44	89.8
Black or African American	4	8.2
Asian	0	.0
American Indian or Alaskan Native	1	2.0
Native Hawaiian or Pacific Islander	0	.0
Other/Mixed	0	.0
Total	49	100.0

** 2 or 2.0% of 50 cases are missing a response to item so are not reported in the table above.

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Table 7. Educational Level of Participant at Intake

	N	%
9 th grade/Some high school	7	14.0
High school graduate/GED	25	50.0
Some college	0	.0
College graduate or higher	18	36.0
Total	50	100.0

** 0 or .0% of 50 cases are missing a response to item so are not reported in the table above.

Table 8. Ethnicity of Participant

	N	%
Yes – Hispanic or Latino	1	2.0
No – Not Hispanic or Latino	48	98.0
Total	49	100.0

** 1 or 2.0% of 50 cases are missing a response to item so are not reported in the table above.

Table 9. Sexual Orientation at Intake

	N	%
Heterosexual/Straight	48	96.0
Gay / Bisexual	1	2.0
Other	1	2.0
Total	50	100.0

** 1 or 2.0% of 50 cases are missing a response to item so are not reported in the table above.

Table 10. Primary Language of Enrollees at Intake

	N	%
English	50	100.0
Spanish	0	.0
Other	0	.0
Total	50	100.0

** 0 or .0% of 50 cases are missing a response to item so are not reported in the table above.

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Table 11. Type of Health Insurance at Intake

	N	%
No insurance	8	16.0
Government sponsored insurance	34	68.0
Private insurance	8	16.0
Other Type of Insurance	0	.0
Total	50	100.0

** 50 or .0% of 50 cases are missing a response to item so are not reported in the table above.

Table 12. Annual Income of Enrollees at Intake

	N	%
Less than \$10,000	7	14.0
\$10,000 to less than \$15,000	17	34.0
\$15,000 to less than \$20,000	8	16.0
\$20,000 to less than \$25,000	4	8.0
\$25,000 to less than \$35,000	5	10.0
\$35,000 to less than \$50,000	6	12.0
\$50,000 to less than \$75,000	2	4.0
\$75,000 or more	1	2.0
Refused/Don't Know	0	0
Total	50	100.0

** 0 or .0% of 50 cases are missing a response to item so are not reported in the table above.

Table 13. Pregnant Enrollees at Intake (Reported for “Females” and “Other” Gender)

	N	%
Yes	0	.0
No	27	100.0
Total	27	100.0

** 0 or .0% of 27 cases are missing a response to item so are not reported in the table above.

Clinical Characteristics at Intake

Table 14. Enrollees Use of Tobacco in the past 30 days at intake

	N	%
No tobacco – 30 day abstinent	0	.0
Yes – Not 30 day abstinent	50	100.0
Total	50	100.0

** 0 or .0% of 50 cases are missing a response to item so are not reported in the table above.

Table 15. Enrollees Use of Cigarettes at intake

	N	%
No	0	.0
Yes	50	100.0
Total	50	100.0

** 0 or .0 % of 50 cases are missing a response to item so are not reported in the table above.

Table 16. Average Number of Cigarettes per day at Intake

	N	Mean
Cigarettes Per Day	50	22.0

** 0 or .0% of 160 cases are missing a response to item so are not reported in the table above.

Table 17. Number of Cigarettes Smoked per day at Intake

	N	%
Light (0-10)	5	10.0
Moderate (11-19)	29	58.0
Heavy (21+)	16	32.0
Total	50	100.0

** 0 or .0% of 50 cases are missing a response to item so are not reported in the table above.

Table 18. Enrollees Smoking Status

	N	%
Everyday	50	100.0
Somedays	0	.0
Not at all	0	.0
Total	50	100.0

** 0 or .0% of 50 cases are missing a response to item so are not reported in the table above.

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Table 19. Enrollees Use of Tobacco Other than Cigarettes at Intake

	N	%
No	47	94.0
Yes	3	6.0
Total	50	100.0

** 0 or .0% of 50 cases are missing a response to item so are not reported in the table above.

Table 20. Exclusive other (non-cig.) tobacco users at Intake

	N	%
No	3	100.0
Yes	0	.0
Total	3	100.0

** 0 or 0% of 3 cases are missing a response to item so are not reported in the table above.

Table 21. Average Number of Times per day Tobacco Other than cigarettes is Used at Intake

	N	Mean
Tobacco Per Day	2	5.50

** 1 or 33.3% of 3 cases are missing a response to item so are not reported in the table above.

Table 22. Tobacco used per day at Intake

	N	%
Light (0-10)	2	100.0
Moderate (11-19)	0	.0
Heavy (21+)	0	.0
Total	2	100.0

** 1 or 33.3% of 3 cases are missing a response to item so are not reported in the table above.

Table 23. Tried to Quit

	N	%
No	5	89.8
Yes	44	10.2
Total	49	100.0

** 1 or 2.0% of 50 cases are missing a response to item so are not reported in the table above.

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Table 24. Type of Quit Method Used at Intake –percent or percent of cases?

	N	%
Nicotine Spray	0	.0
Nicotine Patch	26	59.1
Nicotine Lozenge	7	15.9
Zyban	1	2.3
Wellbutrin	11	25.0
Chantix	16	36.4
Group Counseling	1	2.3
Individual Counseling	1	2.3
Quit Cold Turkey	29	65.9
Other	3	6.8
Nicotine Gum	11	25.0
Total	106	241

** 0 or .0% of 44 cases are missing a response to item so are not reported in the table above.

*** Multiple response set for those who indicated previous use of quit methods at Intake. Individuals using multiple methods are represented multiple times; therefore, percents will total over 100%.

Table 25. Number of Enrollees Living with a Smoker

	N	%
No	28	57.1
Yes	21	42.9
Total	49	100.0

** 1 or 2.0% of 50 cases are missing a response to item so are not reported in the table above.

Table 26. Received Treatment for Heart Disease at Intake

	N	%
Past/Current	14	87.5
None	2	12.5
Total	16	100.0

** 34 or 68.0% of 50 cases are missing a response to item so are not reported in the table above.

Table 27. Received Treatment for Blood Pressure at Intake

	N	%
Past/Current	11	91.7
None	1	8.3
Total	12	100.0

** 38 or 76.0% of 50 cases are missing a response to item so are not reported in the table above.

Table 28. Received Treatment for Diabetes at Intake

	N	%
Past/Current	8	88.9
None	1	11.1
Total	9	100.0

** 41 or 82.0% of 50 cases are missing a response to item so are not reported in the table above.

Table 29. Received Treatment for Cholesterol at Intake

	N	%
Past/Current	11	100.0
None	0	.0
Total	11	100.0

** 39 or 78.0% of 50 cases are missing a response to item so are not reported in the table above.

Table 30. Received Treatment for Stroke at Intake

	N	%
Past/Current	1	50.0
None	1	50.0
Total	2	100.0

** 48 or 96.0% of 50 cases are missing a response to item so are not reported in the table above.

Table 31. Received Treatment for Cancer at Intake

	N	%
Past/Current	2	50.0
None	2	50.0
Total	4	100.0

** 46 or 92.0% of 50 cases are missing a response to item so are not reported in the table above.

Table 32. Received Treatment for Lung Disease at Intake

	N	%
Past/Current	27	93.1
None	2	6.9
Total	29	100.0

** 21 or 42.0% of 50 cases are missing a response to item so are not reported in the table above.

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Table 33. Received Treatment for Drug Addiction at Intake

	N	%
Past/Current	11	91.7
None	1	8.3
Total	12	100.0

** 38 or 76.0% of 50 cases are missing a response to item so are not reported in the table above.

Table 34. Received Treatment for Depression at Intake

	N	%
Past/Current	10	83.3
None	2	16.7
Total	12	100.0

** 38 or 76.0% of 50 cases are missing a response to item so are not reported in the table above.

Table 35. Received Treatment for Anxiety at Intake

	N	%
Past/Current	9	81.8
None	2	18.2
Total	11	100.0

** 39 or 78.0% of 50 cases are missing a response to item so are not reported in the table above.

Table 36. Received Treatment for Schizophrenia at Intake

	N	%
Past/Current	3	60.0
None	2	40.0
Total	5	100.0

** 45 or 90.0% of 50 cases are missing a response to item so are not reported in the table above.

Table 37. Received Treatment for Bipolar at Intake

	N	%
Past/Current	5	83.3
None	1	16.7
Total	6	100.0

** 44 or 88.0% of 50 cases are missing a response to item so are not reported in the table above.

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Table 38. Received Treatment for Gambling Addiction at Intake

	N	%
Past/Current	1	33.3
None	2	66.7
Total	3	100.0

** 47 or 94.0% of 50 cases are missing a response to item so are not reported in the table above.

Table 39. Received Treatment for Alcohol Addiction at Intake

	N	%
Past/Current	13	86.7
None	2	13.3
Total	15	100.0

** 35 or 70.0% of 50 cases are missing a response to item so are not reported in the table above.

Program Utilization

Table 40. Total Number of Group or Individual Counseling Sessions

	N	%
No sessions	1	2.0
One session	20	40.0
Two sessions	11	22.0
Three sessions	9	18.0
Four sessions	5	10.0
Five sessions	1	2.0
Six or more sessions	3	6.0
Total	50	100.0

** 0 or .0% of 50 cases are missing a response to item so are not reported in the table above.

Table 41. Tobacco Cessation Program Utilization per Enrollee by Session Type (Excluding those without program utilization)

		Average Individual Sessions per Enrollee	Average Group Sessions per Enrollee	Average Total Sessions per Enrollee
	N	49	49	49
	Mean	1.76	.53	2.29
	Std. Dev.	1.42	.92	1.46
	Minimum	1.00	.00	1.00
	Maximum	6.00	3.00	6.00

Table 42. Number of Group or Individual Relapse Sessions

	N	%
No sessions	40	80.0
One session	8	16.0
Two sessions	2	4.0
Three sessions	0	.0
Four sessions	0	.0
Five sessions	0	.0
Six or more sessions	0	.0
Total	50	100.0

** 0 or .0% of 50 cases are missing a response to item so are not reported in the table above.

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**Table 43. Relapse Prevention Utilization per Enrollee by Session Type
(Excluding those without program utilization)**

		Average Individual Relapse Prevention Sessions per Enrollee	Average Group Relapse Prevention Sessions per Enrollee	Average Total Relapse Prevention Sessions per Enrollee
	N	10	10	10
	Mean	.20	1.00	1.20
	Std. Dev.	.42	.67	.42
	Minimum	.00	.00	1.00
	Maximum	1.00	2.00	2.00

Program Completion/ Drop-Out Form

Table 44. Self-reported Completion of Program

	N	%
No	3	60.0
Yes	2	40.0
Total	5	100.0

** 45 or 90.0% of 50 cases are missing a response to item so are not reported in the table above.

Table 45. Enrollees Use of Tobacco in the past 30 days at Program Completion or Drop Out

	N	%
No tobacco – 30 day abstinent	4	100.0
Yes – Not 30 day abstinent	0	.0
Total	4	100.0

** 46 or 92.0% of 50 cases are missing a response to item so are not reported in the table above.

Table 46. Enrollees Use of Cigarettes at Program Completion or Drop Out

	N	%
No	0	.0
Yes	4	100.0
Total	4	100.0

** 46 or 92.0% of 50 cases are missing a response to item so are not reported in the table above.

Table 47. Average Number of Cigarettes per day at Program Completion or Drop Out

	N	Mean
Cigarettes Per Day	4	11.50

** 0 or .0% of 4 cases are missing a response to item so are not reported in the table above.

Table 48. Number of Cigarettes Smoked per day at Program Completion or Drop Out

	N	%
Light (0-10)	2	50.0
Moderate (11-19)	2	50.0
Heavy (21+)	0	.0
Total	4	100.0

** 0 or .0% of 4 cases are missing a response to item so are not reported in the table above.

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Table 49. Enrollees Smoking Status at Program Completion or Drop Out

	N	%
Everyday	3	75.0
Somedays	1	25.0
Not at all	0	.0
Total	4	100.0

** 0 or .0% of 4 cases are missing a response to item so are not reported in the table above.

Table 50. Enrollees Use of Tobacco Other than Cigarettes at Program Completion or Drop Out

	N	%
No	47	100.0
Yes	3	.0
Total	50	100.0

** 0 or .0% of 50 cases are missing a response to item so are not reported in the table above.

Table 51. Exclusive Tobacco users only at Program Completion or Drop Out

	N	%
No	3	80.0
Yes	0	20.0
Total	3	100.0

** 0 or .0% of 3 cases are missing a response to item so are not reported in the table above.

Table 52. Average Number of Times per day Tobacco Other than cigarettes is Used at Program Completion or Drop Out

	N	Mean
Tobacco Per Day	0	0

** No cases to report.

Table 53. Did You Try to Quit Using Tobacco While Participating in This Program of Enrollees at Program Completion or Drop Out

	N	%
No	1	25.0
Yes	3	75.0
Total	4	100.0

** 46 or 92.0% of 50 cases are missing a response to item so are not reported in the table above.

Table 54. Type of Quit Method Used at Program Completion or Drop Out

	N	%
Nicotine Spray	0	.0
Nicotine Patch	1	33.3
Nicotine Lozenge	1	33.3
Zyban	0	.0
Wellbutrin	1	33.3
Chantix	0	.0
Group Counseling	0	.0
Individual Counseling	0	.0
Quit Cold Turkey	1	33.3
Other	0	.0
Nicotine Gum	0	.0
Total	4	133.2

** 0 or .0% of 3 cases are missing a response to item so are not reported in the table above.

*** Multiple response set for those who indicated previous use of quit methods at Intake. Individuals using multiple methods are represented multiple times; therefore, percents will total over 100%.

Table 55. Self-Reported Changes in Smoking Habits Made

	N	%
No	1	25.0
Yes	3	75.0
Total	4	100.0

** 46 or 92.0% of 50 cases are missing a response to item so are not reported in the table above.

Table 56. Changes Made to Smoking Behavior of Enrollees at Program Completion or Drop Out

	N	%
Reduced or no longer smoke in home, work, car, or public	2	66.7
Only smoke outside	2	66.7
Stopped completely	0	.0
Other	0	.0
Total	4	133.4

** 0 or .0% of 3 cases are missing a response to item so are not reported in the table above.

*** Multiple response set for those who indicated previous use of quit methods at Intake. Individuals using multiple methods are represented multiple times; therefore, percents will total over 100%.

Table 57. Self-Reported Relapse Prevention Referrals for Enrollees at Program Completion or Drop Out

	N	%
Quitline	4	100.0
Relapse Support Group	2	50.0
Individual Counseling	2	50.0
Community Program	1	25.0
Other Relapse Prevention	0	.0
Total	9	225.0

** 46 or 92.0% of 50 are missing a response to item so are not reported in the table above.

*** Multiple response set for those who indicated previous use of quit methods at Intake. Individuals using multiple methods are represented multiple times; therefore, percents will total over 100%.

Drop-Out Characteristics

Table 58. Gender of Participant at Drop Out

	N	%
Female	1	33.3
Male	2	66.7
Total	3	100.0

** 0 or .0% of 3 cases are missing a response to item so are not reported in the table above.

Table 59. Age at Drop Out

	N	%
Under 18	0	.0
18-24	0	.0
25-34	0	.0
35-44	0	.0
45-54	1	33.3
55-64	1	33.3
65+	1	33.4
Total	3	100.0

** 0 or .0% of 3 cases are missing a response to item so are not reported in the table above.

Table 60. Race of Participant at Drop Outs

	N	%
White	2	66.7
Black or African American	1	33.3
Asian	0	.0
American Indian or Alaskan Native	0	.0
Native Hawaiian or Pacific Islander	0	.0
Other/Mixed	0	.0
Total	3	100.0

** 0 or .0% of 3 cases are missing a response to item so are not reported in the table above.

Table 61. Educational Level of Participant at Drop Outs

	N	%
9 th grade/Some high school	0	.0
High school graduate/GED	1	33.3
Some college	0	.0
College graduate or higher	2	66.7
Total	3	100.0

** 0 or .0% of 3 cases are missing a response to item so are not reported in the table above.

Table 62. Ethnicity of Participant at Drop Outs

	N	%
Yes – Hispanic or Latino	0	.0
No – Not Hispanic or Latino	3	100.0
Total	3	100.0

** 0 or .0% of 3 cases are missing a response to item so are not reported in the table above.

Appendix F – Detailed Methods

Detailed Methods

Programmatic Data

CT DPH and previous evaluation contractors primarily developed the data collection forms as well as a corresponding database for entering data collected with these forms. CT DPH provided each grantee with MS Word and Adobe PDF versions of each form as well as a copy of a corresponding MS Access database into which grantees entered data from the forms or entered data in real time as it was collected. Over the past few years, CT DPH has made some slight modifications to questions on the forms to be in better alignment with standard measurements in the tobacco control field.

Periodically, grantees exported data from their DPH Access database and sent the data to CT DPH. CT DPH then cleaned and processed the data, conducted some quality checks and asked grantees for data corrections (to be completed before the next quarter's data export). CT DPH then de-identified the data files in preparation for sending to PDA for analysis. CT DPH then exported each data table in their cumulative DPH database into text files, encrypted the files and transferred them to PDA via a secure FTP site. The transferred files corresponded to each of the above-mentioned data collection forms: enrollment and referral, attendance tracking and program completion, NRT log (new to most recent export), pregnancy outcome, follow-up (all time points), patient satisfaction, DHHS Training Post-Test, Provider Input, and Marketing Activity Tracking. PDA cleaned these files using PASW 18.0. All client ID's and enrollment ID's were verified to be identical per table; any null or invalid rows are deleted. The report sets were then created for each form and sent to sql server for reporting.

Cost Data

It was necessary for PDA use an estimated amount of administrative costs as actual administrative costs were not available through CT DPH. It was suggested that PDA utilize an estimate that is based on an industry standard. To this end, PDA reviewed published studies, working papers, and government documents related to grant administration costs^{1,2,3,4,5}. From these sources, PDA

¹ Rooney, P and Frederick H.K. "Paying for Overhead: A Study of the Impact of Foundations' Overhead Payment Policies on Educational and Human Service Organizations." The Aspen Institute: Nonprofit Sector Research Fund March 2007. <http://www.philanthropy.iupui.edu/research/workingpapers/payingforoverhead.pdf>.

² Bedsworth, W, Goggins, A., Howard, G, and Howard D. "Nonprofit Overhead Costs: Breaking the Vicious Cycle of Misleading Reporting, Unrealistic Expectations, and Pressure to Conform." The Bridgespan Group, Inc. April 2008. <http://www.bridgespan.org/nonprofit-overhead-costs-2008.aspx>.

³ Frumkin, P. and Kim, M.T. "Strategic Positioning and the Financing of Nonprofit Organizations: Is Efficiency Rewarded in the Contributions Marketplace?" Harvard University Working Paper No. 2. The Hauser Center for Nonprofit Organizations and The Kennedy School of Government. October 2000. http://papers.ssrn.com/sol3/papers.cfm?abstract_id=253115.

⁴ Office of Management and Budget. (May 10, 2004). OMB Circular A-87. Washington, DC: U.S. Government Printing Office. Retrieved September 15, 2011 from the World Wide Web: http://www.whitehouse.gov/omb/circulars_a087_2004/.

estimated the proportion of costs expended by CT DPH on administering the community grants to be 7% of the total grant awards scheduled to be paid to grantees for the period of January 1, 2012 through December 31, 2012⁶.

2011 BRFSS Comparisons

Data from the 2011 Connecticut Behavioral Risk Factor Surveillance System (BRFSS) survey was downloaded by PDA from the CDC's BRFSS website (<http://www.cdc.gov/brfss>). Additionally, 2011 Census population weights were applied for the BRFSS table. Statistical comparisons of 2011 BRFSS demographic data to that of demographics from grantee programs were conducted using BRFSS data weighted to the sample.

Calculations

Tobacco abstinence rates (individual agencies only)

Two 30-day point prevalence abstinence rates (responder and ITT) were calculated for individual grantee programs with 30 or more 4-month and 30 or more 7-month follow-up surveys. Program participants were considered to be abstinent at follow-up if they had not used any tobacco for 30 or more days at the time they completed the follow-up survey. Those that were abstinent at program enrollment were excluded from abstinence calculations at follow-up. Grantees were responsible for collecting 4 and 7-month follow-up data. The attached aggregate dashboard report includes appendices that provide additional information about those that were included in the 4 and 7-month calculations as well as a *Primer on Tobacco Abstinence Rates*, which provides an explanation of the different rates. Tobacco abstinence rates were calculated using PASW 18.0 and tobacco use reduction was calculated using IBM Stats 20.0.

Cost-Per-Enrollment

A cost-per-enrollment (CPE) analysis was conducted to show the number of unique enrollments by the grant amount paid to each of the four grantees. CPE was calculated in two ways: 1) by dividing the total expenditures for each program by the number of eligible enrollees in 2012; and, 2) by dividing the total expenditures minus NRT costs by the number of eligible enrollees in 2012. Middlesex Hospital only had 11 months of enrollment data and, therefore, only 11 months of cost data were used in the analysis.

⁵ Office of the State Comptroller. (April 2000). State of Connecticut Comptroller's Manuals: Indirect Cost and Fringe Benefit Cost Recovery Manual. State of Connecticut. September 15, 2011 from the World Wide Web: <http://www.osc.ct.gov/manuals/indirectcosts/manual.htm>.

⁶ Only 11 months of data were available for Middlesex Hospital as their program began in February 2012.