

Final Report Memorandum

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CC: Barbara Walsh, Errol Roberts; Connecticut Department of Health, Tobacco Use Prevention and Control Program
From: Professional Data Analysts, Inc.: Traci Capesius, MPH; Anne Betzner, Ph.D.
Date: 3-31-13
Re: **CommuniCare SMI / SUD Tobacco Cessation Programs** (contract # 2010-0094)
- Cumulative Summary Report (February 2010 – December 2012)

PDA received final tobacco cessation program data from CT DPH for CommuniCare's (CCI) tobacco cessation programs¹. PDA has produced a final, cumulative report, based on data it received from CT DPH for the time period of February 2010 through December 2012 (contract #2010-0094). This report provides a summary and analysis of referral sources, participant demographic and clinical characteristics, program utilization, program completion, patient satisfaction and patient follow up data. The report concludes with a summary of key program successes, challenges and future opportunities. Detailed results are provided as an appendix to this report along with a graphic dashboard report depicting select results.

Snapshot of Results

Key *successes* of CommuniCare's CCI tobacco cessation program include:

- REFERRAL SOURCE –CCI grantee agencies were successful at tapping into their existing client populations, as nearly two-thirds of referrals came from a counselor or therapist.
- REACHED A HIGHLY UNDERSERVED POPULATION – As would be expected, 98% of enrollee's had or were currently receiving treatment of one or more mental health condition. In addition just over two-thirds were receiving or had received treatment a physical health condition.

¹ The 9 CCI agencies include: Birmingham Group Health Services (BH Care-Valley), Bridges, Community Health Resources, Fellowship Place, Harbor Health Services (BH Care-Shoreline), Hartford Behavioral Health, Intercommunity Mental Health Group, Rushford Center, and United Services, Inc.. CCI also provided services at a few organizations not on this list.

- **MULTIPLE COUNSELING SESSIONS** – The CCI programs were overall successful in engaging enrollees in multiple counseling sessions, particularly group sessions.
- **HARM REDUCTION** – The CCI programs had success in assisting individuals to use cessation medication and in providing referrals to relapse prevention services. Further, nearly half of respondents (n=400) made a change in their smoking habits, including no longer smoking in their home, work, car, or in public. This key change protects non-smokers from the dangers of secondhand smoke.
- **OUTCOMES** - Enrollees in the high-motivation groups were more likely to be abstinent for 30-days at the four and seven-month follow-up; however, even some in the low-motivation group were able to quit or reduce their tobacco use. This may be reflective of the overall high rate of program utilization and cessation medication use in both programs as well as the fact that enrollees may go back and forth between the two groups.
- **DATA COLLECTION** – The CCI program staff greatly improved their rate of data collection at 4- and 7-month follow-up (from previous reporting periods), which has enabled them to systematically document program successes.

Key *challenges of and next steps for* CommuniCare’s CCI tobacco cessation program include:

- **RECRUITMENT** – CCI met less than half of its enrollment goal. While some agencies were more successful, only four met at least 50% of their goal. These four programs were the earliest sub-grantees and it is possible that they were at a point where tobacco dependence treatment is more of a norm for clients.
- **OUTCOME DATA COLLECTION** - The CCI should continue to collect data on cigarette and other tobacco use, medication use and abstinence from enrollees, minimally at 7-months post-enrollment. Additionally, CCI programs may want to collect satisfaction data from a random sample of low-motivator and high-motivator enrollees, at about 3-months post-enrollment date, to see if there are any barriers to program participation.
- **ADDITIONAL RESEARCH** – CCT or CT DPH should conduct additional research into facilitators of and barriers to implementing the ATTOC Model, including pre-cessation and cessation programming, in these organizations to help identify some promising practices.

Results

Referral Sources

The majority of program referrals (from participants' most recent enrollment), not surprisingly, came from a counselor or therapist (66%, n=666). The next most common source was "other referral source / self" (11%, n=115), which is a combination of self-referrals (re-enrollments), counselor referral or other referrals from within the nine CCI agencies. The remaining referral sources were brochure/flyer (9%, n=93), friend or family member (7%, n=67), primary or other health care provider (5%; n=51), and, lastly, < 1% were referred by their employer (n=7) or the Connecticut Quitline (n=1)². These results show that CCI grantee agencies have been successful at tapping into their existing client populations.

Numbers Served

CCI grantee agencies enrolled a total of 1,014 individuals in tobacco cessation programming between February 2010 and December 2012³, representing 1,643 valid enrollments⁴. Considering all valid enrollments, CCI has met 44.5% of its contracted goal of 3,695 enrollments. There were a total of 998 single enrollments and 645 valid re-enrollments. Re-enrollment in programs is a common occurrence in CCI's programs, as participants often move between the low-motivator (pre-cessation) and high-motivator (cessation) programs. The SMI/SUD population also has a harder time quitting, so multiple enrollments are to be expected.

In addition to the overall CCI goal, each sub-agency had agency-level enrollment goals. Table 1 provides a summary of when each agency initiated programming, each agency's enrollment goal, the number of valid program enrollments, and the percent of each agency's goal that was met. The average number of enrollments across the agencies was 164 (median=157). The proportion of enrollment goals met by agency

² 14 enrollments did not have a referral source listed

³ This includes 1 enrollment from January 2013.

⁴ All single enrollments, plus valid re-enrollments. CT DPH stated (11/05/09 grantee meeting) that if a client re-enrolled in programming after a 3+ month absence from the program, they could be counted as another valid enrollment. There were a total of 168 non-valid enrollments and 13 that did not have the necessary information to make a conclusion as to their validity (1,824-168-13=1,643).

ranged from a low of 10.7% to a high of 84.7%. The four agencies that had the most success enrolling participants were those that were funded starting at the beginning of the contract period (February 2010).

Table 1. CCI sub-grantee agency start dates, enrollments and proportion of enrollment goal met by agency

| | Month/Yr. Started | Enrollment Goal | All Valid ^a Enrollments | % of goal met |
|---|----------------------|--------------------|---------------------------------------|------------------|
| Harbor Health (BHcare – Shoreline) | Feb 2010 | 405 | 343 | 84.7% |
| Birmingham (BHcare – Valley) | Feb 2010 | 405 | 332 | 82.0% |
| Bridges | Feb 2010 | 405 | 223 | 55.1% |
| Fellowship Place | Feb 2010 | 225 | 147 | 65.3% |
| Rushford Center | Sept 2010 | 450 | 166 | 36.9% |
| Hartford Behavioral Health | Sept 2010 | 450 | 65 | 14.4% |
| Community Health Resources | Sept 2010 | 450 | 187 | 41.6% |
| Intercommunity | June 2011 | 150 | 44 | 29.3% |
| United Services | June 2011 | 150 | 71 | 47.3% |
| Other Agencies^b | Jan 2011 | 605 | 65 | 10.7% |
| Aggregate w/all valid enrollments | | 3,695 | 1,643 | 44.5% |

^a All single enrollments, plus valid re-enrollments.

^b CCI also provided programming at additional, non-contracted agencies.

While CCI met less than half of its enrollment goal, this is likely due to a multitude of factors, including the large amount of start-up required at most of the CCI sub-agencies to begin implementing the Addressing Tobacco Use Through Organizational Change (ATTOC) Model⁵. In addition to providing cessation (high-motivator) and pre-cessation (low-motivator) programming for individuals with a SMI/SUD, each sub-grantee agency needed to work on changing norms and policies within their agencies to help support their tobacco dependence treatment efforts. This involves a large paradigm shift for many behavioral health organizations which historically have not

⁵ Addressing Tobacco Use Through Organizational Change (ATTOC). University of Massachusetts, Department of Psychiatry. Accessible at: <http://bit.ly/10ZoDO5>

considered tobacco dependence treatment to be a priority for their clients. Additionally, many mental health counselors themselves use tobacco. This type of shift in the social norms of these agencies takes time—for staff, counselors and clients. Since the ATTOC model takes longer to implement than other mainstream tobacco cessation programs and requires additional buy-in for tobacco dependence treatment throughout the organization, this may be why the four agencies that started first had the most success enrolling participants in its pre-cessation and cessation programs. Relatedly, the “other agencies” CCI was contracted to serve may not have been implementing the ATTOC model and may have had less buy-in to enroll clients in programming. Additional research into the complexities of implementing this model within each agency is needed to fully understand facilitators and barriers to provision of cessation programming within agencies implementing this model.

In sum, CCI and their sub-grantee agencies made a concerted effort to enroll individuals in programming but were only able to meet just under half of their enrollment goal, overall. CCI and sub-grantee’s ability to reach contracted enrollment goals is likely related to the complexities of implementing the ATTOC model. It’s possible that the greater enrollment success of those agencies that had been implementing the ATTOC approach for longer is related to a greater norm shift toward treating tobacco dependence; however, more research is needed to understand implementation facilitators and barriers within each grantee agency.

Enrollee Characteristics

Demographic Characteristics. Of the 1,014 individuals that enrolled in CCI’s cessation programs between February 2010 and December 2012⁶, 99% were adults (18+ years of age), just over half were female (53%) and 7% reported being gay or bisexual (men and women) or some other orientation. The majority of enrollees (78%) were White, 11% were Black or African-American, 8% were “other/mixed” race, and the remaining 1% (n=11) were either Asian, American Indian/Alaskan Native, or Native Hawaiian/Pacific Islanders. Around 12% reported being of Hispanic or Latino origin and 5% reported Spanish as their primary language. Over half of enrollees (62%) had a high school education or less and 61% had annual incomes of less than \$15,000. The majority of

⁶ Data is associated with each enrollee’s most recent enrollment.

enrollees (84%) had some form of government-sponsored health insurance, 8% had either private or some other form of insurance, and 6% had no health insurance.

As an additional point of reference, the demographic characteristics of CCI cessation program participants were compared tobacco users estimated by the 2011 Connecticut Behavior Risk Factor Surveillance Survey (BRFSS 2011). As shown below in Table 2, when comparing CCI program participant demographic characteristics to the population of cigarette smokers in Connecticut, it appears that CCI served a significantly larger proportion of tobacco users that are female, older (particularly those aged 45-54 years), with less than a high school education, and with health insurance. The non-Hispanic race and Hispanic or Latino ethnicity of CCI's participants are similar to that of smokers statewide.

Table 2. Demographic comparison of CCI program participants to the general population of Connecticut cigarette users (BRFSS 2011)

| Item | Response | Tobacco users ^a served by the program | | Cigarette users Statewide (BRFSS 2011, weighted) | |
|----------------------------------|--------------------------------|--|--------|--|-------|
| | | N | % | N | % |
| Gender | Male | 460 | 46.0 | 250,710 | 53.3 |
| | Female | 540 | 53.9 | 219,426 | 46.7 |
| | Total | 1000 | 100.00 | 470,136 | 100.0 |
| $\chi^2 = 11.2, df=1, p=.0008$ | | | | | |
| Age in years | 18-24 | 61 | 6.1 | 65,591 | 14.1 |
| | 25-34 | 139 | 13.9 | 109,763 | 23.4 |
| | 35-44 | 188 | 18.8 | 81,674 | 17.4 |
| | 45-54 | 377 | 37.7 | 104,673 | 22.4 |
| | 55-64+ | 234 | 23.4 | 106,192 | 22.7 |
| | Total | 999 | 100.0 | 468,253 | 100.0 |
| $\chi^2 = 102.14, df=4, p<.0001$ | | | | | |
| Non-Hisp. Race | White | 794 | 79.5 | 359,557 | 77.1 |
| | Black or African-American | 113 | 11.3 | 53,985 | 11.6 |
| | Other ^b | 92 | 9.2 | 52,909 | 11.3 |
| | Total | 999 | 100.0 | 466,451 | 100.0 |
| NS | | | | | |
| Hispanic Ethnicity | Yes | 125 | 12.5 | 52,333 | 11.2 |
| | No | 875 | 87.5 | 415,586 | 88.8 |
| | Total | 1000 | 100.0 | 467,919 | 100.0 |
| NS | | | | | |
| Education level | <9 th grade/some HS | 248 | 24.9 | 71,600 | 15.2 |
| | HS grad/GED | 379 | 38.1 | 187,899 | 40.0 |

| Item | Response | Tobacco users ^a served by the program | | Cigarette users Statewide (BRFSS 2011, weighted) | |
|--|---|--|-------|--|--------|
| | | N | % | N | % |
| | Some college | 291 | 29.3 | 139,915 | 29.8 |
| | College degree or more | 76 | 7.7 | 70,722 | 15.0 |
| | Total | 994 | 100.0 | 470,136 | 100.0 |
| $\chi^2 = 51.5$, $df=3$, $p<.0001$ | | | | | |
| Insurance status | Uninsured | 58 | 5.8 | 94,745 | 20.3 |
| | Insured (govt. or private) ^c | 941 | 94.2 | 372,591 | 79.7 |
| | Total | 999 | 100.0 | 467,337 | 100.00 |
| $\chi^2 = 94.12$, $df=1$, $p<.0001$ | | | | | |
| ^a While BRFSS includes cigarette smokers only; CCI data includes 21 exclusive users of other forms of tobacco and 122 dual users (cigarettes and other tobacco). ^b For the programs, this includes: Asian (n=4), American-Indian/Alaskan Native (n= 5), and Native Hawaiian or Pacific Islander (n=2), and “other: please specify” (n=81). 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 (86%) were on some form of government-sponsored insurance (e.g. Medicaid). BRFSS only asks those that are 64 years of age and under, whereas CCI includes 44 individuals that are 65+. | | | | | |

Clinical Characteristics. Data collected from each enrollee’s most recent enrollments, reveals that majority of program enrollees (92%) had used tobacco sometime within the 30 days prior to program enrollment and 87% had tried to quit using tobacco before enrolling in the program. Most (91%) of enrollees were cigarette users, 39% of which were light smokers (<10 cigarettes per day), 44% were moderate smokers (11-20 cigs. per day), and 17% were heavy smokers (21+ cigs. per day). Around 14% of enrollees reported using other forms of tobacco, 15% (n=21) of which were exclusive users of other forms of tobacco (no cigarettes). Just over half (52%) of enrollees reported living with a smoker. In terms of other co-morbid health conditions, 66% were receiving or had received treatment for one or more physical health condition at the time of program enrollment and 98% had received or were currently receiving treatment for one or more mental health condition (as would be expected within these programs).

Target Population. CCI was contracted to serve adults (18 + years of age) that are severely mentally ill and/or substance use dependent. Given that CCI’s programs are operated primarily within behavioral health clinics, almost all reported current or past treatment for a mental health condition and almost all were adults, CCI appears to have reached their target population.

Overall, CCI has successfully served a highly underserved and vulnerable population of tobacco users, that typically have more difficulty quitting and who suffer disproportionately from the negative effects of tobacco dependence.

Program Utilization

Of the 1,007 enrollees with valid⁷ program utilization data, 79% (n=797) attended at least one counseling session within their most recent enrollment. More specifically, 33% attended 1-2 counseling sessions, 16% attended 3-4 sessions, and 30% attended 5 or more counseling sessions. This comes out to be about an average of 4.2 sessions (stdev=3.4; min=1, max=15) attended per enrollee. When looking at individual and group session attendance separately, 32% (n=327) attended one or more individual session and 64% (n=640) attended one or more group session. Of those that attended individual sessions, 19% (n=37) attended four or more sessions and of those that attended group sessions, 45% (n=290) attended four or more sessions. Lastly, 28 enrollees (2.8%) took part in one or more relapse prevention session.

In general, these results indicate that the CCI tobacco cessation programs have been successful in engaging enrollees in multiple counseling sessions, particularly group sessions. While it might be beneficial for CCI's programs to engage more enrollees in relapse prevention programming, the high rate of program re-enrollment suggests that individuals are re-enrolling in either the pre-cessation or cessation programs, instead of opting for relapse-specific sessions. However, more investigation would be needed to fully understand enrollment and program utilization practices.

Program Completion / Drop Out

Tobacco use data at program completion and drop out were collected from 82% (n=822) of eligible program enrollees, using the program completion / drop out portion of the Attendance Tracking Form. The results below correspond to participants' most recent enrollment.

⁷ There were 14 enrollments that might not be expected to have final utilization data yet given their date of enrollment (e.g. late December 2012 enrollment).

Of the 822 program participants surveyed, 13% (n=107) had been abstinent from all forms of tobacco for 30 or more days at the time they completed the program completion / drop out form. Of those that were still using cigarettes at this time (n=680), 92% (n=628) were still smoking cigarettes every day and 6% (n=40) smoked on some days. Around 10% (n=78) reported using some other form of tobacco, of those 22% (n=17) used other forms of tobacco exclusively.

Less than half of respondents (44%) reported having tried to quit using tobacco during their participation in the program⁸. Of those that tried to quit (n=365), 58% reported using one or more forms of cessation pharmacotherapy to help them in their quit attempt. Around half of respondents (49%, n=400) reported making changes in their smoking habits. Of those that made changes, 50% reported reducing or no longer smoking in their home, work, car or in public and 25% reported only smoking outside. Most respondents reported being referred to one or more relapse prevention resources including the CT Quitline (77%), a relapse prevention support group (35%), individual relapse sessions (11%), or some other form of relapse support (34%).

Overall, these results show that the CCI programs have had some success helping program participants to quit using tobacco, including assisting individuals in using cessation medications and providing them with referrals to relapse prevention services. The programs have also helped a substantial number of enrollees to make changes to their smoking habits to protect others from being exposed to secondhand smoke.

Patient Satisfaction

Patient satisfaction data was collected from 19% (n=188) of program participants after their most recent enrollment. Of those that responded to the survey, most 98% (n=184) reported being satisfied overall with the programming they had received. Additionally, most reported being satisfied with the time sessions were held and location of sessions, most agreed that the information presented was clear and easy to understand and that the counselor treated them with respect. Additionally, most reported that they had received the type of service they needed to quit and that the program met most of their quitting needs. Finally, almost all would come back to the program if they needed

⁸ Responses reflect a combination of individuals with pre-cessation and cessation program enrollments. Those in pre-cessation enrollments would be less likely to have tried to quit.

additional assistance to quit and all would recommend the program to a friend trying to quit.

While patient satisfaction is extremely high, overall, the results are based on less than a quarter of program participants so are likely not representative of all clients served. More patient satisfaction data needs to be collected (from at least 50% of program participants) to increase the accuracy of the results.

Patient Follow-Up

Outcome results were separated for those in the pre-cessation (low-motivation) and cessation (high-motivation) groups at 4 and 7-month follow-up, as the purpose of these two types of programs differs. Namely, the pre-cessation (low-motivation) group is intended for individuals that are not yet ready to quit and the cessation group is intended for individuals that are ready to quit.

Intermediate Outcomes (4-month follow-up).

Overall, CCI programs were successful in reaching 88% (n=582) of all of those eligible for 4-month follow-up. Those in the high-motivation group were significantly more likely to respond than those in the low-motivation group (91% vs. 81% response rate)⁹. Since the response rates were so high and the number responding is over 100, the results of outcome analyses provide a good estimate of enrollee outcomes four months post program enrollment.

Low-Motivation (pre-cessation). A total of 142 enrollees (81% of those eligible) had valid 4-month follow-up survey data¹⁰. The following is a summary of quit rate and tobacco reduction outcomes for respondents.

Among survey respondents, 9.2% (95% CI: 5.0, 15.6) reported abstinence from tobacco for 30 or more days before completing the survey¹¹. This is the responder quit rate,

⁹ Respondents were also less likely to be receiving or have received past treatment for cancer.

¹⁰ If a follow up survey was conducted within +/- 30 days of 4 months post enrollment date and the client had tobacco use data at enrollment and follow-up, they are considered valid and included in the 4-month follow-up survey data set.

¹¹ To be considered abstinent at follow-up, a client had to be completely abstinent from all forms of tobacco for at least 30 days at the time they took the survey (i.e. 30-day point prevalence abstinence rate). Clients that were not using tobacco at enrollment were excluded from quit rate analyses.

which is typically considered the more liberal estimate of quit outcomes. A more conservative intent-to-treat (ITT) rate was also calculated. The ITT-rate is 7.4% (95%CI: 4.07, 12.7). The “true” 4-month quit rate likely resides somewhere between the conservative 7.4% ITT quit rate and the 9.2% responder quit rate, which is in line with or slightly higher than the 4-7% quit rate for those quitting unassisted (no counseling, no medications)^{12,13}. The quit rate for those in the low-motivation (pre-cessation), however, would be expected to be around this rate or less, as they are not expected to make quit attempts within this program.

For the 13 individuals that were abstinent at 4-month follow-up, 5 (38%) had participated in five or more counseling sessions and 8 (62%) had used NRT. In comparison, of the 129 that were non-abstinent at 4-month follow-up, 68 (53%) had participated in five or more sessions and 27 (21%) had used cessation medications to help them quit. It appears from these findings that those that were 30-day abstinent at 4-month follow-up were less likely to have attended five or more sessions but were much more likely to have used cessation medications. Those still using tobacco at 4-month follow-up were able to significantly reduce the average amount of cigarettes smoked per day between program enrollment and follow-up. These cigarette reduction results along with the use of cessation medications in this low-motivator sample may reflect individuals that have been started on cessation medications in advance of a quit attempt or to help them reduce their tobacco use (perhaps in advance of a cessation program enrollment).

Additionally, 56% (n=80) respondents noted that they were able to make changes in their smoking habits. Of these respondents, 50% reported reducing or no longer smoking in public, 46% reported reducing or no longer smoking in their home, and 31% reported only smoking outside.

High-Motivation (pre-cessation). A total of 440 enrollees (91% of those eligible) had valid 4-month follow-up survey data. The following is a summary of quit rate and tobacco reduction outcomes for respondents.

¹² Baillie AJ, Mattick RP, Hall W (1995). "Quitting smoking: estimation by meta-analysis of the rate of unaided smoking cessation". *Aust J Public Health* 19 (2): 129–31.

¹³ "Guide to quitting smoking. A word about quitting success rates". American Cancer Society. January 2011. <http://www.cancer.org/Healthy/StayAwayfromTobacco/GuidetoQuittingSmoking/guide-to-quitting-smoking-success-rates>. (last revised 6/27/2011)

Among survey respondents, 16.8% (95% CI: 13.5, 20.7) reported abstinence from tobacco for 30 or more days before completing the survey. This is the more liberal responder quit rate. The more conservative ITT-rate is 15.2% (95%CI: 12.2, 18.8). The “true” 4-month quit rate likely resides somewhere between the conservative 15.2% ITT quit rate and the 16.8% responder quit rate, which is significantly higher than the quit rate for low-motivator enrollees and the 4-7% quit rate for those quitting unassisted (no counseling, no medications). The quit rate for those in the high-motivation (cessation) group would be expected to be higher; however, it is promising that those with high-motivator enrollments are more likely than those in the low-motivator group to quit.

For the 74 individuals that were abstinent at 4-month follow-up, 64 (87%) had participated in five or more counseling sessions and 68 (92%) had used one or more cessation medication. In comparison, of the 366 that were non-abstinent at 4-month follow-up, 235 (64%) had participated in five or more sessions and 224 (67%) had used cessation medications to help them quit. It appears from these findings that those that were 30-day abstinent at 4-month follow-up were more likely to have attended five or more sessions and to have used cessation medications. Those still using tobacco at 4-month follow-up were able to significantly reduce the average amount of cigarettes smoked per day between program enrollment and follow-up. The reduction was more significant for program completers versus drop outs.

Additionally, 76% (n=334) respondents noted that they were able to make changes in their smoking habits. Of these respondents, 40% reported reducing or no longer smoking in public, 43% reported reducing or no longer smoking in their home, and 28% reported only smoking outside.

Overall, at 4-month follow-up, respondents from the high-motivator (cessation) programs were more likely to have been 30-day abstinent. Those in the high-motivator programs were more likely to have attended five or more counseling sessions and to take some form of cessation medication than those in the low-motivator (pre-cessation) programs. The lower medication use in the low-motivation program would be expected; however, a substantial proportion of those in the low-motivation group reported using meds. This likely contributed to a number of those in the low-motivation group being quit at 4-month follow-up. Respondents from both the low-motivator and high-motivator groups that were not 30-day abstinent were still able to reduce the number of cigarettes smoked per day since enrollment. Finally, the majority

of respondents in both groups reported being able to make changes to their smoking habits to protect others from secondhand smoke exposure.

Long-term Outcomes (7-month follow-up)

Overall, CCI programs were successful in reaching 54% (n=328) of all of those eligible for 7-month follow-up. Those in the high-motivation group were significantly more likely to respond than those in the low-motivation group (49% vs. 56% response rate).

Low-Motivation (pre-cessation). A total of 84 enrollees (49% of those eligible) had valid 7-month follow-up survey data. The following is a summary of quit rate and tobacco reduction outcomes for respondents. Since the response rate was slightly below 50% and the total number surveyed was less than 100, results should be interpreted with some caution.

Amongst survey respondents, 7.1% (95% CI: 2.5, 15.7) reported abstinence from tobacco for 30 or more days before completing the survey¹⁴. This is the more liberal responder quit rate. The more conservative ITT-rate is 3.5% (95%CI: 1.2, 8.0). The “true” 7-month quit rate likely resides somewhere between the conservative 1.2% ITT quit rate and the 7.1% responder quit rate, which is in line with or slightly higher than the 4-7% quit rate for those quitting unassisted (no counseling, no medications). The quit rate for those in the low-motivation (pre-cessation) would be expected to be around this rate as they are not expected to make quit attempts within this program.

For the 6 individuals that were abstinent at 7-month follow-up, 4 (67%) had participated in five or more counseling sessions and 5 (83%) had used cessation medication. In comparison, of the 78 that were non-abstinent at 7-month follow-up, 34 (44%) had participated in five or more sessions and 23 (30%) had used cessation medications to help them quit. Those still using tobacco at 7-month follow-up appear to have been able to reduce the average amount of cigarettes smoked per day between program enrollment and follow-up.

Additionally, 70% (n=59) respondents noted that they were able to make changes in their smoking habits. Also, 63% reported reducing or no longer smoking at home, 41%

¹⁴ To be considered abstinent at follow-up, a client had to be completely abstinent from all forms of tobacco for at least 30 days at the time they took the survey (i.e. 30-day point prevalence abstinence rate). Clients that were not using tobacco at enrollment were excluded from quit rate analyses.

reported reducing or no longer smoking in public, and 36% reported only smoking outside.

High-Motivation (pre-cessation). A total of 244 enrollees (56% of those eligible) had valid 7-month follow-up survey data. The following is a summary of quit rate and tobacco reduction outcomes for respondents.

Among survey respondents, 13.9% (95% CI: 9.9, 19.1) reported abstinence from tobacco for 30 or more days before completing the survey. This is the more liberal responder quit rate. The more conservative ITT-rate is 7.9% (95%CI: 5.5, 10.9). The “true” 7-month quit rate likely resides somewhere between the conservative 7.9% ITT quit rate and the 13.9% responder quit rate, which is slightly higher than the quit rate for low-motivator enrollees and the 4-7% unassisted quit rate. The quit rate for those in the high-motivation (cessation) group would be expected to be higher; however, it is promising that those with high-motivator enrollments are more likely than those in the low-motivator group to quit.

For the 34 individuals that were abstinent at 7-month follow-up, 31 (91%) had participated in five or more counseling sessions and 31 (91%) had used cessation medications. In comparison, of the 210 that were non-abstinent at 7-month follow-up, 150 (71%) had participated in five or more sessions and 136 (65%) had used cessation medications. These findings appear to show that those that were 30-day abstinent at 7-month follow-up were more likely to have attended five or more sessions and to have used cessation medications. Those still using tobacco at 7-month follow-up were able to significantly reduce the average amount of cigarettes smoked per day between program enrollment and follow-up.

Additionally, 80% (n=196) respondents noted that they were able to make changes in their smoking habits. Of these respondents, 43% reported reducing or no longer smoking in public, 51% reported no longer smoking at home, and 27% reported only smoking outside.

Overall, at 7-month follow-up those in the high-motivation (cessation) program were more likely to be 30-day abstinent than those in the low-motivation (pre-cessation) program, as expected. Those in the high-motivation group were more likely to attend five or more sessions and to use one or more cessation medications; however, those that

were abstinent in both program types were more likely to have attended five or more sessions and to have used cessation medications than those that were not abstinent. This finding is consistent with tobacco control best-practices which indicate that more intervention received (counseling + medications) is associated with greater quit success. For those that were not abstinent at follow-up, many were able to reduce the number of cigarettes they smoked per day since enrollment. Additionally, the majority of respondents reported making changes to their smoking habits to protect others from secondhand smoke exposure.

Pregnancy Outcomes

CCI had six enrollees that reported being pregnant at enrollment; however, pregnancy outcomes were not collected for these individuals.

Conclusions

Key Strengths

These results show that CCI sub-grantees were successful at tapping into and recruiting from within their existing client populations, reaching their target populations and serving some of the most vulnerable populations of tobacco users. CCI programs have been able to keep enrollees coming back for multiple counseling sessions in the low-motivation (pre-cessation) and high-motivation (cessation) programs—around 30% attended five or more sessions.

Additionally, a large proportion of enrollees in both program types have utilized cessation medications to help them reduce their tobacco consumption or quit altogether. Enrollees in the high-motivation groups were more likely to be 30-day abstinent at four and seven-month follow-up; however, even some in the low-motivation group were able to quit or reduce their tobacco use. This may be reflective of the overall high rate of program utilization and cessation medication use in both programs as well as the fact that enrollees may go back and forth between the two groups. Additionally, the majority of enrollees reported making changes to their smoking habits to protect the health of non-smokers. Finally, CCI programs greatly

improved their rate of data collection at 4 and 7-month follow-up (from previous reporting periods), which has enabled them to show their programs successes.

Key Challenges

The key challenge for many of the CCI programs was recruitment. Combining enrollments from all CCI agencies, CCI met less than 50% of its enrollment goal. While some agencies were more successful than others in getting closer to their program goals, only four met at least 50% of their goal. These four programs, perhaps not surprisingly, were the earliest sub-grantees and may finally be at a point where tobacco dependence treatment is more of a norm for clients. It should also be noted that there were not many enrollments for the “other agency” category, which may signify that the approach of providing occasional pre-cessation or cessation programming within agencies not fully engaged in the ATTOC Model may not work as well—possibly due to a lack of organizational buy-in for treating tobacco use dependence. Another challenge for CCI was collection of program satisfaction data. Data were collected from less than a quarter of enrollees and is likely not representative of program enrollees overall.

Future Opportunities

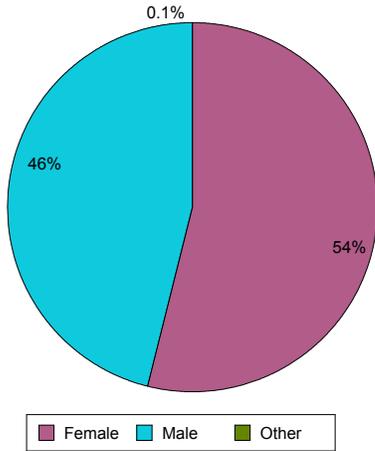
Outcome data collection. Even though the CCI programs are no longer being funded by CT DPH, they should be encouraged to keep collecting data on cigarette and other tobacco use, medication use and abstinence from enrollees, minimally at 7-months post-enrollment. However, collecting data at 4-months post-enrollment may provide an opportunity for showing intermediate outcomes. Additionally, CCI programs may want to collect satisfaction data from a random sample of low-motivator and high-motivator enrollees, at about 3-months post-enrollment date, to see if there are any barriers to program participation.

Additional research. CCI or CT DPH should conduct additional research into facilitators of and barriers to implementing the ATTOC Model, including pre-cessation and cessation programming, in these organizations to help identify some promising practices. Lessons learned from the CCI agencies could help inform practice in CCI agencies as well as future SMI/SUD tobacco cessation initiatives.

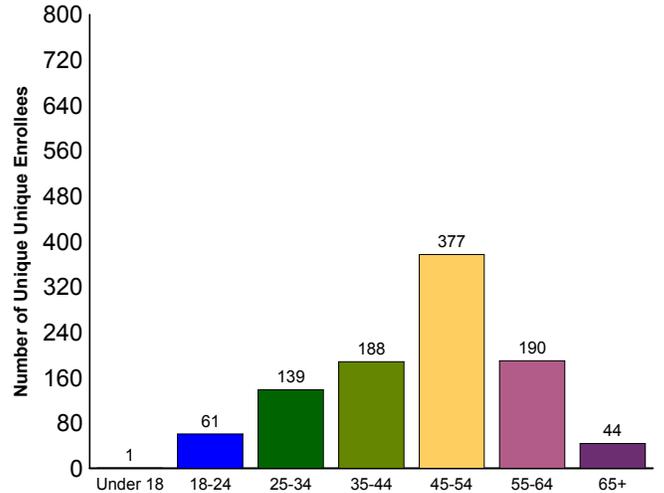
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Demographic Characteristics* (N= 1,014)**

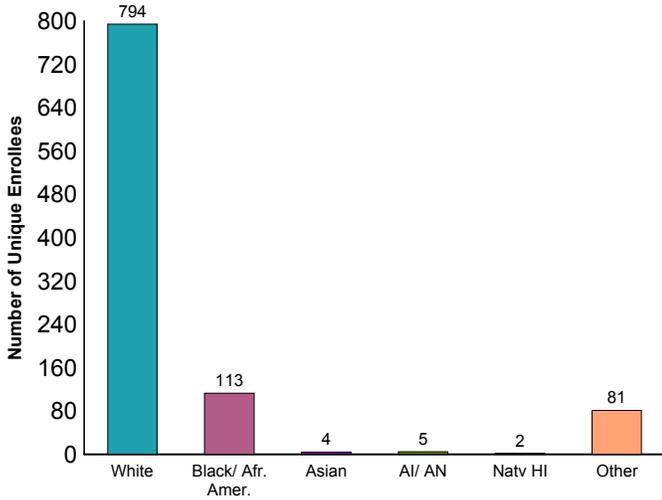
Gender (n=1,001)



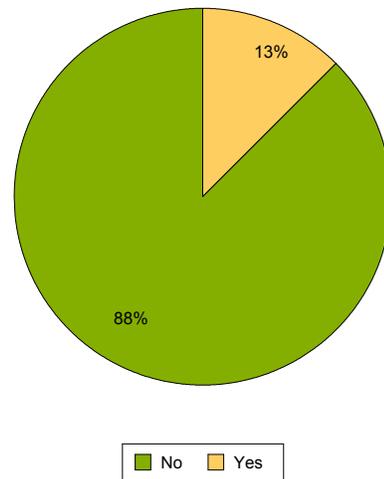
Age (n=1,000)



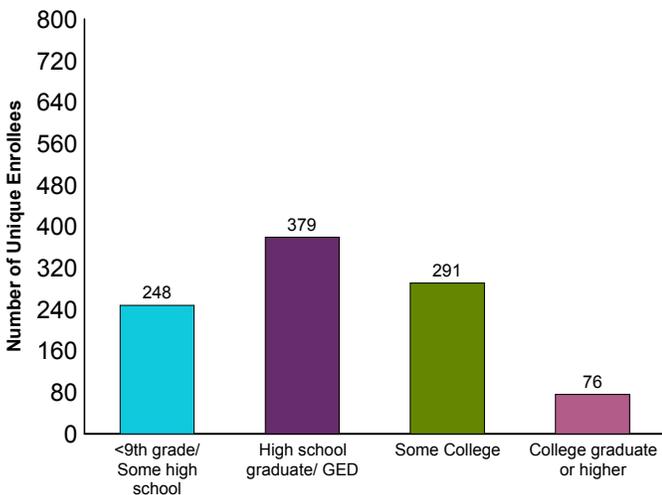
Race (n=999)



Hispanic Ethnicity (n=1,000)



Education (n=994)

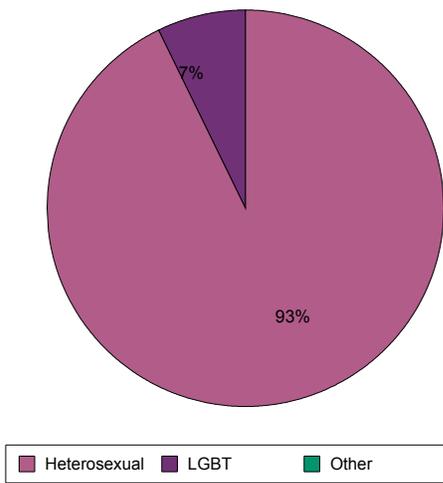


*Data source is the Program Enrollment and Referral Form; data are from the most recent enrollment.

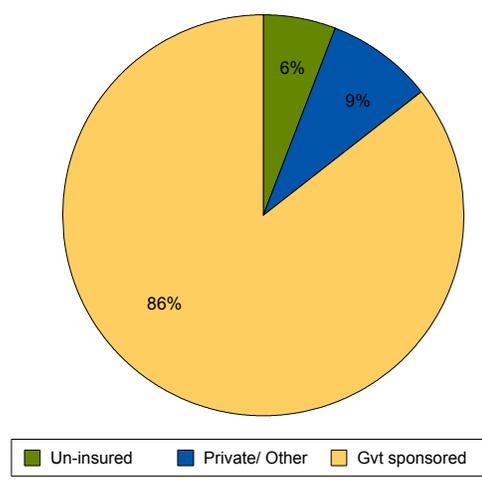
** Missing data are removed; each chart now reflects valid data only. The n per chart may differ from the total (N= 1,014).

Demographic Characteristics* (N= 1,014)**

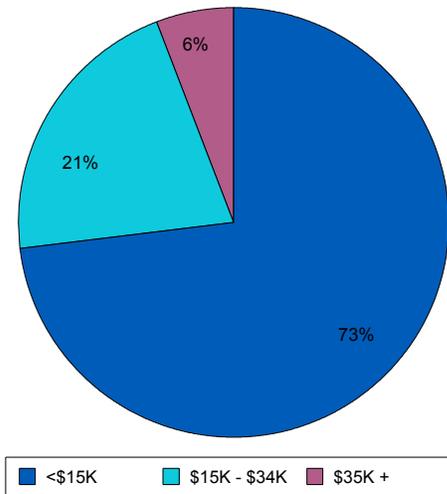
Sexual Orientation (n=917)



Insurance Status (n=999)



Annual Income (n=998)



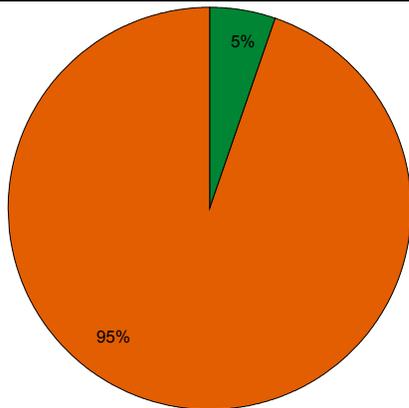
*Data source is the Program Enrollment and Referral Form; data are from the most recent enrollment.

** Missing data are removed; each chart now reflects valid data only. The n per chart may differ from the total (N= 1,014).

Clinical Characteristics * (N= 1,014)

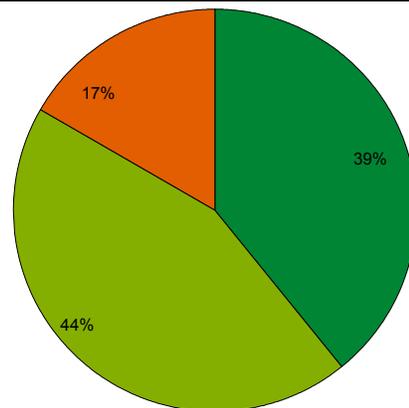
Tobacco Use and Quit History

Tobacco use in past 30-days (n=988)



■ No- not using tobacco ■ Yes- using tobacco

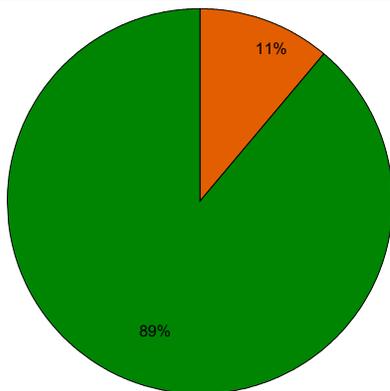
Cigarettes per day * (n=920 out of 923)



■ Light (0-10) ■ Moderate (11-20) ■ Heavy (21+)

*Only Reported for Tobacco users who used cigarettes in last 30 days

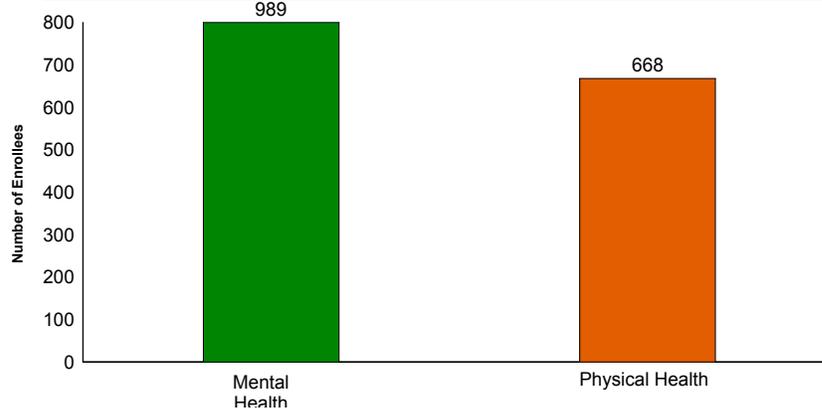
Ever tried to quit (n=997)



■ No ■ Yes

Physical and Mental Health History

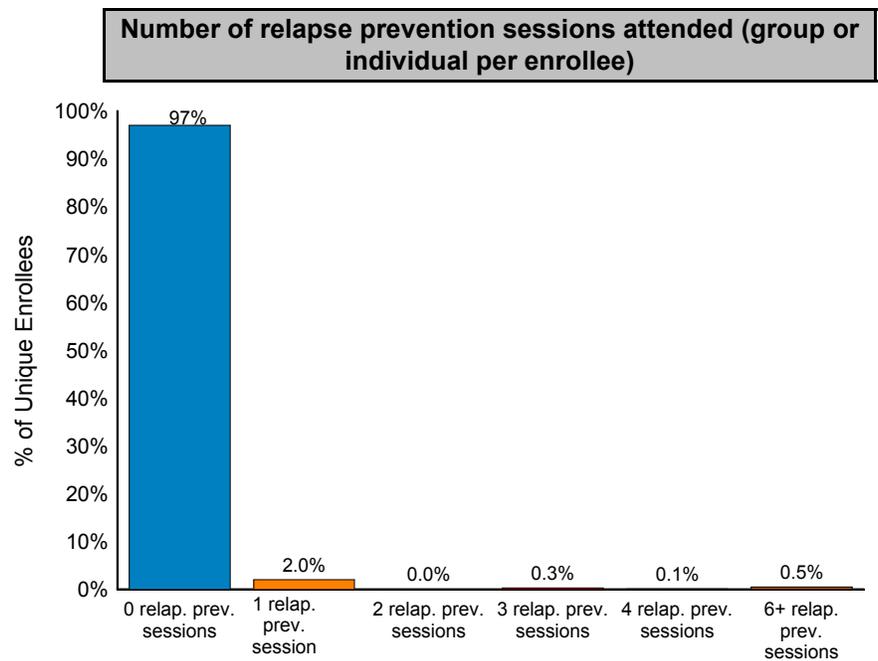
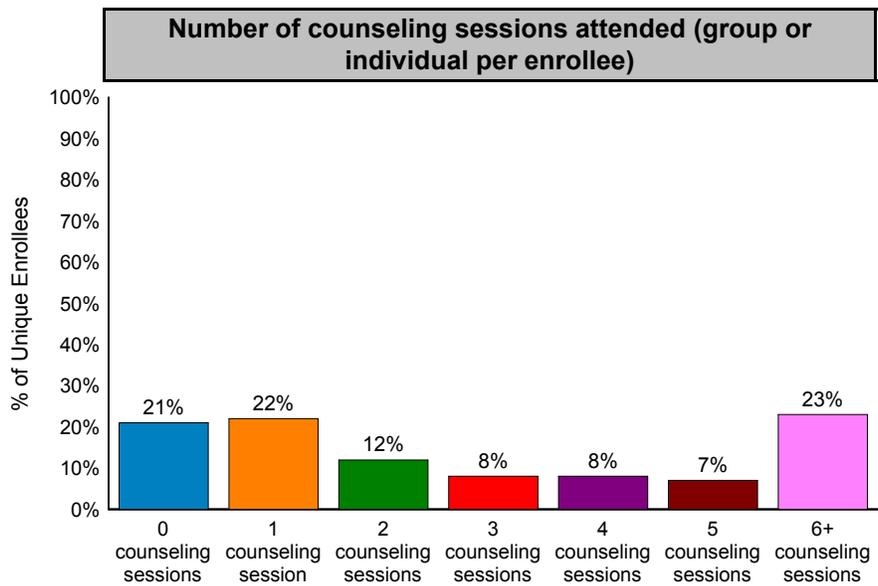
Treatment for at least one physical and mental health conditions



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

** Missing data are removed; each chart now reflects valid data only. The n per chart may differ from the total (N= 1,014).

Program Utilization* (N= 1,007)

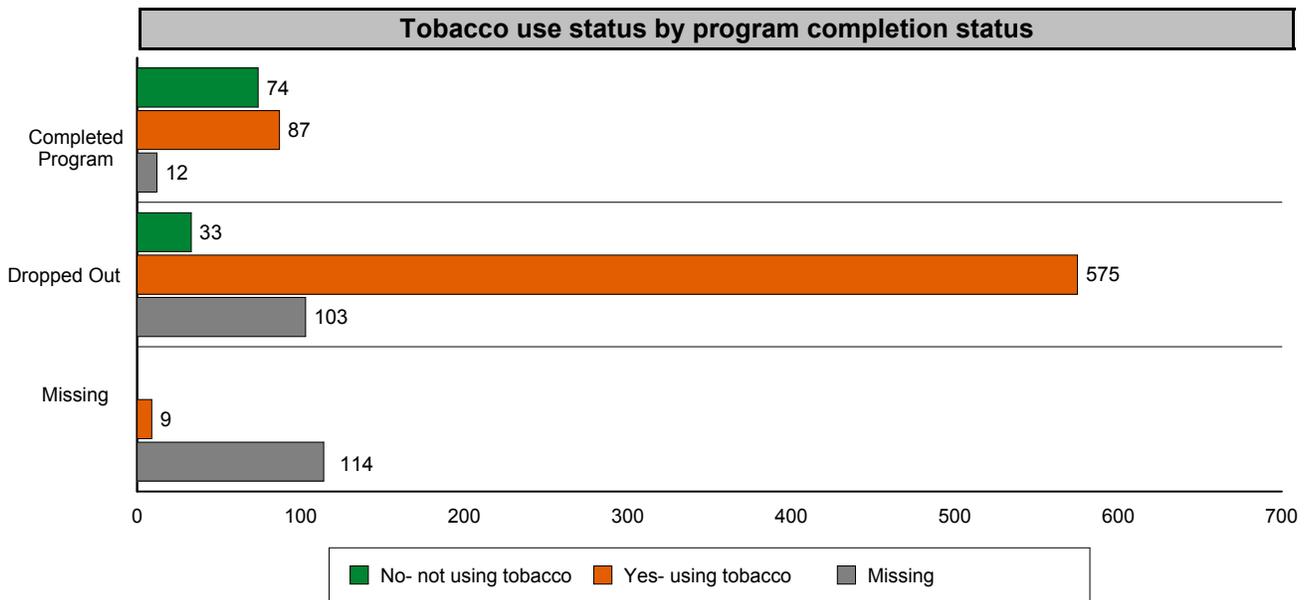


*Data source is the Attendance Tracking and Program Completion Form; data is from the most recent enrollment.

** Missing data are removed; each chart now reflects valid data only. The n per chart may differ from the total (N= 1,014).

***Utilization, graduation, and patient satisfaction are 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.

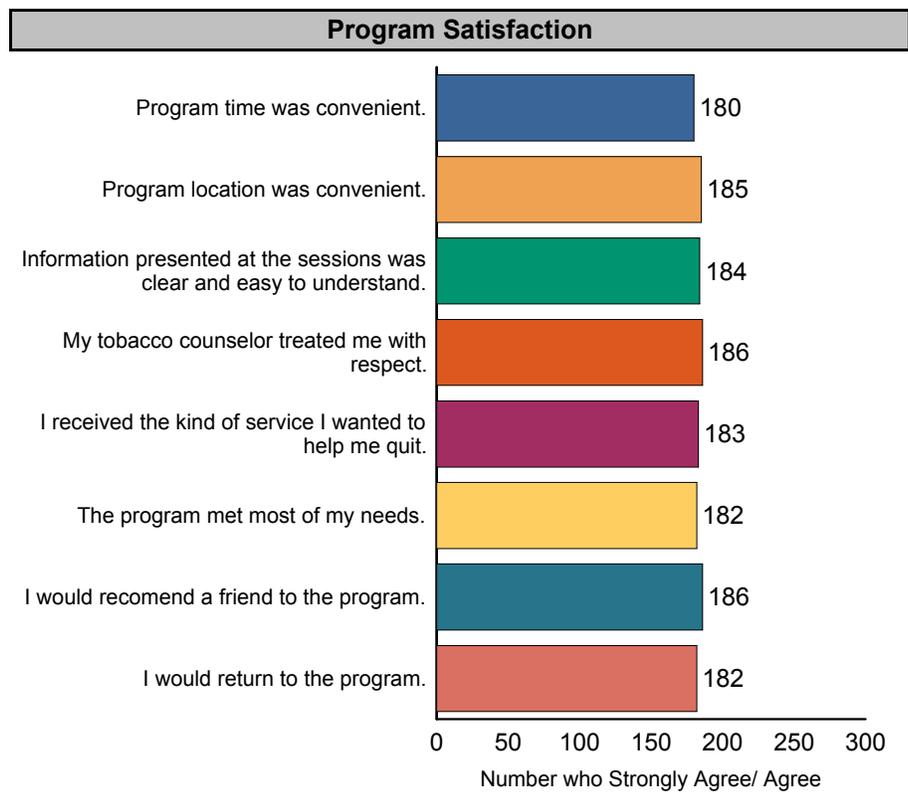
Program Completion* (N= 1,007)



* 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)

**Cigarette use reduction was calculated for completers and drop-outs who were still using cigarettes at program completion or dropout. No enrollees with missing program completion status or missing cigarette use status were included in the analysis. Tests for significant differences are only

Patient Satisfaction with Tobacco Cessation Services* (N= 186)



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

***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 Assessment*(N=601) **

CIGARETTE REDUCTION

| Cigarette reduction of those enrolling in the low motivation group who reported using cigarettes at 4-month follow-up*** | | | | |
|---|---|----------------------|---|----------------------|
| 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 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.</p> | |

| Cigarette reduction of those enrolling in the high motivation group who reported using cigarettes at 4-month follow-up*** | | | | |
|--|--|----------------------|---|----------------------|
| 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 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).</p> | |

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QUIT RATES

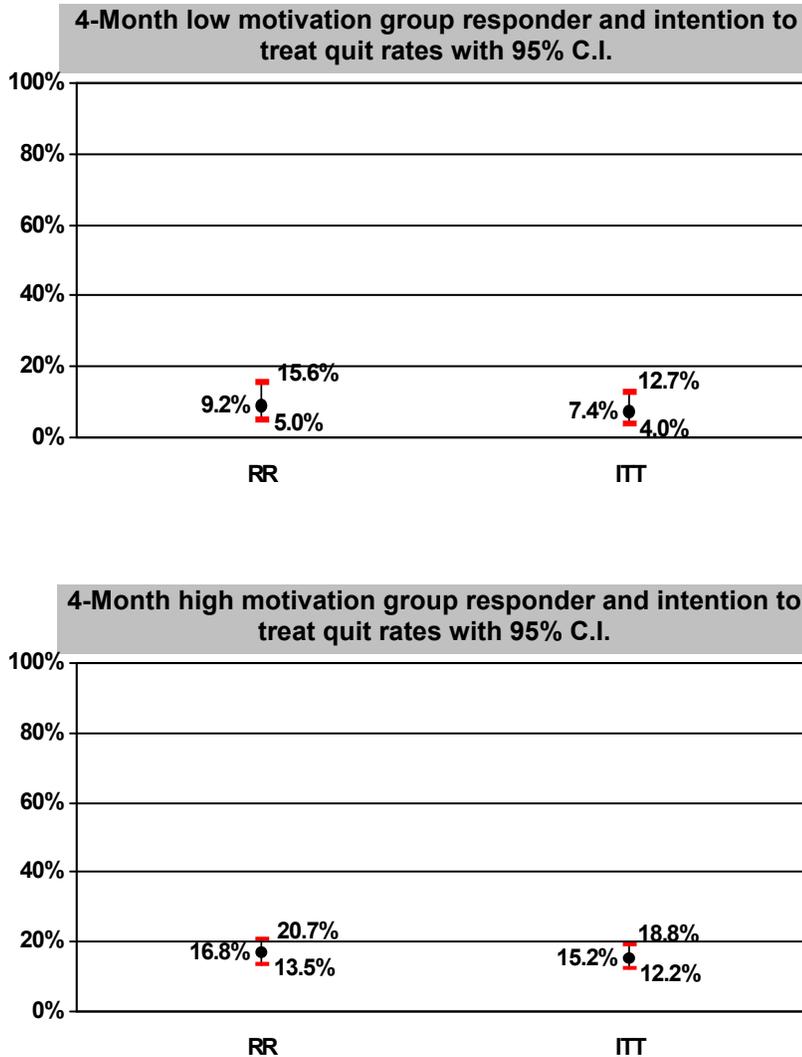
Responder (Quit) Rate (RR) = # abstinent / # who responded to the survey

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).

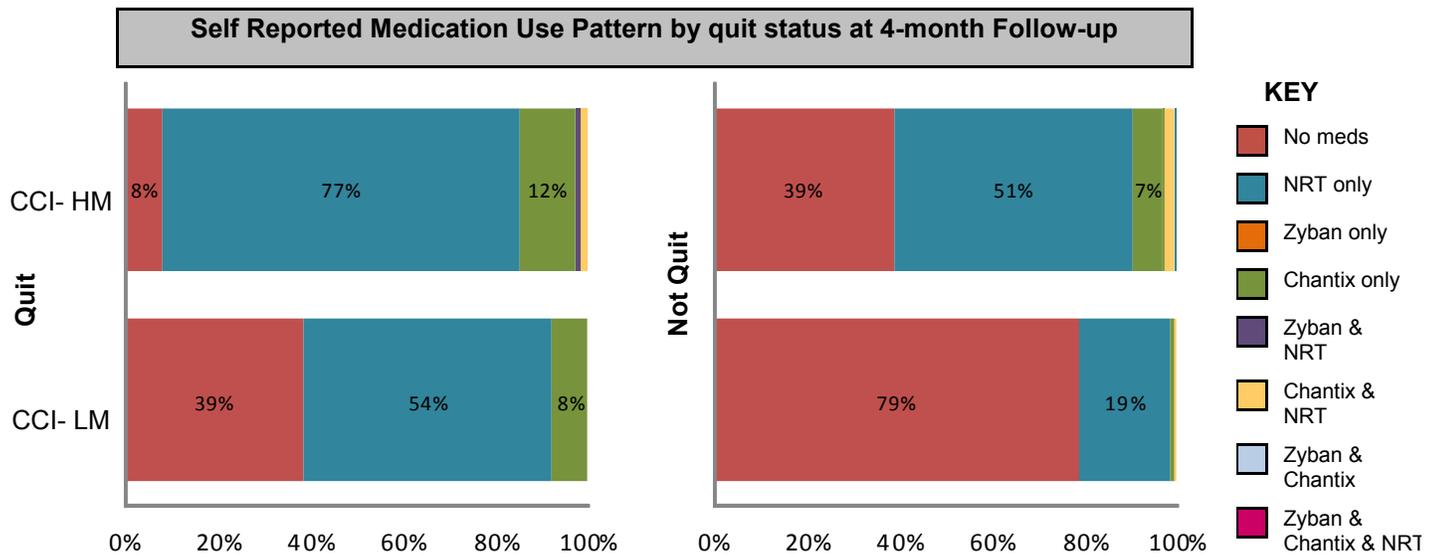
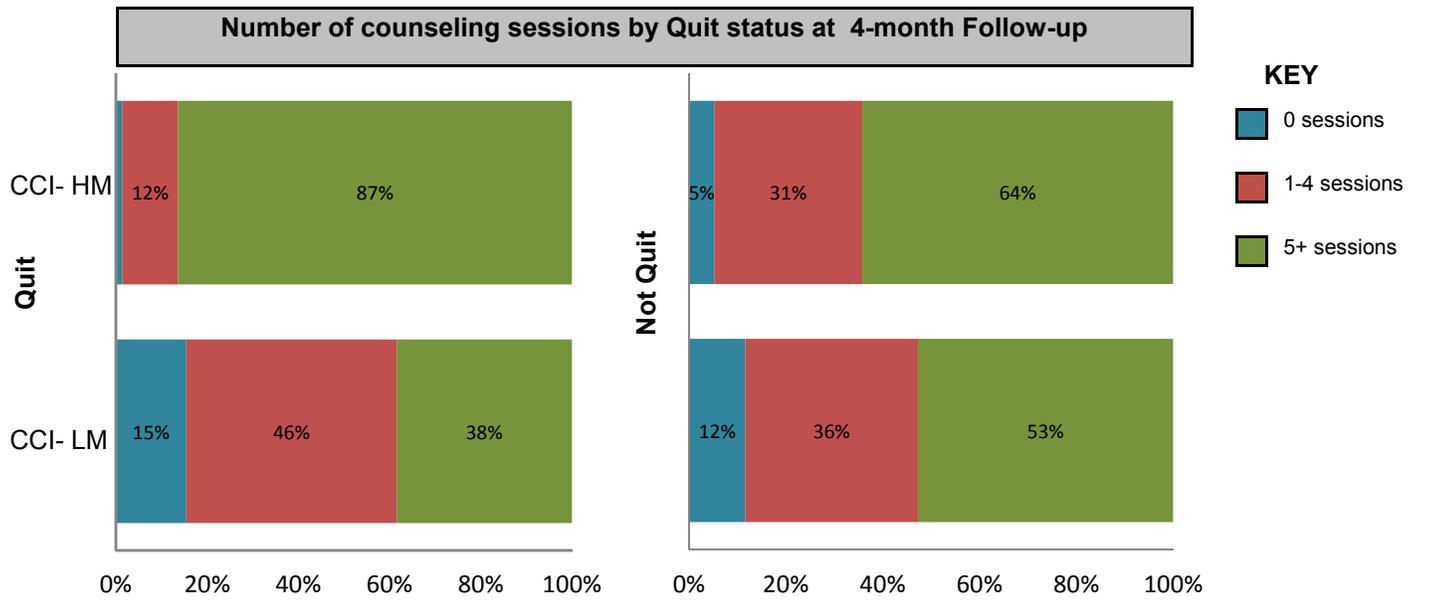
* For additional technical details please see the report Appendix A entitled: **Primer on Tobacco Abstinence Rates**



*Data source is the Patient Follow-Up Form; data is from the most recent enrollment.

***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=601)**



*Data source is the Patient Follow-Up Form; data is from the most recent enrollment.

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

7-Month Patient Follow-up Assessment* (N=348)**

CIGARETTE REDUCTION

Cigarette reduction of those enrolled in the low motivation group who reported using cigarettes at 7-month follow-up***

| 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 |

Cigarette reduction of those enrolled in the high motivation group who reported using cigarettes at 7-month follow-up***

| 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> |
|--|--|--|

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QUIT RATES

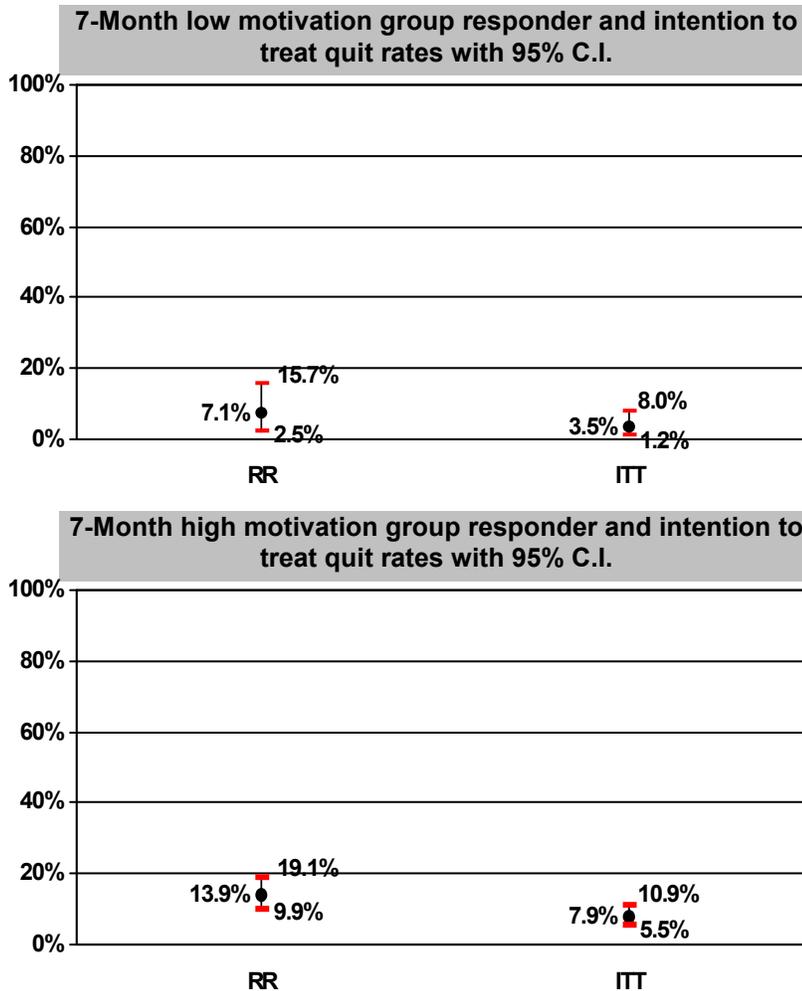
Responder (Quit) Rate (RR) = # abstinent / # who responded to the survey

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**

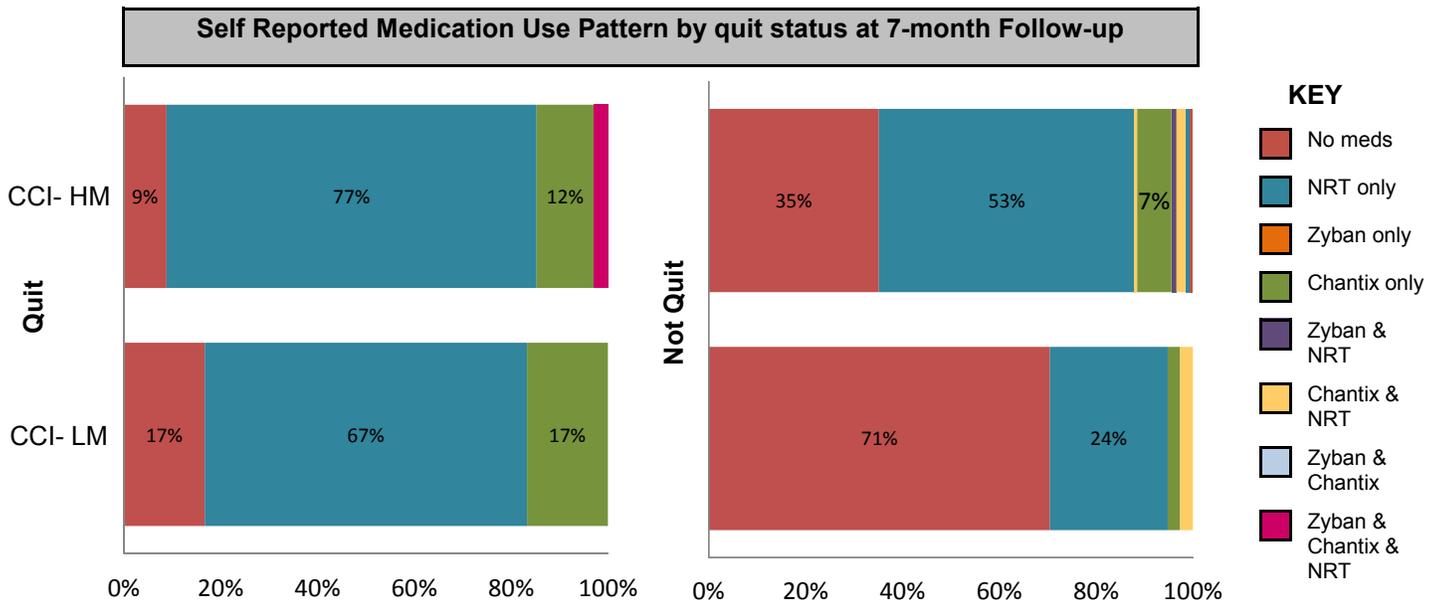
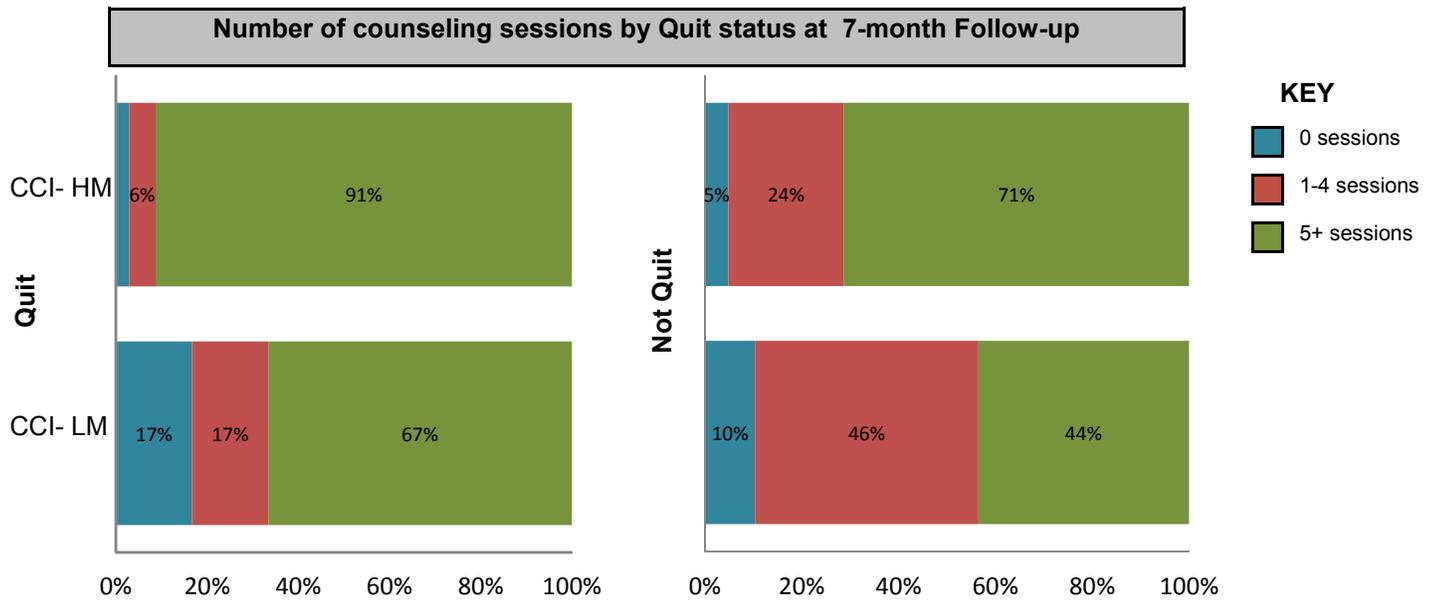


*Data source is the Patient Follow-Up Form; data is from the most recent enrollment.

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

***Cigarette use reduction was calculated for completers and drop-outs who were still using cigarettes at 7-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=348)**



*Data source is the Patient Follow-Up Form; data is from the most recent enrollment.

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

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.

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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 |

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| | | |
|-------|------|-------|
| Total | 1808 | 100.0 |
|-------|------|-------|

** 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 |

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| | | |
|---------------|------|-------|
| 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.

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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.

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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.

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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.

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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.

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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.

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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.

**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.

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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)

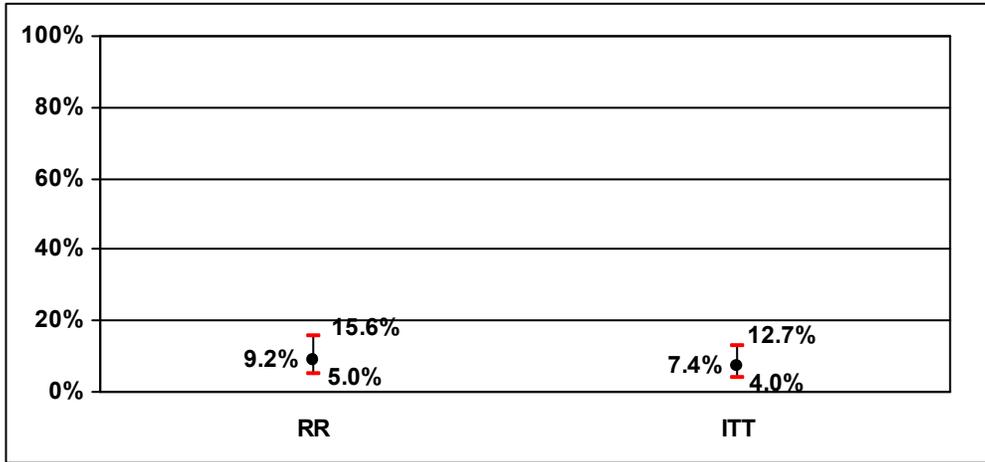


Table 73. Response and Intention to Treat Quit Rates Low Motivation (4-month)

| | 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)

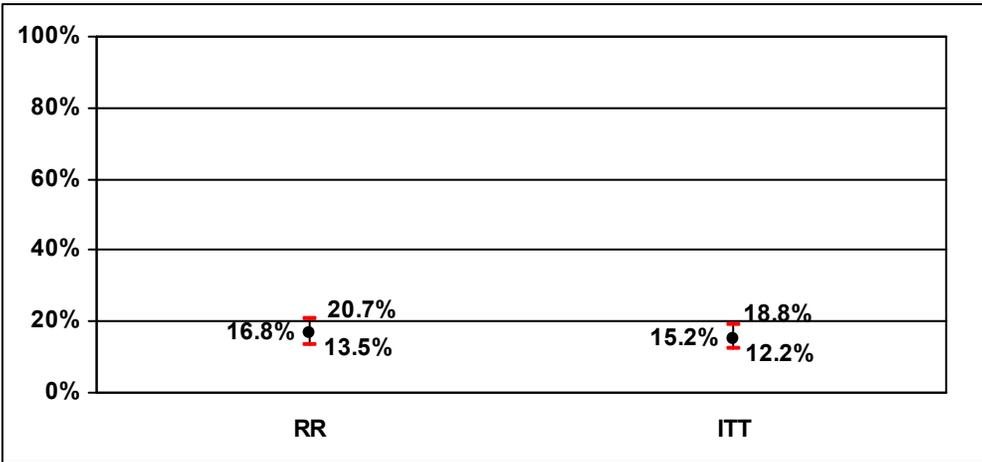


Table 80. Response and Intention to Treat Quit Rates High Motivation (4-month)

| | 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)

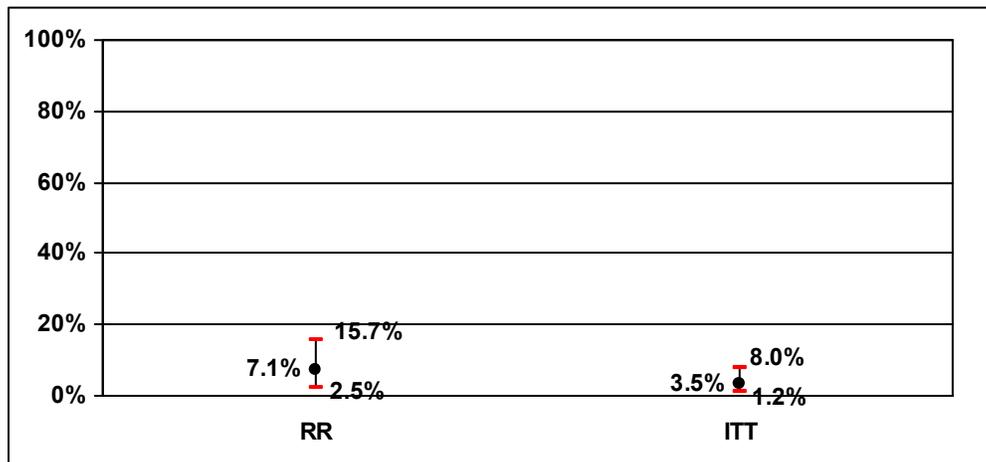


Table 87. Response and Intention to Treat Quit Rates Low Motivation (7-month)

| | 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.

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%.