

# Final Report Memorandum

**To:** Geralyn Laut and Lea Crown; City of Meriden  
**CC:** Barbara Walsh, Marian Storch; 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:** **City of Meriden Tobacco Cessation Program** (contract #2012-0118) - Cumulative Summary Report (November 2011 – January 2013)

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PDA received tobacco cessation program data from CT DPH for the City of Meriden's tobacco cessation program (contract #2012-0118). PDA has produced a final, cumulative report, based on this data from November 2011 through January 2013. 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 recommended next steps. Selected results are also provided graphically in the accompanying City of Meriden graphic dashboard report.

## Snapshot of Results

Key *successes* of the City of Meriden's tobacco cessation program include:

- **ENROLLMENT** – The program is on target to meet the goal number of enrollees by the end of the grant period, a notable achievement for a new program. Target populations have been successfully reached, including: women, Hispanics, individuals who use more than one form of tobacco, and individuals with limited education or lower incomes.
- **UTILIZATION** – Nearly all (98%) of participants attended at least one cessation counseling session. Meriden had a larger proportion of enrollees attend four or more sessions, as compared to a previous study of a similar program<sup>5</sup>.

- PROGRAM COMPLETION/DROP OUT – The majority of respondents (n=103) reported having tried to quit using tobacco during their participation in the program, and most reported using cessation pharmacotherapy to help in their quit attempt.
- SATISFACTION – Participant satisfaction was high, with nearly all of the respondents (50%, n=86) reporting high overall satisfaction.
- OUTCOMES – Meriden’s 7-month quit rates were high (between 30.2% and 38.8%) and were equal to or above that of the Connecticut Quitline.

Key *challenges of and next steps for* the City of Meriden’s tobacco cessation program include:

- EXPANDED ENROLLMENT OF TARGETED POPULATIONS – Meriden should try to recruit additional tobacco users under the age of 45, women of child-bearing age, as well as the uninsured.
- DATA COLLECTION - Continue to collect data thoroughly for all enrollees. At follow-up, continue to try and reach at least 50% of eligible enrollees, as this will help strengthen quit rate estimates. Obtaining 7-month follow-up data from at least 50% of program enrollees by the end of the grant period will help to show the strength of the program.

## Results

### Referral Sources

The majority of the City of Meriden’s program referrals (from participants’ most recent enrollment), came from “other referral source/self” (60%, n=102<sup>1</sup>). The next largest referral source was friends and family members (19%, n=32), followed by a brochure or flyer (12%, n=21), employer (5%, n=8), and less than 1% were referred by a counselor/therapist (n=1) or other health care/dental care provider (n=1). The cessation counselor noted that she likes to keep a close eye on from where and what sources people are being referred, so she understands what has worked and what has not worked. This close attention to referral sources is likely related to the program’s successes in recruiting program participants (as described below).

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<sup>1</sup> GERALYN described the “other /self” referral category as a combination of referrals from WIC, current/past client referred the person, medical clinic referred, or was the result of some kind of direct outreach (e.g. speaking engagement, newspaper article).

## Numbers Served

The City of Meriden enrolled a total of 171 individuals (182 valid<sup>2</sup> enrollments) in tobacco cessation programming between November 2011 and January 2013. These enrollments represent 87% of Meriden's contracted goal of individuals served (group or individual) as of January 2013. Of the contracted goal of 210 enrollees, a minimum of 60 enrollees were to take part in group sessions. Meriden has already exceeded this goal by having 65 enrollees take part in group sessions. Overall, while Meriden has not yet met its contracted goal of numbers served, they have made 84% of their goal with 9.5 months remaining in their contract, a notable accomplishment for a brand new program. If they maintain this momentum, they will likely reach or exceed their goal of 210 enrollments by the end of October 2013, when their contract ends.

## Enrollee Characteristics

*Demographic Characteristics.* Of the 171 unique participants that enrolled in Meriden's cessation programs<sup>3</sup>, 99% were adults (18+ years of age), 65% were female, 91% reported being heterosexual and 6% reported being pregnant at the time of enrollment. The majority of enrollees (88%) were White and 11% were Black or African American. Around 20% of enrollees reported being Hispanic or Latino and 8% reported Spanish as their primary language. Additionally, around two-thirds of enrollees (67%) had a high school degree or less, 26% had some college, and 6% had a college degree or higher. About 44% had an annual income of \$20,000 or less, 27% made \$20,000 to \$50,000 per year, and 18% made more than \$50,000 per year. Around 45% had either government-sponsored health insurance or private insurance and 9% had no health insurance.

As an additional point of reference, the demographic characteristics of Meriden's cessation program participants were compared to cigarette smokers in Connecticut using data from the 2011 Connecticut Behavior Risk Factor Surveillance Survey (BRFSS 2011). As shown in Table 1, when comparing Meriden participant's demographic characteristics to the population of cigarette smokers in Connecticut, it appears that Meriden served a significantly larger proportion of tobacco users that are female, older

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<sup>2</sup> Valid enrollments = single enrollments and multiple enrollments that occur after 3+ months w/out program contact.

<sup>3</sup> Data is associated with each enrollee's most recent enrollment.

(45+ years of age), Hispanic or Latino, had less than a college education, and had health insurance. They also served mostly White and Black/African American clients; however, this reflects the population of Meriden residents<sup>4</sup>. The town of Meriden also has a large Hispanic population, which may explain the larger program reach into this population. These results are somewhat to be expected given Meriden's focus on women and those with a lower socio-economic status. They may also be serving a slightly older segment of the tobacco using population, as this segment of the tobacco using population may be experiencing the health impacts of long-term tobacco use and, therefore, be more inclined to want to quit smoking.

Table 1. Comparison of City of Meriden participants (cigarette users) to the general population of Connecticut cigarette users on several key demographic variables (BRFSS 2011)

Item	Response	Tobacco users <sup>a</sup> served by the program		Cigarette users Statewide (BRFSS 2011, weighted)	
		N	%	N	%
<b>Gender</b>	Male	57	33.7	250,710	53.3
	Female	112	66.3	219,426	46.7
	Total	169	100.0	470,136	100.0
$\chi^2 = 21.86, df=1, p<.0001$					
<b>Age in years</b>	18-24	13	7.7	65,591	14.1
	25-34	31	18.3	109,763	23.4
	35-44	28	16.6	81,674	17.4
	45-54	50	29.6	104,673	22.4
	55-64+	46	27.1	106,192	22.7
	Total	169	100.0	468,253	100.0
$\chi^2 = 10.77, df=4, p=.0293$					
<b>Non-Hisp. Race</b>	White	150	89.3	359,557	77.1
	Black or African-American	18	10.7	53,985	11.6
	Other <sup>b</sup>	0	0.0	52,909	11.3
	Total	168	100.0	466,451	100.0
$\chi^2 = 23.22, df=2, p<.0001$					
<b>Hispanic Ethnicity</b>	Yes	34	20.1	52,333	11.2
	No	135	79.9	415,586	88.8
	Total	169	100.0	467,919	100.0
$\chi^2 = 9.96, df=1, p=.0016$					
<b>Education level</b>	<9 <sup>th</sup> grade/some HS	27	16.0	71,600	15.2
	HS grad/GED	87	51.5	187,899	40.0

<sup>4</sup> 2010 US Census. Profile of General Population and Housing Characteristics: 2010. Meriden town, New Haven County, CT.

Item	Response	Tobacco users <sup>a</sup> served by the program		Cigarette users Statewide (BRFSS 2011, weighted)	
		N	%	N	%
	Some college	45	26.6	139,915	29.8
	College degree or more	10	5.9	70,722	15.0
	Total	169	100.0	470,136	100.0
$\chi^2 = 14.11$ , df=3, p=.0028					
<b>Insurance status</b>	Uninsured	15	8.8	94,745	20.3
	Insured (govt. or private) <sup>c</sup>	154	91.2	372,591	79.7
	Total	169	100.0	467,337	100.00
$\chi^2 = 11.75$ , df=1, p=.0006					
<sup>a</sup> While BRFSS only includes cigarette users, Meriden's numbers include up to 8 enrollees that used other forms of tobacco exclusively. Additionally, around 20 of Meriden's cigarette users also used some other form of tobacco. <sup>b</sup> 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). <sup>c</sup> Includes any type of insurance (private and government-sponsored). At Meriden around 46% have government-sponsored insurance and 46% have private insurance. BRFSS only asks those that are 64 years of age and under, whereas Meriden includes 12 individuals that are 65+.					

*Clinical Characteristics.* Data collected from each enrollee's most recent enrollment reveals that all of Meriden's program enrollees (100%) had used tobacco sometime within the 30 days prior to program enrollment and 87% had tried to quit using tobacco at some point before program enrollment. Most enrollees were cigarette users (94%) and 5% were exclusive users of other tobacco products. Additionally, around 12% of cigarette users also used other tobacco products. Of those that used cigarettes, most smoked every day (89%), 34% of were light smokers (<10 cigarettes per day), 48% were moderate smokers (11-20 cigs. per day), and 19% were heavy smokers (21+ cigs. per day). Just under half (49%) reported living with a smoker. In terms of other self-reported co-morbid health conditions, 32% were receiving or had received treatment for one or more physical health condition at the time of program enrollment and 40% had received or were currently receiving treatment for one or more mental health condition.

*Target Population.* Meriden was contracted to serve tobacco users served by agencies and organizations in the Meriden, Connecticut area, inclusive of programs that serve low-income women. Meriden's cessation program appears to have been fairly successful in reaching this population of tobacco users, given the demographic

characteristics previously described. However, they may need to try and recruit a younger population of women of child-bearing age and the uninsured.

Overall, the City of Meriden has been successful in reaching a good segment of their target populations, including women, those with lower levels of education and low incomes, dual tobacco users, and Hispanic tobacco users, many of whom are in need of cessation services and might not receive them otherwise.

## Program Utilization

Overall, 63% of Meriden's enrollees attended one or more individual cessation sessions and 38% attended one or more group cessation sessions. Combining individual and group sessions, nearly all (98%) of Meriden's 171 unique enrollees<sup>5</sup> had attended at least one cessation counseling session. Of these enrollees, 29% (n=49) attended 1-2 counseling sessions, 26% (n=44) attended 3-4 counseling sessions, and 45% (n=75) had attended 5 or more counseling sessions. The average number of individual sessions attended was 2.92 (stdev=2.07; min=0, max=8), with 71% having attended three or more individual sessions. Also, the average number of group sessions attended was 1.6 (stdev=2.68; min=0, max=11), with 24% having attended three or more group sessions. Considering individual and group sessions together, the average number of sessions attended was 4.52 (stdev=2.77; min=1, max=12). When these levels of program utilization are compared to program utilization described in a previous study of similar face-to-face programs<sup>6</sup>, Meriden has had a larger proportion of enrollees attend 4 or more sessions (59% vs. 12%), and a much smaller proportion attending only 1 session (12% vs. 47%). Lastly, 16% (n=27) of enrollees attended one or more relapse prevention session as part of their most recent enrollment (avg=3.33 sessions; stdev=3.51, min=1, max=15). Overall, these results indicate that Meriden's tobacco cessation program has been very successful in getting enrollees to attend multiple one-on-one and group counseling sessions. They have also been successful in getting clients to participate in one or more relapse prevention sessions.

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<sup>5</sup> From the most recent enrollment

<sup>6</sup> Paula A. Keller, M.P.H.; Anne Betzner, Ph.D.; Lija Greenseid, Ph.D.; Barbara A. Schillo, Ph.D.; Jennifer L. Cash, M.P.H.; Michael G. Luxenberg, Ph.D. *Relative Reach, Utilization, Effectiveness and Costs of ClearWay Minnesota's<sup>SM</sup> QUITPLAN<sup>®</sup> Services*. Poster presented during the 2011 Society for Research on Nicotine and Tobacco annual meeting.

## Program Completion / Drop Out

Tobacco use data at program completion and drop out were collected from 68% (n=117) of Meriden's program enrollees using the program completion / drop out portion of the Attendance Tracking Form. The results described below correspond to each participant's most recent enrollment.

Of the 117 program participants surveyed, 43% (n=50) 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=67), 63% (n=42) were still smoking cigarettes every day and 24% (n=16) smoked on some days. Around 4% reported using some other form of tobacco, most of whom used these other forms of tobacco exclusively.

The majority of respondents (88%) reported having tried to quit using tobacco during their participation in the program. Most (81%) also reported using one or more forms of cessation pharmacotherapy to help them in their quit attempt. Over half (62%) reported making changes in their smoking habits. Of those that made changes, 36% reported reducing or no longer smoking in their home, work, car or in public and 6% reported only smoking outside. Most respondents reported being referred to one or more relapse prevention resources including the CT Quitline (89%), a relapse prevention support group (85%), individual relapse sessions (88%), or some other form of relapse prevention (74%).

Overall, these results indicate that Meriden's tobacco cessation program has been successful in helping participants quit or reduce their tobacco use in the short-term and has provided enrollees with information about relapse prevention support services.

## Patient Satisfaction

Patient satisfaction data was collected from 50% (n=86) of program participants. Of those that responded to the survey, nearly all (98%) reported being satisfied overall with the programming they had received. Additionally, 98% of respondents reported being satisfied with the when the program was offered, all agreed that the location was convenient, and that the information presented during sessions was clear and easy to

understand. All strongly agreed that the counselor treated them with respect, all but one reported that they received the service they wanted to help them to quit using tobacco, and all but two reported that the program met most of their quitting needs. All respondents agreed that they would recommend the program to a friend trying to quit and that they would return to the program if they needed help. Overall, these results provide evidence that enrollees are satisfied with the program and counselor, and feel that they are getting what they need from the program.

## Patient Follow-Up

*Intermediate Outcomes (4-month follow-up).* A total of 82 enrollees (85% of those eligible; 48% of all program enrollees) had valid 4-month follow-up survey data<sup>7</sup>. While the survey had a great response rate, responses reflect slightly less than 50% of *all* program enrollees, so findings should be interpreted with some caution.

Amongst survey respondents<sup>8</sup>, 40.2% (95% CI: 29.7, 51.7) reported abstinence from tobacco for 30 or more days before completing the survey<sup>9,10</sup>. This is the responder quit rate, which is typically considered the more liberal estimate of quit outcomes. A more conservative intent-to-treat (ITT) rate was also calculated. This ITT-rate is 34.0% (95%CI: 24.9, 44.4). The “true” 4-month quit rate likely resides somewhere between the conservative 34.0% ITT quit rate and the 40.2% responder quit rate, which is substantially higher than the 4-7% quit rate for those quitting unassisted (no counseling, no medications)<sup>11,12</sup>. Additionally, 33% of respondents noted that they were able to make changes in their smoking habits. Of these respondents, 33% reported reducing or no longer smoking in their home.

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<sup>7</sup> 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 were included in the 4-month follow-up survey data set.

<sup>8</sup> According to response bias analyses, program completers and those that did not have present or past treatment for drug addiction were more likely to respond.

<sup>9</sup> 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.

<sup>10</sup> This responder quit rate is derived by dividing the # the reported 30-day abstinence/# who responded to the survey. See Report Appendix A attached to the graphic dashboard report for further explanation of this quit rate.

<sup>11</sup> 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.

<sup>12</sup> "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)

Reviewing additional tobacco use information for those that were not 30-day abstinent reveals that, while not completely abstinent, they were able to reduce the average number of cigarettes they smoke per day from when they enrolled in the program (18 cigs per day at enrollment vs. 11 cigs per day at follow-up for program completers; 15 cigs per day at enrollment vs. 10 cigs per day at follow-up for drop outs).

For the 33 individuals that were abstinent at 4-month follow-up, 26 (79%) had participated in five or more counseling sessions and 32 (97%) had used NRT to help them quit. In comparison, of the 49 that were non-abstinent at 4-month follow-up, 31 (63%) had participated in five or more sessions and 44 (90%) 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 more sessions but were not much more likely to have used cessation medications. This reflects the fact the program has a high rate of utilization and is assisting enrollees in obtaining cessation medications. Additionally, 57% of respondents noted that they were able to make changes in their smoking habits. Of these respondents, 45% reported reducing or no longer smoking in their home and 11% reported only smoking outside.

*Long-term Outcomes (7-month follow-up).* A total of 63 enrollees (78% of those eligible for follow-up; 37% of all enrollees) had valid 7-month follow-up survey data<sup>13</sup>. While the survey had a great response rate, responses reflect less than 50% of *all* program enrollees, so findings should be interpreted with caution.

Of those that responded to the survey, 38.8% (95% CI: 25.4, 53.8) were abstinent from all tobacco for 30 or more days at the time they completed the survey. In comparison, the Connecticut Quitline's 30-day responder abstinence rate at 7-months post-enrollment is 27.1% (95% CI: 23.7%, 30.7%), indicating that Meriden is having equal or greater success helping people quit using tobacco. The more conservative ITT rate for Meriden is 30.2% (95% CI: 19.4, 43.2). The true quit rate likely resides between 30.2% and 38.8%, which indicates that Meriden's program is at least as successful, if more successful, in helping tobacco users quit than the state quitline.

For the 19 individuals that were abstinent at 7-month follow-up, 17 (89%) had participated in five or more counseling sessions and 18 (95%) had used NRT to help

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<sup>13</sup> If a follow up survey was conducted within +/- 30 days of 7 months post enrollment date and the client had tobacco use data at enrollment and follow-up, they were included in the 7-month follow-up survey data set.

them quit. In comparison, of the 30 that were non-abstinent at 7-month follow-up, 17 (57%) had participated in five or more sessions and 28 (93%) had used cessation medications to help them quit. It appears from these findings that those that were 30-day abstinent at 7-month follow-up were more likely to have attended more sessions but were not much more likely to have used cessation medications. As with intermediate outcome results, these findings reflect that the program has been successful in helping enrollees to obtaining cessation medications. It also may be that attending more than five counseling sessions increases the likelihood of being 30-day abstinent at 7-months post-enrollment, but more evidence would need to be collected to confirm this.

Reviewing additional tobacco use information for those that were not 30-day abstinent reveals that, while not completely abstinent, they were able to reduce the average number of cigarettes they smoke per day from when they enrolled in the program (16 cigs per day at enrollment vs. 8 cigs per day at follow-up for program completers; 30 cigs per day at enrollment vs. 20 cigs per day at follow-up for drop outs).

Overall, the City of Meriden has had great success, perhaps equal to or greater than the state quitline, in getting enrollees to quit using tobacco for intermediate and long periods of time. Even those that were not abstinent at follow-up were able to reduce their cigarette consumption to some degree. The high rates of 30-day abstinence as well as the observed reduction in cigarette use by those that were non-abstinent are likely the result of high rates of program utilization and cessation medication use by most enrollees.

## Pregnancy Outcomes

Meriden had 11 enrollees that reported being pregnant at enrollment. No pregnancy outcomes were collected for these enrollees.

## Conclusions

### Key Strengths

Meriden has been very successful to date in a number of areas, including participant enrollment, participant satisfaction, and outcomes. First, Meriden will likely meet their

overall goal of enrollees by the end of the grant period and have already surpassed their goal for number served in group sessions. They have been successful in reaching a good segment of their target populations, including women, individuals with lower levels of education, and individuals with low incomes. They are also serving more Hispanic tobacco users and those that use more than one form of tobacco.

Second, participant satisfaction was high and session attendance was also high, with over two-thirds having attended three or more sessions, particularly individual sessions. A good proportion has also attended relapse prevention sessions. A large proportion of enrollees have also been assisted in using cessation medications to help them quit using tobacco and most report being referred to the Connecticut Quitline for relapse support.

Third, in terms of outcomes, Meriden's quit rates are high and are equal to or above that of the Connecticut Quitline. Even those that were found to still be using tobacco at follow up appear to have been able to reduce their tobacco consumption since enrolling in the program and have made changes to reduce other's exposure to tobacco smoke. Clients are also very satisfied with the program and have referred friends and family to the program. Finally, Meriden has been very pro-active in collecting programmatic data, including follow-up data, which has helped to show their success in providing services and helping people quit using tobacco.

## Key Challenges

While Meriden has done well recruiting tobacco users from their targeted populations they may want to recruit and serve additional segments of their targeted population.

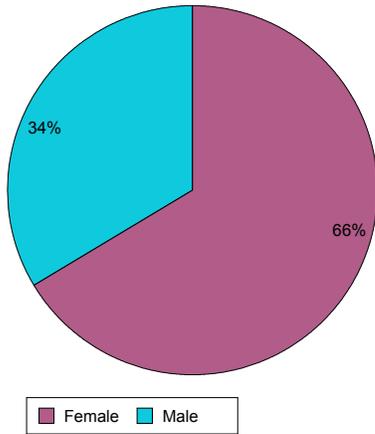
## Recommended Next Steps

*Recruitment.* Meriden should try to recruit additional tobacco users under the age of 45, women of child-bearing age, as well as the uninsured.

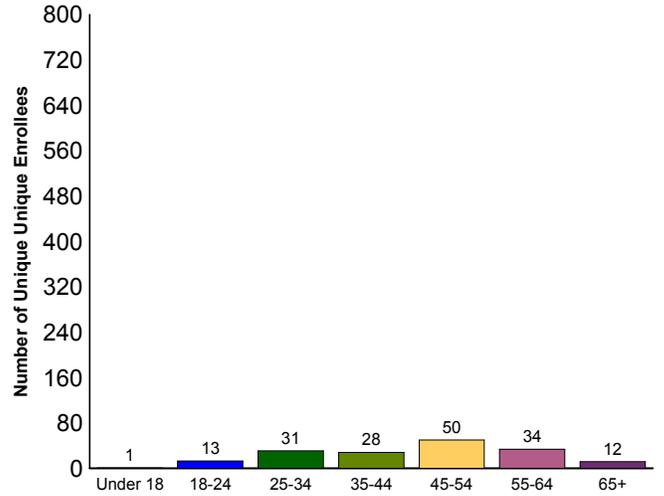
*Data Collection.* Continue to collect data thoroughly for all enrollees. At follow-up, continue to try and reach at least 50% of eligible enrollees, as this will help strengthen quit rate estimates. Obtaining 7-month follow-up data from at least 50% of program enrollees by the end of the grant period will help to show the strength of the program.

Demographic Characteristics\* (N= 171)\*\*

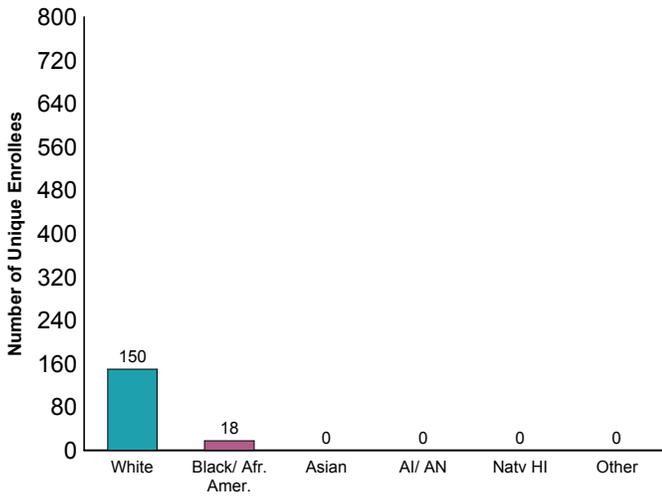
Gender (n=169)



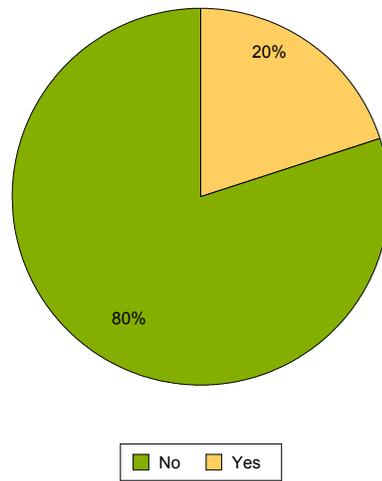
Age (n=169)



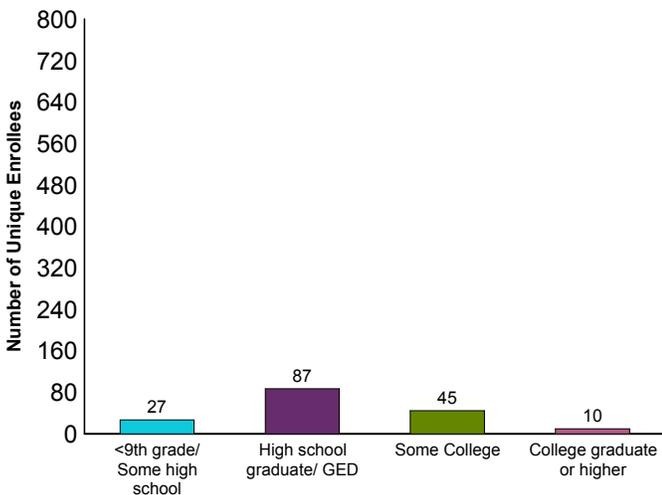
Race (n=168)



Hispanic Ethnicity (n=169)



Education (n=169)

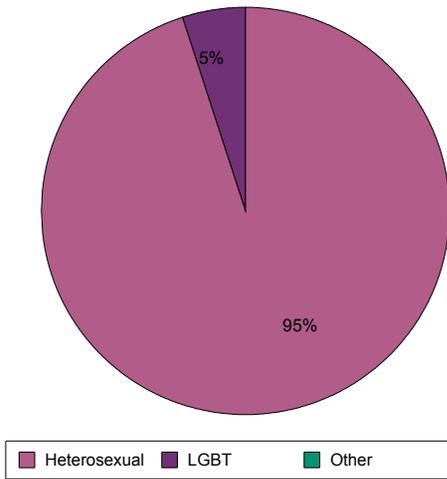


\*Data source is the Program Enrollment and Referral Form; data are from the most recent enrollment.

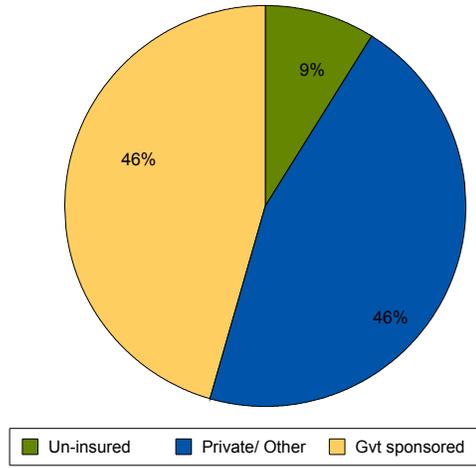
\*\* Missing data are removed; each chart now reflects valid data only. The n per chart may differ from the total (N= 171).

Demographic Characteristics\* (N= 171)\*\*

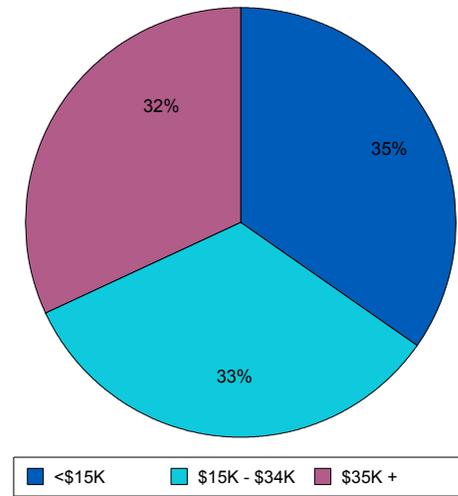
Sexual Orientation (n=163)



Insurance Status (n=169)



Annual Income (n=163)



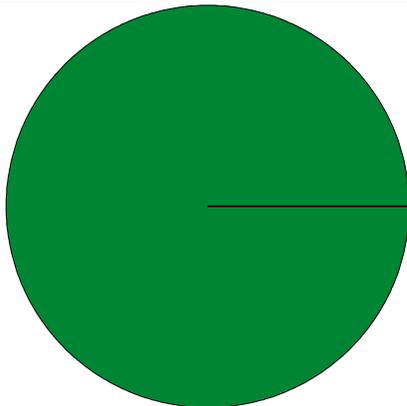
\*Data source is the Program Enrollment and Referral Form; data are from the most recent enrollment.

\*\* Missing data are removed; each chart now reflects valid data only. The n per chart may differ from the total (N= 171).

**Clinical Characteristics \* (N= 171)**

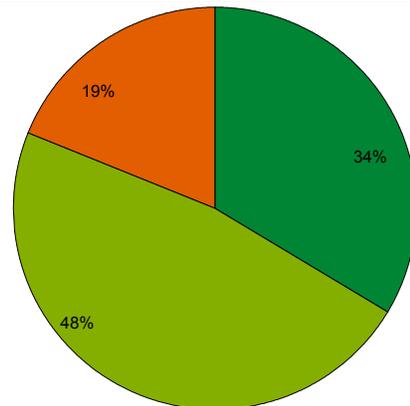
**Tobacco Use and Quit History**

**Tobacco use in past 30-days (n=169)**



■ Yes- using tobacco

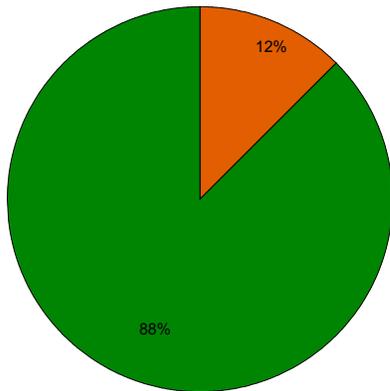
**Cigarettes per day \* (n=160 out of 160)**



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

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

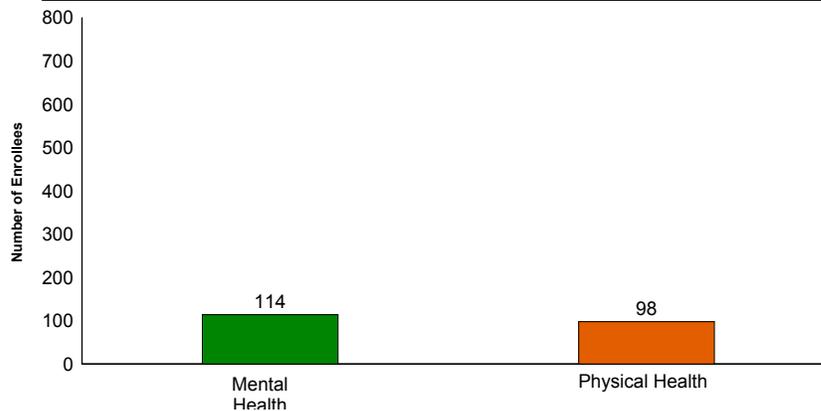
**Ever tried to quit (n=169)**



■ No ■ Yes

**Physical and Mental Health History**

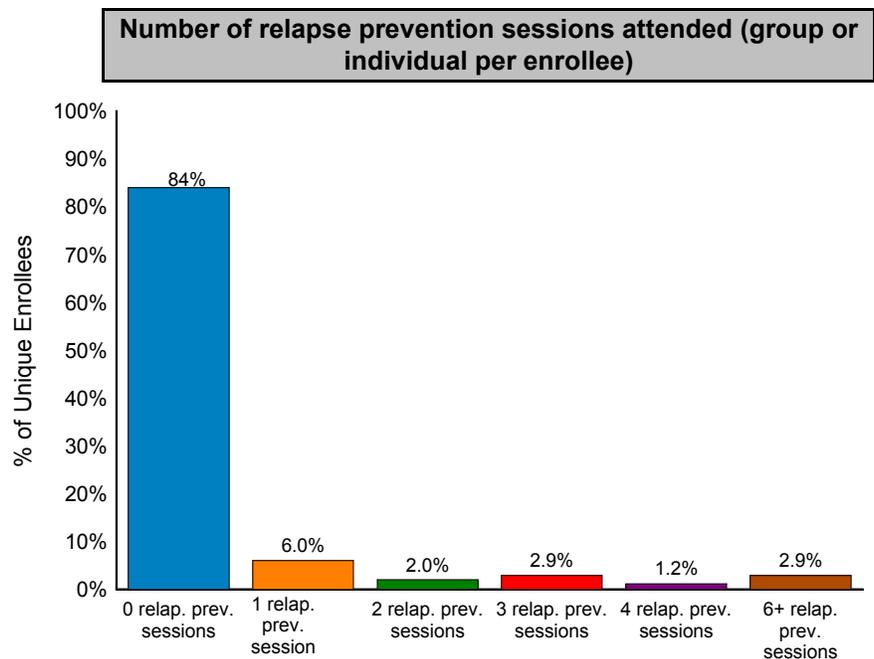
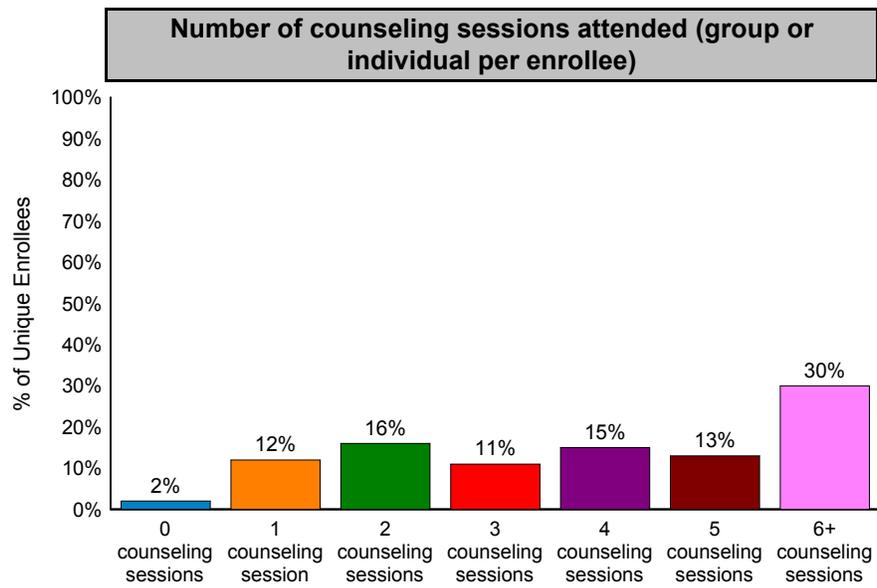
**Treatment for at least one physical and mental health conditions**



\*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= 171).

### Program Utilization\* (N= 171)

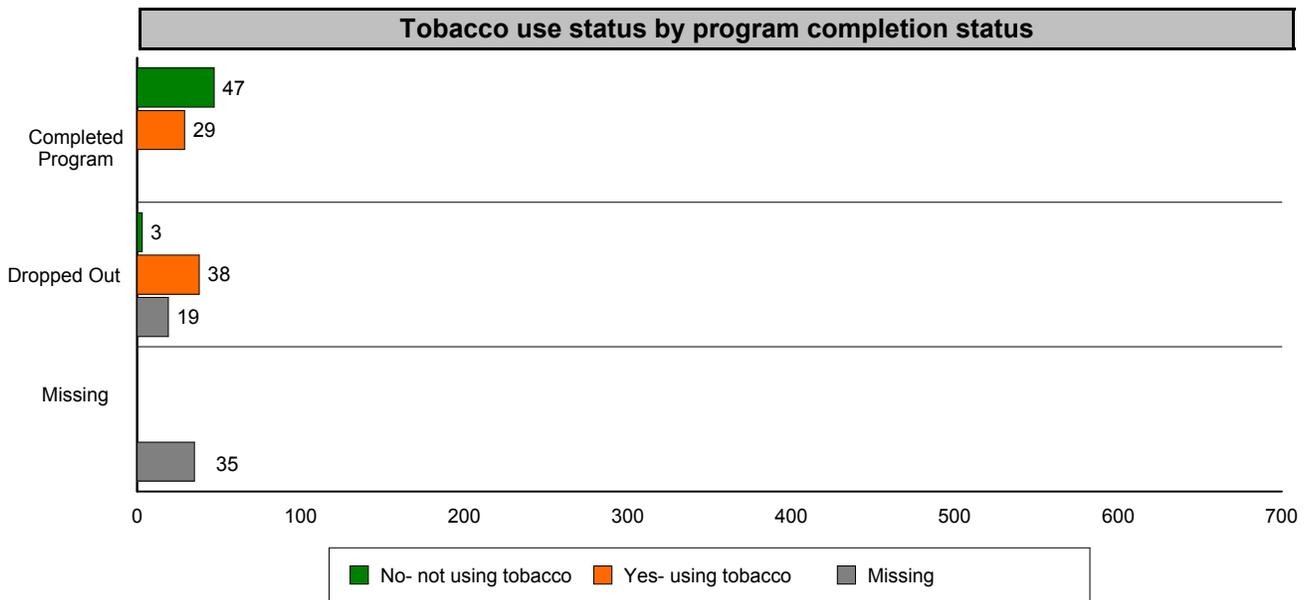


\*Data source is the Attendance Tracking and Program Completion Form; data is from the most recent enrollment.

\*\* Missing data are removed; each chart now reflects valid data only. The n per chart may differ from the total (N= 171).

\*\*\*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.

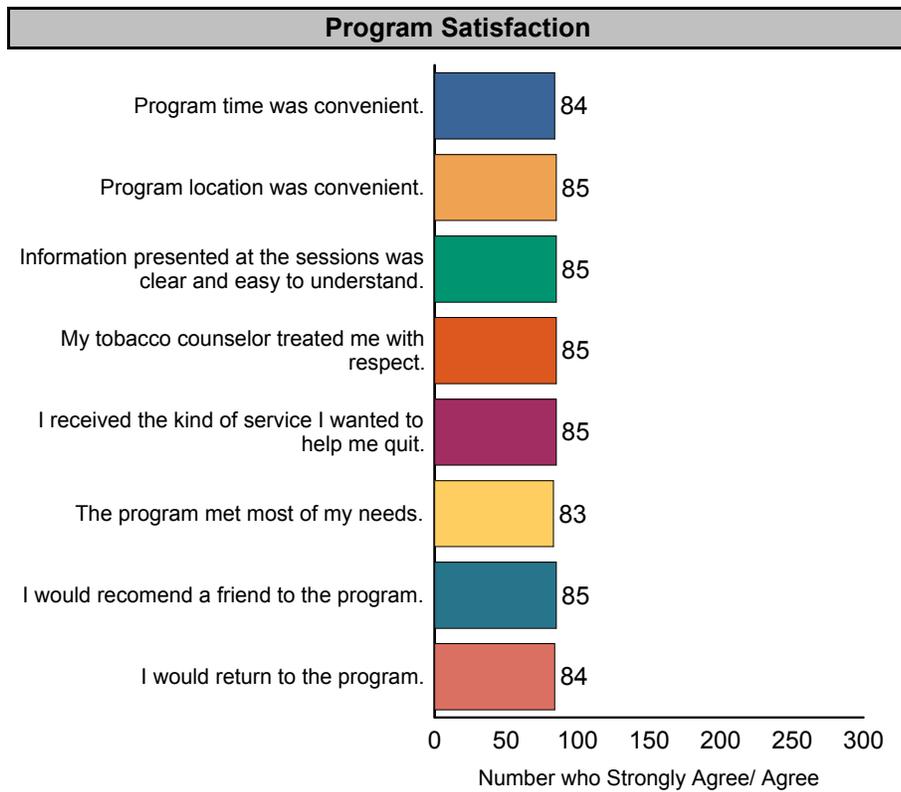
### Program Completion\* (N= 171)



\* 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= 86)



\*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=82) \*\*

CIGARETTE REDUCTION

Cigarette reduction of those who reported using cigarettes at 4-month follow-up***				
Program Completion Status	Avg. # cigarettes per day:		Avg. # days/week:	
	At Enrollment	At 4-Month Follow-up	At Enrollment	At 4-Month Follow-up
Completed Program (max N=27)	18.3	10.82	6.96	6.25
Dropped Out (max N=15)	14.94	10.4	6.69	6.53

QUIT RATES

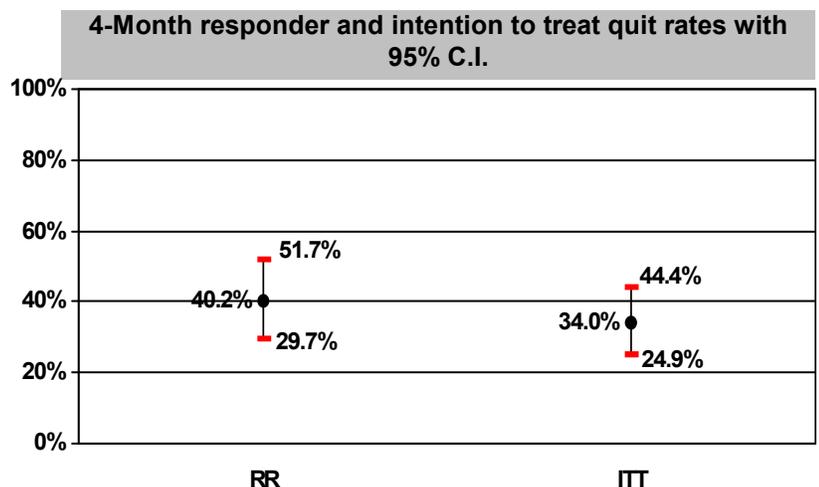
Responder (Quit) Rate (RR) = # abstinent / # who responded to the survey

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**

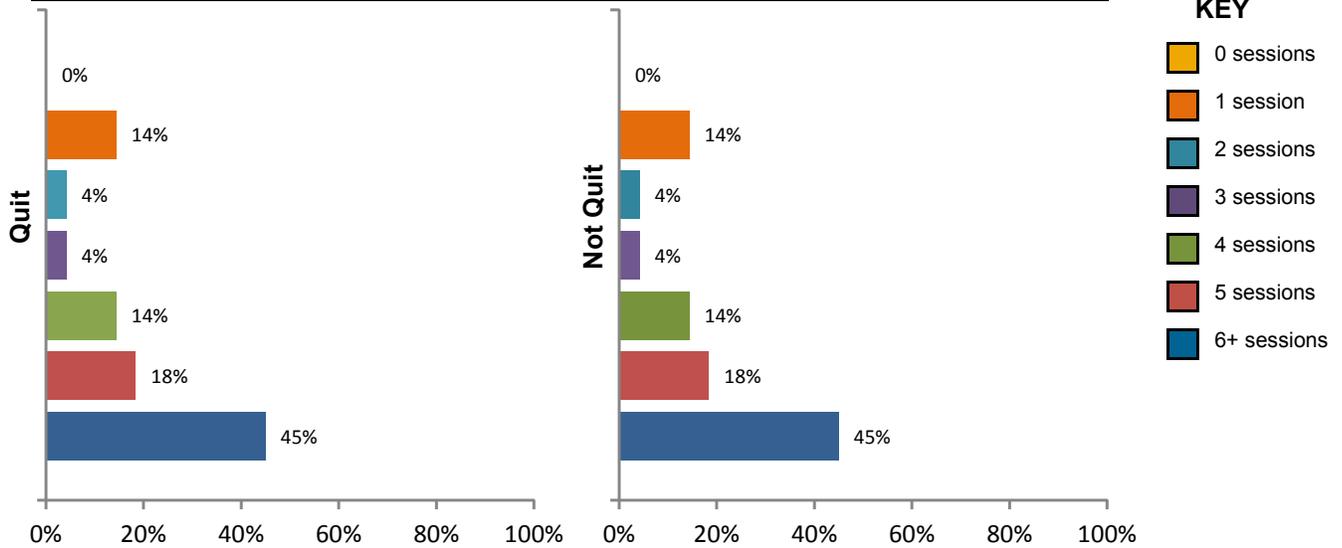


\*Data source is the Patient Follow-Up Form; data is from the most recent enrollment.

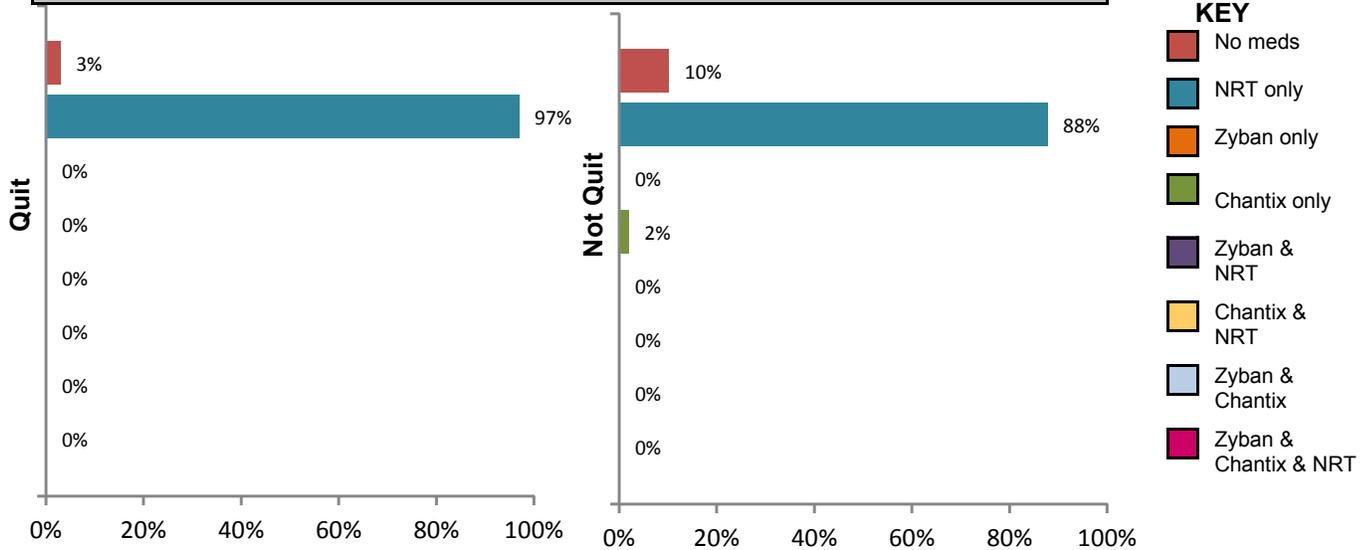
\*\*\*Cigarette use reduction was calculated for completers and drop-outs who were still using cigarettes at 4-month follow-up. No enrollees with missing program completion status or missing cigarette use status were included in the analysis. Tests for significant differences are only conducted when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

4-Month Patient Follow-up Assessment\*(N=82)\*\*

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



Self Reported Medication Use Pattern by quit status at 4-month Follow-up



\*Data source is the Patient Follow-Up Form; 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=54)\*\*

CIGARETTE REDUCTION

Cigarette reduction of those who reported using cigarettes at 7-month follow-up\*\*\*

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

QUIT RATES

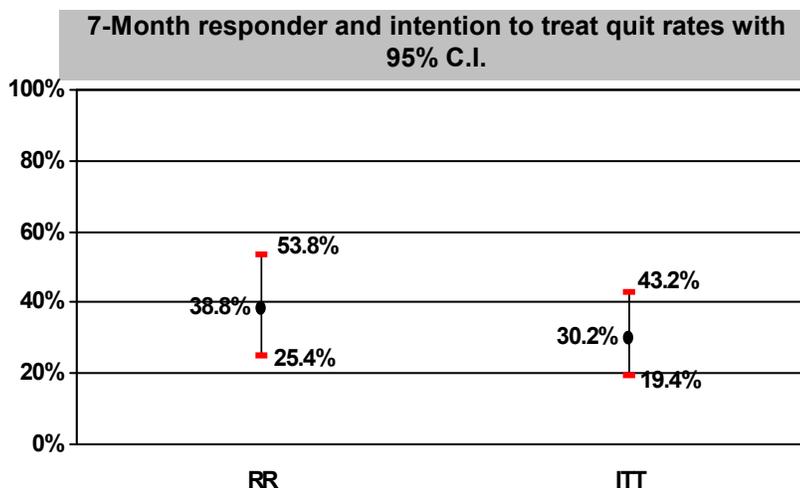
Responder (Quit) Rate (RR) = # abstinent / # who responded to the survey

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**

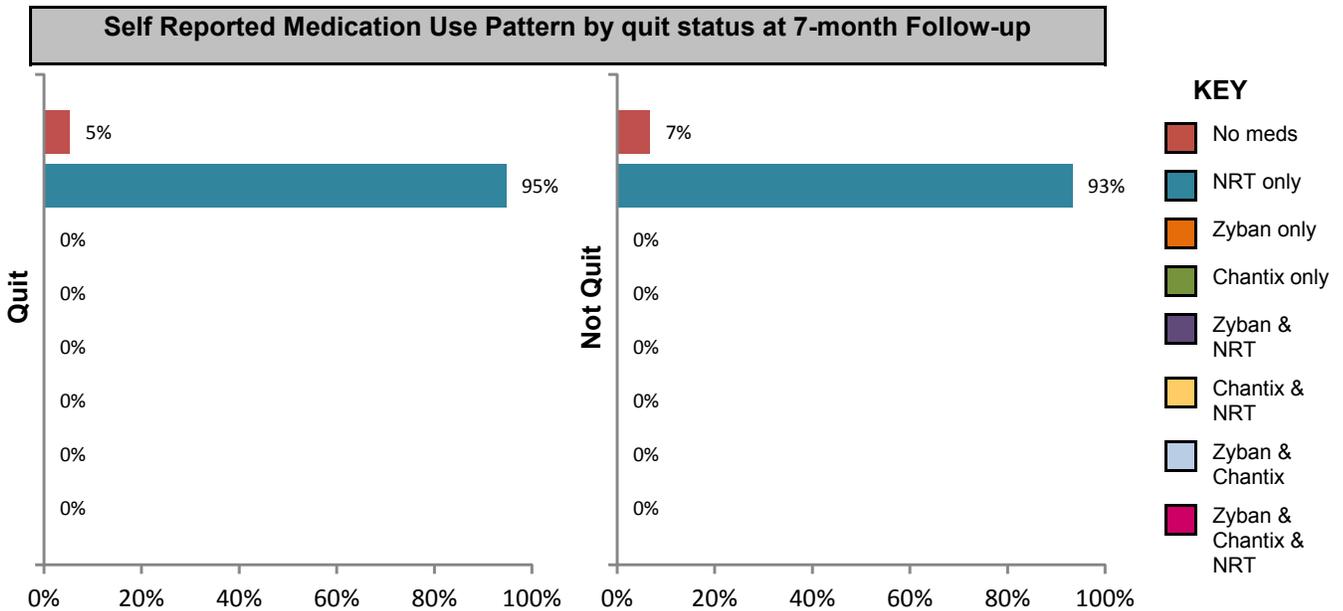
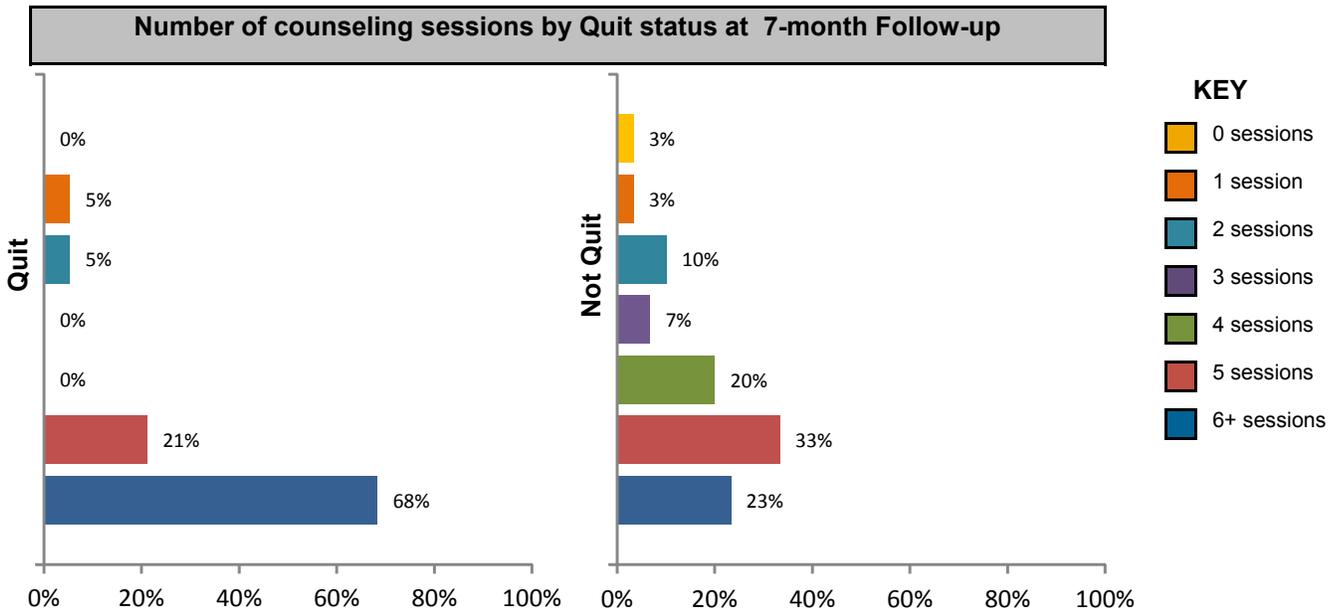


\*Data source is the Patient Follow-Up Form; data is from the most recent enrollment.

\*\* 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=54)\*\*



\*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  $\pm 4.3$ , 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**

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

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

**City of Meriden Tobacco Cessation Program Aggregate Report - Final Report (Nov. '11 – Jan. '13)**

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

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

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

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

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

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

**Demographic Characteristics at Intake**

**Table 4. Gender of Participant-**

	<b>N</b>	<b>%</b>
Female	112	66.3
Male	57	33.7
Other	0	.0
Total	169	100.0

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

**Table 5. Age at Intake**

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

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

**Table 6. Race of Participant**

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

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

**City of Meriden Tobacco Cessation Program Aggregate Report - Final Report (Nov. '11 – Jan. '13)**

**Table 7. Educational Level of Participant at Intake**

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

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

**Table 8. Ethnicity of Participant**

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

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

**Table 9. Sexual Orientation at Intake**

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

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

**Table 10. Primary Language of Enrollees at Intake**

	<b>N</b>	<b>%</b>
English	154	91.1
Spanish	14	8.3
Other	1	.6
Total	169	100.0

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

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**Table 11. Type of Health Insurance at Intake**

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

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

**Table 12. Annual Income of Enrollees at Intake**

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

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

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

	<b>N</b>	<b>%</b>
Yes	11	10.1
No	98	89.8
Total	109	100.0

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

**Clinical Characteristics at Intake**

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

	<b>N</b>	<b>%</b>
No tobacco – 30 day abstinent	0	.0
Yes – Not 30 day abstinent	169	100.0
Total	169	100.0

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

**Table 15. Enrollees Use of Cigarettes at intake**

	<b>N</b>	<b>%</b>
No	9	5.3
Yes	160	94.7
Total	169	100.0

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

**Table 16. Average Number of Cigarettes per day at Intake**

	<b>N</b>	<b>Mean</b>
Cigarettes Per Day	160	16.50

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

**Table 17. Number of Cigarettes Smoked per day at Intake**

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

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

**Table 18. Enrollees Smoking Status**

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

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

**City of Meriden Tobacco Cessation Program Aggregate Report - Final Report (Nov. '11 – Jan. '13)**

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

	<b>N</b>	<b>%</b>
No	148	88.1
Yes	20	11.9
Total	168	100.0

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

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

	<b>N</b>	<b>%</b>
No	11	55.0
Yes	9	45.0
Total	20	100.0

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

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

	<b>N</b>	<b>Mean</b>
Tobacco Per Day	11	8.36

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

**Table 22. Tobacco used per day at Intake**

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

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

**Table 23. Tried to Quit**

	<b>N</b>	<b>%</b>
No	0	.0
Yes	148	100.0
Total	148	100.0

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

**City of Meriden Tobacco Cessation Program Aggregate Report - Final Report (Nov. '11 – Jan. '13)**

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

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

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

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

**Table 25. Number of Enrollees Living with a Smoker**

	<b>N</b>	<b>%</b>
No	74	46.8
Yes	84	53.2
Total	158	100.0

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

**Table 26. Received Treatment for Heart Disease at Intake**

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

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

**Table 27. Received Treatment for Blood Pressure at Intake**

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

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

**City of Meriden Tobacco Cessation Program Aggregate Report - Final Report (Nov. '11 – Jan. '13)**

**Table 28. Received Treatment for Diabetes at Intake**

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

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

**Table 29. Received Treatment for Cholesterol at Intake**

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

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

**Table 30. Received Treatment for Stroke at Intake**

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

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

**Table 31. Received Treatment for Cancer at Intake**

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

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

**Table 32. Received Treatment for Lung Disease at Intake**

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

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

**City of Meriden Tobacco Cessation Program Aggregate Report - Final Report (Nov. '11 – Jan. '13)**

**Table 33. Received Treatment for Drug Addiction at Intake**

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

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

**Table 34. Received Treatment for Depression at Intake**

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

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

**Table 35. Received Treatment for Anxiety at Intake**

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

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

**Table 36. Received Treatment for Schizophrenia at Intake**

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

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

**Table 37. Received Treatment for Bipolar at Intake**

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

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

**City of Meriden Tobacco Cessation Program Aggregate Report - Final Report (Nov. '11 – Jan. '13)**

**Table 38. Received Treatment for Gambling Addiction at Intake**

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

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

**Table 39. Received Treatment for Alcohol Addiction at Intake**

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

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

**Program Utilization**

**Table 40. Total Number of Group or Individual Counseling Sessions**

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

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

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

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

**Table 42. Number of Group or Individual Relapse Sessions**

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

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

*City of Meriden Tobacco Cessation Program Aggregate Report - Final Report (Nov. '11 – Jan. '13)*

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

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

**Program Completion/ Drop-Out Form**

**Table 44. Self-reported Completion of Program**

	<b>N</b>	<b>%</b>
No	60	44.1
Yes	76	55.9
Total	136	100.0

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

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

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

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

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

	<b>N</b>	<b>%</b>
No	54	46.6
Yes	62	53.4
Total	116	100.0

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

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

	<b>N</b>	<b>Mean</b>
Cigarettes Per Day	53	10.13

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

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

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

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

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

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

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

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

	<b>N</b>	<b>%</b>
No	110	95.7
Yes	5	4.3
Total	115	100.0

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

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

	<b>N</b>	<b>%</b>
No	1	20.0
Yes	4	80.0
Total	5	100.0

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

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

	<b>N</b>	<b>Mean</b>
Tobacco Per Day	5	6.60

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

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

	<b>N</b>	<b>%</b>
No	8	7.1
Yes	104	92.9
Total	112	100.0

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

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

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

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

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

**Table 55. Self-Reported Changes in Smoking Habits Made**

	<b>N</b>	<b>%</b>
No	23	24.2
Yes	72	75.8
Total	95	100.0

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

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

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

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

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

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

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

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

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

**Patient Satisfaction at Program Completion**

**Table 58. Overall Satisfaction with the Tobacco Program**

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

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

**Table 59. The Tobacco Sessions Met at a Convenient Time**

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

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

**Table 60. The Tobacco Sessions Met at a Convenient Location**

	<b>N</b>	<b>%</b>
Strongly Agree	75	88.2
Agree	10	11.8
Disagree	0	.0
Strongly Disagree	0	.0
Total	85	100.0

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

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

	<b>N</b>	<b>%</b>
Strongly Agree	84	98.8
Agree	1	1.2
Disagree	0	.0
Strongly Disagree	0	.0
Total	85	100.0

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

**Table 62. The My Tobacco Counselor Treated Me with Respect**

	<b>N</b>	<b>%</b>
Strongly Agree	85	100.0
Agree	0	.0
Disagree	0	.0
Strongly Disagree	0	.0
Total	85	100.0

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

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

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

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

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

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

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

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

	<b>N</b>	<b>%</b>
Strongly Agree	83	97.6
Agree	2	2.4
Disagree	0	.0
Strongly Disagree	0	.0
Total	85	100.0

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

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

	<b>N</b>	<b>%</b>
Strongly Agree	79	94.0
Agree	5	6.0
Disagree	0	.0
Strongly Disagree	0	.0
Total	84	100.0

\*\* 87 or 50.9% of 171 cases are missing a response to item so are not reported in the table above.

**Drop-Out Characteristics**

**Table 67. Gender of Participant at Drop Out**

	<b>N</b>	<b>%</b>
Female	41	68.3
Male	19	31.7
Total	60	100.0

\*\* 0 or .0% of 60 cases are missing a response to item so are not reported in the table above.

**Table 68. Age at Drop Out**

	<b>N</b>	<b>%</b>
Under 18	1	1.7
18-24	7	11.7
25-34	20	33.3
35-44	10	16.7
45-54	11	18.3
55-64	9	15.0
65+	2	3.3
Total	60	100.0

\*\* 0 or .0% of 60 cases are missing a response to item so are not reported in the table above.

**Table 69. Race of Participant at Drop Outs**

	<b>N</b>	<b>%</b>
White	51	85.0
Black or African American	9	15.0
Asian	0	.0
American Indian or Alaskan Native	0	.0
Native Hawaiian or Pacific Islander	0	.0
Other/Mixed	0	.0
Total	60	100.0

\*\* 0 or .0% of 60 cases are missing a response to item so are not reported in the table above.

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**Table 70. Educational Level of Participant at Drop Outs**

	<b>N</b>	<b>%</b>
9 <sup>th</sup> grade/Some high school	14	23.3
High school graduate/GED	30	50.0
Some college	13	21.7
College graduate or higher	3	5.0
Total	60	100.0

\*\* 0 or .0% of 60 cases are missing a response to item so are not reported in the table above.

**Table 71. Ethnicity of Participant at Drop Outs**

	<b>N</b>	<b>%</b>
Yes – Hispanic or Latino	15	25.0
No – Not Hispanic or Latino	45	75.0
Total	60	100.0

\*\* 0 or .0% of 60 cases are missing a response to item so are not reported in the table above.

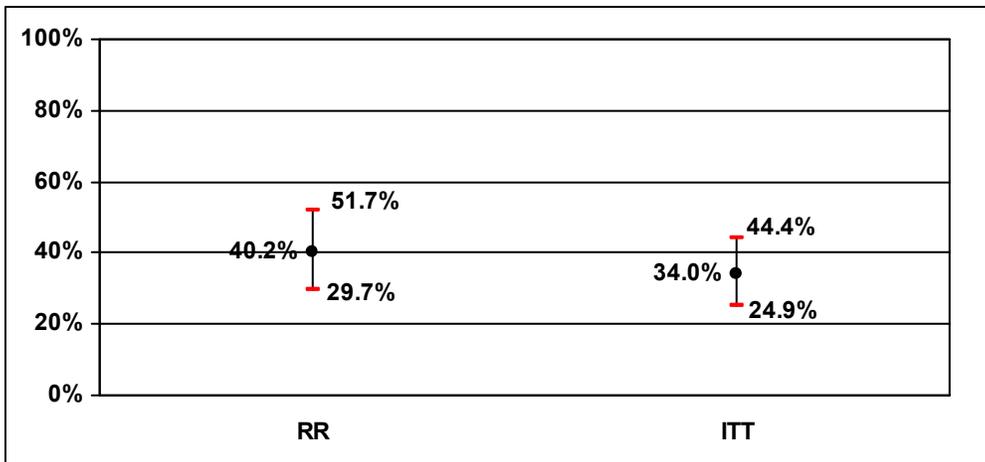
**Follow-Up 4-month**

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

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

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

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



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

	ITT		RR	
	N	%	N	%
Abstinent for 30 days or more	33	34.0	33	40.2
Not quit	49	50.5	49	59.8
Missing	15	15.5	--	--
Total	97	100.0	82	100.0

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

	Not quit		Quit	
	N	%	N	%
No sessions	0	.0	0	.0
One session	7	14.3	1	3.0
Two sessions	2	4.1	2	6.1
Three sessions	2	4.1	1	3.0
Four sessions	7	14.3	3	9.1
Five sessions	9	18.2	7	21.2
Six or more sessions	22	44.9	19	57.6
Total	49	100.0	33	100.0

\*\* 0 or .0% of 82 cases are missing a response to item so are not reported in the table above.

**Table 75. Med- Usage (4-Month)**

	Not quit		Quit	
	N	%	N	%
Zyban/Wellbutrin, Chantix & NRT	0	.0	0	.0
Zyban/Wellbutrin & Chantix only	0	.0	0	.0
Chantix & NRT	0	.0	0	.0
Zyban/Wellbutrin & NRT	0	.0	0	.0
Chantix only	1	2.0	0	.0
Zyban/Wellbutrin only	0	.0	0	.0
NRT only	43	87.8	32	97.0
No meds reported	5	10.2	1	3.0
Total	49	100.0	33	100.0

\*\* 0 or .0% of 82 cases are missing a response to item so are not reported in the table above.

**Table 76. Smoking Status (4-Month)**

	N	%
Everyday	32	39.5
Some Days	12	14.8
Not At All	37	45.7
Total	81	100.0

\*\* 1 or 1.2% of 82 cases are missing a response to item so are not reported in the table above.

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

	<b>N</b>	<b>%</b>
No	12	20.3
Yes	47	79.7
Total	59	100.0

\*\* 23 or 28.0% of 82 cases are missing a response to item so are not reported in the table above.

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

	<b>N</b>	<b>%</b>
Reduced or no longer smoke at home	21	44.7
Reduced or no longer smoke at work	0	.0
Reduced or no longer smoke in my car	0	.0
Reduced or no longer smoke in public	0	.0
Only smoke outside	5	10.6
Stopped smoking completely	22	46.8
Other Changes	9	19.1
Total	57	121.2

\*\* 0 or .0% of 47 cases are missing a response to item so are not reported in the table above.

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

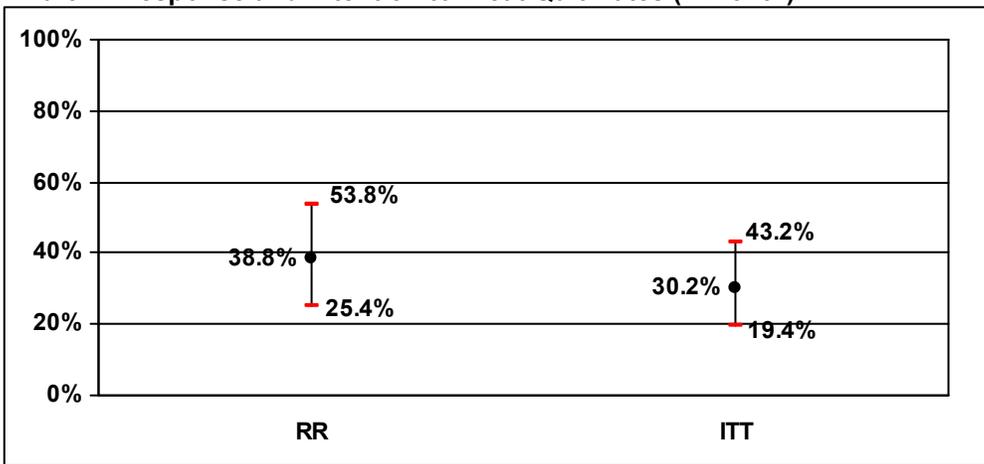
**Follow-Up 7-month**

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

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

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

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



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

	ITT		RR	
	N	%	N	%
Abstinent for 30 days or more	19	30.2	19	38.8
Not quit	30	47.6	30	61.2
Missing	14	22.2	--	--
Total	63	100.0	49	100.0

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

	Not quit		Quit	
	N	%	N	%
No sessions	1	3.3	0	.0
One session	1	3.3	1	5.3
Two sessions	3	10.0	1	5.3

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Three sessions	2	6.7	0	.0
Four sessions	6	20.0	0	.0
Five sessions	10	33.3	4	21.0
Six or more sessions	7	23.4	13	68.4
Total	30	100.0	19	100.0

\*\* 0 or .0% of 49 cases are missing a response to item so are not reported in the table above.

**Table 82. Med- Usage (7-Month)**

	Not quit		Quit	
	N	%	N	%
Zyban/Wellbutrin, Chantix & NRT	0	.0	0	.0
Zyban/Wellbutrin & Chantix only	0	.0	0	.0
Chantix & NRT	0	.0	0	.0
Zyban/Wellbutrin & NRT	0	.0	0	.0
Chantix only	0	.0	0	.0
Zyban/Wellbutrin only	0	.0	0	.0
NRT only	28	93.3	18	94.7
No meds reported	2	6.7	1	5.3
Total	30	100.0	19	100.0

\*\* 0 or .0% of 49 cases are missing a response to item so are not reported in the table above.

**Table 83. Smoking Status (7-Month)**

	N	%
Everyday	18	39.1
Some Days	5	10.9
Not At All	23	50.0
Total	46	100.0

\*\* 3 or 6.1% of 49 cases are missing a response to item so are not reported in the table above.

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

	N	%
No	10	32.3
Yes	21	67.7
Total	31	100.0

\*\* 18 or 36.7% of 49 cases are missing a response to item so are not reported in the table above.

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

	<b>N</b>	<b>%</b>
Reduced or no longer smoke at home	7	33.3
Reduced or no longer smoke at work	0	.0
Reduced or no longer smoke in my car	0	.0
Reduced or no longer smoke in public	0	.0
Only smoke outside	0	.0
Stopped smoking completely	13	61.9
Other Changes	1	4.8
Total	21	100.0

\*\* 0 or .0% of 21 cases are missing a response to item so are not reported in the table above.

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