Final Report Memorandum

To: Doreen DeCerbo; Hospital of St. Raphael / St. Vincent

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, PhD.

Date: 3-31-11

Re: **Hospital of St. Raphael & St. Vincent Tobacco Cessation Program** (contract #2012-0117) - Cumulative Summary Report (January 2012—January 2013)

PDA received cumulative tobacco cessation program data from CT DPH for the Hospital of St. Raphael / St. Vincent tobacco cessation program (contract #2012-0117). PDA has produced a final, cumulative report, based on data from January 2012 through January 2013. This report provides a summary and analysis of program referral sources, participant demographic and clinical characteristics, program utilization, program completion, patient satisfaction and patient follow up collected under the most recent CT DPH tobacco cessation grant contract. The report concludes with a summary of key program successes, challenges, and recommended next steps. Selected results are also provided graphically in the accompanying St. Raphael/St. Vincent graphic dashboard report.

Snapshot of Results

Key ***successes*** of the Hospital of St. Raphael / St. Vincent tobacco cessation program include:

- REFERRALS FROM PRIMARY CARE PROVIDERS – Nearly two-thirds of the referrals came from a primary care provider. These results indicate that the program has been successful in utilizing healthcare providers as referrers and tapping into the client populations of the two hospitals.
- SUCCESSFUL RECRUITMENT OF UNDERSERVED TOBACCO USERS – This program has successfully recruited from their service areas, and has successfully served a large proportion of tobacco users that are typically

underserved by mainstream tobacco control efforts. These populations include tobacco users reported either Black/African American or Hispanic/Latino ethnicities, as well as those reporting less than a high school degree. Further, a large percentage of participants reported co-morbid health conditions, with two-thirds reported treatment for a physical health condition and the same percentage reporting treatment for a mental health condition.

- UTILIZATION – This program has had some success in getting enrollees to attend multiple sessions, particularly for those receiving group sessions; however, the majority of enrollees opted for individual sessions.
- OUTCOMES – The program has shown some provisional success in helping participants reduce or quit their tobacco use, use cessation medications, and make changes to their tobacco use habits.
- DATA COLLECTION – The program has obtained high response rates to the 4- and 7-month follow-up surveys, and will be able to obtained accurate quit estimates at the end of the grant period as long as this high level of data collection continues.

Key ***challenges of and next steps*** the Hospital of St. Raphael / St. Vincent tobacco cessation program include:

- RECRUITMENT – With such an ambitious recruitment goal, St. Raphael may want to review recruitment methods to identify new methods or venues for recruitment. Program leaders may consider a greater emphasis on promoting group sessions and/or may identify additional collaborations with physicians or nurses.
- RETENTION – Consider providing additional incentives for program participants, such as food during group sessions or provision of transportation vouchers.
- ASSISTANCE WITH CESSATION MEDICATIONS – More than half of participants reported using one or more forms of cessation pharmacotherapy to help their quit attempt. Continue to support enrollees in obtaining these medications to increase the probability of successful quit attempts.

Results

Referral Sources

The majority of St. Raphael's program referrals (from participants' most recent enrollment), not surprisingly, came from a primary care provider (69%, n=127). The next largest referral source was "other referral source/self" (14%, n=26), followed by friend/family (5%, n=9), other healthcare/dental provider (5%, n=9), brochure/flyer (4%, n=7), counselor/therapist (2%, n=4), and, finally CT Quitline (< 1%, n=1). These results indicate that St. Raphael continues to be successful in utilizing healthcare providers as referrers and tapping into the St. Raphael's and St. Vincent's client populations.

Numbers Served

St. Raphael enrolled a total of 183 individuals (191 valid[1] enrollments) in tobacco cessation programming between January 2012 and January 2013. This represents 38% of St. Raphael's contracted goal of individuals served (group or individual). In terms of enrollees that attended individual sessions, they have met 29% of this goal (140 out of 480). While there are still 9 months left in the contract period, St. Raphael is not likely to meet the lofty goal of 500 enrollees (480 enrollees in individual sessions).

Enrollee Characteristics

Demographic Characteristics. Of the 183 unique participants that enrolled in St. Raphael's cessation programs[2], 100% were adults (18+ years of age), 59% were female, and 9% reported being gay or bisexual (men and women) or some "other" sexual orientation. About half of enrollees were Black/African-American (50%), 40% were White, 5% were some "other/mixed" race, and 1% or fewer were Asian, American Indian/Alaskan Native, or Native Hawaiian/Pacific Islander. Around 17% of enrollees reported being Hispanic/Latino and 1% reported Spanish as their primary language. Additionally, almost two-thirds of enrollees (65%) had a high school education or less and 74% had an annual income less than $15,000. Most enrollees (83%) had some form of

[1] Valid enrollments = single enrollments and multiple enrollments that occur after 3+ months w/out program contact.
[2] Data is associated with each enrollee's most recent enrollment.

government-sponsored health insurance, 10% had private or some other type of insurance and 4% had no health insurance.

As an additional point of reference, the demographic characteristics of St. Raphael's cessation program participants were compared to tobacco users statewide using 2011 Connecticut Behavior Risk Factor Surveillance Survey data (BRFSS 2011). As shown below in Table 1 below, when comparing St. Raphael's program participant demographic characteristics to the population of cigarette smokers in Connecticut, it appears that St. Raphael served a significantly larger proportion of female tobacco users, those aged 45-54 years, reporting Black or African-American, reporting Hispanic or Latino ethnicity, reporting less than a high school degree, and those with health insurance than would be expected given 2011 BRFSS estimates. It makes sense that St. Raphael would serve a greater proportion of those with health insurance, as most referrals come from a healthcare provider. Additionally, St. Raphael has traditionally served a greater proportion of Black or African-American tobacco users and those with lower incomes. With the addition of St. Vincent in the most recent contract, the program has served a greater proportion of those reporting Hispanic or Latino ethnicity. This makes sense given the larger Hispanic population in Bridgeport, Connecticut, where St. Vincent's is located[3]. It is unclear why the program would be serving more tobacco users that are 45-54 years of age; however, tobacco users in this age range may be experiencing the health impacts of long-term tobacco use and, therefore, be more inclined to want to quit smoking.

Overall, these results indicate that the St. Raphael / St. Vincent cessation program has successfully served a large proportion of tobacco users that are typically underserved by mainstream tobacco control efforts.

[3] American Community Survey 5-Year Estimates (2007-2011). *Demographic and Housing Estimates.* (Bridgeport, CT)

Table 1. Comparison of St. Raphael / St. Vincent participants (cigarette users) to the general population of Connecticut cigarette users on several key demographic variables (BRFSS 2011)

		Tobacco users[a] served by the program		Cigarette users Statewide (BRFSS 2011, weighted)	
Item	**Response**	**N**	**%**	**N**	**%**
Gender	Male	74	40.7	250,710	53.3
	Female	108	59.3	219,426	46.7
	Total	182	100.0	470,136	100.0
χ^2 =9.59, df=1, p=.002					
Age in years	18-24	3	1.7	65,591	14.1
	25-34	16	8.9	109,763	23.4
	35-44	27	15.0	81,674	17.4
	45-54	81	45.0	104,673	22.4
	55-64+	53	29.5	106,192	22.7
	Total	180	100.0	468,253	100.0
χ^2 =69.67, df=4, p<.0001					
Non-Hisp. Race	White	73	40.8	359,557	77.1
	Black or African-American	91	50.8	53,985	11.6
	Other[b]	15	8.4	52,909	11.3
	Total	179	100.0	466,451	100.0
χ^2 =172.36, df=2, p<.0001					
Hispanic Ethnicity	Yes	32	17.8	52,333	11.2
	No	148	82.2	415,586	88.8
	Total	180	100.0	467,919	100.0
χ^2 =5.68, df=1, p=.0172					
Education level	<9th grade/some HS	54	30.5	71,600	15.2
	HS grad/GED	65	36.7	187,899	40.0
	Some college	47	26.6	139,915	29.8
	College degree or more	11	6.2	70,722	15.0
	Total	177	100.0	470,136	100.0
χ^2 =30.41, df=3, p<.0001					
Insurance status	Uninsured	8	4.5	94,745	20.3
	Insured (govt. or private)[c]	170	95.5	372,591	79.7
	Total	178	100.0	467,337	100.00
χ^2 =24.71, df=1, p<.0001					

[a] While BRFSS only includes cigarette users; St Raphael's numbers include around 23 dual (cig and other tobacco) users and 4 exclusive other tobacco users (no cigs).
[b] For St Raphael/St Vincent, this includes: Asian (n=2), American-Indian/Alaskan Native (n= 1), and Native Hawaiian or Pacific Islander (n=2), and "other: please specify" (n=10). 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

Item	Response	Tobacco users[a] served by the program N	%	Cigarette users Statewide (BRFSS 2011, weighted) N	%
participants were on some form of government-sponsored insurance (85%). BRFSS only asks those that are 64 years of age and under, whereas St Raphael includes 12 individuals that are 65+.					

Clinical Characteristics. Data collected from each enrollee's most recent enrollment, reveals that the majority of St. Raphael program enrollees (98%) had used tobacco sometime within the 30 days prior to program enrollment[4] and 90% had tried to quit using tobacco before enrolling in the program. Additionally, of the 175 cigarette users, 49% were light smokers (<10 cigarettes per day), 34% were moderate smokers (11-20 cigs. per day), and 17% were heavy smokers (21+ cigs. per day). Most cigarette users (92%) reported smoking every day. Around 13% of cigarette users reported using other tobacco products in addition to cigarettes and 2% of enrollees were exclusive users of other tobacco products (no cigarettes). Just less than half (47%) reported living with a smoker. In terms of other self-reported co-morbid health conditions, 68% were receiving or had received treatment for one or more physical health condition at the time of program enrollment and 67% had received or were currently receiving treatment for one or more mental health condition. Finally, 45% reported living with another smoker.

Target Population. St. Raphael was contracted to serve tobacco users in the Hospital of St. Raphael and Hospital of St. Vincent Medical Center service areas. The program appears to be reaching their targeted populations, as they reflect those that are serviced and that reside within the service areas of St. Raphael and St. Vincent.

Overall, the St. Raphael / St. Vincent cessation program has successfully served a highly underserved and vulnerable population of adult tobacco users from within their service community that would likely have not received cessation assistance otherwise.

Program Utilization

Overall, 140 (77%) of enrollees attended one or more individual sessions and 43 (24%) attended one or more group sessions. Combining all session types, all 181 unique

[4] Only 2.2% (n=4) had not used tobacco within 30 days of enrollment.

enrollees[5], had attended at least one cessation counseling session. Of these enrollees, 67% (n=122) attended 1-2 counseling sessions, and 15% (n=27) attended 3-4 sessions, and 18% (n=32) attended 5 or more counseling sessions. The average number of sessions attended is 2.57 sessions (stdev=2.51; min=1, max=15). Enrollees attended an average of 1.65 (stdev=1.90; min=0, max=13) individual sessions and 0.93 (stdev=2.34; min=0, max=15) group sessions. Additionally, of those that attended group sessions, 44% attended 4 or more and of those that attended individual sessions, 23% attended 4 or more sessions. Comparing these levels of program utilization to program utilization described in a previous study of similar face-to-face programs[6], St. Raphael appears to have a larger proportion that attended 4 or more sessions (23% vs. 12%), and a larger proportion attending 1 session (50% vs. 47%). In terms of grant contract goals for group sessions, they appear to have conducted 29 separate group sessions[7], which is 40% of their contracted goal of 72 group sessions. Finally, 8% (n=15) of enrollees attended one or more relapse prevention sessions as part of their most recent enrollment.

In general, these results show that St. Raphael's tobacco cessation program had some success in getting enrollees to attend sessions, particularly individual sessions. Group session attendees were more likely to attend four or more sessions; however, the majority of enrollees opted for individual sessions. While rates of program utilization are somewhat in line with utilization in other face-to-face cessation programs, it would help enrollees to attend a greater number of sessions to help support their quit attempts.

Program Completion / Drop Out

Tobacco use data at program completion and drop out were collected from 34% (n=61) of St. Raphael's program enrollees using the program completion / drop out portion of the Attendance Tracking Form. Since number of respondents is less than half of all enrollees, results should be interpreted with some caution.

[5] These are enrollees that are expected to have utilization data given their date of enrollment.

[6] 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℠ QUITPLAN® Services*. Poster presented during the 2011 Society for Research on Nicotine and Tobacco annual meeting.

[7] According to programmatic data, there were group sessions on 29 separate days during the report period. If we assume that there was only one group session per day, then there was a total of 29 total group sessions. If, however, more than one group session was conducted per day then this may be an undercount.

Of the 61 program participants surveyed, 25% (n=15) 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 the non-abstinent respondents (n=46), all reported smoking cigarettes. Of those that were still using cigarettes at this time, 89% were still smoking cigarettes every day, 7% smoked on some days, and the majority (74%) were smoking a half a pack or less a day. Around 9% of cigarette users also reported using some other form of tobacco.

The majority of all those that completed the form (92%) reported having tried to quit using tobacco during their participation in the program. More than half (57%) also reported using one or more forms of cessation pharmacotherapy to help them in their quit attempt. Over two-thirds (69%) reported making changes in their smoking habits, more specifically. Of these respondents, 57% reduced or no longer smoked in their home, work, car or in public and 2% only smoke outside. The majority reported being referred to the CT Quitline (77%), 30% reported being referred to a relapse prevention support group, and 67% reported being referred to individual relapse prevention sessions.

Overall, these results show provisional success of the St. Raphael / St. Vincent tobacco cessation program in helping participants reduce or quit their tobacco use and make changes to their tobacco use habits. The majority reported being referred to one or more relapse prevention resources and over half reported cessation medication use. However, conclusions cannot be drawn confidently regarding the program's short-term success in helping participants quit until over 50% of enrollees have responded to the survey.

Patient Satisfaction

Patient satisfaction data was collected from 8% (n=14) of program participants after their most recent enrollment. Of those that responded to the survey, all reported being satisfied overall with the programming they had received. Additionally, all respondents reported being satisfied with the program time and location, felt that the information presented was clear and easy to understand and that the counselor treated them with respect, felt that they had received the type of service they wanted to quit and that the program met most of their quitting needs. All respondents reported that

they would recommend the program to a friend trying to quit and that they would return to the program. In general, while patient satisfaction results are overwhelmingly positive, the results are based on less than 50% of participants served by this program so may not be representative of all clients served.

Patient Follow-Up

Intermediate Outcomes (4-month follow-up). A total of 43 enrollees (86% eligible; 23% of all program enrollees) had valid 4-month follow-up survey data[8]. While the response rate was very high among those eligible to respond to the survey, the absolute number of respondents is somewhat low (< 100), so results should be interpreted with caution.

Amongst survey respondents, 11.6% (95% CI: 3.6, 26.2%) reported abstinence from tobacco for 30 or more days before completing the survey[9,10]. 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 as also calculated. This ITT-rate is 10.0% (95%CI: 3.0, 22.9). The "true" 4-month quit rate likely resides somewhere between the conservative 10.0% ITT quit rate and the 11.6% responder quit rate, which is somewhat higher than the 4-7% quit rate for those quitting unassisted (no counseling, no medications)[11,12]. Additionally, it appears that program completers and drop outs that were non-abstinent may have been able to reduce the average number of cigarettes they smoked per day from when they enrolled in the program (15 cigs per day at enrollment vs. 5 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). It also appears that program completers may have been able to reduce the average number of days smoked per week by one day. However, no firm conclusions should be drawn from this data, as the

[8] 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.
[9] 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.
[10] 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.
[11] 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.
[12] "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)

numbers are still somewhat small and less than half of all program enrollees have responded to the survey to date.

Of the 5 individuals that were abstinent at 4-month follow-up, all five had used cessation medications to help them quit. Two had participated in 5 or more counseling sessions and the remaining 3 had attended 1-2 counseling sessions. In comparison, of the 38 that were non-abstinent at 4-month follow-up, 13 (34%) had participated in 5 or more sessions and 35 (92%) 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 more sessions but were almost as likely to have used cessation medications. This is somewhat counterintuitive given that attending a greater number of sessions is typically associated with an increased chance of quitting; however, since these results are based upon a small number of respondents, they are likely not reliable comparisons of program utilization and cessation medication use.

Additionally, 86% of respondents reported being able to make changes to their smoking habits. Of this group, 70% reported reducing or no longer smoking in their home, 73% reported reducing or no longer smoking in public, and 14% reported reducing or no longer smoking in their car.

Long-term Outcomes (7-month follow-up). A total of 18 enrollees (53% of those eligible; 10% of all enrollees) had valid 7-month follow-up survey data[13]. While the response rate was above 50%, the absolute number of respondents is still low (< 100), so findings should be interpreted with extreme caution[14].

A total of 5 respondents were abstinent from tobacco for 30 or more days at the time they completed the survey. Of those that were quit, 3 had attended four or more counseling sessions and 2 had attended one session. Two reported using Chantix and two reported using NRT to help them quit. In comparison, of those that were not quit (n=13), six had attended four or more counseling and 7 attended three or fewer sessions. Most of those that were non-abstinent reported using NRT (n=11) and one reported using Chantix to help them make a quit attempt. Additionally, it appears that

[13] 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.
[14] Those that were currently receiving or had received treatment for depression in the past were slightly more likely to respond to the survey than those without any past treatment for depression.

non-abstinent respondents may have been able to reduce the average number of cigarettes smoked per day since enrollment (16 cigs per day at enrollment vs. 5 cigs per day at follow-up for program completers; 13 cigs per day at enrollment vs. 6 cigs per day at follow-up for drop outs). Additionally, 78% of respondents reported being able to make changes to their smoking habits. Of this group, 50% reported reducing or no longer smoking in their home or at work. However, no firm conclusions should be drawn from this data, as the absolute number of responses is below 100.

Overall, while tobacco abstinence rates at 4-month follow up are promising and appear to be just above the rate of unassisted quits, more data needs to be collected. While survey response rates were above 50%, for which St. Raphael should be commended, the absolute number of those reached for the 4 and 7-month follow-up surveys to date is still too low to make any firm conclusions about program quit rates. This is also true for tobacco use reduction and changes to smoking habits; however, preliminary findings on this are promising. Once there are responses from the majority of program enrollees and/ or at least 100 responses at each time point (4 and 7 months post-enrollment), more accurate conclusions can be made about program effectiveness.

Conclusions

Key Strengths

First, St. Raphael/St. Vincent tobacco cessation program has successfully recruited from their service areas including populations of tobacco users that are typically underserved by mainstream tobacco control efforts and may experience more barriers to quitting successfully. Second, while over half of enrollees only attended one or two sessions, around a quarter of enrollees attended four or more individual sessions and over a third attended four or more group sessions. Third, the program has shown some provisional success in helping participants reduce or quit their tobacco use, use cessation medications, and make changes to their tobacco use habits in the short and long term. Lastly, if the program keeps up the high response rate to the 4 and 7-month follow-up surveys they are likely to be able to obtain accurate quit rate estimates at the end of the grant period.

Key Challenges

Two of the main challenges for this program include recruitment and retention of enrollees in multiple sessions. The program is not likely to make its goal of 500 enrollees and may not meet its goal for number of group sessions held. While these recruitment and session goals may have been too high, efforts could still be made to get closer to these goals. First, St. Raphael may want to review their recruitment methods to identify new methods or venues for recruitment. Second, a greater emphasis on conducting group sessions may be needed to get closer to the group session goal. Group sessions also provide an opportunity to serve a greater number of tobacco users, which may also help to serve more tobacco users and get closer to the enrollment goal.

Recommended Next Steps

Recruitment. St. Raphael may want to work with St. Vincent to try and identify any untapped populations of tobacco users in their service areas and health systems (e.g. clinics, medical practices, chronic disease management programs) and try to recruit from these populations (e.g. collaborations with other physicians or nurses).

Program utilization and group sessions. The program may want to consider providing additional incentives for program participation. For example, providing food during group sessions may make it more enticing for people to keep coming to sessions. Providing group or individual sessions in different locations (e.g. a local non-profit or church) and providing transportation vouchers to those who may need them may help to boost attendance. Lastly, since the program is reaching a substantial Hispanic and Latino population, consider talking to a few participants to get some feedback on whether the program is meeting their needs and is not missing any important contextual or cultural elements. Organizing group sessions targeted specifically for these individuals could help with attendance.

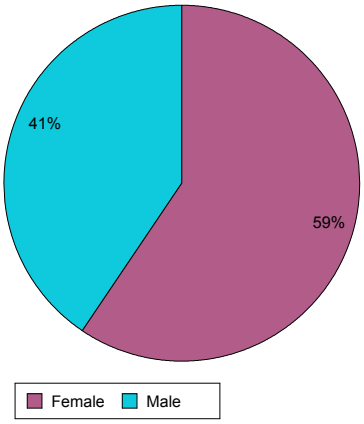
Assistance with cessation medications. Continue to support enrollees in obtaining cessation medications to help them quit. The addition of cessation medications to counseling helps boost quit attempts, helps prevent relapse and supports long-term abstinence.

Data collection. Continue to collect data thoroughly for all eligible 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, in particular, from at least 50% of program enrollees (i.e. at least 92 of 183) by the end of the grant period will help show the strengths of the program.

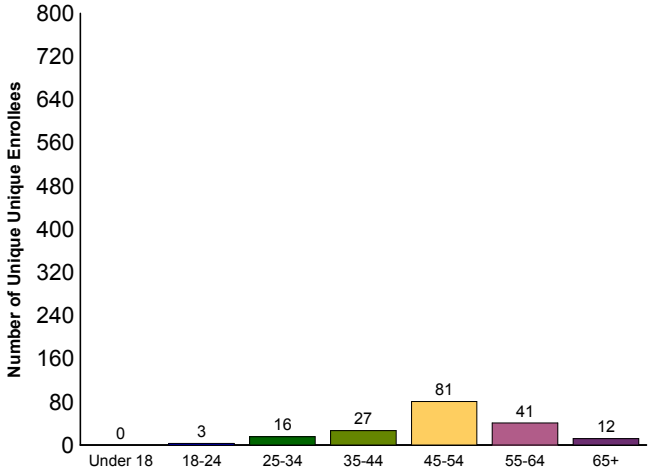
Hospitals of St. Raphael & St. Vincent Tobacco Cessation Program Aggregate Report - Final Report (Jan. '12 - Jan. '13)

Demographic Characteristics* (N= 183)**

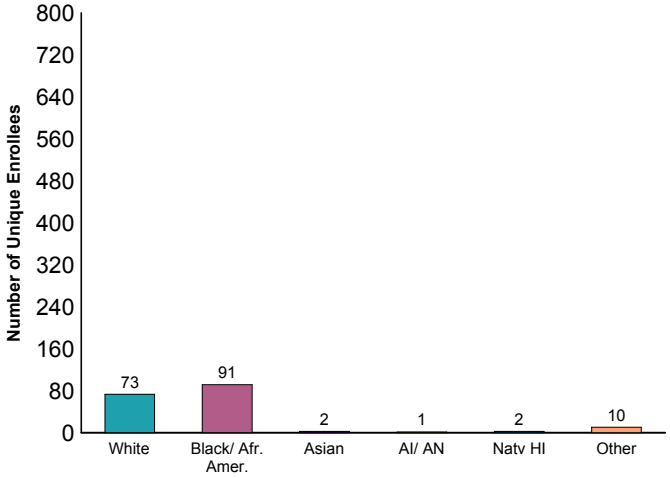
Gender (n=182)



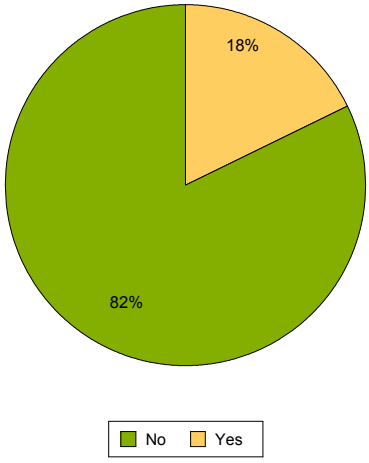
Age (n=180)



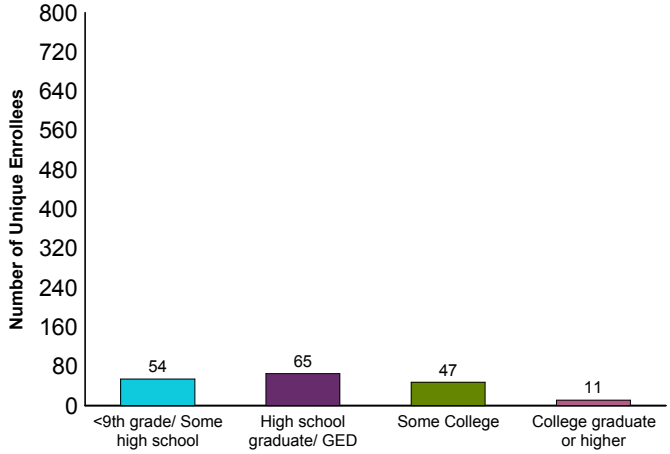
Race (n=179)



Hispanic Ethnicity (n=180)



Education (n=177)



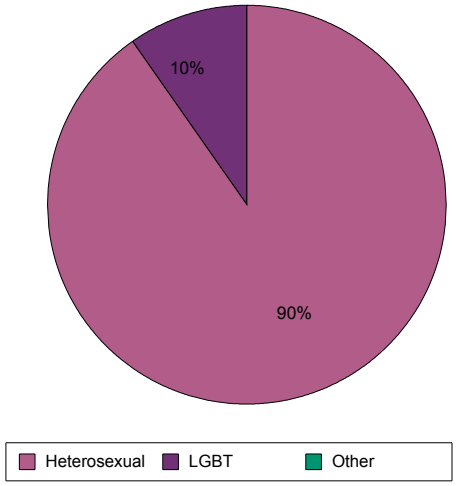
*Data source is the Program Enrollment and Referral Form; data are from the most recent enrollment.

** Missing data are removed; each chart now reflects valid data only. The n per chart may differ from the total (N= 183).

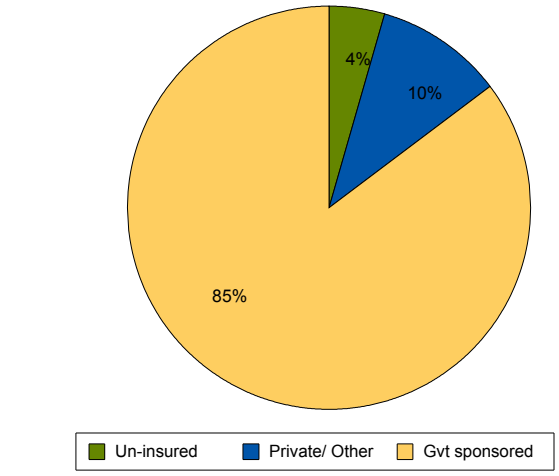
Hospitals of St. Raphael & St. Vincent Tobacco Cessation Program Aggregate Report - Final Report (Jan. '12 - Jan. '13)

Demographic Characteristics* (N= 183)**

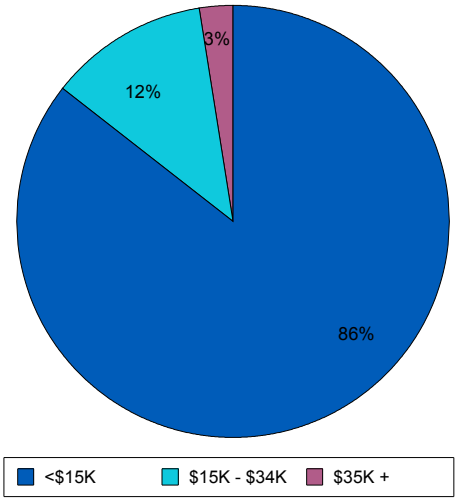
Sexual Orientation (n=163)



Insurance Status (n=178)



Annual Income (n=174)



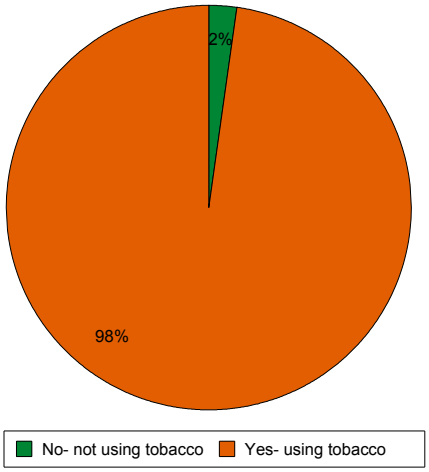
*Data source is the Program Enrollment and Referral Form; data are from the most recent enrollment.

** Missing data are removed; each chart now reflects valid data only. The n per chart may differ from the total (N= 183).

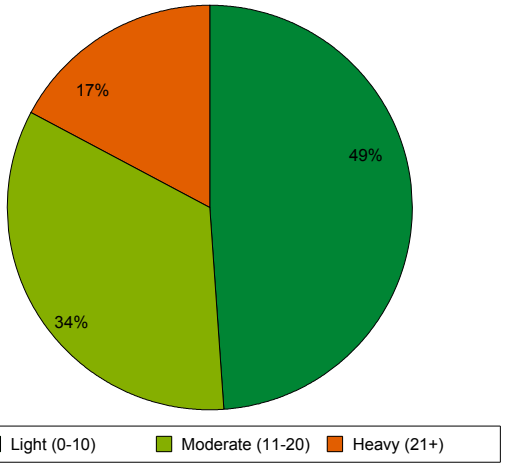
Clinical Characteristics * (N= 183)

Tobacco Use and Quit History

Tobacco use in past 30-days (n=183)

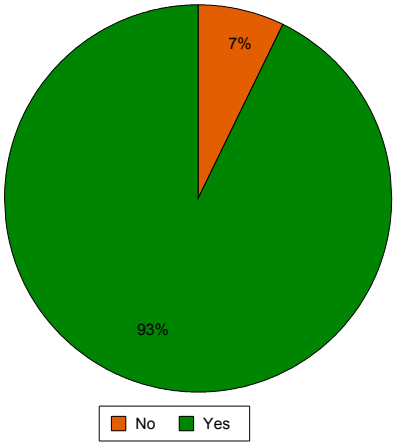


Cigarettes per day * (n=174 out of 175)



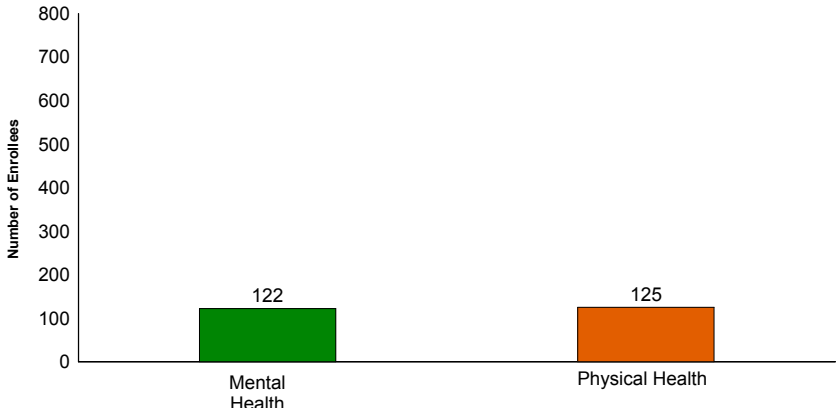
*Only Reported for Tobacco users who used cigarettes in last 30 days

Ever tried to quit (n=178)



Physical and Mental Health History

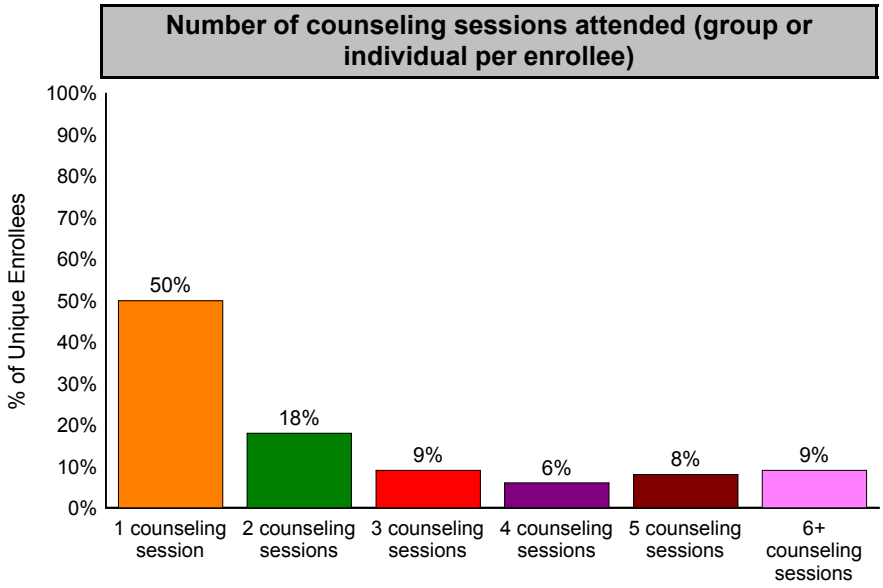
Treatment for at least one physical and mental health conditions

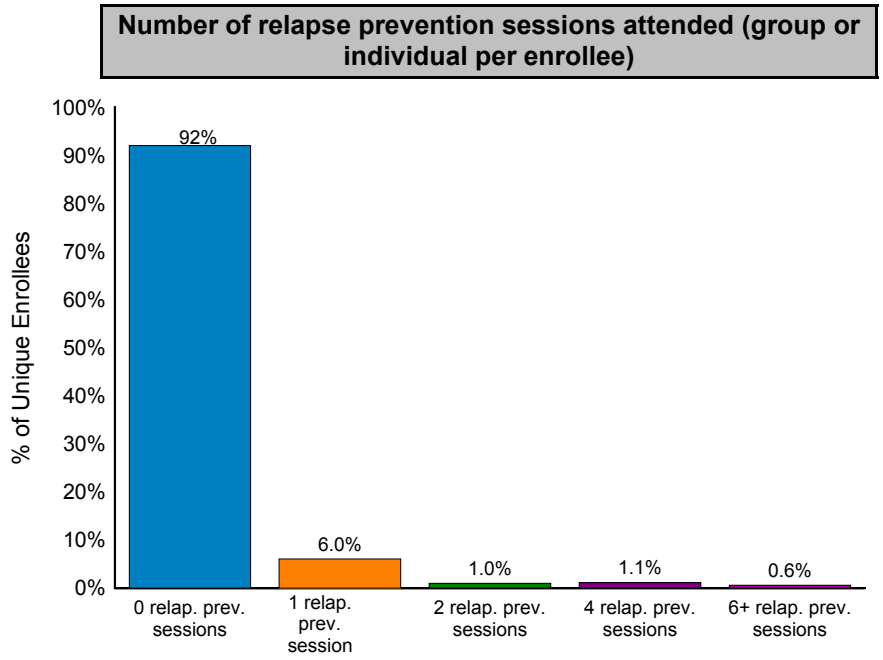


*Data source is the Program Enrollment and Referral Form; data are from the most recent enrollment.

** Missing data are removed; each chart now reflects valid data only. The n per chart may differ from the total (N= 183).

Program Utilization* (N= 181)



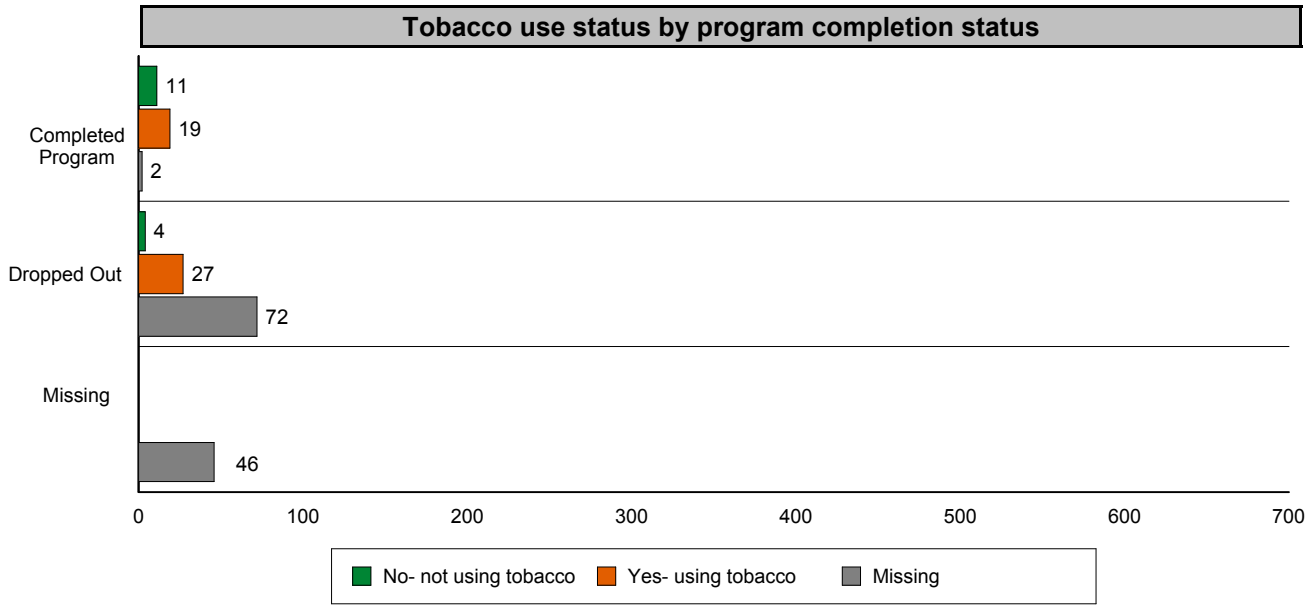


*Data source is the Attendance Tracking and Program Completion Form; data is from the most recent enrollment.

** Missing data are removed; each chart now reflects valid data only. The n per chart may differ from the total (N= 183).

***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.

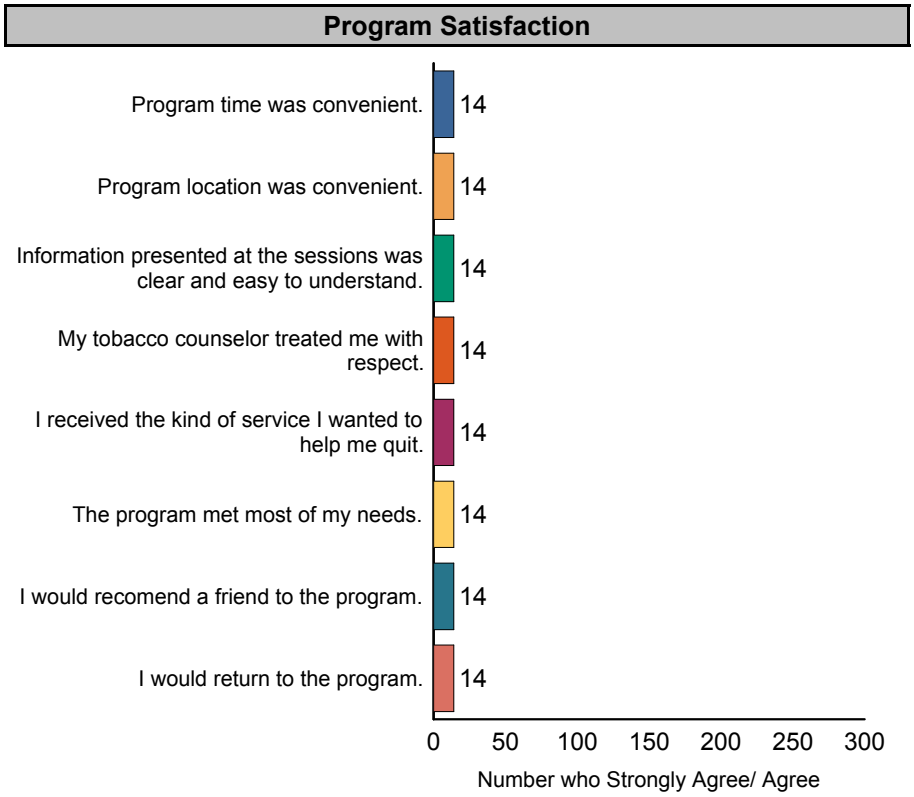
Program Completion* (N= 181)



* A program completion form was to be filled out when a client either completed a cessation program (completor) 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= 14)



*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 Assesment*(N=43) **

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=16)	14.94	4.81	6.81	5.56
Dropped Out (max N=22)	14.55	9.77	7	7

QUIT RATES

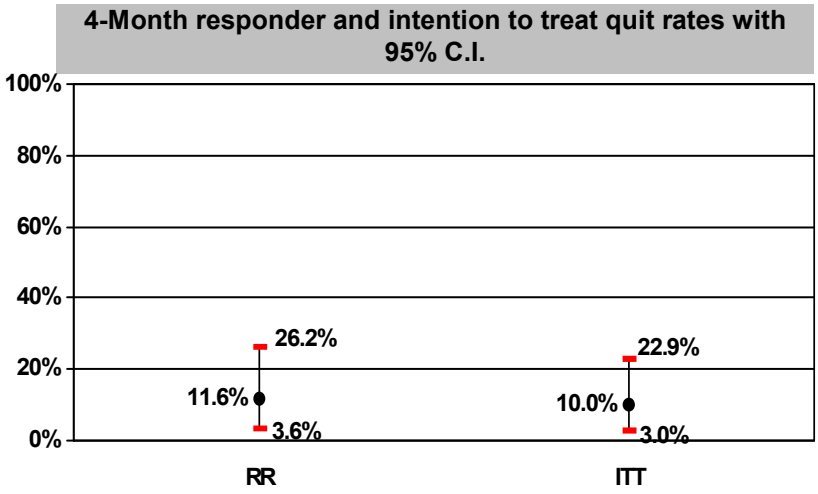
Responder (Quit) Rate (RR) = # abstinent / # who responded to the survey

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.

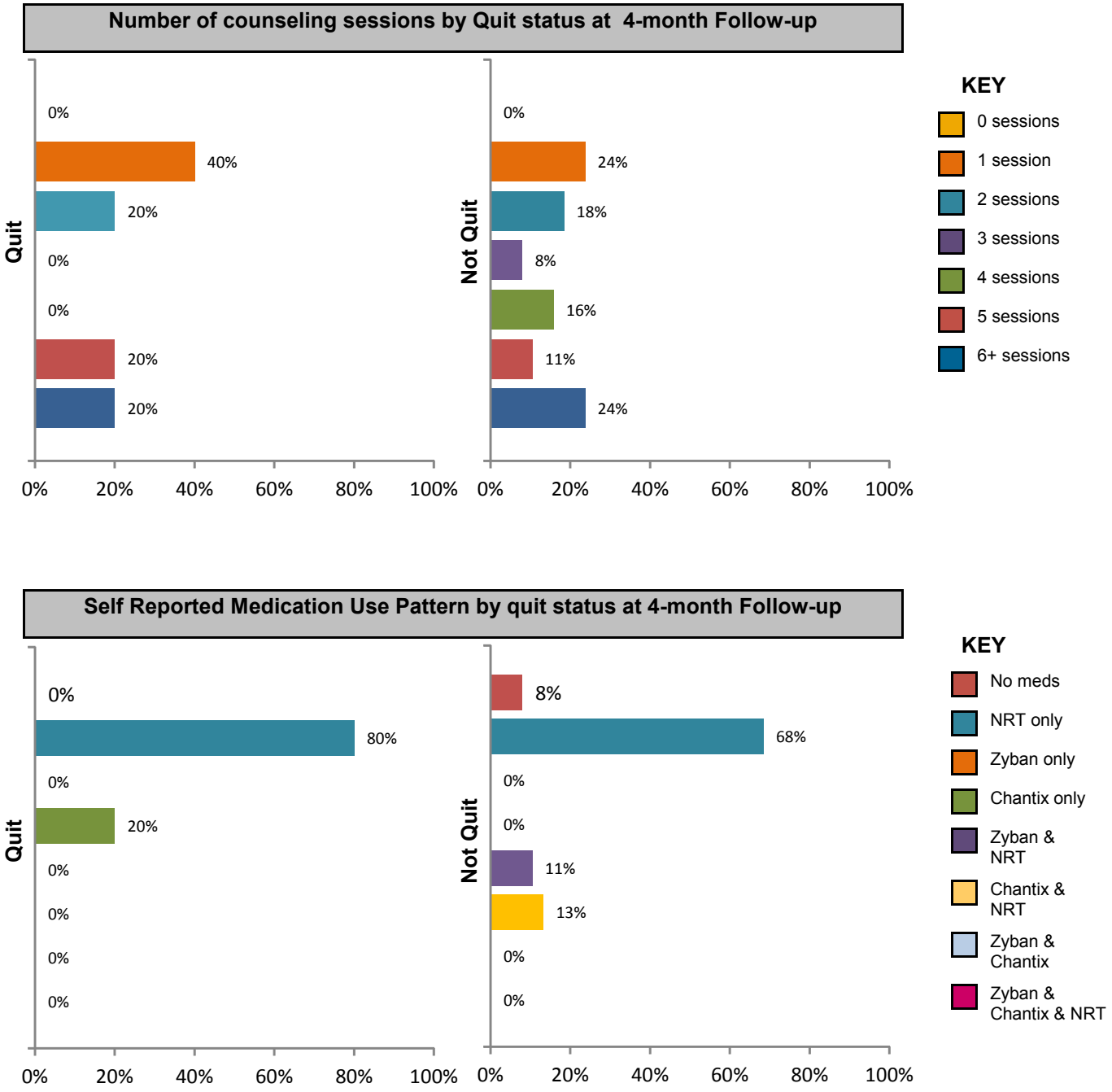
95% Confidence Interval (CI) = the margin of error for the quit rate estimates (i.e. quit rate ± error; depicted by red bars on either side of RR and ITT quit rates).

* 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.
***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 Assesment*(N=43)**



*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 Assesment* (N=19)**

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=5)	16.4	4.6	7	6.2
Dropped Out (max N=7)	12.71	5.67	7	5.83

QUIT RATES

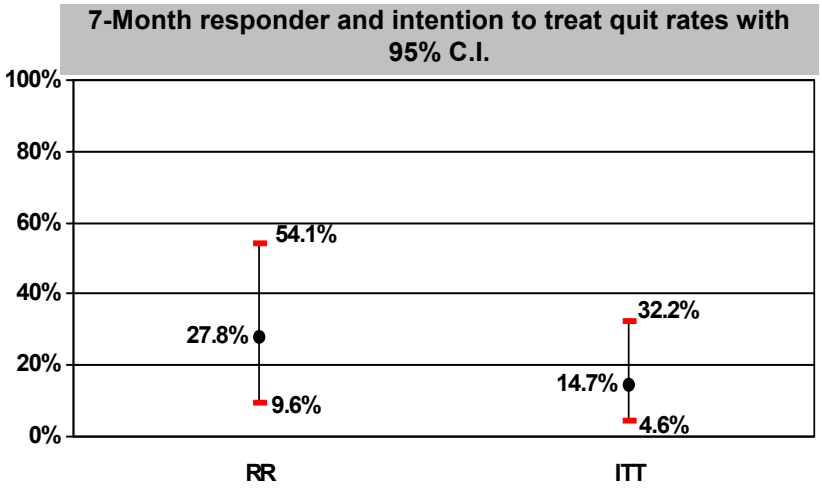
Responder (Quit) Rate (RR) = # abstinent / # who responded to the survey

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).

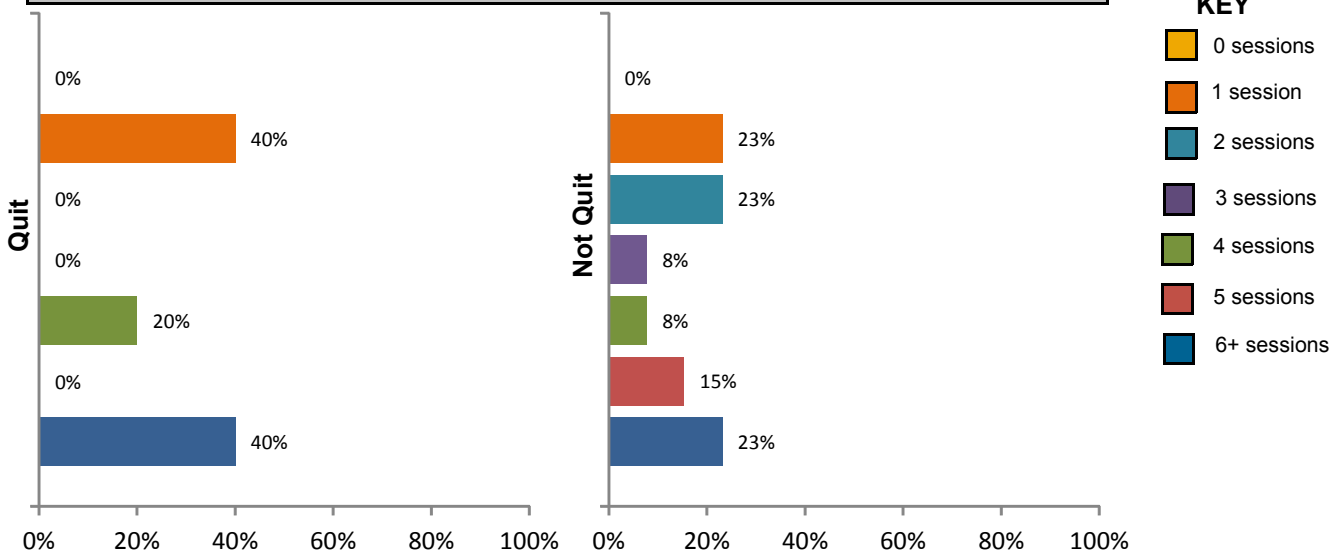
* For additional technical details please see the report Appendix A entitled: **Primer on Tobacco Abstinence Rates**



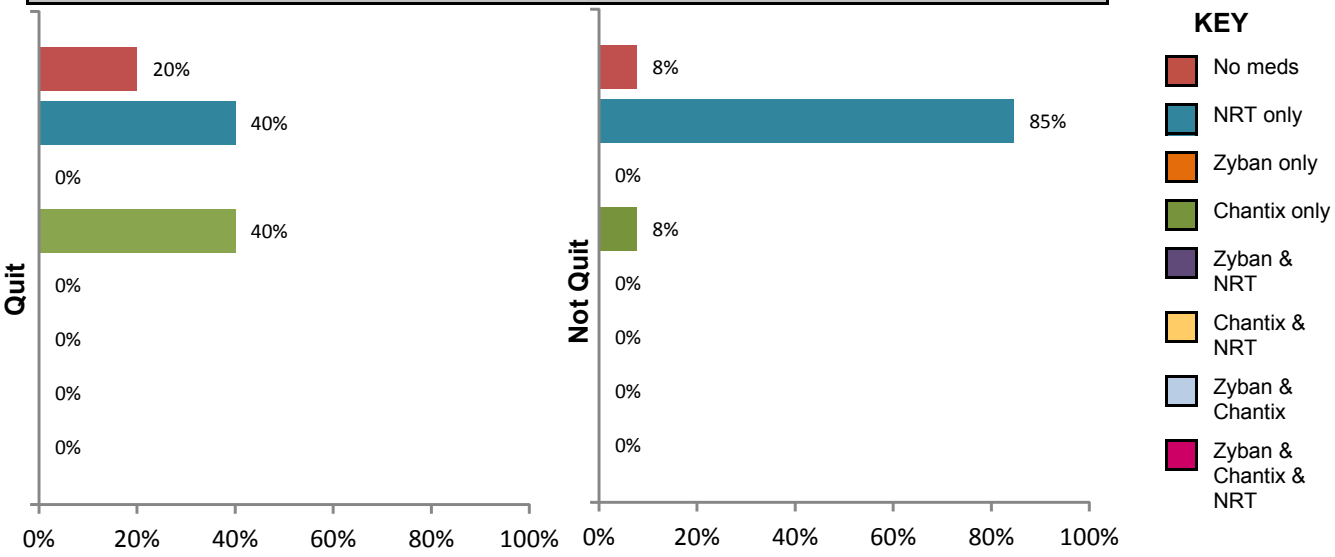
*Data source is the Patient Follow-Up Form; data is from the most recent enrollment.
** 7- Month follow-up assesment is reported for those assesments between 180 and 240 days post intake date.
***Cigarette use reduction was calculated for completers and drop-outs who were still using cigarettes at 7-month 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 Assesment*(N=19)**

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



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



*Data source is the Patient Follow-Up Form; 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

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

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

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

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

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

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

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

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

Demographic Characteristics at Intake

Table 4. Gender of Participant

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

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

Table 5. Age at Intake

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

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

Table 6. Race of Participant

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

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

Table 7. Educational Level of Participant at Intake

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

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

Table 8. Ethnicity of Participant

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

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

Table 9. Sexual Orientation at Intake

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

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

Table 10. Primary Language of Enrollees at Intake

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

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

Table 11. Type of Health Insurance at Intake

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

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

Table 12. Annual Income of Enrollees at Intake

	N	%
Less than $10.000	111	63.8
$10,000 to less than $15,000	25	14.4
$15,000 to less than $20,000	10	5.7
$20,000 to less than $25,000	7	4.0
$25,000 to less than $35,000	2	1.1
$35,000 to less than $50,000	3	1.7
$50,000 to less than $75,000	0	0
$75,000 or more	1	.6
Refused/Don't Know	15	8.6
Total	174	100.0

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

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

	N	%
Yes	3	3.4
No	84	96.6
Total	87	100.0

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

Clinical Characteristics at Intake

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

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

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

Table 15. Enrollees Use of Cigarettes at intake

	N	%
No	8	4.4
Yes	175	95.6
Total	183	100.0

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

Table 16. Average Number of Cigarettes per day at Intake

	N	Mean
Cigarettes Per Day	174	15.53

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

Table 17. Number of Cigarettes Smoked per day at Intake

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

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

Table 18. Enrollees Smoking Status

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

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

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

	N	%
No	153	85.0
Yes	27	15.0
Total	180	100.0

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

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

	N	%
No	23	85.2
Yes	4	14.8
Total	27	100.0

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

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

	N	Mean
Tobacco Per Day	9	6.00

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

Table 22. Tobacco used per day at Intake

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

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

Table 23. Tried to Quit

	N	%
No	13	92.7
Yes	165	7.3
Total	178	100.0

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

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

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

** 4 or 2.4% of 165 cases are missing a response to item so are not reported in the table above.
*** Multiple response set for those who indicated previous use of quit methods at Intake. Individuals using multiple methods are represented multiple times; therefore, percents will total over 100%.

Table 25. Number of Enrollees Living with a Smoker

	N	%
No	89	50.9
Yes	86	49.1
Total	175	100.0

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

Table 26. Received Treatment for Heart Disease at Intake

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

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

Table 27. Received Treatment for Blood Pressure at Intake

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

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

Table 28. Received Treatment for Diabetes at Intake

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

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

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Table 29. Received Treatment for Cholesterol at Intake

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

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

Table 30. Received Treatment for Stroke at Intake

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

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

Table 31. Received Treatment for Cancer at Intake

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

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

Table 32. Received Treatment for Lung Disease at Intake

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

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

Table 33. Received Treatment for Drug Addiction at Intake

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

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

Table 34. Received Treatment for Depression at Intake

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

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

Table 35. Received Treatment for Anxiety at Intake

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

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

Table 36. Received Treatment for Schizophrenia at Intake

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

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

Table 37. Received Treatment for Bipolar at Intake

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

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

Table 38. Received Treatment for Gambling Addiction at Intake

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

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

Table 39. Received Treatment for Alcohol Addiction at Intake

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

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

Program Utilization

Table 40. Total Number of Group or Individual Counseling Sessions

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

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

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

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

Table 42. Number of Group or Individual Relapse Sessions

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

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

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

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

Program Completion/ Drop-Out Form

Table 44. Self-reported Completion of Program

	N	%
No	103	76.3
Yes	32	23.7
Total	135	100.0

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

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

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

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

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

	N	%
No	15	24.6
Yes	46	75.4
Total	61	100.0

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

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

	N	Mean
Cigarettes Per Day	45	9.47

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

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

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

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

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

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

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

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

	N	%
No	54	93.1
Yes	4	6.9
Total	58	100.0

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

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

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

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

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

	N	Mean
Tobacco Per Day	1	1.00

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

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

	N	%
No	2	3.4
Yes	56	96.6
Total	58	100.0

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

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

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

** 0 or .0% of 56 cases are missing a response to item so are not reported in the table above.
*** Multiple response set for those who indicated previous use of quit methods at Intake. Individuals using multiple methods are represented multiple times; therefore, percents will total over 100%.

Table 55. Self-Reported Changes in Smoking Habits Made

	N	%
No	10	19.2
Yes	42	80.8
Total	52	100.0

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

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

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

** 2 or 4.8% of 42 cases are missing a response to item so are not reported in the table above.
*** Multiple response set for those who indicated previous use of quit methods at Intake. Individuals using multiple methods are represented multiple times; therefore, percents will total over 100%.

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

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

** 125 or 69.1% of 181 are missing a response to item so are not reported in the table above.
*** Multiple response set for those who indicated previous use of quit methods at Intake. Individuals using multiple methods are represented multiple times; therefore, percents will total over 100%.

Patient Satisfaction at Program Completion

Table 58. Overall Satisfaction with the Tobacco Program

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

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

Table 59. The Tobacco Sessions Met at a Convenient Time

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

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

Table 60. The Tobacco Sessions Met at a Convenient Location

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

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

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

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

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

Table 62. The My Tobacco Counselor Treated Me with Respect

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drop-Out Characteristics

Table 67. Gender of Participant at Drop Out

	N	%
Female	64	62.1
Male	39	37.9
Total	103	100.0

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

Table 68. Age at Drop Out

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

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

Table 69. Race of Participant at Drop Outs

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

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

Table 70. Educational Level of Participant at Drop Outs

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

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

Table 71. Ethnicity of Participant at Drop Outs

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

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

Follow-Up 4-month

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

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

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

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

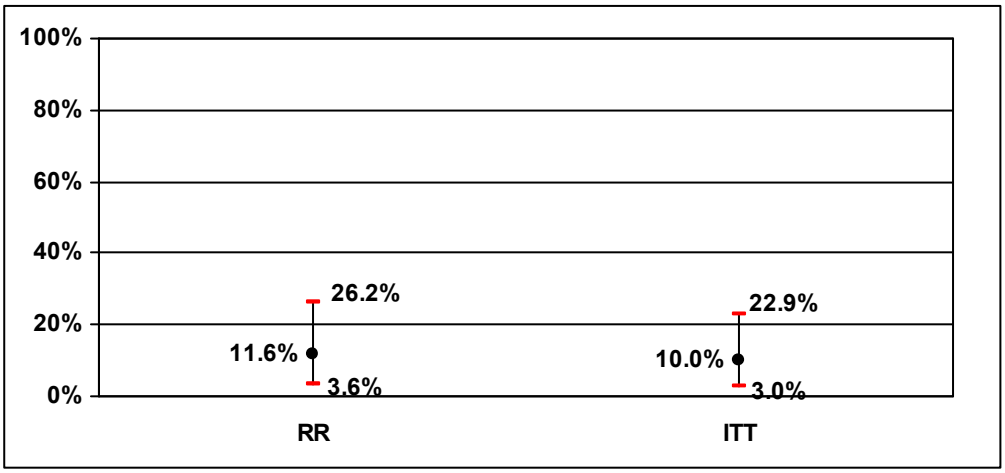

Table 73. Response and Intention to Treat Quit Rates for High Motivation (4-month)

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

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

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

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

Table 75. Med- Usage (4-Month)

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

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

Table 76.Smoking Status (4-Month)

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

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

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

	N	%
No	4	9.8
Yes	37	90.2
Total	41	100.0

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

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

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

** 1 or 2.7% of 37 cases are missing a response to item so are not reported in the table above.
*** Multiple response set for those who indicated changes to smoking behavior at program completion or drop out. Individuals engaging in multiple changes to their smoking behavior are represented multiple times; therefore, percents will total over 100%.

Follow-Up 7-month

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

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

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

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

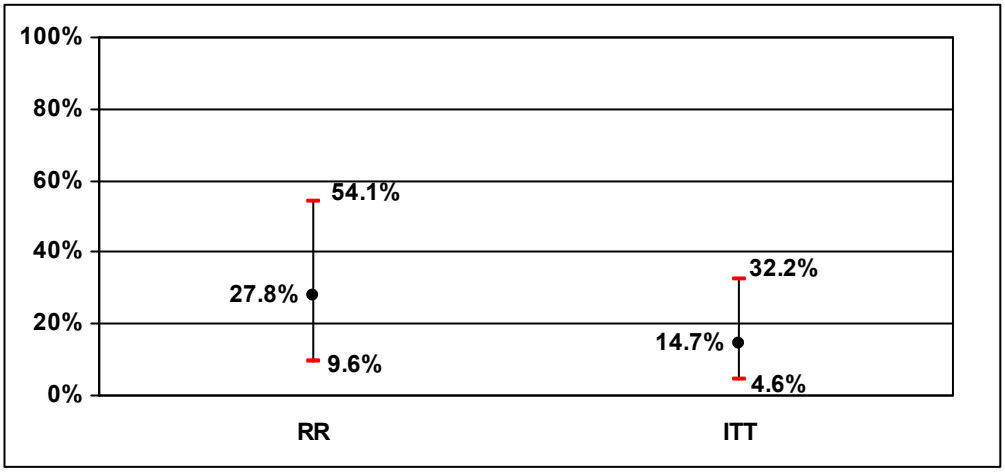

Table 80. Response and Intention to Treat Quit Rates (7-month)

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

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

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

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

Table 82. Med- Usage (7-Month)

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

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

Table 83. Smoking Status (7-Month)

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

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

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

	N	%
No	2	12.5
Yes	14	87.5
Total	16	100.0

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

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

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

** 0 or .0% of 14 cases are missing a response to item so are not reported in the table above.
*** Multiple response set for those who indicated changes to smoking behavior at program completion or drop out. Individuals engaging in multiple changes to their smoking behavior are represented multiple times; therefore, percents will total over 100%.