

802Quits Annual Report: FY 2022

Vermont Tobacco Control Program

Prepared by: Professional Data Analysts

Source: National Jewish Health

January 2023

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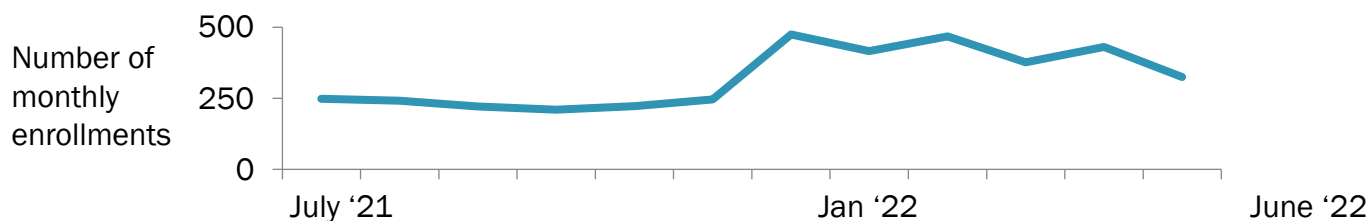
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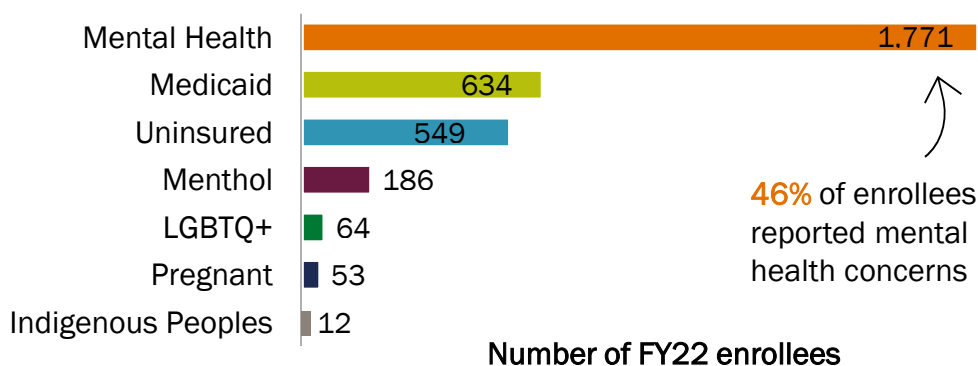
VERMONT DEPARTMENT OF HEALTH
1-800-QUIT-NOW | 802quits.org

FY2022 802Quits Summary

There were **3,878 total enrollments** in the 802Quits program during FY2022, and the majority (82%) enrolled online versus over the phone.

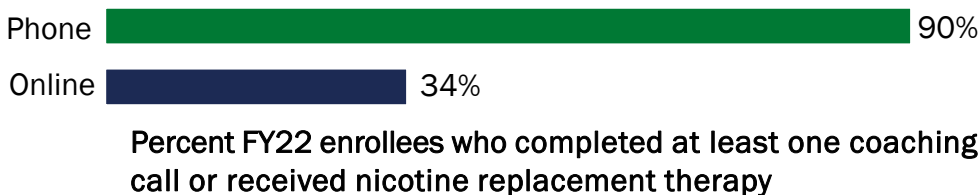


The majority of 802Quits enrollees were from priority populations.

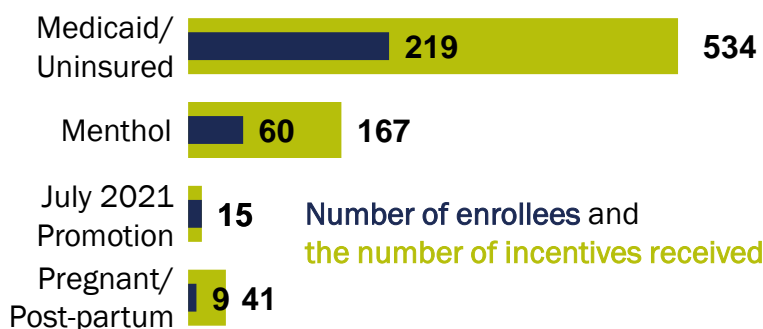


Enrollees in the phone program received more quit services through 802Quits than enrollees in the online program.

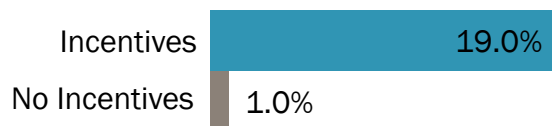
Overall, **44% of enrollees** completed at least one coaching call or received nicotine replacement therapy. 802Quits offers services over the phone (Quit by Phone) and online (Quit Online). The phone program provides more comprehensive services, and there were differences in the percentages of enrollees who received services based on program type.



The incentive program was used by 44% of enrollees in the phone program, with an average of 2.5 incentives per enrollee.



Enrollees who **received incentives** completed five or more phone coaching calls in higher percentages compared to phone enrollees who did not receive incentives.



Background

Context

802Quits is an evidence-based tobacco treatment program accessible by phone, online or text for Vermont residents. Program support includes over the phone cessation counseling with a trained health coach, text messaging, access to online cessation information, quit progress tracking tools and peer support, depending on enrollment type.

The quitline provides tailored protocols and incentives for priority populations, as shown in the table below. Nicotine replacement therapy (NRT) is the most used family of quit smoking medication, including patches, gum and lozenges, is available free of charge to adult enrollees 18+ and is recommended off-label with prescription for youth under 18 years old who are moderately or severely addicted to nicotine and motivated to quit.

Purpose of Report

This report provides an annual summary of 802Quits enrollment patterns and program use. The results may be used to make year-over-year comparisons for key metrics, identify trends over time and identify successes and opportunities for growth. This report uses 802Quits enrollment and utilization data, limited to one enrollment per individual each 30 days, during fiscal year 2022 (FY2022), which ran from July 1, 2021 to June 30, 2022, to provide a snapshot of 802Quits enrollment and utilization.

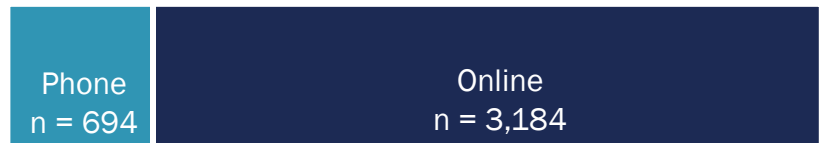
Priority Population	Tailored Protocol	Incentives	Other
Pregnant/Post-Partum	✓	✓ Up to \$250	
Mental Health	✓	✓ Up to \$200	
Indigenous Peoples	✓		✓ Respect of ceremonial tobacco use
Medicaid/Uninsured	✓	✓ Up to \$150	
Youth and Young Adult	✓	✓ Promotional materials	✓ Text and web-message counseling
Menthol Tobacco Users	✓	✓ Up to \$150	

802Quits Enrollment Trends

802Quits Enrollment Method

There were a total of **3,878 enrollees** in 802Quits in FY2022, and the majority (82%) enrolled online versus over the phone.

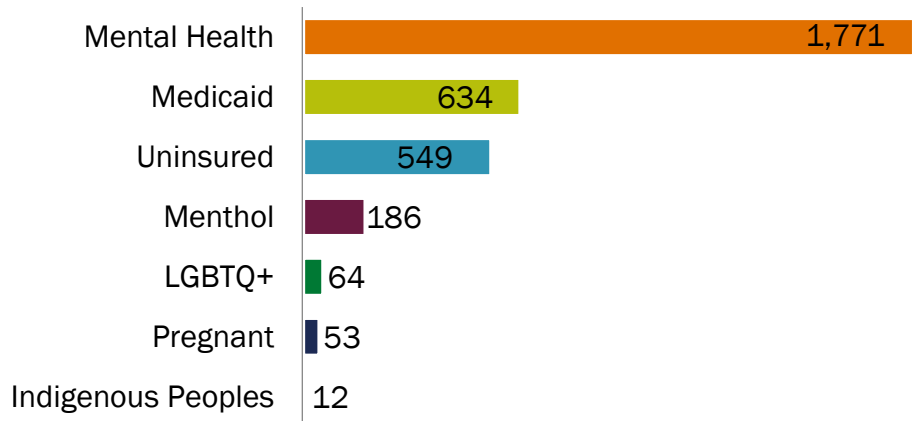
Number of FY22 enrollments by phone and online



Enrollment of Priority Populations

802Quits provides tailored protocols for priority populations. The **mental health** protocol was the most utilized, with 1,771 enrollees, representing **46%** of total 802Quits enrollments. When combined, **Medicaid** and **uninsured** Vermonters represent **31%** of total enrollees.

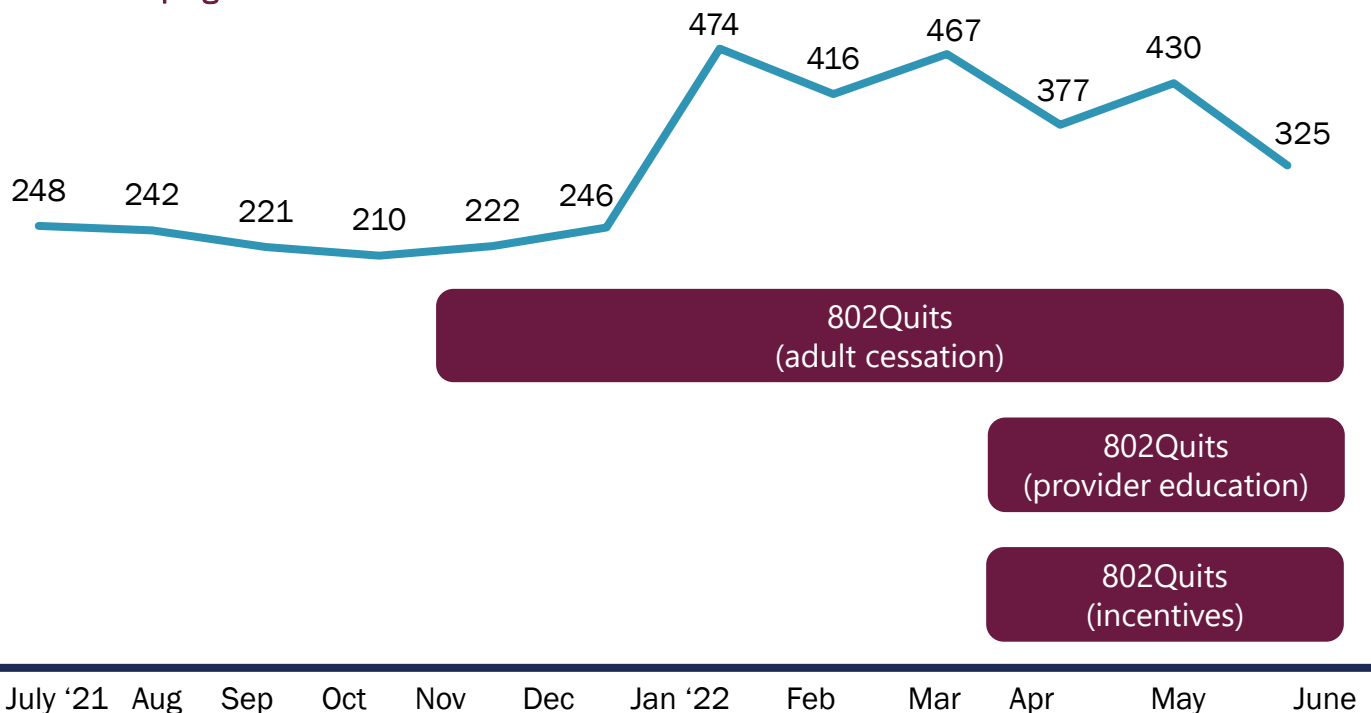
Number of FY22 enrollees by priority population



802Quits Enrollment by Month

The Vermont Department of Health promotes the quitline cessation services for adults and youth through mass media marketing campaigns. In FY2022, the marketing campaigns primarily occurred in the second six months of the fiscal year, coinciding with higher 802Quits enrollment numbers than in the first six months of the year.

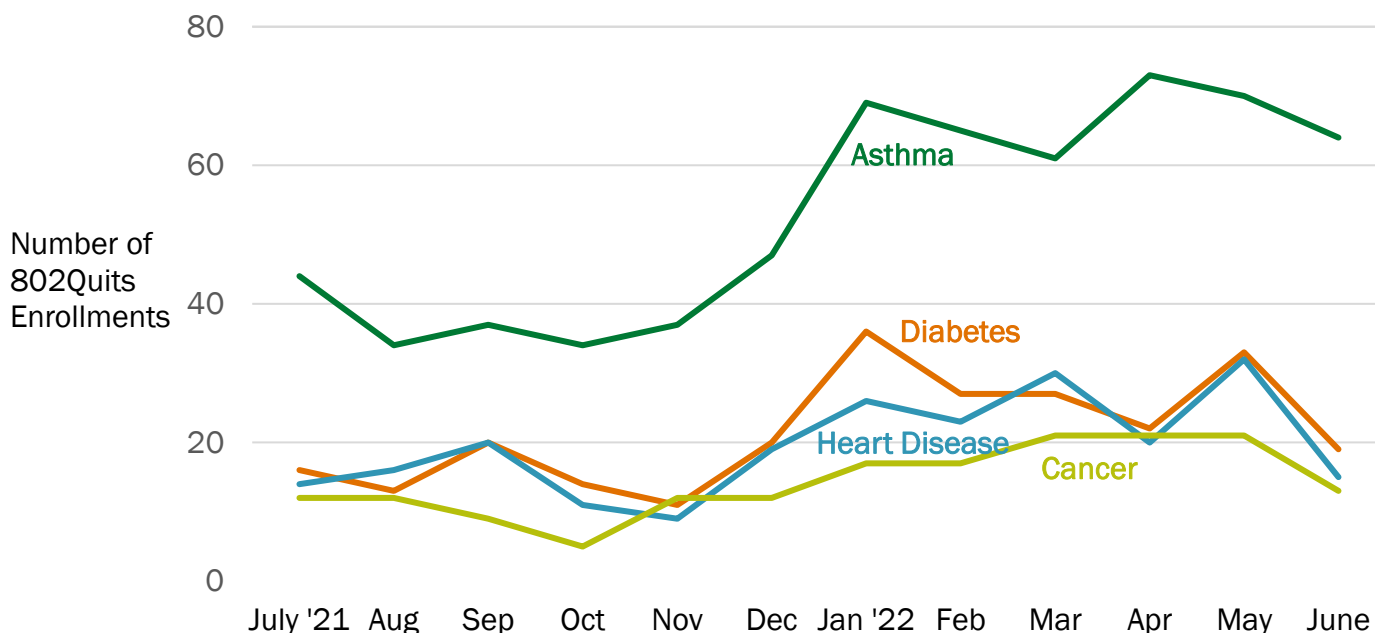
This chart shows the **number of 802Quits enrollments per month** during FY2022 over top of the **timeline of media campaigns**:



Enrollees with Chronic Conditions

Smoking cessation is a critical component in the management of chronic disease, as there is significant evidence for the association between continued smoking and disease progression for multiple chronic diseases.¹ There were high numbers of enrollments of Vermonters with chronic conditions in the second half of the fiscal year.

Monthly 802Quits Enrollment for Vermonters with Chronic Conditions



Asthma

People who use tobacco who also have asthma experience worse asthma control than people who do not use tobacco, highlighting the importance of cessation.² There were a total of 635 enrollees who reported having asthma, the highest among chronic conditions, and this represents 16% of total 802Quits enrollees.

Diabetes

People who smoke and have diabetes are at risk for poor health outcomes and diabetes management.³ In FY2022, there were 258 802Quits enrollees who reported having diabetes.

Heart Disease

Smoking is a major cause of cardiovascular disease (CVD) and causes one of every four deaths from CVD.³ There were a total of 235 802Quits enrollees who reported having heart disease in FY2022.

Cancer

Smoking causes cancer and inhibits the ability to fight cancer.⁴ There were 172 enrollees in 802Quits in FY2022 who reported having cancer.

1. Gritz ER, Vidrine DJ, Fingeret MC. Smoking cessation: a critical component of medical management in chronic disease populations. *American journal of preventive medicine*. 2007 Dec 1;33(6):S414-22.

2. Polosa R, Thomson NC. Smoking and asthma: dangerous liaisons. *European respiratory journal*. 2013 Mar 1;41(3):716-26.

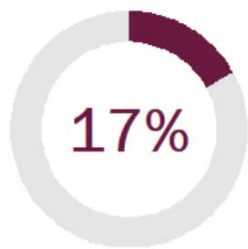
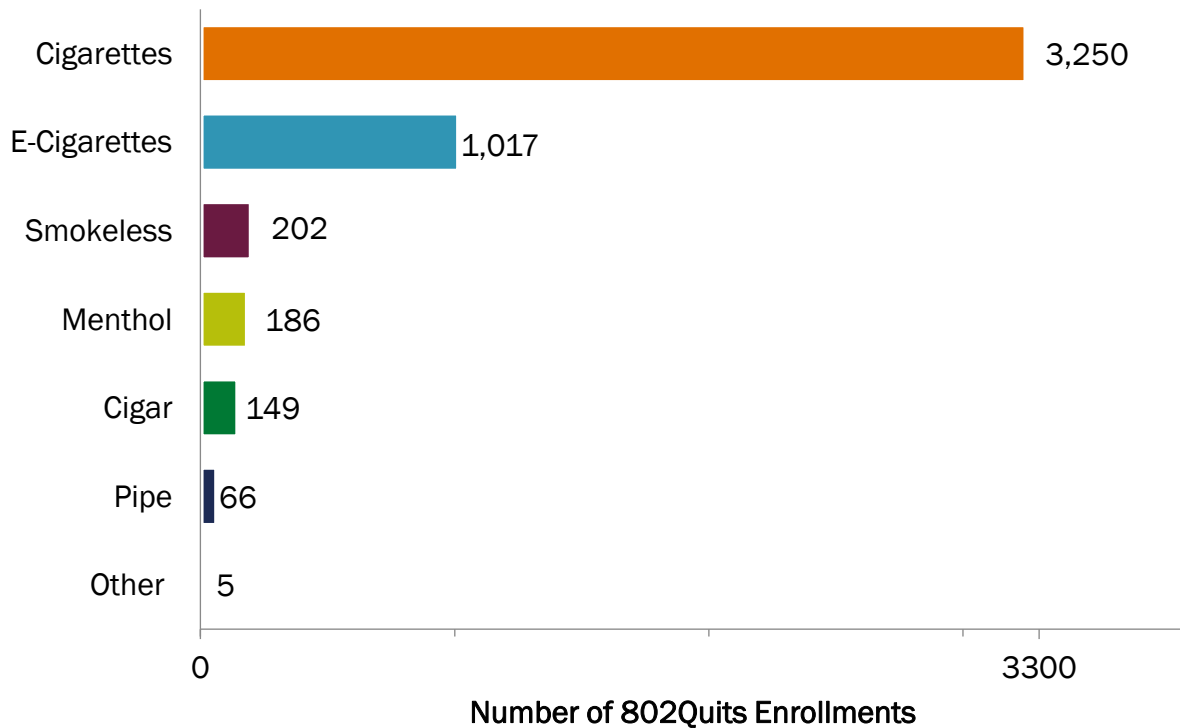
3. U.S. Department of Health and Human Services. A Report of the Surgeon General. *How Tobacco Smoke Causes Disease: What It Means to You*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010 [accessed 2022 Oct 18].

4. U.S. Department of Health and Human Services. A Report of the Surgeon General. *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010 [accessed 2022 Oct 18].

Tobacco/Nicotine Product Use

Type of Tobacco Product Reported at Intake

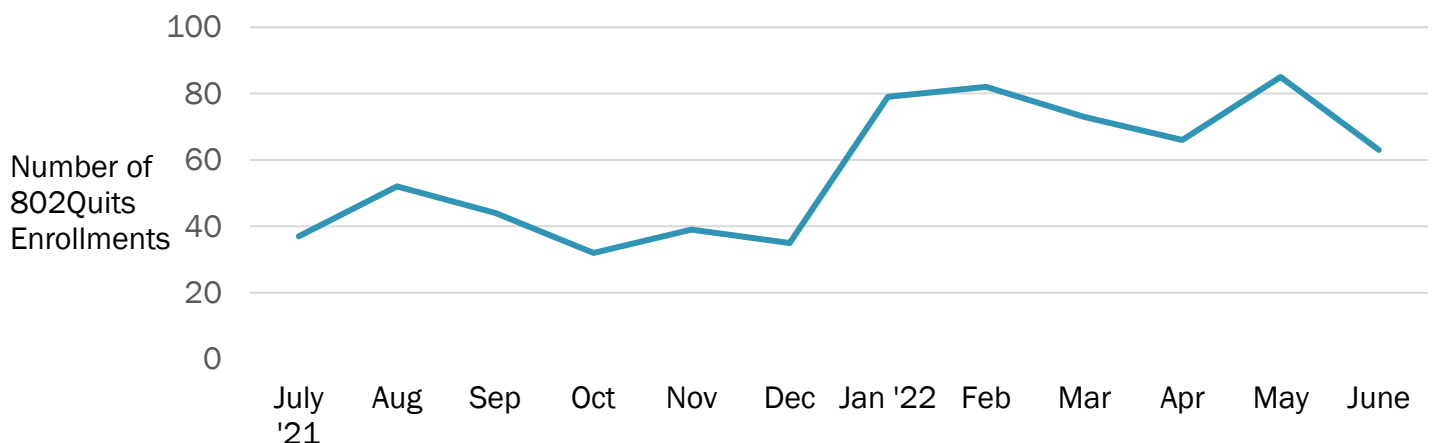
At intake, the majority of 802Quits enrollees (84%) reported **using cigarettes**, while 26% reported **using e-cigarettes**. 802Quits allows enrollees to select multiple types of tobacco/nicotine products used at intake.



Co-Use of Cigarettes and E-Cigarettes

For now, not enough data exist on the safety of e-cigarettes, how the health effects compare to traditional cigarettes, and if they are helpful for people trying to quit smoking.¹ Among 802Quits enrollees, 17% (n = 687) report using both conventional cigarettes and e-cigarettes.

Monthly 802Quits Enrollment for Vermonters with Co-Use of E-Cigarettes and Cigarettes



1. National Institute on Drug Abuse. Vaping Devices (Electronic Cigarettes) DrugFacts. National Institute on Drug Abuse website. <https://nida.nih.gov/publications/drugfacts/vaping-devices-electronic-cigarettes>. 2020 [accessed October 18, 2022]

Characteristics of 802Quits Enrollees

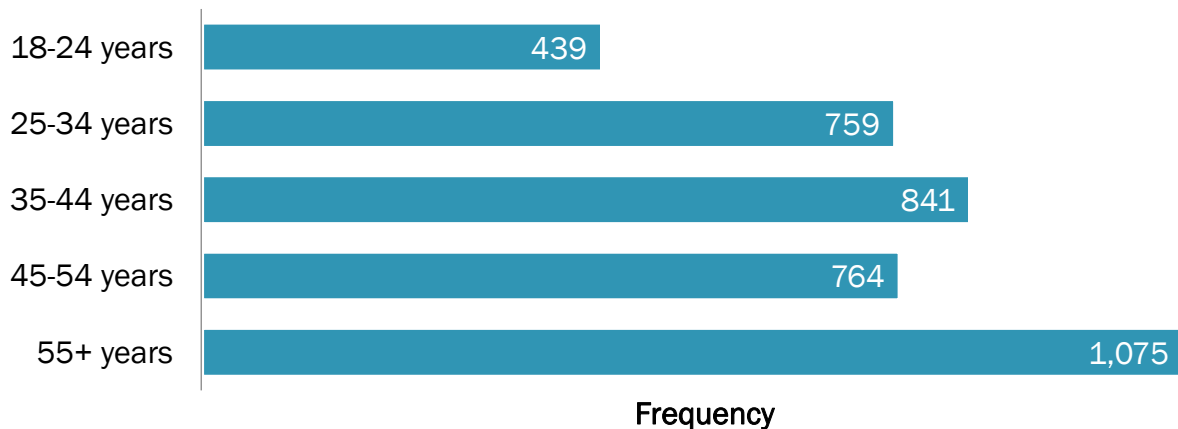
Gender

Of the 3,878 802Quits enrollees in FY2022, there were **more females** than males or other genders.



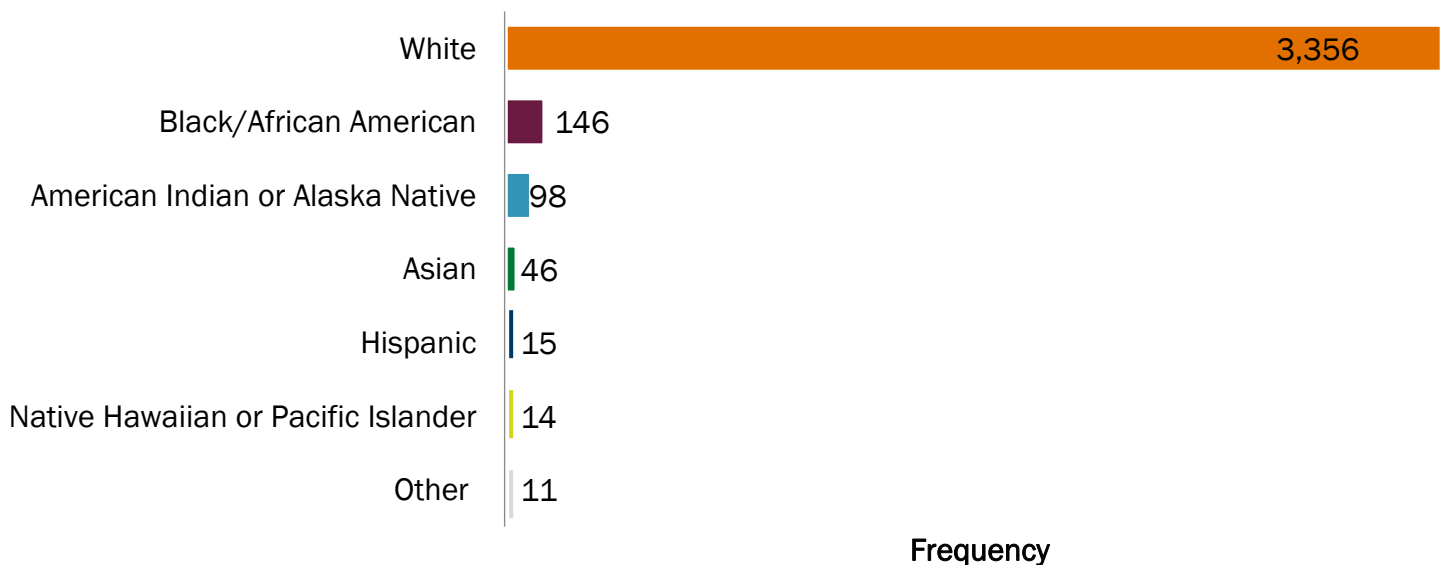
Age at Intake

There was a higher frequency of enrollees **over the age of 55 years**, compared to younger age groups.

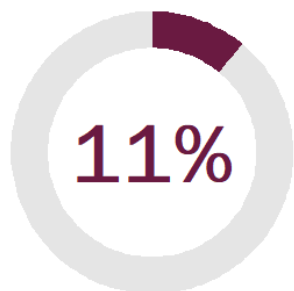


Race and Ethnicity

87% of 802Quits enrollees were **white** in FY2022.

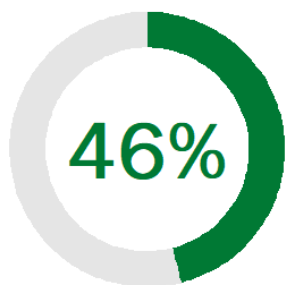


Characteristics of 802Quits Enrollees



LGBTQ Status

Of the 3,878 802Quits enrollees, 416 identified as LGBTQ, representing 11% of total enrollees.

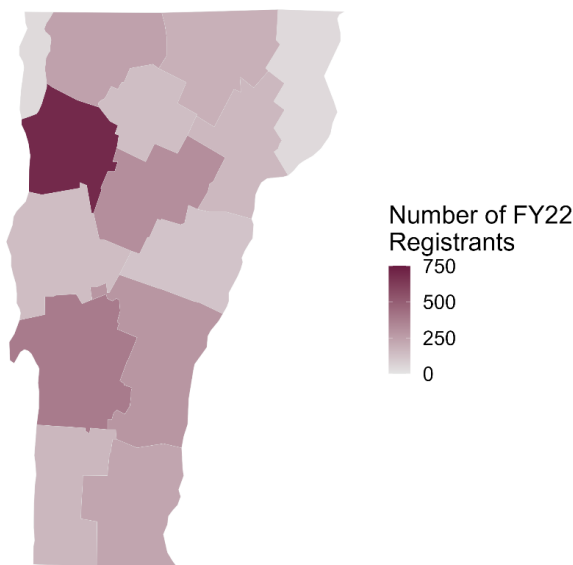


Mental Health Status

Of the 3,878 802Quits enrollees, 1,771 reported mental health concerns, representing 46% of total enrollees.

County-level 802Quits Enrollment

Chittenden County had the highest number of enrollees in FY2022, even though the county had the lowest prevalence of smoking in 2020 (10% compared to 15% in Vermont as a whole).¹



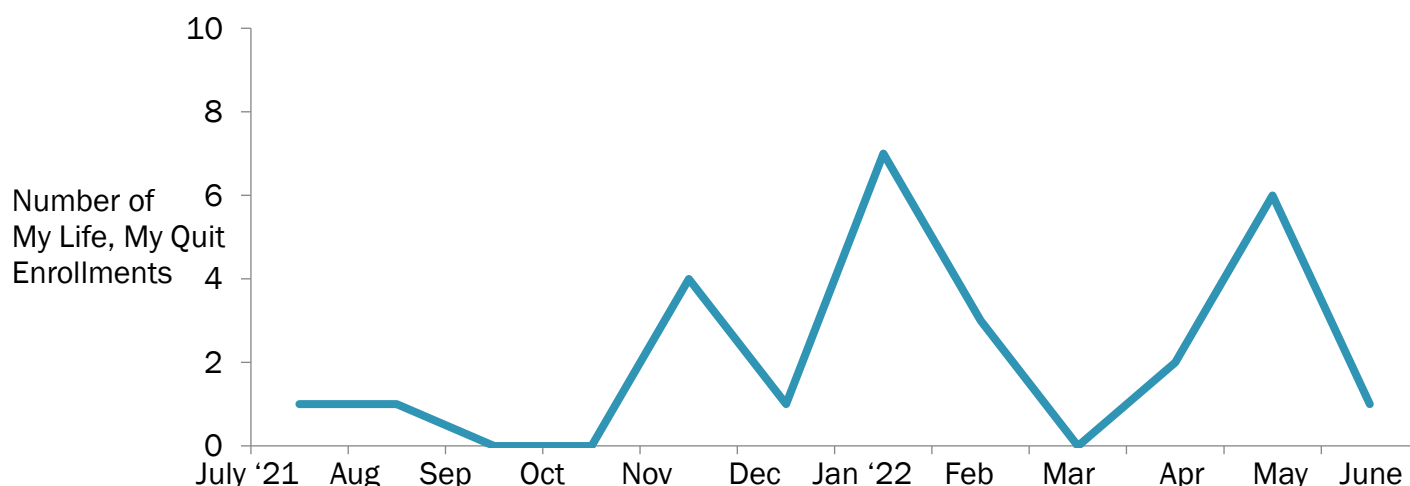
1. Vermont Behavioral Risk Factor Surveillance System (BRFSS): <https://www.healthvermont.gov/health-statistics-vitalrecords/population-health-surveys-data/brfss>.

My Life, My Quit Enrollment

My Life, My Quit provides free tobacco and vape quitting support for Vermont teens aged 12 to 17. Youth can text, call or enroll online and engage in five coaching sessions by phone, live texting or chat with a coach who will listen and help teens navigate social situations while finding healthy ways to cope with stress. The program provides incentives for completing coaching sessions: My Life, My Quit branded swag for the 1st, 3rd and 5th completed coaching sessions. Additionally, there is text message support to quit vaping, smoking or chewing tobacco.

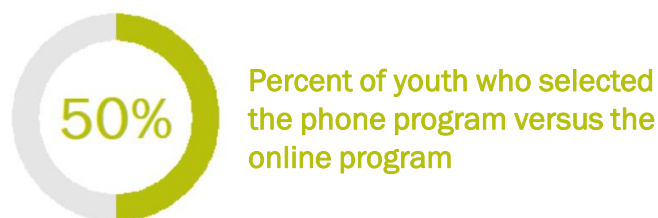
Youth Enrollment Trends

Over the course of FY2022, there were 26 youth who enrolled in My Life, My Quit. There were several periods of higher enrollment, including January and May of 2022, which coincide with New Year and the end of the school year.



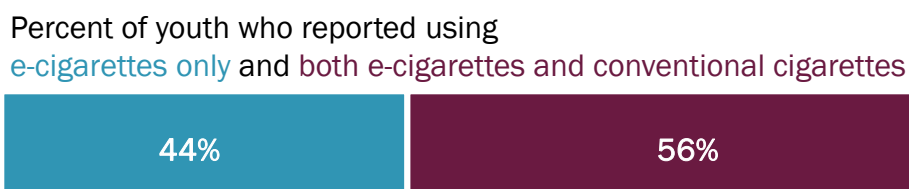
Enrollment Method and Program Type

The majority of youth (85%) enrolled for My Life, My Quit online compared to over the phone. There were an equal number of youth who selected the phone program (n = 13) and online program (n = 13).



Tobacco Use of Youth Enrollees

100% of youth enrollees reported using e-cigarettes. Of those, 56% also reported using conventional cigarettes.



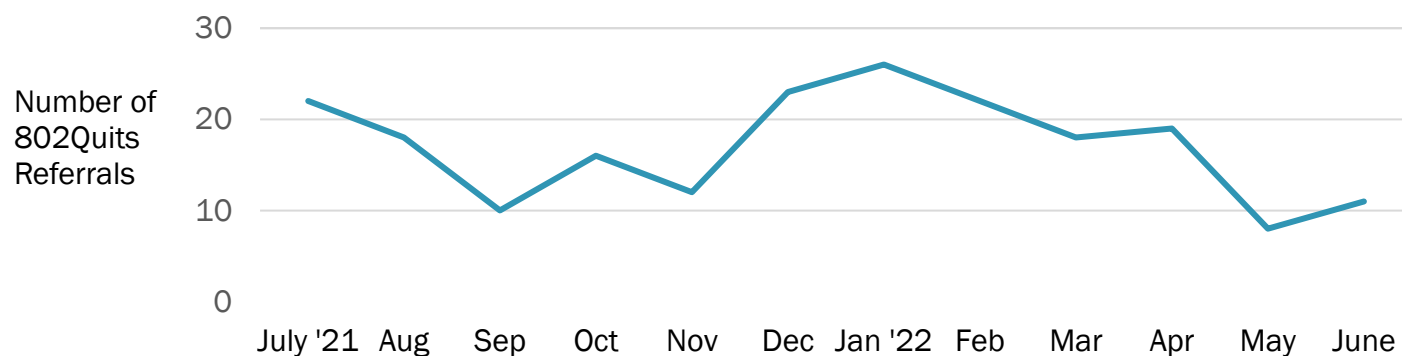
Referrals

802Quits Referral Program

Health care providers play an important role in tobacco cessation, as they are trusted sources of information and can provide behavioral interventions as well as connect patients to cessation services through the quitline.¹ Health care providers can provide referrals to their patients for cessation resources through the phone, online or via fax. In FY2022, there were **205 802Quits referrals** from health care providers.

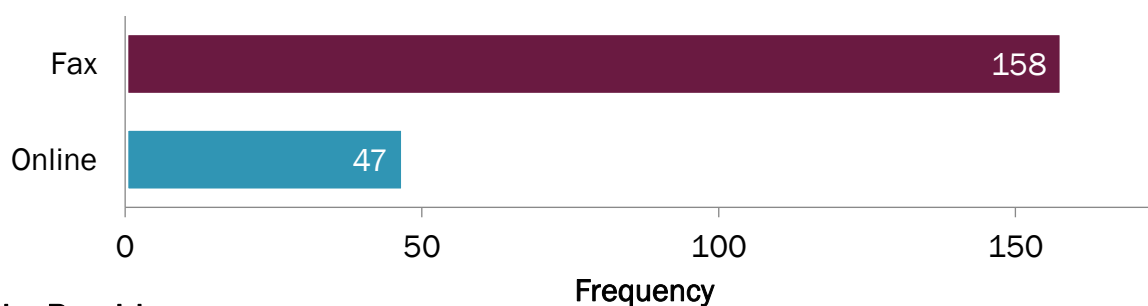
Monthly Referral Trends

Health care provider referrals to 802Quits varied in number throughout the year, with the highest number of monthly referrals (26) occurring in January 2022.



Referral Method

The majority of 802Quits referrals from health care providers were made **through fax** (77%), compared to an **online referral** by the provider.



Referral by Provider

Of the 205 referrals, 117 came from one provider group, indicating a high utilization of the referral services.

Provider Group	Number of Referrals
Rutland Regional Medical Center	117
Vermont Department Of Health	9
You First	9
St Johnsbury Community Health Center	5
Open Door Clinic	4
Other	61

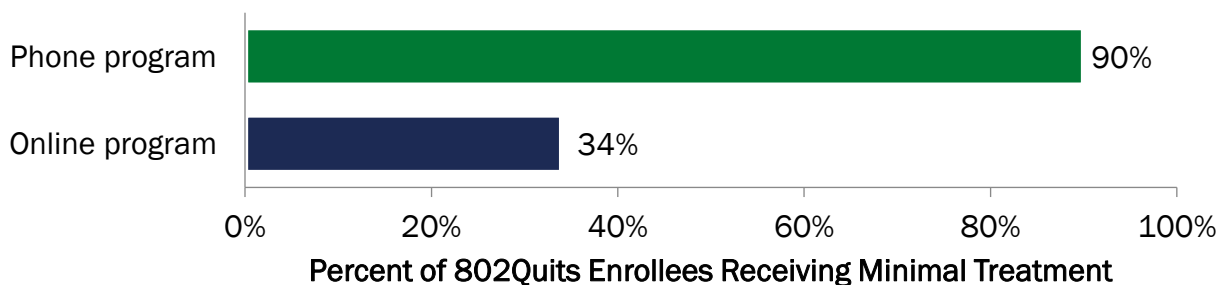
1. Patnode, C. D., Henderson, J. T., Coppola, E. L., Melnikow, J., Durbin, S., & Thomas, R. G. (2021). Interventions for tobacco cessation in adults, including pregnant persons: updated evidence report and systematic review for the US Preventive Services Task Force. *JAMA*, 325(3), 280-298.

Receipt of Minimal Treatment

Definition of Minimal Treatment

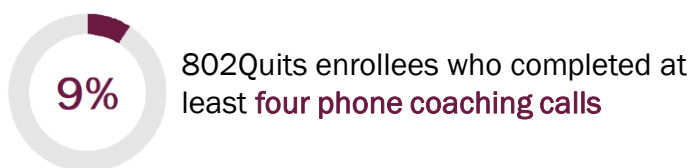
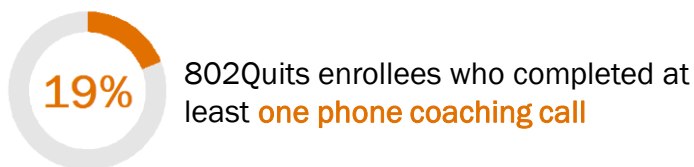
The North American Quitline Consortium defines minimal treatment as receiving a counseling phone call or nicotine replacement therapy (NRT), as both services have been proven to help people quit. Overall, **1,721 (44%) of 802Quits enrollees received this support** in FY2022.

Enrollees who participated in the **phone program** were more likely to receive minimal treatment than enrollees in the **online program**



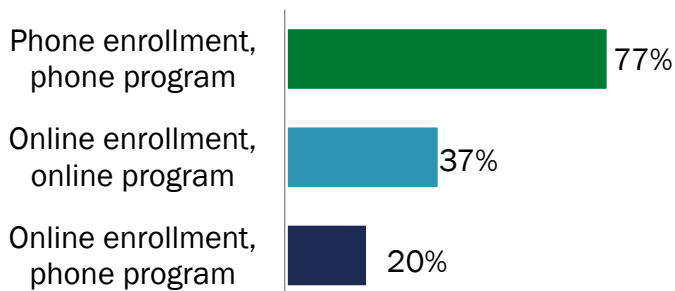
Calls Completed

Among all enrollees, 19% completed at least one phone coaching call.



NRT Received

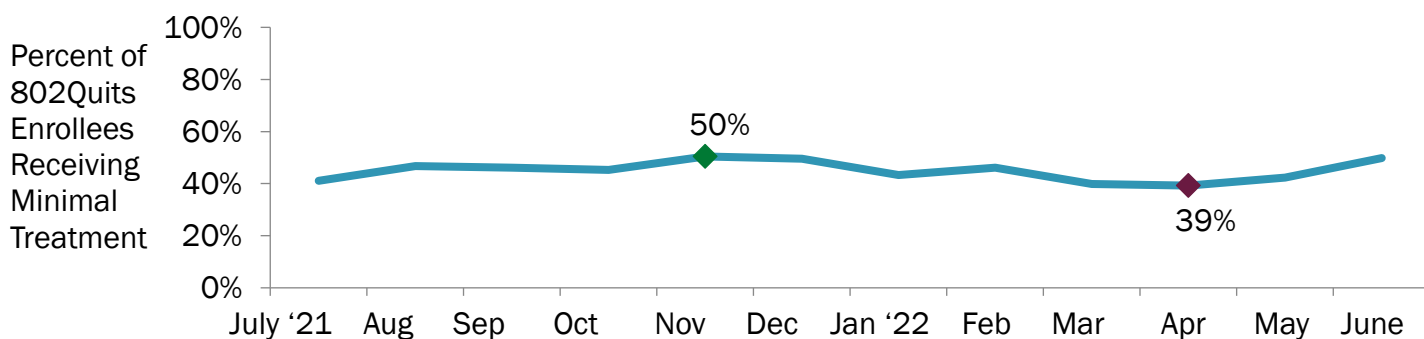
Overall, **42% of enrollees received at least one form of NRT**, and a higher percentage of Vermonters who **enrolled over the phone** received NRT.



Percent of 802Quits Enrollees Receiving NRT

Monthly Trends of Minimal Treatment

Receipt of minimal treatment was fairly stable across the year, despite changes in monthly enrollment. Throughout FY2022, the percent of 802Quits enrollees receiving minimal treatment varied from a **low of 39% in March and April 2022** to a **high of 50% in November 2021**.



Incentive Utilization

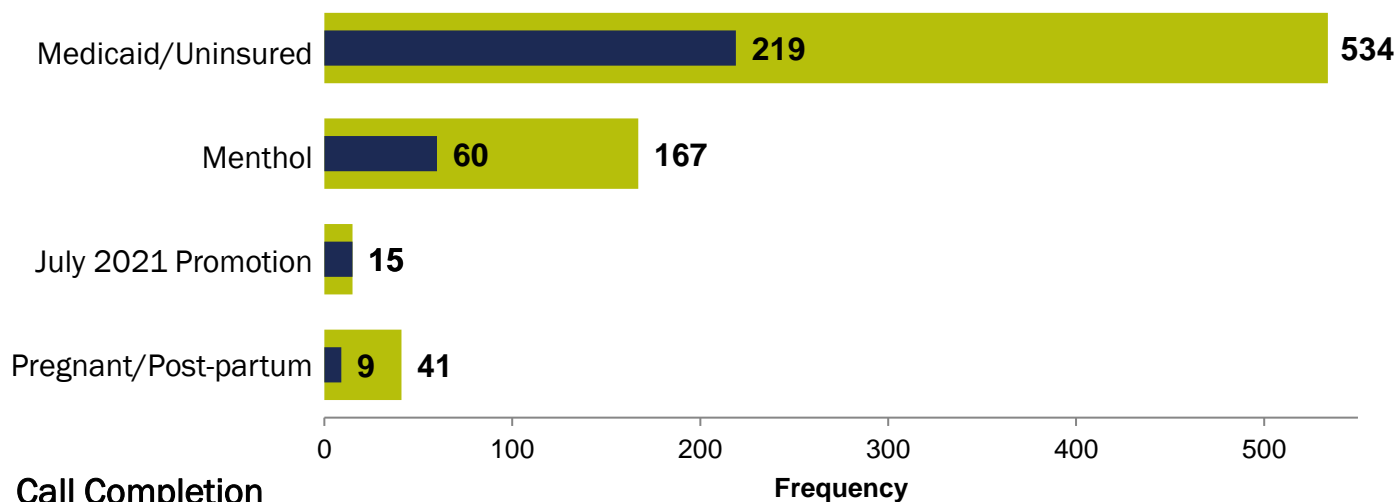
802Quits Incentive Program

Previous research has shown that providing incentives can increase smoking cessation rates.¹ In FY2022, the 802Quits program provided incentives for call completion for enrollees from priority populations (people with Medicaid or are uninsured, people who use menthol, people who are pregnant/postpartum). There was also a special promotional incentive provided to 802Quits enrollees in July 2021. An incentive for enrollees in the behavioral health protocol was introduced in July 2022 but will not be included in this report due to low sample size.

Incentive Utilization

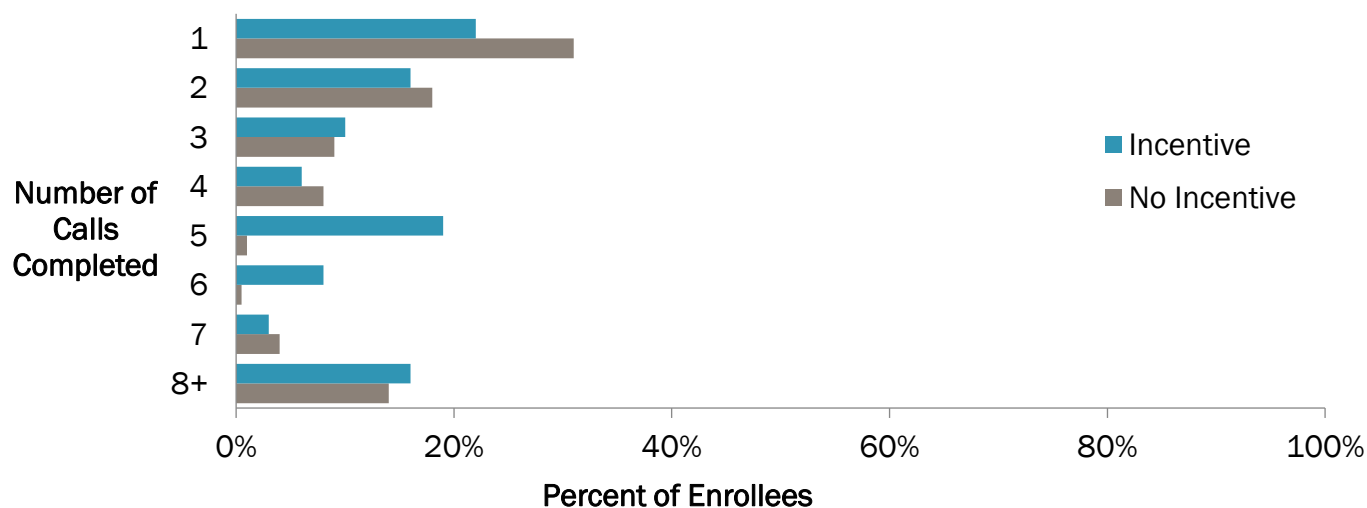
In total, **303 802Quits enrollees** received incentives during FY2022, representing 7.8% of enrollees. The distribution of incentives received by protocol is shown below. The Medicaid/uninsured incentive was the highest utilized, with 219 enrollees receiving incentives. Of the enrollees who received the Medicaid/uninsured incentives, 16% (n=36) were also eligible for the menthol incentive.

This chart shows the **number of enrollees** for each incentive type and **the number of incentives received**.



Call Completion

Among 802Quits enrollees in the phone program (n= 746), those who **received incentives** completed five or more phone coaching calls in higher percentages compared to phone enrollees who **did not receive incentives**.

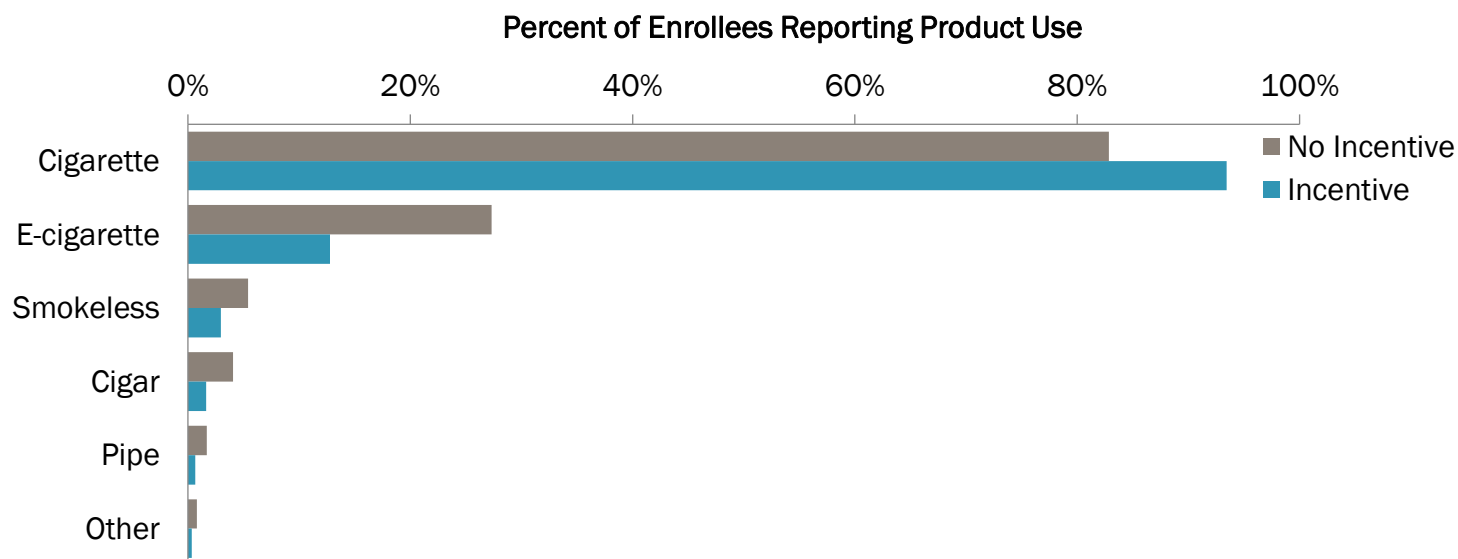


1. Notley C, Gentry S, Livingstone-Banks J, Bauld L, Perera R, Hartmann-Boyce J. Incentives for smoking cessation. Cochrane Database of Systematic Reviews. 2019(7).

Characteristics of Enrollees with Incentives

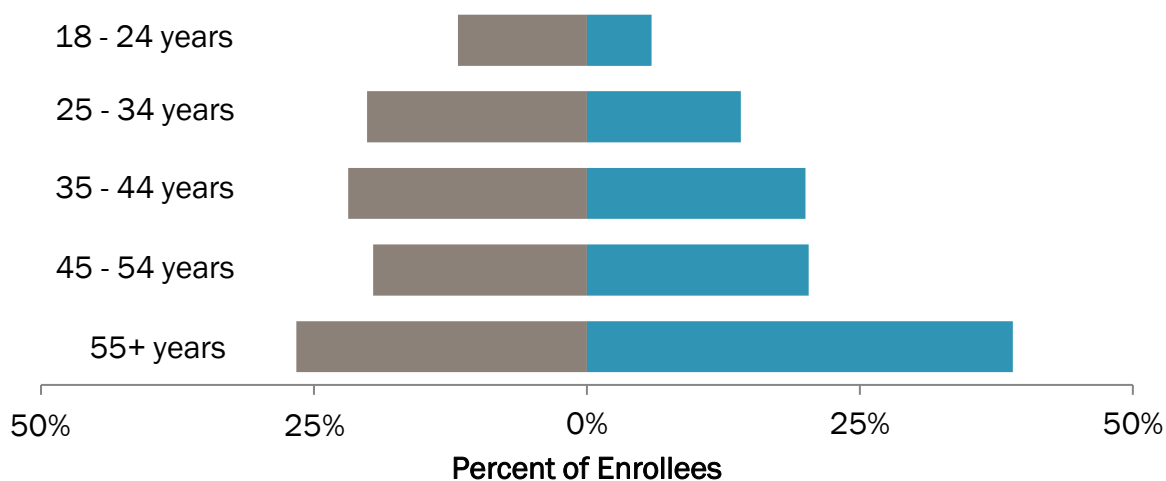
Tobacco Product Use

A higher percentage of 802Quits **enrollees receiving incentives** reported using cigarettes at intake compared to **enrollees without incentives** (93% vs 83%), while there was a lower percentage of enrollees with incentives reporting e-cigarette use than enrollees without incentives (13% vs 27%)



Age

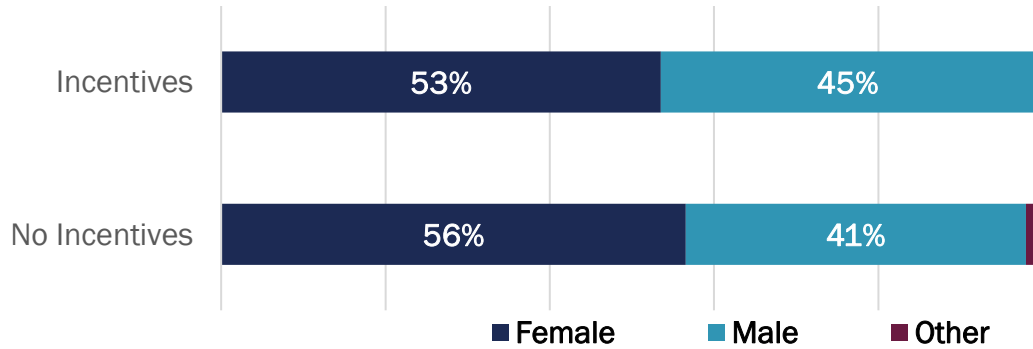
Enrollees with incentives tended to be older than **enrollees without incentives**, as 39% of enrollees receiving incentives were aged 55 years or older, compared to 27% of enrollees not receiving incentives.



Characteristics of enrollees with Incentives

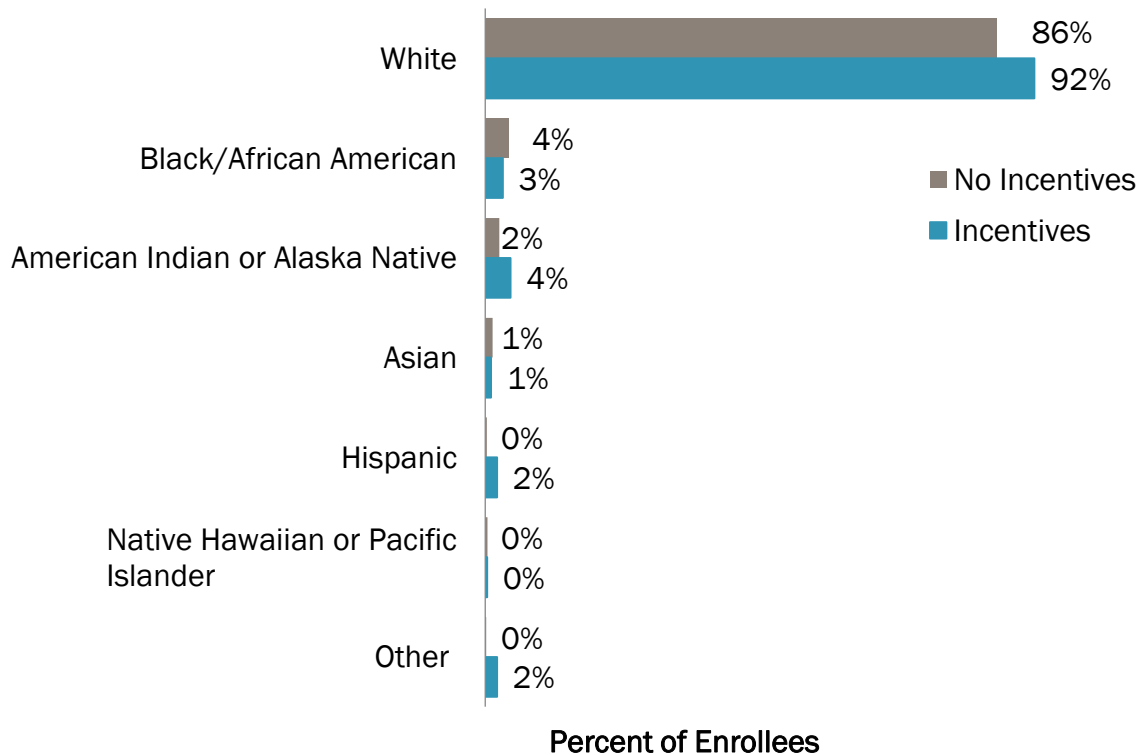
Gender

The gender distribution was similar for enrollees with incentives and enrollees without incentives.



Race and Ethnicity

A higher percentage of enrollees who **received incentives** were white than those **without incentives**.

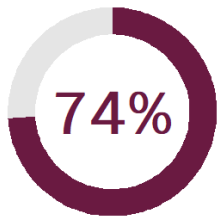
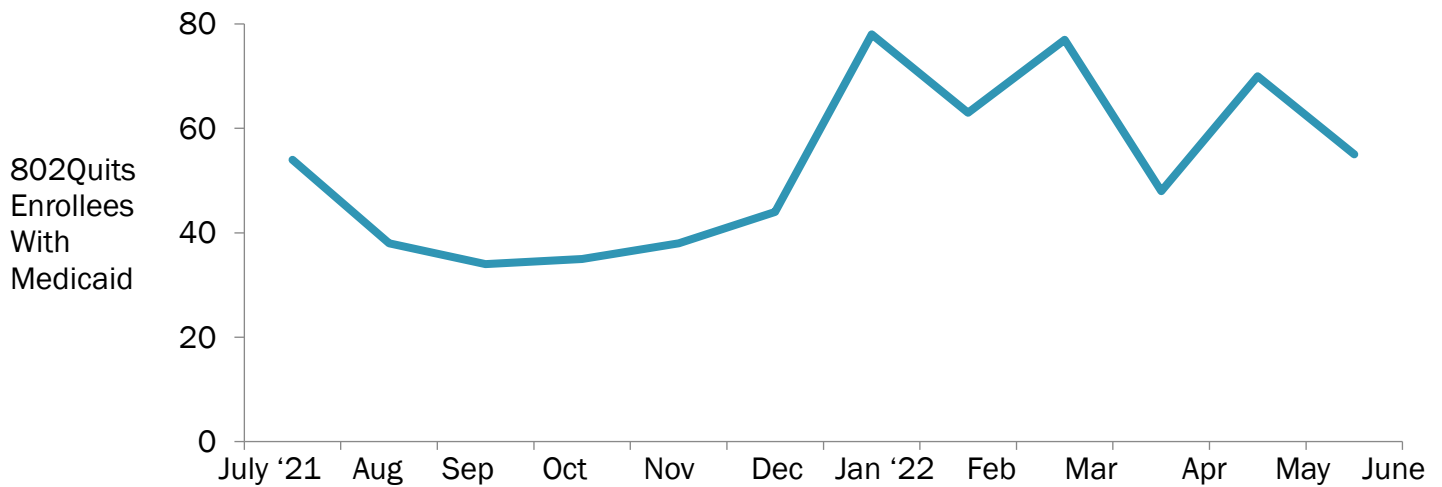


Priority Population: Medicaid Insured

Enrollment Trends for Medicaid enrollees

Medicaid enrollees are twice as likely to smoke cigarettes or use tobacco than the general United States population, highlighting the importance of providing cessation resources to this population.¹ The 802Quits program provides a tailored, incentivized protocol for enrollees with Medicaid insurance.

In FY2022, there were a total of **634 enrollees** with Medicaid insurance, representing 16% of all enrollees. The chart below shows trends in monthly 802Quits enrollments among Vermonters with Medicaid and shows an increase between December 2021 and January 2022.

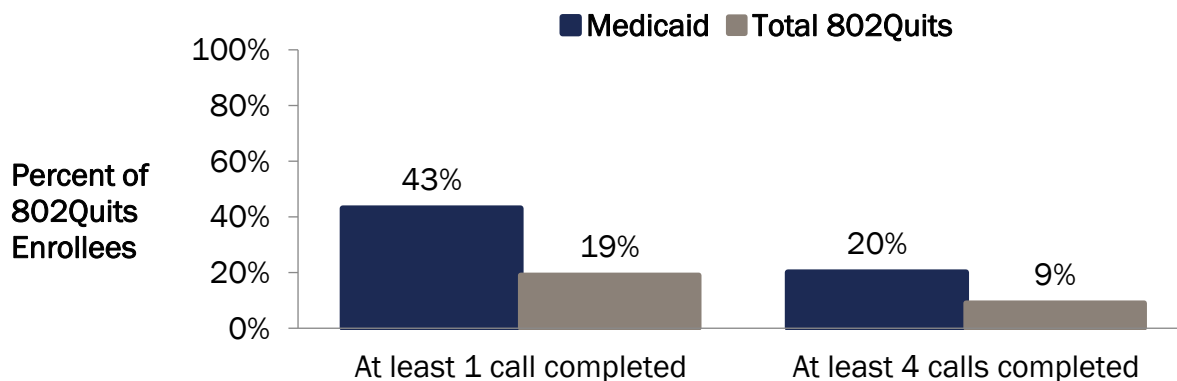


Receipt of NRT

Among the 634 enrollees with Medicaid insurance, 468 (74%) received at least one form of NRT, which is a **higher percentage receiving NRT** than the overall 802Quits enrollees (42%)

Call Completion

In FY2022, there was a higher percentage of Medicaid enrollees who completed at least one call compared to overall 802Quits enrollees. This difference was also seen in the percentage completing at least four calls.



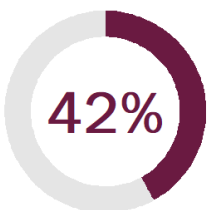
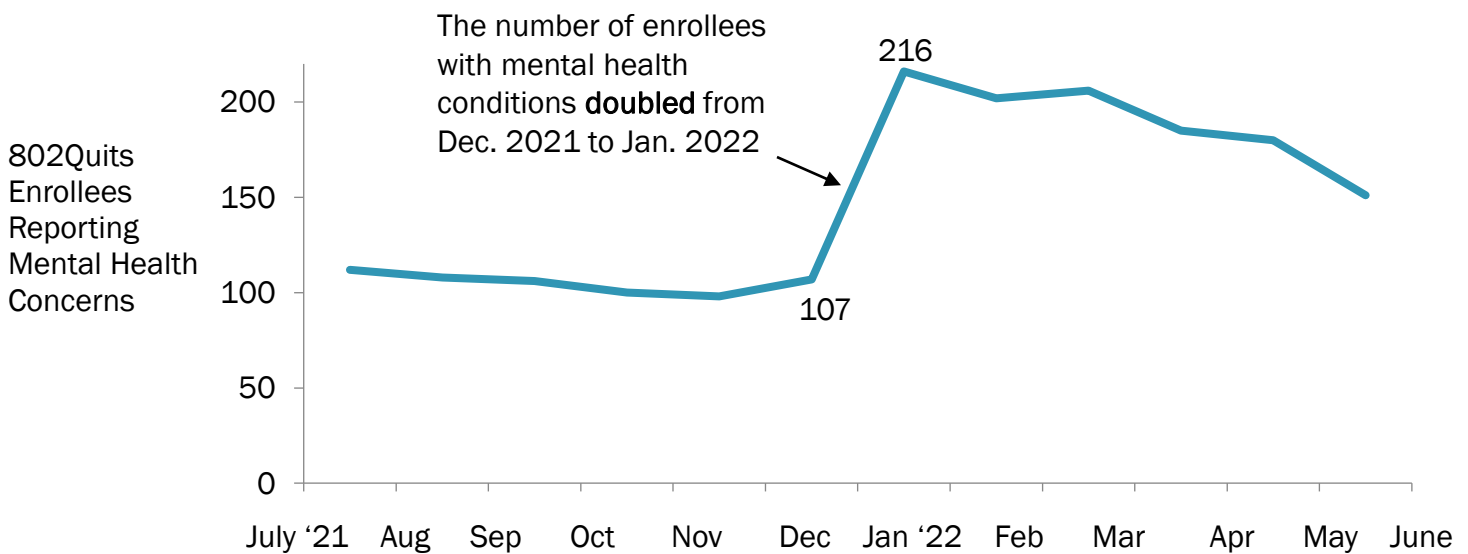
1. Ku, L., Bruen, B. K., Steinmetz, E., & Bysse, T. (2016). Medicaid tobacco cessation: big gaps remain in efforts to get smokers to quit. *Health Affairs*, 35(1), 62-70.

Priority Population: Mental Health

Enrollment Trends for Vermonters with Mental Health Concerns

People with mental health concerns have both higher rates of smoking and higher levels of smoking compared to people without mental health concerns, a strong association that exists in part because mental health issues can be a factor in smoking initiation.¹

In FY2022, a total of **1,771 enrollees** reported mental health conditions, representing 46% of all enrollees. There was an increase in enrollees who report mental health conditions in January 2022.

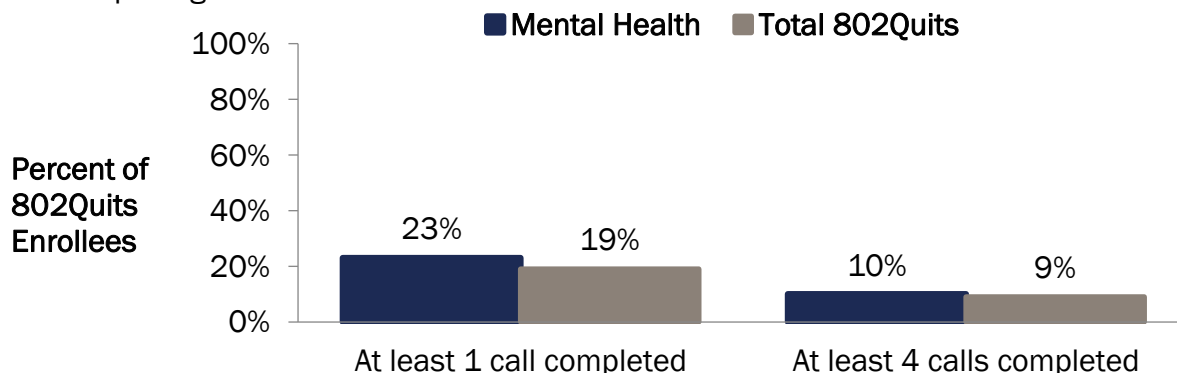


Receipt of NRT

Among the 1,771 enrollees who reported mental health conditions, 743 (42%) received at least one form of NRT, which is the same percentage receiving NRT as the whole of 802Quits enrollees.

Call Completion

In FY2022, 23% of enrollees reporting mental health concerns at intake completed at least one phone coaching call, similar to overall 802Quits enrollees. This similarity was also seen in the percentage of enrollees completing at least four calls.



1. Lawrence, D., Mitrou, F., & Zubrick, S. R. (2009). Smoking and mental illness: results from population surveys in Australia and the United States. *BMC public health*, 9(1), 1-14.