Report for

Georgia Department of Public Health

Georgia Tobacco Quit Line
Comprehensive Evaluation Report

Year 4
2015

Evaluation Services Division

Strategic Analytics

Optum (formerly Alere Wellbeing)

September 30, 2016

Acknowledgements

A complex coordination of efforts was required to conduct this evaluation. The development of this report could not have been accomplished without the collaboration and generous assistance of many individuals. We would like to acknowledge all staff who provided registration and tobacco treatment coaching services to Georgia Tobacco Quit Line callers, and the survey staff who assisted with data collection for the evaluation.

In addition, the following staff members are responsible for the execution of the research study and content of this report:

Chelsea Nash, BA, Senior Program Evaluator
Margaret Raskob, MPH, Associate Program Evaluator
Maria Martin, MPH, Senior Client Services Manager
Vince Haufle, DrPH, MPH, Vice President, Strategic Analytics

If you have additional questions, please contact:

Maria Martin, MPH
Optum
999 3rd Avenue, Suite 2000
Seattle, Washington 98104
Telephone: 206.876.2117
Fax: 206.876.2101
Email: maria.martin2@optum.com

Table of Contents

Executive Summary

The Georgia Department of Public Health contracted with Optum (formerly Alere Wellbeing) to evaluate the effectiveness of the Georgia Tobacco Quit Line (GTQL) by providing outcomes estimates for the general GTQL caller population.

A total of 300 out of the 890 GTQL callers sampled for the evaluation completed the follow-up survey approximately 7 months after enrollment, resulting in a 34% overall response rate. The sample included participants who registered for the GTQL between January 1, 2015 and December 31, 2015. Respondents to the evaluation survey were typically English speakers, over age 40, female, reported having a chronic health condition, and had a high school degree/GED or greater. The majority were cigarette smokers who smoked every day and had been smoking for over 20 years.

Responses to the evaluation survey indicate many positive outcomes from the GTQL:

- 93% of respondents were satisfied with the GTQL program, and 97% indicated that they would recommend the GTQL to a friend in need of similar help.
- 29% of respondents had been abstinent from tobacco for 30 days or longer at the time of the 7-month follow-up survey.
- 35% of respondents had been tobacco free for 7 days or longer at follow-up.
- GTQL's 30-day and 7-day intent-to-treat (ITT) quit rates were 10% and 12%, respectively.

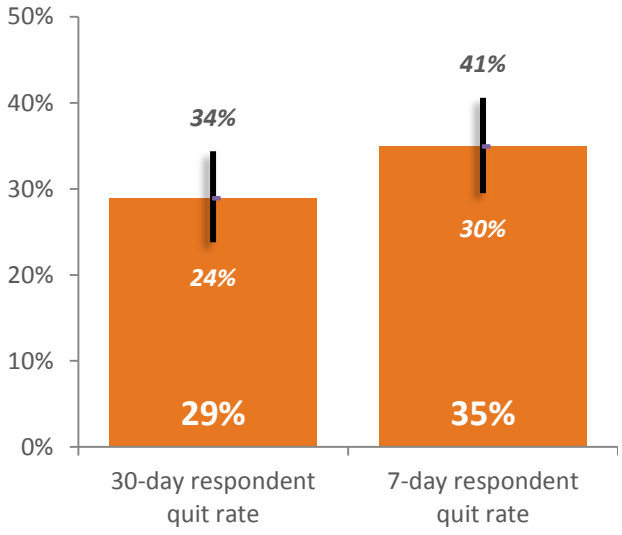


Figure 1. **Quit rate estimates for GTQL callers (estimates with 95% confidence intervals): January 1, 2015 – December 31, 2015 registrants**

Among those who had not yet quit smoking:

- 69% had reduced their smoking by an average of 10 cigarettes per day; two in five (40%) had reduced their use by at least 50%.
- The proportion of continued smokers who used tobacco within 5 minutes after waking (an indicator of tobacco dependence) decreased by 46%, and the proportion who smoked every day decreased by 29%.
- 90% indicated that they intended to quit within the next 30 days.

Additional key findings included:

- Insurance status, chronic health condition status, time to first tobacco use, and call completion were all significantly linked to outcomes. In general:
  - Medicaid-insured participants tended to have lower quit rates than uninsured participants and those insured through Medicare or commercial insurance.
  - Participants who reported one or more chronic health conditions tended to have higher ITT quit rates compared to those who did not report a chronic condition.

  - Participants who waited at least 6 minutes before using tobacco after waking tended to have higher respondent and ITT quit rates compared to those who smoked within 5 minutes of waking.
  - Participants who completed three or more calls had significantly higher ITT quit rates compared to those who completed only one call or two calls. Those who completed two calls also had significantly higher ITT rates compared to those who completed only one call.

- While the nicotine replacement therapy (NRT) benefit was expanded to multiple possible NRT shipments, survey respondents completed significantly more coaching calls compared to when the NRT benefit was reduced to only one possible shipment. Similar proportions received NRT between service time periods. There were no statistically significant differences in quit rates between time periods.
- Two in five survey respondents reported that they had tried e-cigarettes or other vaping devices (ENDS) at follow-up. About one eighth of respondents were currently using ENDS.

Recommendations

Services:

- Enhance service offerings to GTQL callers. The North American Quitline Consortium set a benchmark for all state quitlines to achieve a 30% 30-day responder quit rate by 2015. While the GTQL fell short of this benchmark during the overall evaluation timeframe (January 2015 through December 2015 registrants), the program did achieve the benchmark during the expanded NRT benefit offering. The State should consider enhancing service offerings in order to meet this benchmark.
- Consider offering a stand-alone Web-based program to GTQL callers. Web-only programs are lower cost and tend to attract younger, healthier tobacco users of higher socioeconomic status[1] who may have an easier time quitting. Providing a Web-only program with NRT and allowing participants to choose the program that best fits their needs can result in maintained or improved quit rates, potentially at lower cost to the State.
- Consider strategies to encourage engagement in coaching calls and NRT adherence. Previous research has found that more intensive tobacco cessation programs (e.g., multiple proactive coaching calls) in combination with NRT yields the highest quit rates and is a cost effective means of improving public health.[2,3] Possible strategies:
  - Return to offering split shipment NRT delivery (e.g., two shipments of 4 weeks).

[1] Nash, CM, Vickerman, KA, Kellogg, ES, Zbikowski, SM. (2015). Utilization of a Web-Based vs Integrated Phone/Web Cessation Program Among 140,000 Tobacco Users: An Evaluation Across 10 Free State Quitlines. J Med Internet Res 2015;17(2):e36. DOI: 10.2196/jmir.3658

[2] Hollis, JF, McAfee, TA, Fellows, JL, Zbikowski, SM, Stark, M, & Riedlinger, K. (2007). The effectiveness and cost effectiveness of telephone counseling and the nicotine patch in a state tobacco quitline. Tobacco Control, 16, i53-59. doi:10.1136/tc.2006.019794.

[3] Fiore, MC, Jaen, CR, Baker, TB, et al. (2008). *Treating Tobacco Use and Dependence: 2008 Update.* Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service.

  - Addressing what to do after a slip or relapse to help participants who cease NRT use after using tobacco.
  - Utilizing newer technologies (e.g., text messages or apps) to remind participants to take advantage of the Quit Line and use their medication.

- Consider offering combination nicotine replacement therapy (CT; i.e., more than one type of NRT used at the same time) to all participants.
  - CT has been shown to be a cost effective way to increase success in quitting.[4] Research has shown that CT may be particularly effective for those with a higher level of tobacco dependence.[5]
  - If Georgia prefers not to make this benefit available to all callers, consider offering it to higher risk populations, such as those with a mental health condition or higher tobacco dependence.
- Georgia's cigarette excise tax has not been increased since 2003[6] and is the third lowest in the country at $0.37 per pack (the national average is $1.65 per pack).[7] Continue efforts to increase this tax and earmark a portion of the resulting revenue for the Quit Line; an increase could provide funding to expand or enhance services for GTQL callers.
- Consider additional promotional campaigns that could raise the profile of the GTQL. Research shows that evidence-based education campaigns can significantly increase the number of tobacco users who utilize a quitline and make a quit attempt.[8] The CDC has suggested that fully funded state quitlines could reach 6% of tobacco users for treatment. This evaluation found that the promotional reach was 0.90% and treatment reach was 0.66% for cigarette smokers for the GTQL in 2015. The GTQL might consider targeting counties with higher smoking rates and less access to health care providers.
- Provide outreach and training to health professionals. The most frequently reported resource other than the Quit Line was advice from a health professional (10%); in light of this, we recommend that the State continue training and outreach programs to improve providers' awareness and communication about GTQL services.

[4] Smith, SS, Keller, PA, Kobinsky, KH, Baker, TB, Fraser, DL, Bush, T, et al. (2012). Enhancing tobacco quitline effectiveness: Identifying a superior pharmacotherapy adjuvant. *Nicotine & Tobacco Research*, *15*(3):718-28. doi:10.1093/ntr/nts186

[5] Loh, W, Piper, ME, Schlam, TR, Fiore, MC, Smith, SS, Jorenby, DE, et al. (2012). Should all smokers use combination smoking cessation pharmacotherapy? Using novel analytic methods to detect differential treatment effects over 8 weeks of pharmacotherapy. *Nicotine & Tobacco Research, 14,* 131-141.

[6] Campaign for Tobacco Free Kids. Cigarette Tax Increases by State Per Year 2000-2016. Retrieved September 19, 2016 http://www.tobaccofreekids.org/research/factsheets/pdf/0275.pdf

[7] Campaign for Tobacco Free Kids. State Cigarette Excise Tax Rates and Rankings. Retrieved September 19, 2016 from http://www.tobaccofreekids.org/research/factsheets/pdf/0097.pdf

[8] Zhang, L, Vickerman, KA, Malarcher, ., & Mowery, P. (2014). Intermediate Cessation Outcomes Among Quitline Callers During a National Tobacco Education Campaign. *Nicotine and Tobacco Research* 16(11): 1478-1486.

Future Evaluation:

- Consider an evaluation of pregnant callers enrolled in the C10 program. Monitoring this population is important because of the health risks associated with pregnancy and tobacco use. An ongoing evaluation of this program will allow the State to assess the impact of the expanded call program.
- Consider an ongoing evaluation plan to avoid breaks in surveying. This ongoing survey plan will eventually provide for larger samples and allow for more rigorous outcome estimation among smaller priority populations, such as pregnant callers.
- Consider employing additional methods to increase survey response rates (e.g., incentives for evaluation participation, evaluation of respondents' preferences for follow-up modality), which will ultimately increase the quality of information about program outcomes. This may be particularly helpful in smaller priority populations with lower response rates, such as younger callers or pregnant callers.
- Examine the characteristics of callers who exhibit lower levels of program engagement, such as callers who only completed one call or registered for the Web Coach® website but did not log in. This may inform the State on ways to increase engagement and improve outcomes.
- Continue monitoring e-cigarette use among tobacco users in Georgia at program registration, and consider adding custom follow-up survey questions assessing use patterns. This evaluation found that 7% of respondents reported currently using e-cigarettes at the time of registration. Future evaluations can help the State chart trends in the use and impact of this new form of nicotine delivery.

Overview

The Georgia Department of Public Health contracted with Optum (formerly Alere Wellbeing) to evaluate the effectiveness of Georgia Tobacco Quit Line (GTQL) services by providing **7-month outcome estimates for callers enrolled in the GTQL phone program**. This evaluation summarizes the results of the 7-month follow-up survey administered to callers who registered with the GTQL from January 1, 2015 through December 31, 2015 (12 registration months).

How was the evaluation designed?

GTQL callers were selected to participate in this evaluation using a random sampling procedure, stratified month of registration.

Participants were eligible for inclusion in this evaluation if they met the following criteria:

- Tobacco users
- 18 years of age or older
- Completed at least one intervention call with Quit Coach® staff
- Consented to evaluation follow-up
- Spoke English or Spanish
- Valid phone number in the Optum database

Selected participants[9] were contacted approximately 7 months after they completed their first intervention call with Quit Coach® staff. Participants with a valid email address were first contacted via email to complete the follow-up survey online. Those who did not complete the online survey after multiple email reminders were then contacted by Optum survey staff to complete a phone-based survey in their preferred language (English or Spanish). If the interviewer could not reach a caller after multiple attempts over approximately a 4-week period, the survey was considered not answered. The evaluation followed the timeline shown in
Figure 2.

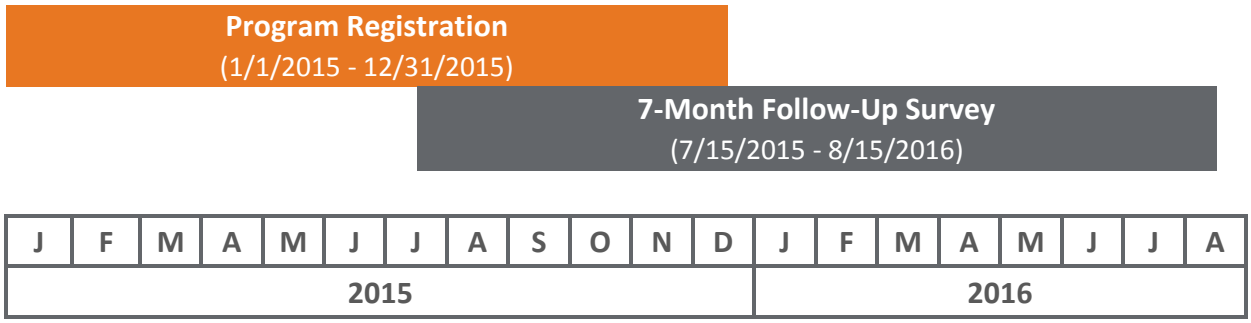


***Figure 2*. Evaluation timeline: Registration and follow-up survey months.**

[9] All possible efforts were made to include each participant only once, regardless of the number of contacts they had with the Quit Line. Efforts were also made to include only one participant per household in the sample, as people living in the same household might influence each other's responses. Participants were excluded from the survey sample if they were proxy callers (i.e., calling to obtain information for someone else), they were health care providers, their call was a prank, their call was for information or materials only, or they were included in a separate research study.

To what extent does the GTQL reach tobacco users with empirically supported treatment?

Promotional reach is defined as:

$$\frac{\text{\# of adult tobacco users in Georgia who contacted the GTQL}}{\text{\# of adult cigarette users in Georgia}}$$

Treatment reach is defined as:

$$\frac{\text{\# of adult cigarette users in Georgia who received treatment from the GTQL}}{\text{\# of adult cigarette users in Georgia}}$$

$$\frac{\text{\# of adult smokeless tobacco users in Georgia who received treatment from the GTQL}}{\text{\# of adult smokeless tobacco users in Georgia}}$$

Promotional reach is calculated as the percentage of adult tobacco users in Georgia who contact the GTQL.[10] Treatment reach is calculated separately for cigarette users and smokeless tobacco users and is the percentage of cigarette (or smokeless) users in Georgia who received treatment (at least one intervention call) from the GTQL.

While target reach levels vary based on funding and resources, data estimates have shown that approximately 1% of tobacco users are reached by U.S. and Canadian quitlines each year; however, some states reach up to 8% of tobacco users.[11] The CDC has suggested that fully funded state quitlines could reach 6% of tobacco users for treatment.[12]

Figure 3 presents information about the number and proportion of Georgia adult smokers who were served by the GTQL in 2015. Promotional reach for the GTQL was 0.90% in 2015. Treatment reach percentages for cigarette smokers and smokeless tobacco users were 0.66% and 0.06%, respectively.

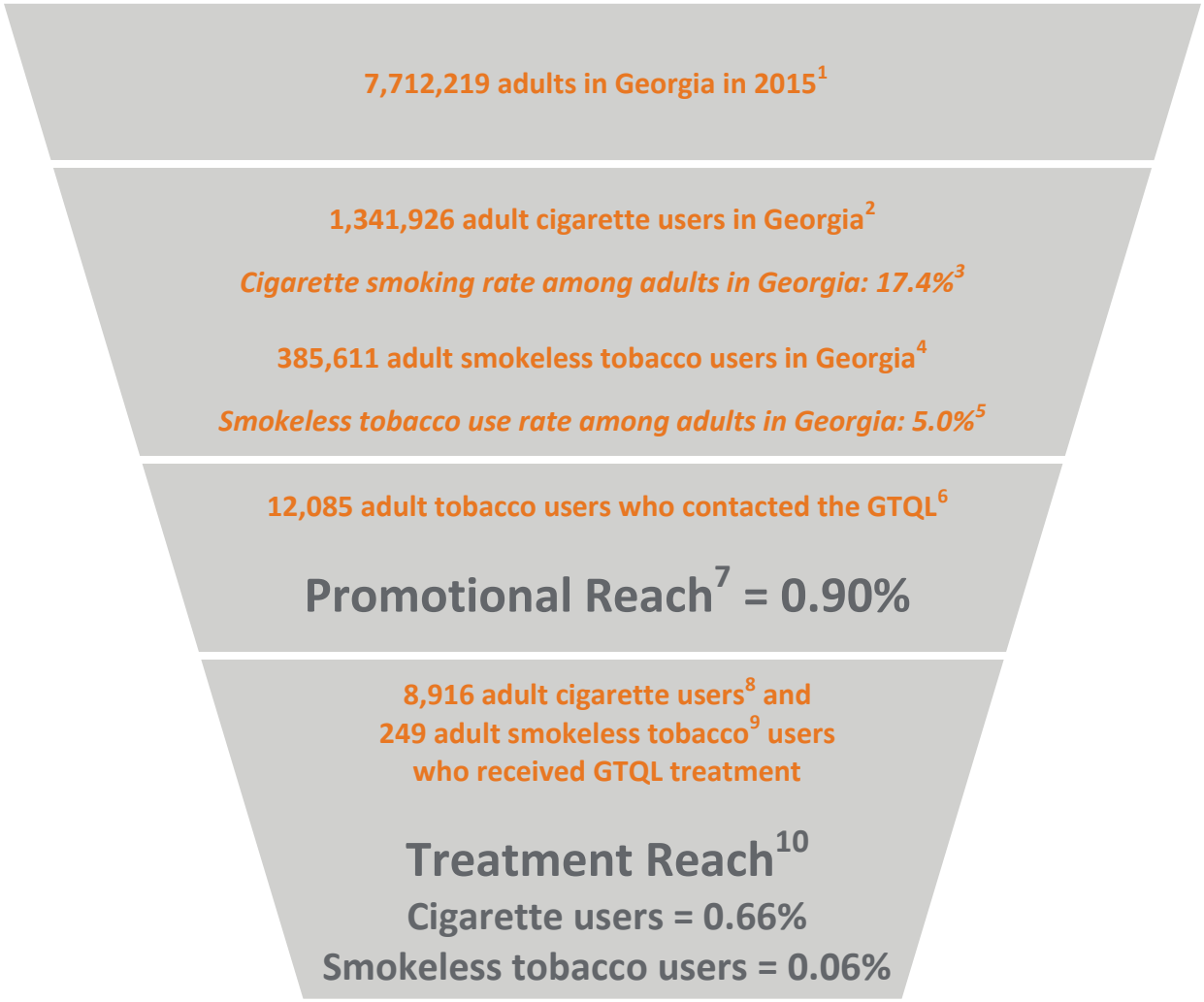
Callers may re-enroll in services with no limitations (e.g., they are not limited to one enrollment within a specified time period). The numbers used for reach calculations include unduplicated participants (i.e., if participants enrolled in multiple programs or multiple times during the year, they are only counted once in the numbers for that year).

[10] Because smokeless and cigarette users are not mutually exclusive and data for all tobacco users are not available from BRFSS data, we utilized the number of cigarette users for the denominator in this calculation. The number of tobacco users who called the GTQL is utilized for the numerator because we have data indicating which callers were tobacco users, but specific tobacco type data are not available for all of these callers (i.e., tobacco users who do not speak to a Quit Coach® and receive treatment).

[11] NAQC. *Mission and Goals*. Retrieved March 15, 2016, from http://www.naquitline.org/?page=MissionGoals.

[12] Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs—2014.* 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; 2014.

Figure 3. **Promotional and treatment reach of the GTQL.**



[1] United States Census (2015). Retrieved August 23, 2016, from http://www.census.gov/quickfacts/table/PST045215/13

[2] Calculated using adult smoking prevalence rate from 2014 BRFSS data, cited below (3).

[3] Kaiser Family Foundation (2015). Percent of Adults Who Smoke. Retrieved August 23, 2016, from http://kff.org/other/state-indicator/smoking-adults/

[4] Calculated using smokeless tobacco prevalence rate from the CDC Morbidity and Mortality Weekly Report cited below (5).

[5] CDC (2015). State-specific prevalence of cigarette smoking and smokeless tobacco use among adults – United States, 2011-2013. *MMWR*, *64*(19);532-536. Retrieved August 23, 2016, from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6419a6.htm?s_cid=mm6419a6_e.

[6] Includes all participants 18 years or older who contacted the GTQL for any reason including intervention requested, materials only, general questions, etc. All contacted the GTQL between January 1, 2015 and December 31, 2015.

[7] Calculated by dividing the number of adult tobacco users (cigarette or smokeless) who called the GTQL in 2015 by the number of adult cigarette users in Georgia in 2015.

[8] Includes all participants 18 years or older who were self-reported cigarette users and completed at least one coaching call with the GTQL from January 1, 2015 through December 31, 2015.

[9] Includes all participants 18 years or older who were self-reported smokeless tobacco users and completed at least one coaching call with the GTQL from January 1, 2015 through December 31, 2015.

[10] Calculated by dividing the number of adult cigarette users receiving GTQL treatment by the number of adult cigarette users in Georgia. This calculation was repeated for smokeless tobacco users with the most recently available prevalence data.

What tobacco cessation services did participants receive?

An understanding of GTQL services provides important context when assessing program outcomes.

All tobacco users who called the GTQL during the evaluation period (from January 1, 2015 through December 31, 2015) were eligible for a one-call tobacco cessation program. The one-call program included:

- an initial coaching session with a Quit Coach®,
- referrals to community-based tobacco cessation resources (when requested),
- written educational materials (Quit Guide), and
- access to Web Coach®, an interactive, web-based tobacco cessation tool designed to complement and enhance phone-based counseling.

Callers who were planning to quit in the next 30 days or had already quit were eligible for the more intensive multi-call program. The multi-call program included all components of the one-call program, plus up to **four** additional, proactive follow-up calls.

Pregnant callers were eligible for the Intensive 10-Call Program for Pregnant Tobacco Users (regardless of insurance type or readiness to quit). This program provided intensive behavioral support tailored to unique needs during pregnancy and also included postpartum contact to prevent relapse. Pregnant participants in this program are eligible for all components of the one-call program, plus up to **nine** additional, proactive follow-up calls.

The nicotine replacement therapy (NRT) benefit available to callers changed during this evaluation period.

- At the beginning of the evaluation time frame (January 1, 2015), an **8-week supply** of NRT patch or gum (two shipments of a 4-week supply) was available to those who were enrolled in the multi-call program and were ready to quit within 30 days. Those **insured through Medicaid** were eligible for a **12-week supply** of NRT patch or gum (three shipments of a 4-week supply).
- As of March 11, 2015, all callers in the multi-call program who were ready to quit within 30 days were eligible for a **4-week supply** of NRT patch or gum, regardless of insurance status.

All multi-call program participants are permitted an unlimited number of re-enrollments in the multi-call program. Callers are encouraged to call the Quit Line for support as needed, regardless of their program.

Who participated in the 7-month evaluation?

In total, 890 GTQL participants were included in this evaluation, and 300 responded to the follow-up survey for a 33.7% overall response rate.

Demographics

At enrollment, the majority of respondents to the follow-up survey were English speakers (99.7%), over age 40 (80%), female (62%), had a high school degree/GED or greater (73%) and reported having a chronic health conditions (66%). A complete presentation of survey respondents' demographic characteristics can be found in **Appendix A.**

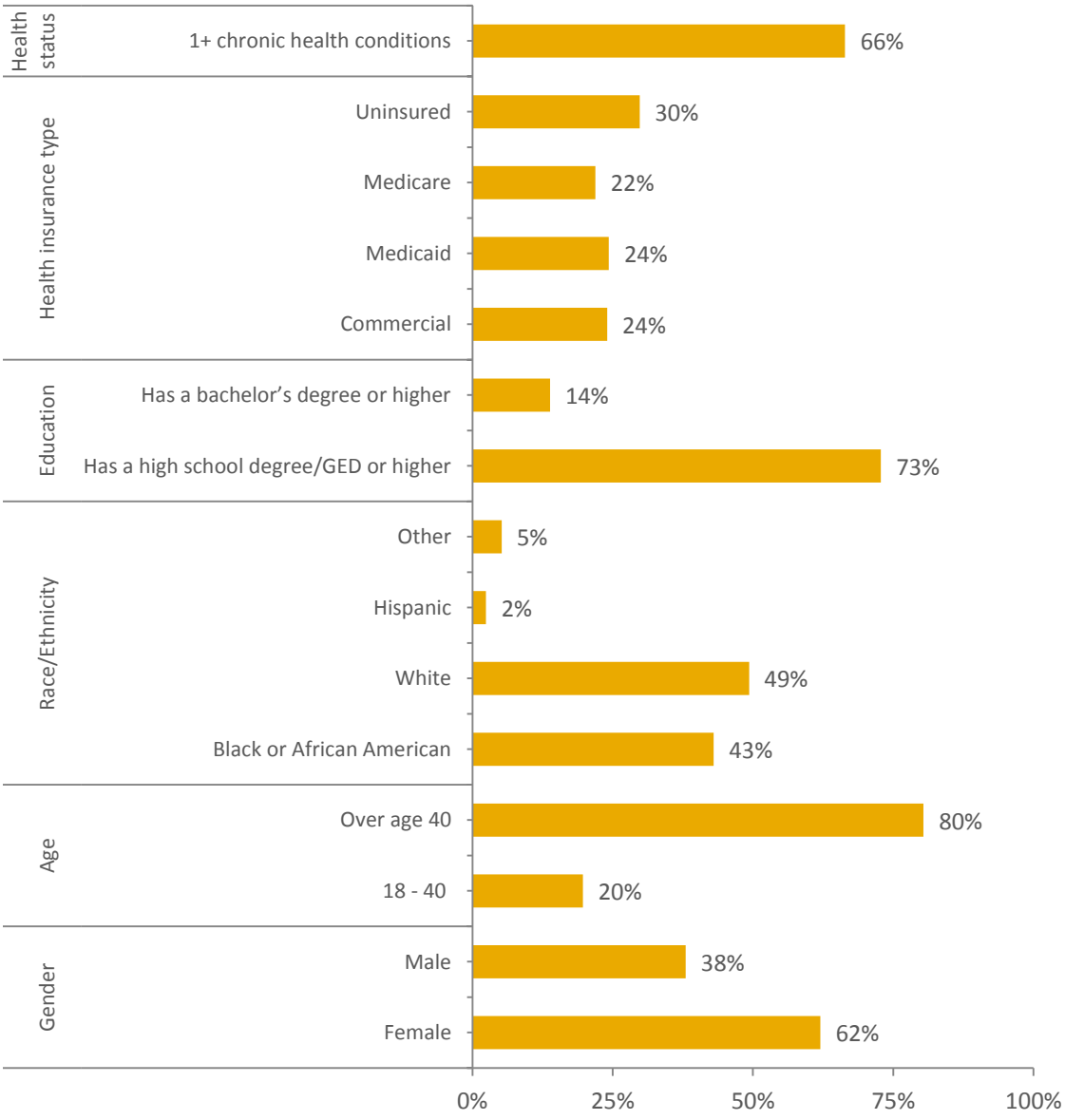


Figure 4. **Demographics of GTQL evaluation survey respondents.**

Tobacco use history

Upon enrollment in GTQL services, survey respondents were predominately cigarette users (95%). Others reported using cigars (4%), smokeless tobacco (2%), and pipes (0.3%). Very few (3%) reported using more than one type of tobacco. Cigarette users reported smoking just under one pack per day (18.2 cigarettes per day, SD = 11.3), on average. Over one fifth (22%) smoked more than one pack (21+) cigarettes per day. The vast majority (95%) of cigarette users reported smoking every day. The majority (82%) of respondents reported having used tobacco for 20 years or longer. Over half (52%) were highly nicotine dependent at enrollment, as indicated by using tobacco within 5 minutes of waking. Half (50%) lived with other tobacco users. About 7% (n = 20) reported that they currently used electronic nicotine delivery systems (ENDS) at registration; only 15% of those current users (n = 3) reported using them every day. Respondents most commonly reported using ENDS to quit other tobacco (45%; n = 9) or to cut down on other tobacco (45%; n = 9). A complete presentation of survey respondents' tobacco history characteristics can be found in **Appendix A.**

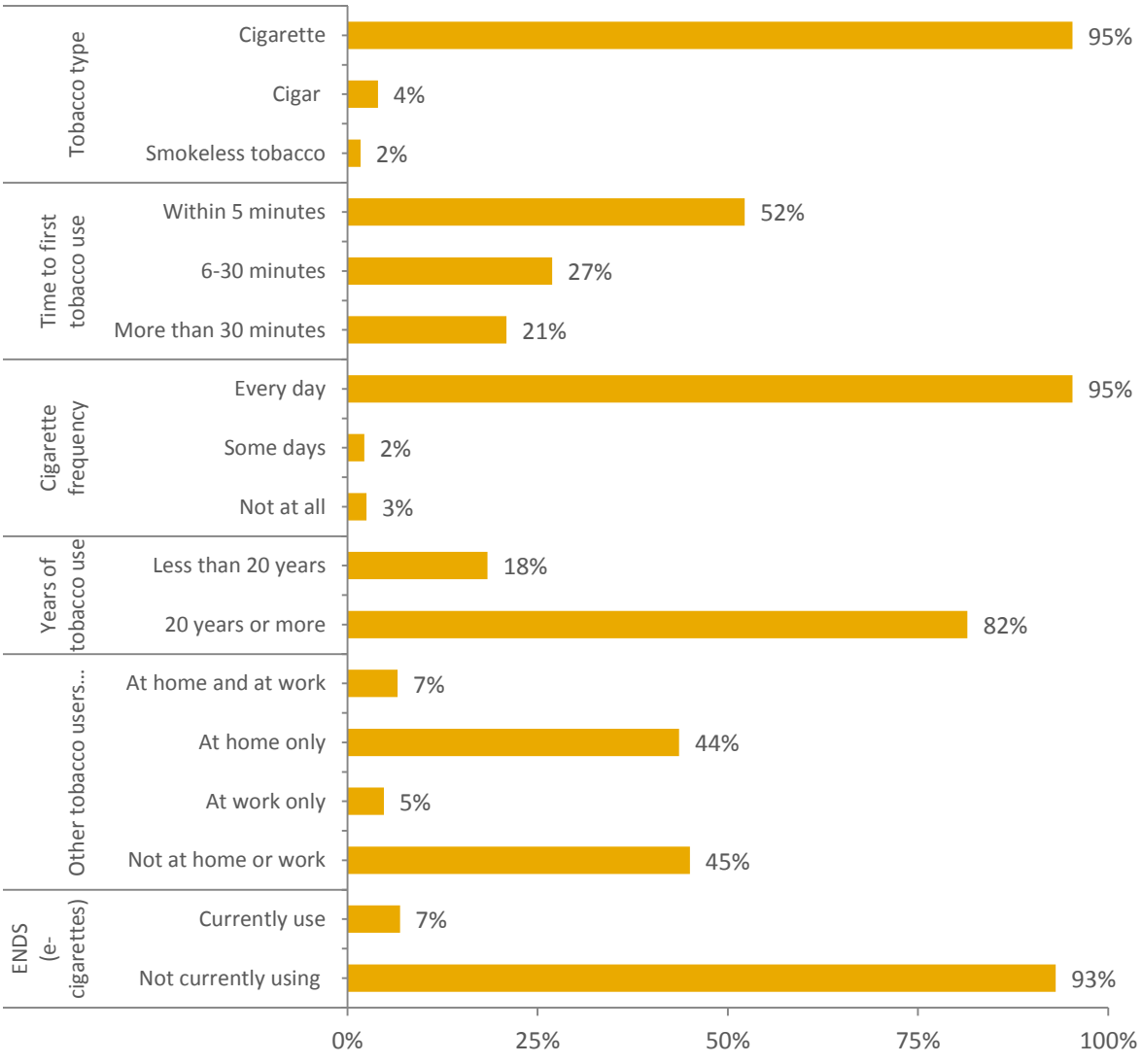


***Figure 5*. Tobacco use history of GTQL evaluation survey respondents.**

Program components and utilization

Figure 6 displays a number of program components and utilization metrics for survey respondents. The majority (97%) enrolled in the GTQL over the phone; about 3% were fax-referred to the program by a health care provider. Nearly all were enrolled in the multi-call program (1% enrolled in the one-call program; n = 3). Respondents in the multi-call program completed 2.2 calls on average (SD = 1.4). Most multi-call (71%) completed fewer than three calls. The vast majority (92%) were sent NRT from the GTQL; 88% were sent a 4-week supply, and about 3% were sent an 8-week supply (two 4-week shipments). Almost half (48%) enrolled in Web Coach®; 35% of respondents (25% of those who enrolled) logged in at least once. A complete presentation of survey respondents' program utilization can be found in **Appendix A.**

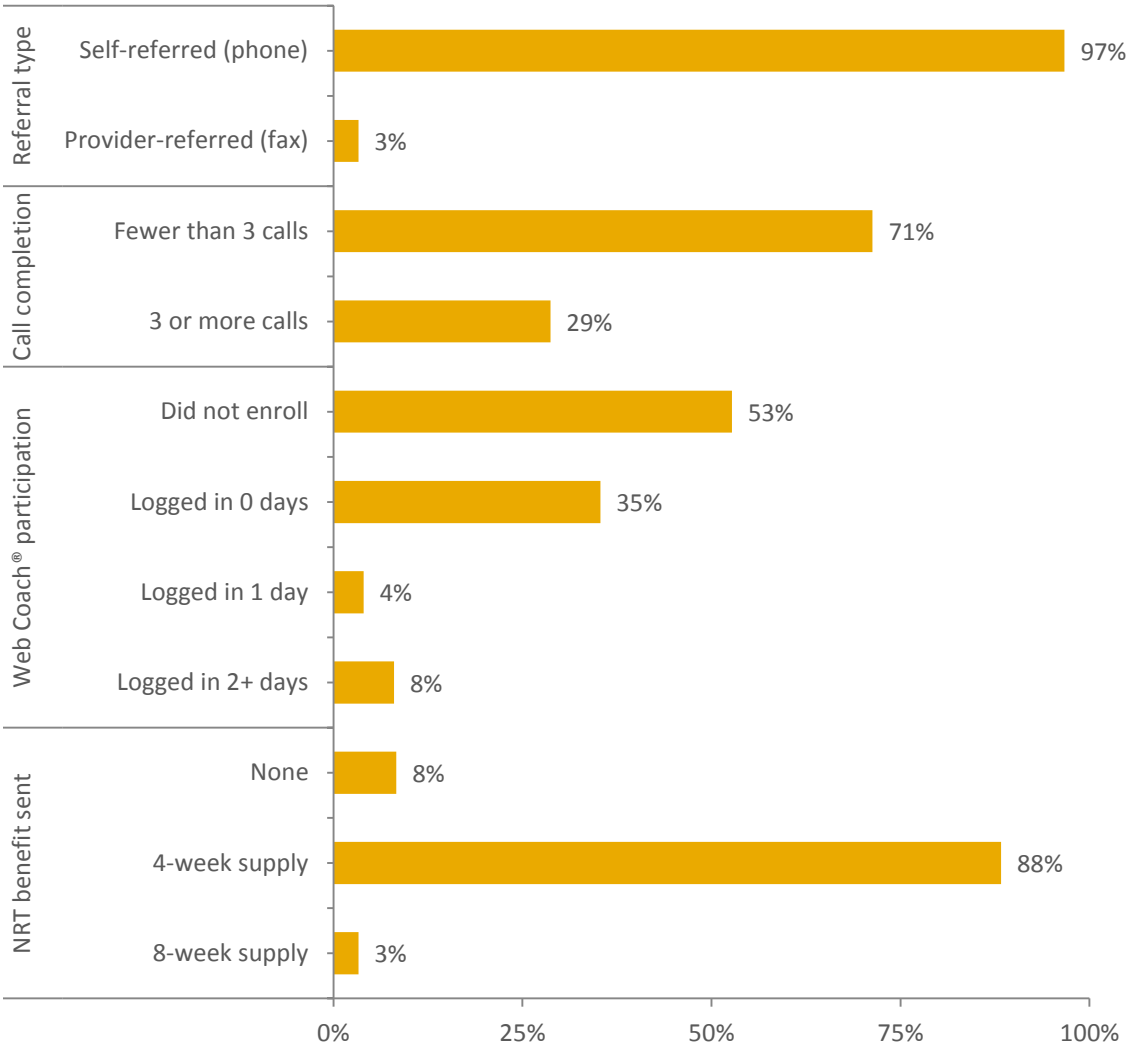


***Figure 6*. Program utilization among GTQL evaluation survey respondents.**

What were the program outcomes after 7 months?

Program outcome information was collected by means of 7-month follow-up surveys. Data collected in response to 7-month survey questions are presented in **Appendix B,** and a copy of the 7-month survey instrument is included in **Appendix D**.

What were the satisfaction outcomes of survey respondents?

Satisfaction rates were high among GTQL callers (93%, **Figure 7**). Overall satisfaction is defined as being very, mostly, or somewhat satisfied with GTQL services. In addition to the overall satisfaction rate, 97% of GTQL callers indicated that they would recommend the GTQL to a friend in need of similar help. Respondents' full verbatim responses are included in the data set accompanying this report; several example responses are included on the following page.

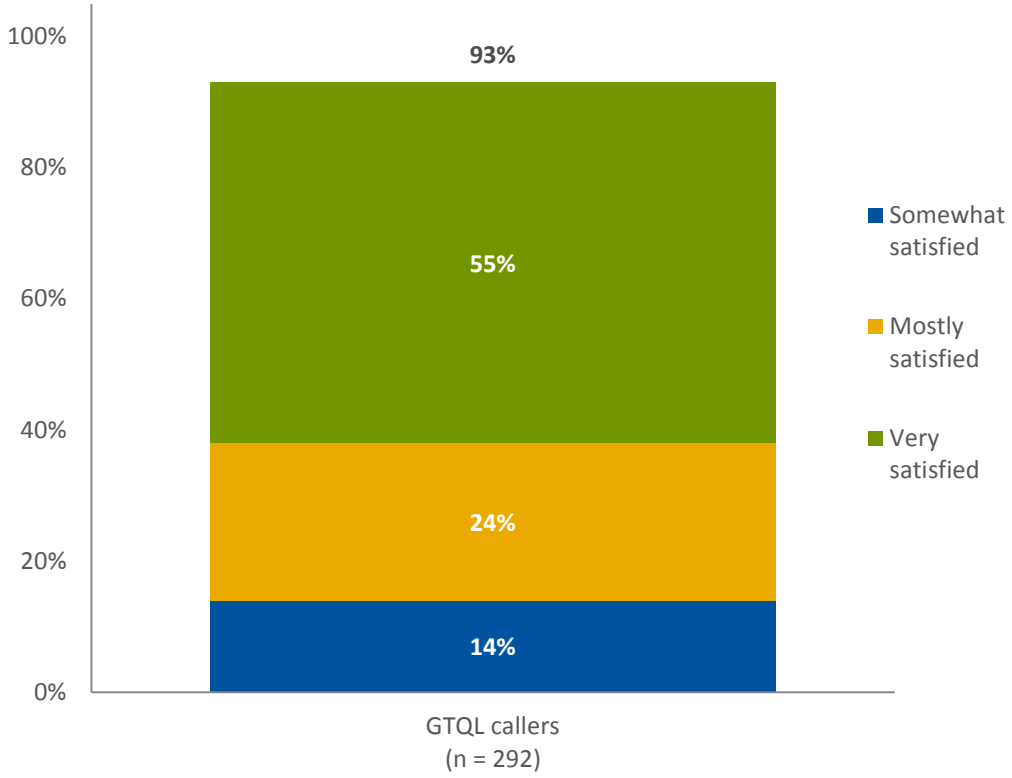


***Figure 7*. Overall satisfaction rate.**

Why would you recommend the GTQL to a friend in need of similar help?

“Because I really believe if someone's ready to quit, that the gum, or patches, and having an ally that knows you are trying to quit and all the information you gave me in the booklet, like holding a straw or a pencil. The information you sent in that booklet is very thorough and it sounds like you understand the needs of those that are trying to quit very well.”

“It's a helpful program and you try to help them reach their goal. Some people cannot quit cold turkey. It’s a good program and I appreciate it, myself. They call and check on you, and see how you’re doing and you need that encouragement when you’re trying to reach a goal.”

"It really helps that you guys send free gum or patches because those products are expensive....It really helps."

“Because you all can really help someone really succeed. And you are really kind to send out some patches to help. It shows that you care and it really helps. It helps tremendously. The only thing I ask is that you have people get on the phone when I call because I need that emotional support.”

“It's worked for me; I'm 42 years old and smoked for 20 years, easily a pack a day. Having the support and having them send me the patches, it's worked for me.”

“It's the only one I know and I just would because it's good help, it is good advice. It's up to you, they can only tell you so much, but it's helpful.”

“I liked the pamphlets that you sent. It helped to get me prepared. I liked how easy it was. I liked the counselor that I spoke with.”

“I consider the program to be very good support group. Once someone joins and they get the calls and have the Web Coach available. It’s a lot of encouragement to have available, with the counseling. Talking to someone on the Quit Line can very much encourage someone who will be successful in quitting tobacco.”

What were the quit outcomes for GTQL callers?

Respondent and intent-to-treat (ITT) quit rates are presented in **Appendix B**. Respondent quit rates are calculated as the ratio of survey respondents reporting successful cessation relative to respondents who completed the follow-up survey.[13] ITT quit rates are calculated as the ratio of survey respondents reporting successful cessation relative to those who were selected for the follow-up survey (regardless of whether or not they completed the survey). ITT and respondent analyses both provide estimates of the "true" quit rate among the sample of callers; ITT analyses provide a conservative end estimate by assuming that all sampled callers who were not reached are still using tobacco, whereas respondent analyses provide a quit rate based only on "known" participant-reported information. The "true" tobacco quit rate most likely falls somewhere in between the ITT and respondent quit rate estimates. If the majority of survey non-respondents do not respond because they have continued to use tobacco, the ITT quit rate would be a better estimate, whereas if non-response is primarily a function of other variables (e.g., changed phone number, busy schedules, preference not to respond to telephone surveys, etc.), the "true" quit rate may be closer to the respondent estimate. Respondent and ITT quit rates are calculated at 7-day and 30-day prevalence points, where 30-day estimates, for example, measure the percent who report having been abstinent from tobacco for 30 days or more at the time of the follow-up survey.

The GTQL achieved positive quit outcomes for respondents. As shown in **Figure 8** on the following page, **35% of GTQL callers who responded to the follow-up survey had been quit for at least 7 days at the time of follow-up**, and **29% had been quit for at least 30 days.**

- Respondent quit rates:
  - 7-day: 35% (95% CI [30%, 41%])
  - 30-day: 29% (95% CI [24%, 34%])
- ITT quit rates:
  - 7-day: 12% (95% CI [10%, 14%])
  - 30-day: 10% (95% CI [8%, 12%])

[13] Those who responded "don't know" or "refused" to the question assessing respondents' last tobacco use are not included in the denominator for respondent quit rate analyses.

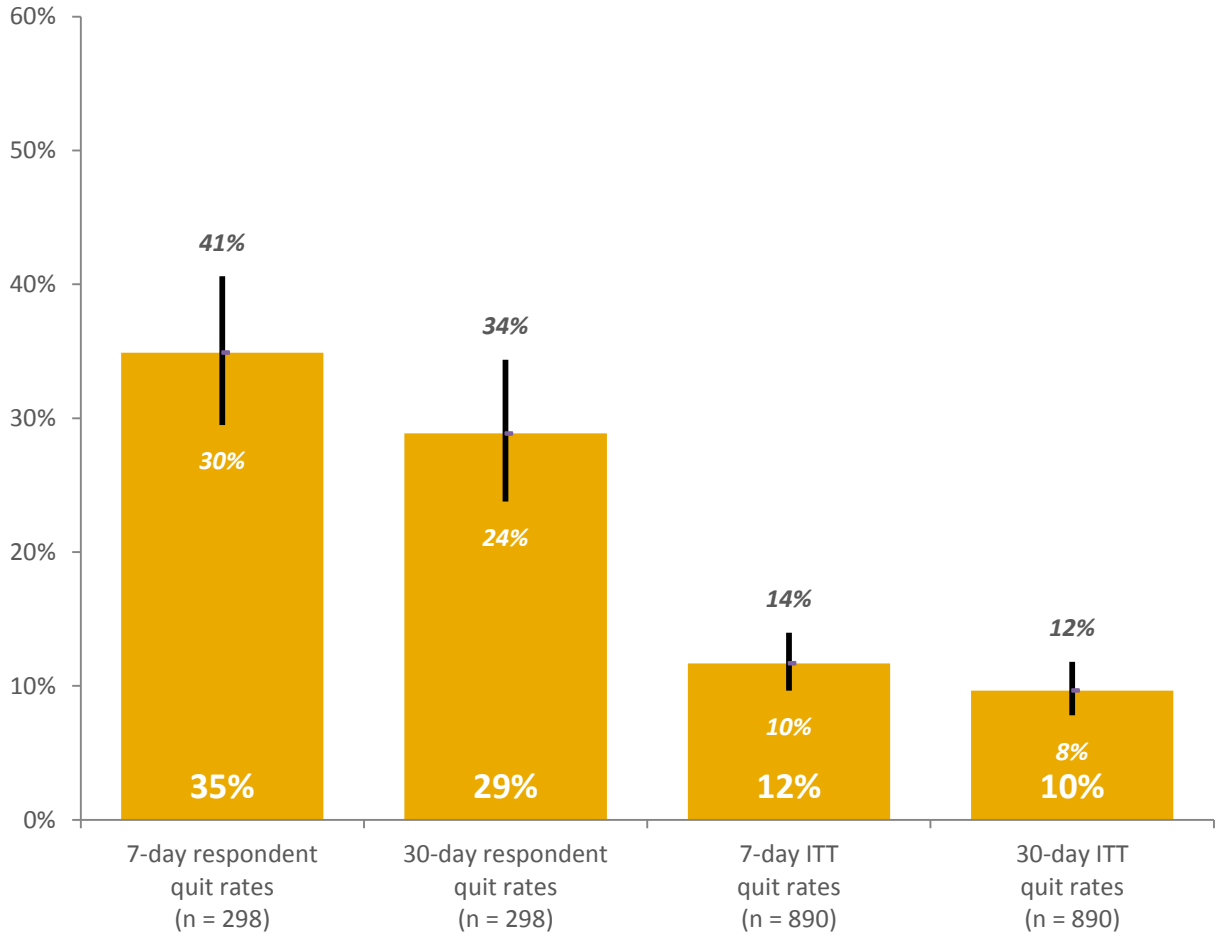


Figure 8. **7- and 30-day primary quit rate estimates with 95% confidence intervals.**

Secondary quit rate: conventional tobacco + ENDS

The tobacco plus ENDS quit rate is defined as being abstinent from both conventional tobacco and ENDS for the last 30 or 7 days or more at the time of the 7-month survey. This quit rate is calculated as:

- Numerator (for both respondent and ITT analyses):
  1) Determine the percentage reporting successful ENDS cessation among those who both:
     a. report successful conventional tobacco cessation and
     b. answer the last ENDS use question on the follow-up survey (excluding responses of "don't know" or "refused").
  2) Apply this percentage to all survey respondents reporting successful conventional tobacco cessation (regardless of whether or not they answered the last ENDS use question).
- Denominators:
  1) Respondent analyses: All those who answer the last tobacco use question on the follow-up survey (excluding responses of "don't know" or "refused").
  2) ITT analyses: All those selected for follow-up.

As shown in **Figure 9**, **26% of GTQL respondents had been quit from tobacco and ENDS for at least 30 days at follow-up.** Confidence intervals are not provided for these quit rates.

- Respondent quit rates:
  - 7-day: 33%
  - 30-day: 26%
- ITT quit rates:
  - 7-day: 11%
  - 30-day: 9%

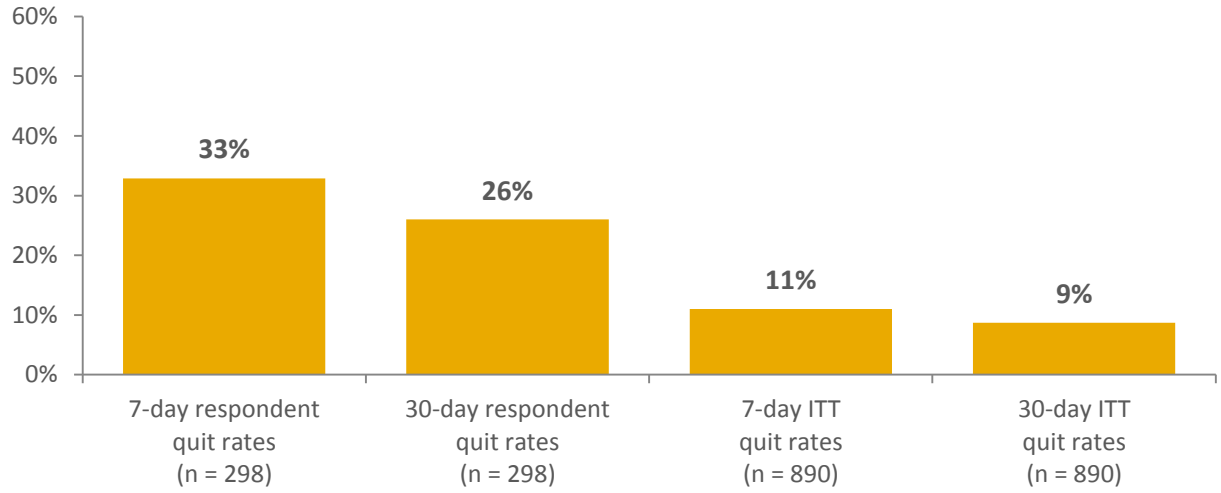


Figure 9. **7- and 30-day secondary quit rate estimates.**

Were there differences in outcomes based on caller characteristics or program utilization?

As reported in **Appendix C**, differences in satisfaction and quit rates among respondents were examined according to insurance type (uninsured, Medicaid, Medicare, and commercial), chronic health condition status (reported one or more chronic health conditions at enrollment vs. none), number of calls completed in the program (completed one call, completed two calls, completed three or more calls), time to first tobacco use at enrollment (used tobacco within 5 minutes of waking vs. used tobacco more than 6 minutes after waking), and smoking environment at enrollment (reported living and/or working with other tobacco users vs. not).

Satisfaction rates among subgroups of GTQL callers

As shown in **Figure 10** (next page), rates did not significantly differ as a function of insurance type, chronic health condition status, number of calls completed with the Quit Line, time to first use, or tobacco environment.

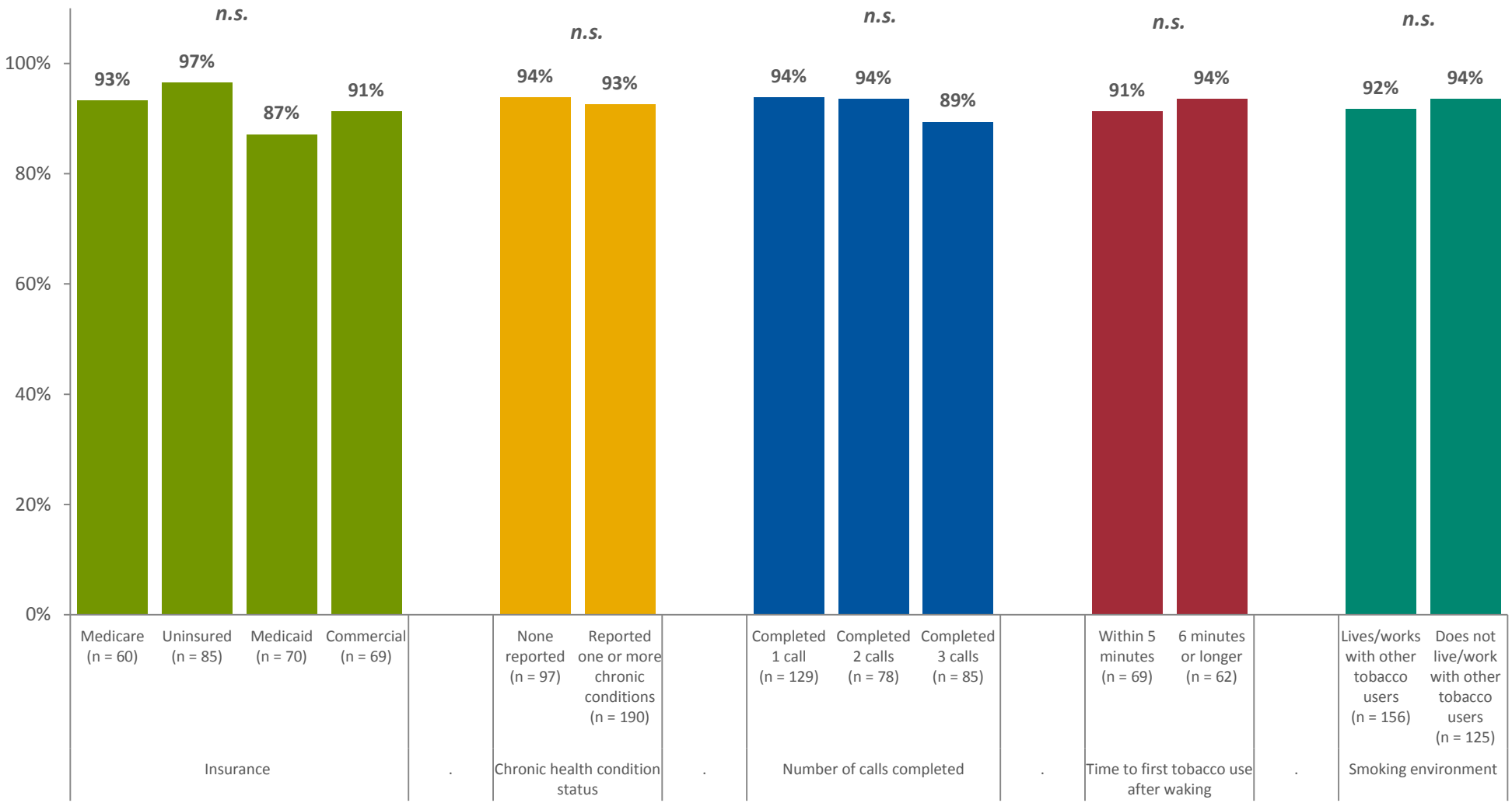


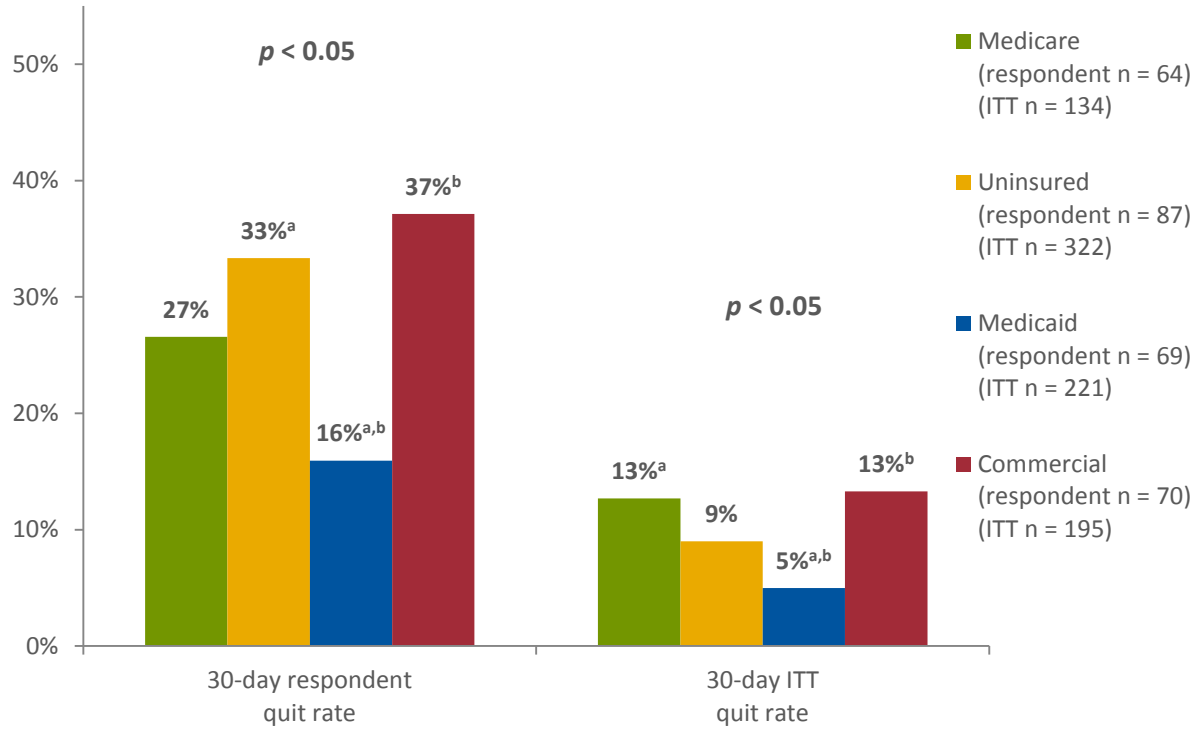
Figure 10. **Satisfaction rates by variables of interest.**

Quit rates among subgroups of GTQL callers

Quit rates varied as a function of four variables of interest: insurance status, chronic health condition status, time to first tobacco use at enrollment, and number of calls completed with the GTQL. Quit rates did not significantly differ as a function of tobacco environment.

Insurance type: As shown in **Figure 11**, quit rates varied significantly by insurance status.

- Commercially insured and uninsured respondents had significantly higher 30-day respondent quit rates compared to Medicaid-insured respondents (37% and 33% vs. 16%, *ps* < 0.05).
- Commercially insured and Medicare-insured callers had significantly higher 30-day ITT quit rates compared to Medicaid-insured callers (13% and 13% vs. 5%, *p*s < 0.01).



Percentages sharing a common figure note (e.g., [a]) are significantly different.

Figure 11. **30-day quit rates by insurance status.**

Chronic health condition status: As shown in **Figure 12**, callers who reporting having one or more chronic health conditions at enrollment had significantly higher 30-day ITT quit rates compared to those who did not report a chronic health condition (12% vs. 7%, $p < 0.05$). Those who reported a chronic health condition also had slightly higher respondent quit rates than those who did not report a condition, but the differences were not statistically significant (*n.s.*).

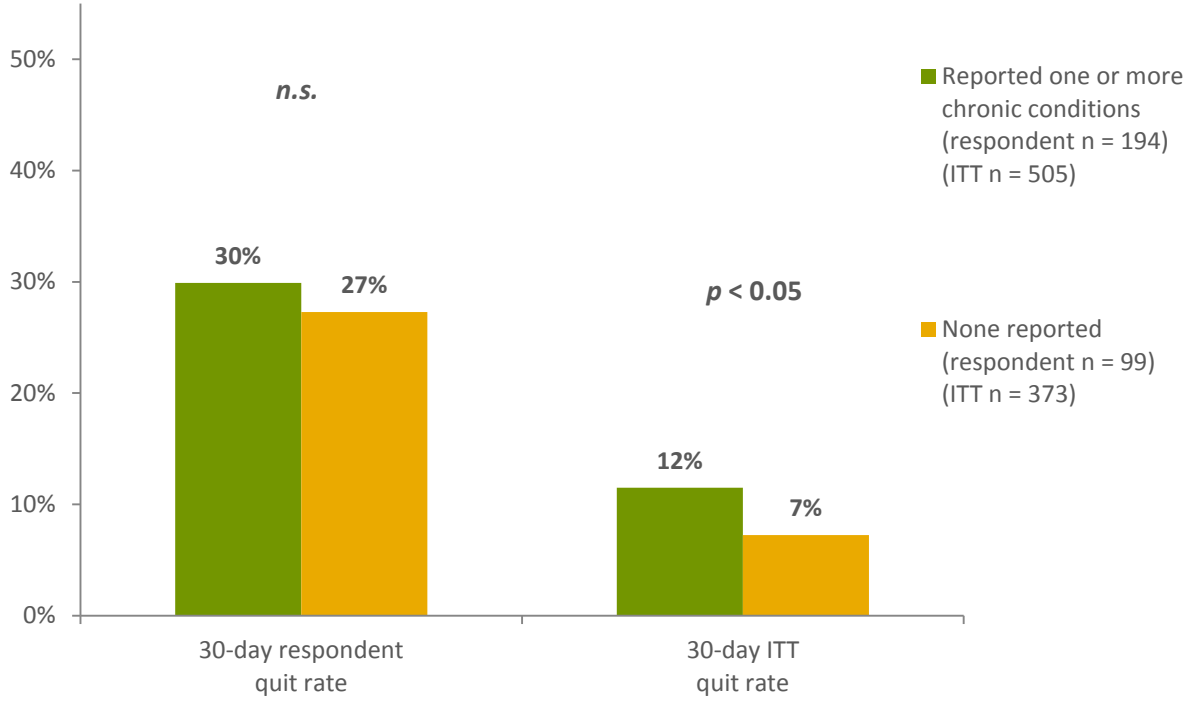


Figure 12. **30-day quit rates by chronic health condition status.**

Time to first tobacco use at enrollment: As shown in **Figure 13,** quit rates tended to be lower among those who were highly nicotine dependent at enrollment (as indicated by using tobacco within 5 minutes of waking) compared to those who were less dependent and waited longer to use after waking (30-day respondent: 23% vs. 41%, $p < 0.05$; 30-day ITT: 7% vs. 14%, $p < 0.01$).

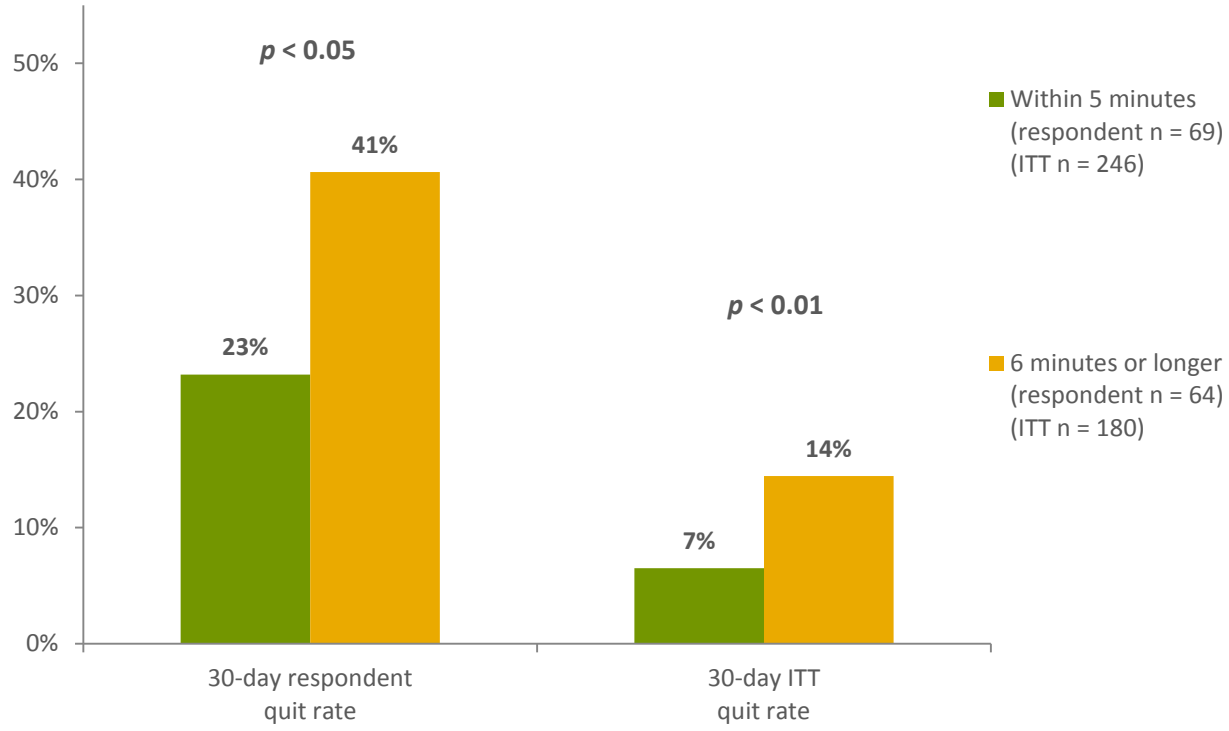
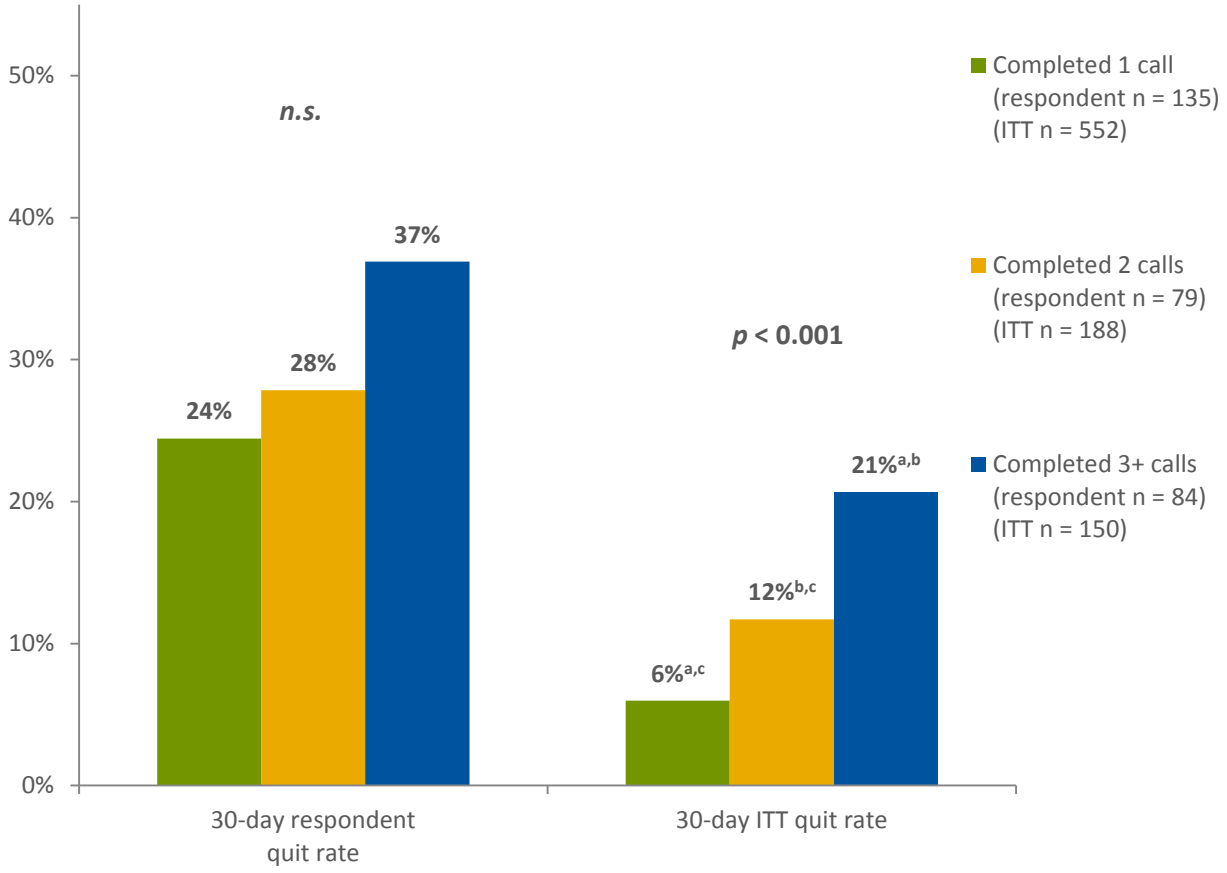


Figure 13. **30-day quit rates by time to first tobacco use at enrollment.**

Number of calls completed: As shown in **Figure 14**, there were significant differences in 30-day ITT quit rates as a function of the number of calls completed with the GTQL.

- Callers who completed three or more calls had a significantly higher ITT quit rate compared to those completed one call (21% vs. 6%, $p < 0.001$) and those who completed two calls (21% vs. 12%, $p < 0.05$).
- Callers who completed two calls also had a significantly higher ITT quit rate compared to those who completed only one call (12% vs. 6%, $p < 0.01$)
- Though 30-day respondent quit rates were also correlated with call completion, the differences were not statistically significant ($p > 0.05$).



Percentages sharing a common figure note (e.g., [a]) are significantly different.

Figure 14. **30-day quit rates by number of calls completed.**

Tobacco environment at enrollment: As shown in **Figure 15**, there were no significant differences in quit outcomes based on whether a respondent reported living or working with other tobacco users at enrollment.

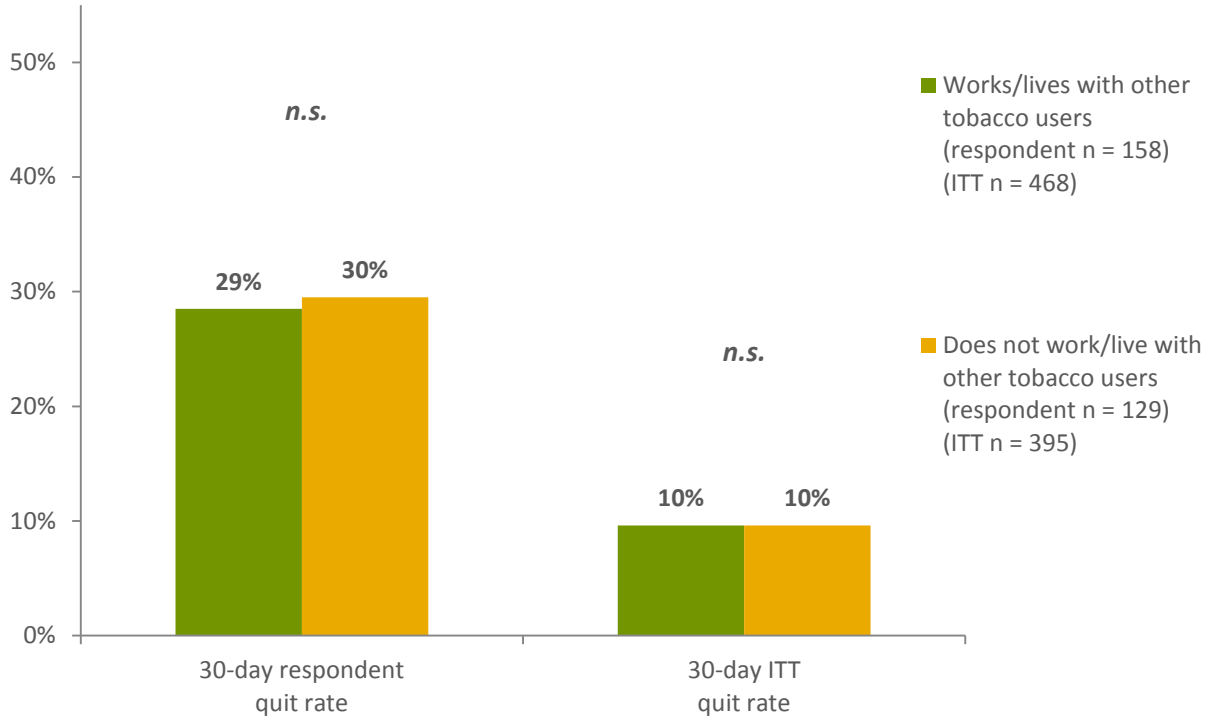


Figure 15. **30-day quit rates by tobacco environment at enrollment.**

Among continued smokers, what was the impact of the program?

Survey respondents who reported any cigarette use within the 30 days prior to follow-up were considered continued smokers. Among continued cigarette smokers, seven out of ten (69%) reported smoking fewer cigarettes per day at follow-up than at the time of enrollment (**Figure 16**). Almost six in ten (57%) had cut down by at least 25%, and four in ten (40%) had reduced their use by at least 50% (**Table 1** and **Figure 16**). Continued smokers who had reduced their use had cut down by an average of about half a pack per day (mean = 9.9, *SD* = 7.9; see **Table 1** on the following page).

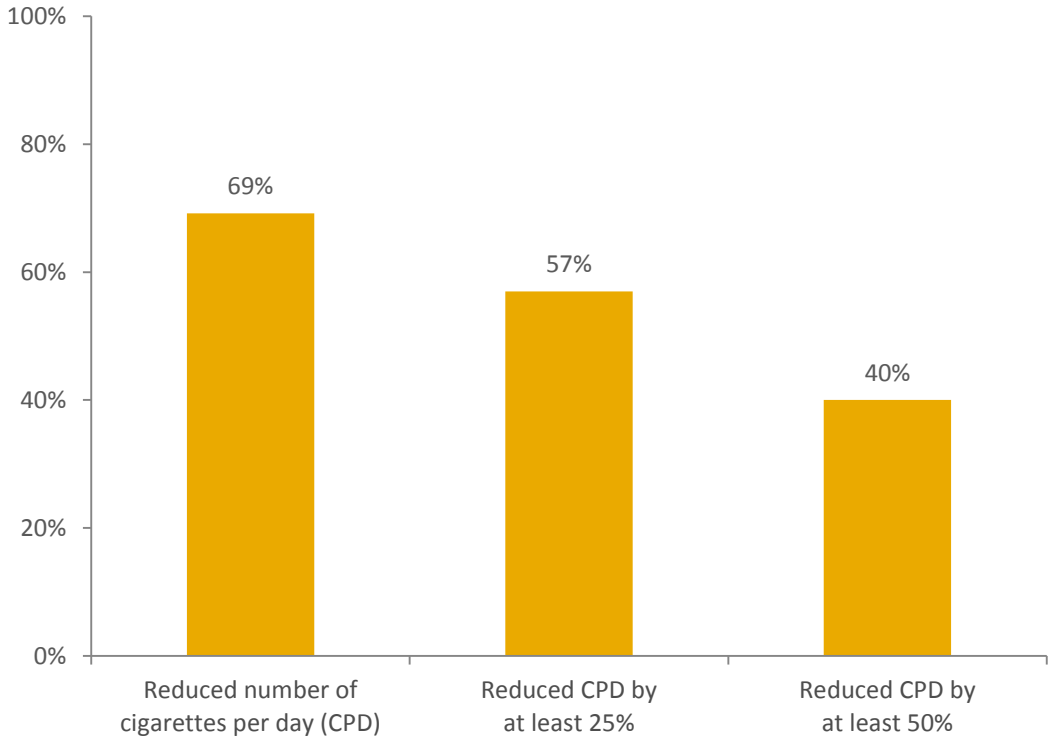


Figure 16. **Current smokers: Reduction in cigarette use (n = 156).**

Table 1. Current Smokers: Cigarette Use Reduction and Intention to Quit (Source: Enrollment and Follow-Up Survey[1,2])

	GTQL Continued Smokers	
Number of cigarettes smoked per day	**160**	
Mean ± (Standard Deviation)	11.9 (8.8)	
Range	1 – 50	
Cigarette use reduction (cigarette users only)[3]	**156**	
As many or more than baseline	48	30.8%
Fewer than baseline	108	69.2%
Reduced by at least 25%	89	57.1%
Reduced by at least 50%	62	39.7%
Tobacco reduction (in cigarettes per day; among callers smoking "fewer than baseline" only)[3]	**108**	
Mean ± (Standard Deviation)	9.9 (7.9)	
Range	1 – 30	
Intent to quit using tobacco in next 30 days	**174**	
No	17	9.8%
Yes	157	90.2%

[1] Results are reported only for those still using cigarettes or quit less than 30 days at the time of the follow-up survey.

[2] Responses of "refused", "don't know", and "not collected" are excluded from analyses.

[3] Data are presented for all continued smokers who provided data regarding number of cigarettes smoked per day both at the time of enrollment (baseline) and again on the 7-month follow-up survey.

Continued smokers also reduced their level of dependence on tobacco, as measured by time to first cigarette after waking and smoking frequency. Among continued smokers, 56% of GTQL callers reported smoking within 5 minutes after waking at the time of enrollment, compared to only 30% at the time of the 7-month follow-up survey (**Figure 17** and **Table 2**). This represents a reduction of 46% in the proportion of continued smokers who had a cigarette within 5 minutes after waking.

Continued cigarette users also reported less frequent smoking at follow-up compared to enrollment (**Figure 17** and **Table 2**). Among those who had smoked a cigarette in the 30 days prior to their follow-up survey, 96% of GTQL callers had reported smoking every day at enrollment. At follow-up, 67% reported smoking every day, representing a 29% reduction in the proportion of smokers who smoke every day.

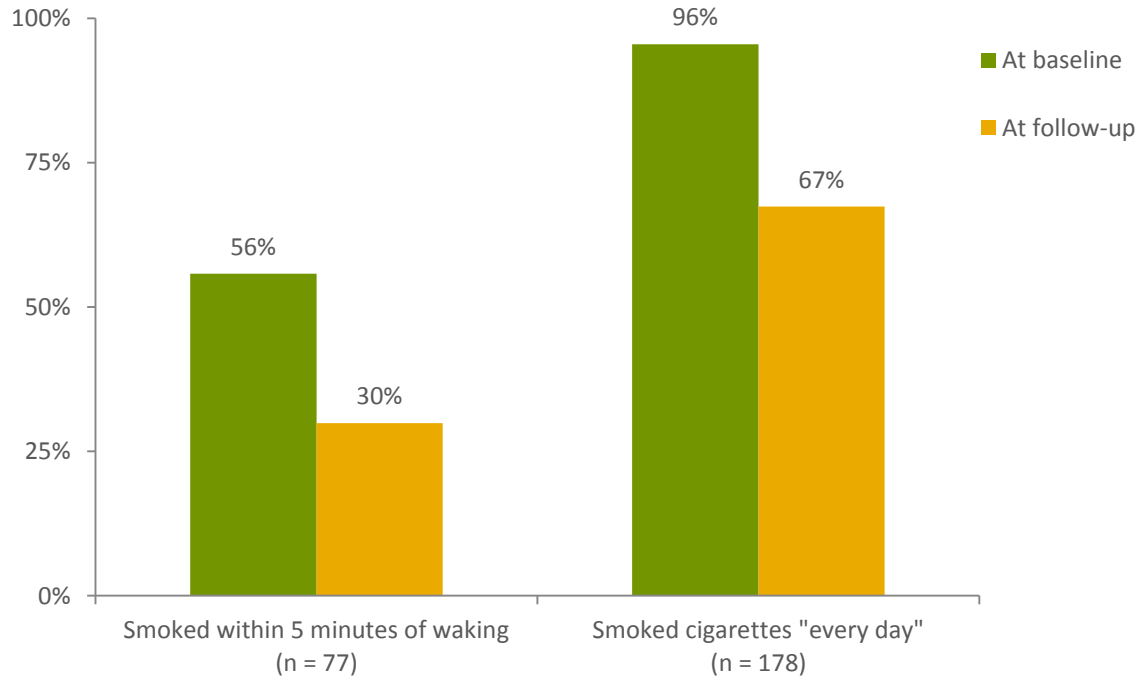


Figure 17. **Current cigarette users: Change in dependence level and daily smoking from baseline to follow-up.**[14,15]

In addition to reductions in cigarettes per day, dependence, and smoking frequency, 90% of continued tobacco users indicated that they intended to quit within the next 30 days (**Table 1**).

[14] Data are presented for all continued smokers who provided data regarding time to first cigarette on the 7-month follow-up survey, as well as time to first tobacco use at the time of enrollment (baseline).

[15] Data are presented for all continued smokers who provided data regarding cigarette use frequency on the 7-month follow-up survey, as well as cigarette use frequency at the time of enrollment (baseline).

Table 2. Current Cigarette Users: Reduction in Dependence and Smoking Frequency (Source: Enrollment and Follow-Up)[1]

	At Enrollment		At Follow-Up	
	n	%	n	%
Time to first cigarette after waking[2]	**77**		**77**	
Within 5 minutes	43	55.8	23	29.9
6-30 minutes	19	24.7	25	32.5
31-60 minutes	9	11.7	12	15.6
More than 60 minutes	6	7.8	15	19.5
Already quit	0	0.0	2	2.6
Cigarette use frequency[3]	**178**		**178**	
Every day	170	95.5	120	67.4
Some days	3	1.7	49	27.5
Not at all	5	2.8	9	5.1

[1] Responses of "refused," "don't know," and "not collected" are excluded from analyses.

[2] To accurately assess change in time to first use, data are presented only for those continued users who provided data regarding time to first tobacco use at both registration and 7-month follow-up.

[3] To accurately assess change in daily smoking, data are presented only for those continued users who provided data regarding cigarette use frequency at both registration and 7-month follow-up.

Did respondents use NRT or other medications to help them quit?

Four in five (80%) of GTQL callers reported at 7-month follow-up that they had used medications (i.e., NRT, Zyban/Bupropion/Wellbutrin, or Chantix/Varenicline) to help them quit. Nicotine patches were the most commonly used medication, used by nearly two thirds of respondents (64%). Three in five (60%) of respondents used only one type of medication, whereas 20% reported that they had used two or more medication types since enrollment.

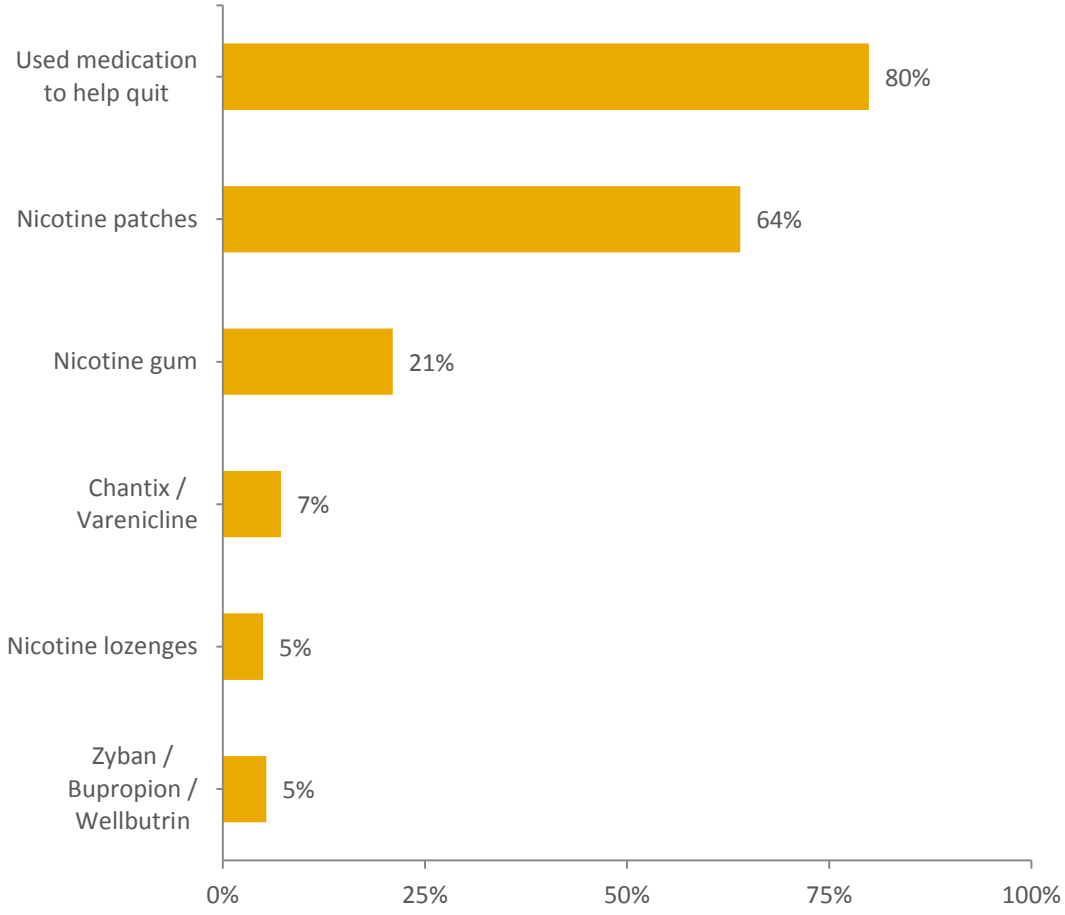


Figure 18. **Medication types used since enrollment (n = 279).**[16]

[16] Respondents could report multiple types of medication used; results may not add to 100%.

Did respondents use other resources to help them quit?

Almost three quarters (73%) of respondents reported that the Quit Line was the only resource they used in their quit efforts. Other kinds of reported assistance included advice from a health professional (10%), support of family and friends (7%), and e-cigarettes (5%).

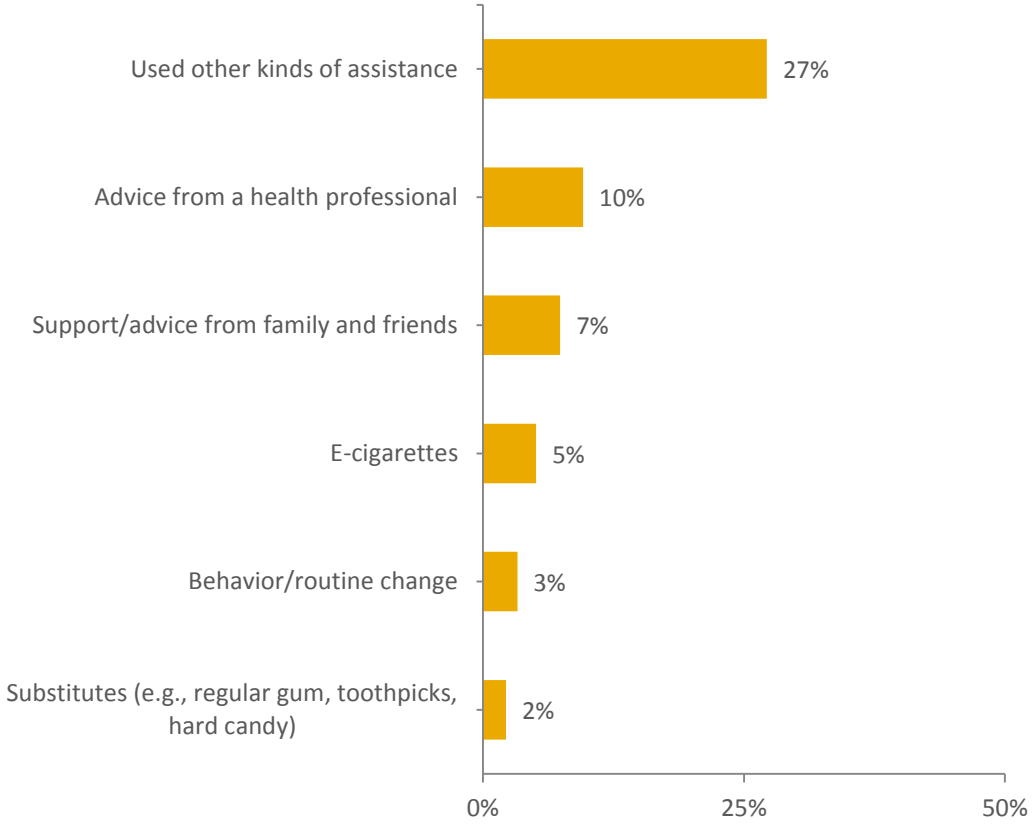


Figure 19. **Other resources used to help quit (n = 272).**

Did respondents use e-cigarettes, electronic, or vapor cigarettes at follow-up?

Electronic nicotine delivery systems (ENDS; e.g., e-cigarettes, electronic, or vapor cigarettes) are battery operated devices that vaporize nicotine for a user to inhale. Due to limited information about the safety, efficacy, and make-up of ENDS, the FDA cautions their use. Beginning in 2016, ENDS are regulated by the FDA as a tobacco product, meaning retailers cannot sell ENDS products to anyone under age 18, free samples are prohibited, products must contain warning labels, and manufacturing is regulated.[17] The utility of ENDS as a quitting aid is unknown.

As shown in **Figure 20**, two in five respondents (40%) reported having ever used e-cigarettes or other vaping devices. Over one eighth (14%) of survey respondents were current ENDS users (i.e., reported using e-cigarettes or vaping devices in the last 30 days).

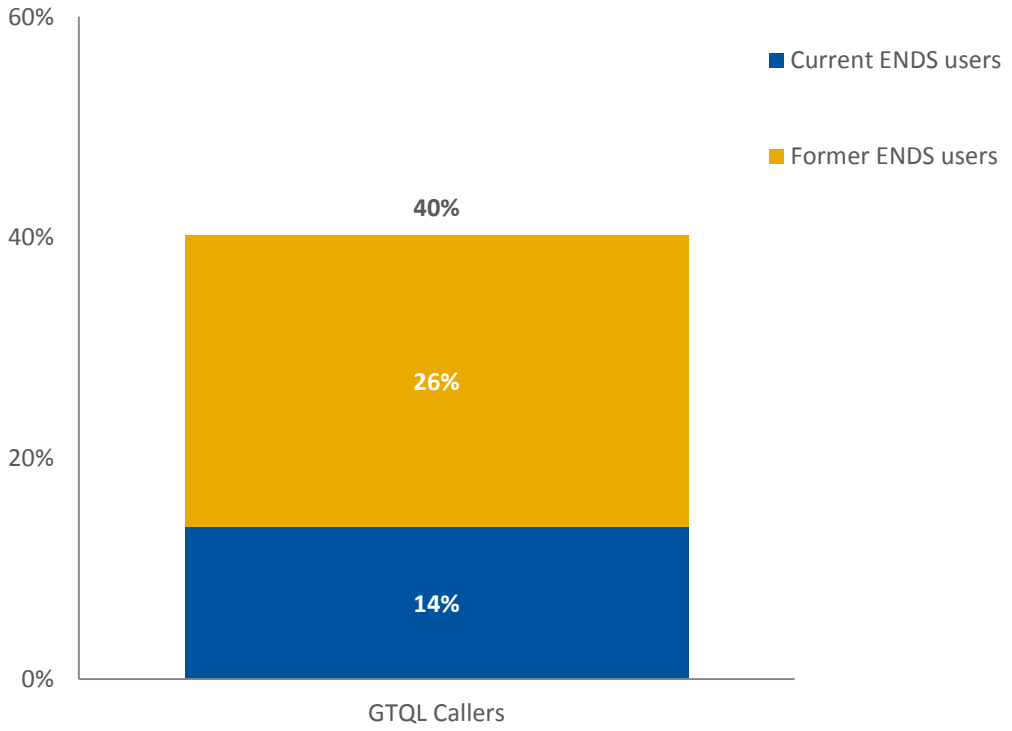


Figure 20. **ENDS use among survey respondents at follow-up (n = 159).**

[17] US Food and Drug Administration. (2015). Vaporizers, E-Cigarettes, and other Electronic Nicotine Delivery Systems (ENDS). Retrieved from http://www.fda.gov/TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm456610.htm#regulation.

How did service level changes affect program utilization and outcomes?

The benefits available to callers changed during this evaluation time frame. During approximately the first 2 months of the evaluation period (January 1 through March 10, 2015), callers in the multi-call program who were planning to quit within 30 days were eligible for an 8-week supply of NRT. Those insured through Medicaid were eligible for up to a 12-week supply. For the last 10 months of the evaluation period (March 11 through December 31, 2015), all callers in the multi-call program who were planning to quit within 30 days were eligible for a 4-week supply of NRT.

Among respondents who enrolled during the expanded benefit time period, one in five received an 8-week supply (two 4-week shipments) of NRT; 69% were sent a 4-week supply, and 10% were sent no NRT. During the reduced benefit time period, almost all respondents (92%) were sent a 4-week supply of NRT. Eight percent opted for no NRT or were medically ineligible.

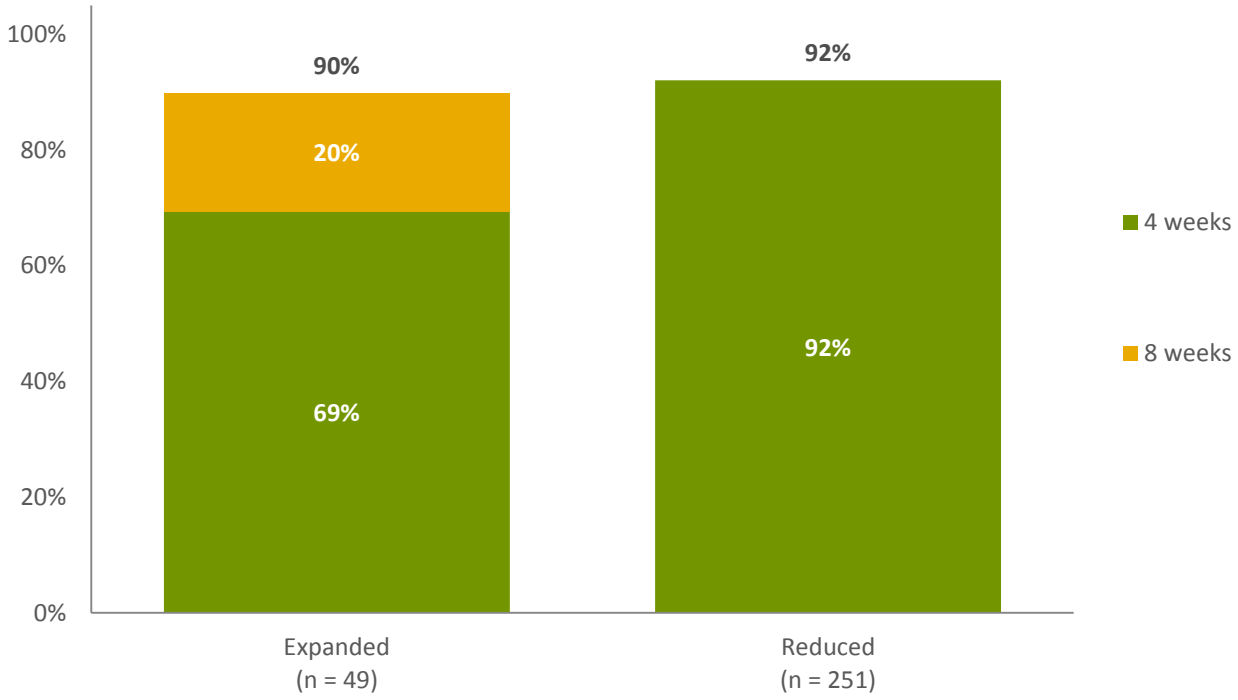


Figure 21. **Amount of NRT sent by benefit time period.**

The average number of calls completed by survey respondents was significantly higher during the expanded benefit period compared to the reduced benefit period (2.5 vs. 2.1, $p < 0.05$). This may be related to the NRT benefit, as callers must complete additional calls in order to receive the next NRT shipment.

As shown in **Figure 22**, quit rates did not significantly differ based on time period, though they tended to be higher during the expanded benefit period (30-day respondent: 35% vs. 28%, $p > 0.05$; 30-day ITT: 12% vs 9%, $p > 0.05$). This difference was not statistically significant.

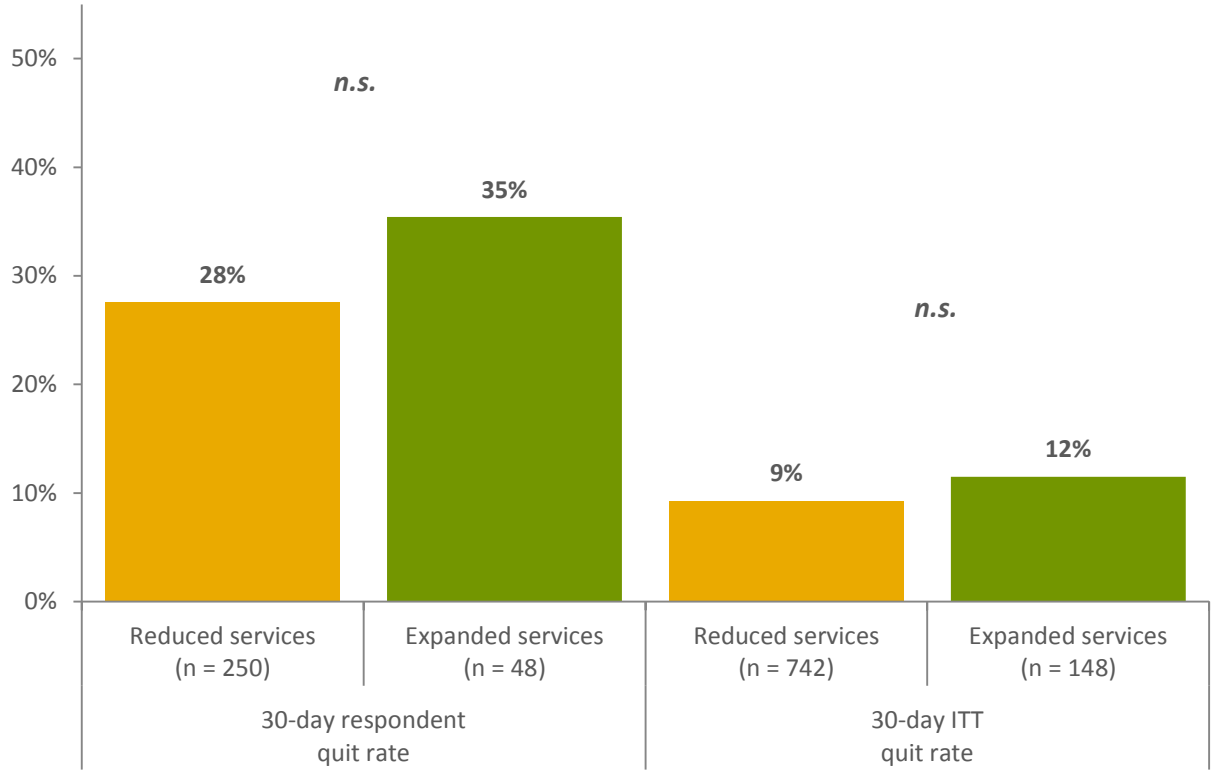


Figure 22. **30-day quit rates by benefit time period.**

Summary

This evaluation summarizes the results of the 7-month follow-up survey administered to callers who registered with the GTQL from January 1, 2015 through December 31, 2015 (12 registration months). The purpose of the evaluation was to assess satisfaction and quit outcomes for GTQL callers.

Reach rates

In 2015, promotional reach for the GTQL was 0.90%. Treatment reach percentages for cigarette smokers and smokeless tobacco users were 0.66% and 0.06%, respectively.

Response rates

A total of 300 GTQL callers completed the follow-up survey approximately 7 months after enrollment, resulting in a **34% response rate**.

Respondent characteristics

Upon enrollment in GTQL services, survey respondents were almost exclusively cigarette users smoking just under one pack per day, on average. Over one fifth of respondents smoked more than one pack (21+) cigarettes per day, and half were highly nicotine dependent at enrollment, indicated by using tobacco within 5 minutes of waking. Half lived with other tobacco users. The majority enrolled in the GTQL over the phone and were enrolled in the multi-call program; only 3% were fax referred. Respondents completed just over two calls, on average, with almost one third completing three or more calls. One third of respondents enrolled and logged into the Web Coach® website. The majority of respondents were English speakers, over age 40, women, reported one or more chronic health conditions, and had a high school degree/GED or greater.

Satisfaction outcomes

The majority of survey respondents (93%) were satisfied (very, mostly, or somewhat) with GTQL services and would recommend the program to a friend (97%).

Quit rate outcomes

The GTQL achieved positive quit outcomes for respondents. Among respondents, 29% had been abstinent from tobacco for 30 days or longer, and 35% had been abstinent for 7 days or longer. ITT 30-day and 7-day quit rates were 10% and 12%.

Statistical differences in outcomes between subgroups

Statistical comparisons examining differences in outcomes based on variables of interest showed several statistically significant differences in quit rates.

- Among GTQL callers, **satisfaction rates did not** differ significantly as a function of any variables of interest: insurance type, chronic health condition status, number of calls completed with the GTQL, time to first tobacco use, or tobacco environment.
- Among GTQL callers, **quit rates** differed significantly as a function of:
  - **Insurance status**: Respondent quit rates were significantly lower among Medicaid-insured respondents compared to commercially insured and uninsured participants. ITT quit rates, which assume that non-respondents are not quit, were significantly higher

among those insured through commercial insurance and Medicare compared to those insured through Medicaid.

- **Chronic health condition status**: 30-day ITT quit rates were significantly higher among those who reported one or more chronic health conditions compared to those who did not report a chronic condition.
- **Time to first use:** Those who waited at least 6 minutes before using tobacco after waking had significantly higher 30-day respondent and ITT quit rates than those who smoked within 5 minutes of waking.
- **Call completion**: Participants who completed three or more calls had significantly higher ITT quit rates compared to those who only completed one call or two calls. Participants who completed two calls also had a significantly higher quit rate compared to those who completed only one call. Differences in respondent quit rates were not statistically significant.

Cigarette use and tobacco dependence reduction among continued smokers

Survey respondents who reported any cigarette use within the 30 days prior to follow-up were considered continued smokers. Among all continued cigarette smokers:

- 69% reduced the number of cigarettes they smoked per day from baseline to follow-up by an average of 9.9 cigarettes per day; two in five had reduced their use by at least 50%.
- The proportion of continued cigarette users who smoked within 5 minutes after waking decreased by 46%, and the proportion who smoked every day decreased by 29%.

Use of cessation medications and impact of NRT benefit changes

The majority of respondents reported using cessation medications to help them quit. Overall, 80% reported using medication, with 64% using patches; 20% used two or more medication types.

The NRT benefit changed during the evaluation period. At the start of the evaluation, participants in the multi-call program who were ready to quit within 30 days were eligible to receive an 8-week supply of NRT (two 4-week shipments, requires completion of additional coaching call to receive second shipment) from the GTQL. Callers who were insured through Medicaid were eligible for up to a 12-week supply. As of March 11, 2015, all callers in the multi-call program were eligible for a 4-week supply, regardless of insurance status.

The vast majority of respondents received NRT through the GTQL, and similar proportions of callers received NRT during the expanded (90%) and reduced (92%) time periods. During the expanded period when participants were eligible to receive an 8-week supply of NRT, about one in five completed the required coaching calls and were sent the full 8 weeks.

Those who registered during the expanded services period completed significantly more calls compared to those who registered during reduced services. Quit rates were not significantly different between time periods; however, those who enrolled during expanded services tended to have higher quit rates.

ENDS use at follow-up

Electronic nicotine delivery systems (ENDS; e.g., e-cigarettes, electronic, or vapor cigarettes) are battery operated devices that vaporize nicotine for a user to inhale. Two in five survey respondents reported

that they had ever used ENDS; approximately one eighth of respondents were currently using ENDS at follow-up.

Conclusions

Overall, outcomes from this evaluation year were fairly positive. Though the GTQL did not achieve the NAQC benchmark of a 30% 30-day respondent quit rate during the evaluation period as a whole, the program did achieve the benchmark during expanded service offerings. This suggests that the State should consider reinstating the expanded benefits in order to meet this quit rate goal, keeping in mind that any benefit changes should be monitored closely. The number of responses among participants who registered during the expanded benefit time frame was fairly small (n = 48); a larger sample size would increase confidence in outcomes estimates.

Findings around program utilization during different service levels are notable. Similar proportions of participants were sent NRT by the Quit Line during both time periods. During expanded services, about one in five callers were sent an 8-week supply, rather than the 4-week supply. To receive the 8-week supply, participants are required to complete an additional coaching call. Perhaps related to this difference in incentive to complete calls, the average number of calls completed during expanded services was about 0.4 calls higher than during the reduced services time frame. This is in line with studies showing that offering NRT through the Quit Line increases call volumes and quit rates.[18] Research has shown that completing more calls combined with using NRT increases a person's chances of successfully quitting.[19] NRT can serve as a useful tool to drive participants to complete more calls, and we recommend the State consider reinstating the 8-week NRT benefit.

Group difference analyses also yielded several findings of interest. Call completion was significantly correlated with ITT quit rates: those who completed three or more calls had significantly higher ITT quit rates compared to those who completed only one or two calls, and those who completed two calls were also more likely to be quit than those who completed only one call. Though the difference was not significant, this correlation occurred in respondent quit rates as well. This finding highlights the importance of participants taking their coaching calls. Driving engagement is critical in increasing quit rates. Georgia should consider techniques to encourage participants to complete their coaching calls, such as split NRT shipments or text messaging reminders about upcoming calls. Additionally, the State could examine characteristics of callers who show lower levels of engagement to help understand if other program options would be more appropriate.

Examining outcomes as a function of insurance status also yielded interesting results. Medicaid-insured participants tended to have lower satisfaction and quit rates. This suggests that Medicaid-insured participants may be facing barriers to engaging with the program. Georgia should consider monitoring this population to assess how to improve the program to meet participant needs.

ENDS use appears to be somewhat common among GTQL callers, with approximately two fifths reporting at follow-up that they had ever used an e-cigarette or other vaping device. This is in line with national research showing that about half of current (48%) and former (55%) smokers have tried an e-cigarette.[20] Further research is needed to determine the health effects of e-cigarettes and the utility of e-cigarettes as a quitting aid. Georgia should continue to monitor ENDS use among residents.

[18] Community Preventative Services Task Force. (2015). Reducing Tobacco Use and Secondhand Smoke: Quitline Interventions: Task Force Findings and Rationale Statement. Retrieved from: http://www.thecommunityguide.org/tobacco/RRquitlines.html

[19] Fiore, MC, Jaen, CR, Baker, TB, et al. (2008). *Treating Tobacco Use and Dependence: 2008 Update.* Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service.

[20] Schoenborn, CA, Gindi, RM. Electronic cigarette use among adults: United States, 2014. NCHS data brief, no. 217. Hyattsville,

Although the goal of GTQL services is tobacco abstinence, the majority of continued smokers reduced their tobacco use and dependence. Given that it often takes multiple quit attempts to obtain success, these findings reflect important progress towards abstinence for continued smokers. Tobacco reduction, even when prolonged abstinence has not been achieved, yields health benefits and increases the likelihood of success in subsequent quit attempts.[21]

Overall, these findings indicate that the services provided by the GTQL are crucial in reducing tobacco use in Georgia. This evaluation documents numerous favorable findings (e.g., quit rates, satisfaction, tobacco use reduction) for GTQL callers, as well as identifying areas for improvement (e.g., increasing utilization of all available services).

MD: National Center for Health Statistics. 2015.

[21] Hughes, JR, & Carpenter, MJ. (2006). Does smoking reduction increase future cessation and decrease disease risk? A qualitative review. *Nicotine & Tobacco Research, 8* (6), 739-749.

Appendix A. Respondent Characteristics

Tables in this appendix present data regarding the disposition of 7-month survey calls for all participants in the selected Year 4 sample, as well as data regarding respondent demographics, tobacco history and use behaviors, program characteristics, and program utilization.

Table A.1. Survey Disposition

	Total	
	n	%
Survey disposition	**890**	
Survey Complete	300	33.7
Phone Complete	280	31.5
Online Complete	20	2.2
Not located; unable to interview (e.g. wrong #/ # disconnected)	470	52.8
Completed all attempts; unable to interview	63	7.1
Refusal	33	3.7
Other; unable to interview (deceased, incomplete survey)	24	2.7

Table A.2. Demographic Characteristics of Survey Respondents (Source: Enrollment[1])

	Total	
	n	%
Gender	**300**	
Female	186	62.0
Male	114	38.0
Pregnancy status	**58**	
Yes, currently pregnant, planning pregnancy, or breastfeeding	3	5.2
Not currently pregnant, planning pregnancy, or breastfeeding	55	94.8
Language	**300**	
English	299	99.7
Spanish	1	0.3
Age	**300**	
Mean ± (Standard Deviation)	51.9 (12.3)	
Range	20 – 78	
Age group	**300**	
18-24	11	3.7
25-40	48	16.0
41-60	170	56.7
>60	71	23.7
Race/ethnicity	**286**	
Black or African American, non-Hispanic	123	43.0
Hispanic or Latino/Latina	7	2.4
Other	15	5.2
White, non-Hispanic	141	49.3
Education	**283**	
Less than grade 9	20	7.1
Grade 9-11, no degree	57	20.1
GED	25	8.8
High school degree	70	24.7
Some technical/trade school	1	0.4
Some college or university	63	22.3
Technical/trade school degree	8	2.8
College or university degree	39	13.8
Education	**283**	
<HS	77	27.2
GED	25	8.8
HS degree	70	24.7
>HS	111	39.2

[1] Responses of "refused," "don't know," and "not collected" are excluded from analyses.

Table A.2., cont. Demographic Characteristics of Survey Respondents — Unweighted Groups with Weighted Totals (Source: Enrollment[1])

	Total	
	n	%
Health insurance status	**292**	
Commercial	70	24.0
Medicaid	71	24.3
Medicare	64	21.9
Uninsured	87	29.8
Chronic health conditions	**295**	
None reported	99	33.6
Reported one or more of the conditions listed	196	66.4
Chronic health conditions[2]	**300**	
Chronic Obstructive Pulmonary Disease (COPD)	90	30.0
Asthma	52	17.3
Diabetes	52	17.3
Type 1 Diabetes	10	3.3
Type 2 Diabetes	42	14.0
Diabetes type not specified	0	0.0
Coronary Artery Disease (CAD)	29	9.7
Arthritis	0	0.0
None reported	99	33.0

[1] Responses of "refused," "don't know," and "not collected" are excluded from analyses.

[2] Multiple reporting; total may not add up to 100%

Table A.3. Tobacco History and Behaviors of Survey Respondents (Source: Enrollment[1])

	Total	
	n	%
Participant lives or works with other tobacco users	**289**	
No (neither home nor work)	130	45.0
Yes (at home only)	126	43.6
Yes (at work only)	14	4.8
Yes (both at home and work)	19	6.6
Tobacco type reported at enrollment[2]	**300**	
Cigarette	286	95.3
Smokeless tobacco (SLT)	5	1.7
Cigar	12	4.0
Pipe	1	0.3
Other	2	0.7
Number of types of tobacco used	**296**	
One type	287	97.0
Two or more types	9	3.0
Cigarettes per day (CPD)	**285**	
Mean ± (Standard Deviation)	18.2 (11.3)	
Range	0 – 60	
Smoking level (based on CPD)	**285**	
0-10 cpd	97	34.0
11-20 cpd	126	44.2
21-30 cpd	38	13.3
31+ cpd	24	8.4
Time to first tobacco use after waking (TTFU)	**134**	
Within 5 minutes	70	52.2
6-30 minutes	36	26.9
31-60 minutes	16	11.9
More than 60 minutes	12	9.0
Current cigarette use frequency at enrollment	**279**	
Every day	266	95.3
Some days	6	2.2
Not at all	7	2.5
Number of years used tobacco	**286**	
Less than 1 year	1	0.3
1-5 years	12	4.2
6-19 years	40	14.0
20 years or more	233	81.5

[1] Responses of "refused," "don't know," and "not collected" are excluded from analyses.

[2] Multiple reporting; total may not add up to 100%

Table A.4. Key Program Components of Survey Respondents (Source: Enrollment or Intervention Calls)

	Total	
	n	%
Method of entry	**300**	
Phone call	290	96.7
Fax referral	10	3.3
Treatment intensity	**300**	
1-Call Program	3	1.0
Multiple-Call Program	297	99.0
Number of calls completed (among multi-call enrollees only)	**297**	
1 call	132	44.4
2 calls	79	26.6
3 calls	35	11.8
4 calls	22	7.4
5 or more calls	29	9.8
Number of calls completed among multi-call participants	**297**	
Mean ± (Standard Deviation)	2.2 (1.4)	
Range	1 – 9	
Call completion rate (among multi-call enrollees only)	**297**	
Fewer than 3 calls	211	71.0
3 or more calls	86	29.0
NRT benefit status	**300**	
NRT recipient	275	91.7
NRT non-recipient	25	8.3

Table A.4., cont. Key Program Components of Survey Respondents — Unweighted Groups with Weighted Totals (Source: Enrollment or Intervention Calls)

	Total	
	n	%
Type of NRT sent from Quit Line	**300**	
None	25	8.3
One type - patches	233	77.7
One type - gum	42	14.0
Amount of NRT sent from Quit Line	**300**	
0 weeks	25	8.3
4 weeks (single shipment)	265	88.3
8 weeks (two 4-week shipments)	10	3.3
Benefit period	**300**	
Expanded	49	16.3
Reduced	251	83.7
Participant provided email address and was sent Web Coach login	**299**	
No	157	52.5
Yes	142	47.5
Number of days participants logged into Web Coach (among those sent Web Coach login information)	**142**	
0 days	106	74.6
1 day	12	8.5
2 days	8	5.6
3 or more days	16	11.3
Web Coach participation	**300**	
Did not enroll in Web	158	52.7
Logged in 0 days	106	35.3
Logged in 1 day	12	4.0
Logged in 2+ days	24	8.0

Table A.5. Baseline Electronic Cigarettes/E-Cigarettes/Vapor Cigarettes Use among Survey Respondents — Unweighted Groups with Weighted Totals (Source: Enrollment[1])

	Total	
	n	%
Do you currently use electronic cigarettes/e-cigarettes/vapor cigarettes?	**288**	
Yes	20	6.9
No	268	93.1
Do you currently use e-cigarettes every day or some days?	**20**	
Every day	3	15.0
Some days	17	85.0
Do you currently use e-cigarette cartridges, disposables, or a tank system?	**20**	
Tank system	6	30.0
Non-tank (cartridges or disposable) system	14	70.0
Are you currently using e-cigarettes to quit other tobacco, to cut down on other tobacco, or neither of these reasons?	**20**	
To quit other tobacco	9	45.0
To cut down on other tobacco	9	45.0
For other reasons	2	10.0
Are you also thinking about quitting e-cigarettes?	**20**	
Yes	20	100.0
No	0	0.0

[1] Responses of "refused," "don't know," and "not collected" are excluded from analyses.

Appendix B. 7-Month Survey Data

Tables in this appendix display data collected during the 7-month follow-up survey for callers in the selected sample.

Table B.1. Program Outcomes: Satisfaction Outcomes (Source: Follow-Up Survey[1])

	Total	
	n	%
Satisfaction	**292**	
Satisfied	270	92.5
Very satisfied	160	55.0
Mostly satisfied	70	24.0
Somewhat satisfied	40	14.0
Not Satisfied	22.0	7.5
Would recommend the Quit Line to a friend in need of similar help	**268**	
No	7	2.6
Yes	261	97.4

[1] Responses of "refused," "don't know," and "not collected" are excluded from analyses.

Table B.2. Program Outcomes: Primary and Secondary Quit Outcomes (Source: Follow-Up Survey)

	Total % (quit/group total)
Primary respondent quit rates – conventional tobacco only[1]	
7-day respondent quit rate	34.9% (104/298)
7-day Confidence Interval	29.5% - 40.6%
30-day respondent quit rate	28.9% (86/298)
30-day Confidence Interval	23.8% - 34.4%
Primary intent-to-treat quit rates – conventional tobacco only	
7-day intent-to-treat quit rate	11.7% (104/890)
7-day Confidence Interval	9.7% - 14.0%
30-day intent-to-treat quit rate	9.7% (86/890)
30-day Confidence Interval	7.8% - 11.8%
Secondary quit rates – conventional tobacco + ENDS	
7-day respondent tobacco + ENDS quit rate[1]	32.9% (~98.0[2]/298)
30-day respondent tobacco + ENDS quit rate[1]	26.0% (~77.4[2]/298)
7-day intent-to-treat tobacco + ENDS quit rate	11.0% (~98.0[2]/890)
30-day intent-to-treat tobacco + ENDS quit rate	8.7% (~77.4[2]/890)

[1] Responses of "refused," "don't know," and "not collected" are excluded from respondent quit rate analyses.

[2] Calculated numerators; percentage reporting successful ENDS cessation among those who both: a) report successful conventional tobacco cessation and b) answer the last ENDS use question on the follow-up survey (excluding responses of "don't know" or "refused") applied to all survey respondents reporting successful conventional tobacco cessation (regardless of whether or not they answered the last ENDS use question).

Table B.3. Quit Attempts and Quit Status (Source: Follow-Up Survey[1])

	Total	
	n	%
Made a serious attempt to quit tobacco lasting 24 hours or longer since calling the Quit Line	**226**	
Yes	185	81.9
No	41	18.1
When last used tobacco or smoked a cigarette (even a puff or pinch)	**298**	
Within the last 24 hours	174	58.4
Within the last 7 days, but more than 24 hours ago	20	6.7
Within the last month, but more than 7 days ago	18	6.0
Within the last 3 months, but more than 1 month ago	26	8.7
Within the last 6 months, but more than 3 months ago	30	10.1
Within the last 9 months, but more than 6 months ago	24	8.1
Within the last 12 months, but more than 9 months ago	4	1.3
12 months ago or longer	2	0.7

[1] Responses of "refused," "don't know," and "not collected" are excluded from analyses.

Table B.4. Current Tobacco Users: Type and Frequency of Use (Source: Follow-Up Survey[1])

	Total	
	n	%
Tobacco type used in the last 30 days[2]	**202**	
Cigarettes	191	94.6
Cigars, cigarillos, or little cigars	10	5.0
Chewing tobacco, snuff, dip	7	3.5
Pipes	2	1.0
Other	6	3.0
Number of types of tobacco used in last 30 days	**203**	
One type	192	94.6
Two or more type	10	4.9
No tobacco types	1	0.5
Current cigarette use frequency	**187**	
Every day	127	67.9
Some days	50	26.7
Not at all	10	5.3
Electronic nicotine delivery system (ENDS) use	**159**	
Current user (used in 30 days prior to follow-up)	22	13.8
Former user (used, but not use in 30 days prior to follow-up)	42	26.4
Never used	95	59.7

[1] Responses of "refused," "don't know," and "not collected" are excluded from analyses.

[2] Multiple reporting; total may not add up to 100%

Table B.5. Current Tobacco Users: Dependence and Amount Used (Source: Follow-Up Survey[1])

	Total	
	n	%
Dependence level (time to first cigarette after waking)	**180**	
Within 5 minutes	44	24.4
6-30 minutes	60	33.3
31-60 minutes	23	12.8
> 60 minutes	45	25.0
Already quit	8	4.4
Cigarettes per day (CPD) at follow-up	**160**	
Mean ± (Standard Deviation)	11.9 (8.8)	
Range	1 – 50	

[1] Responses of "refused," "don't know," and "not collected" are excluded from analyses.

Table B.6. Current Tobacco Users: Cigarette Use Reduction and Intention to Quit (Source: Follow-Up Survey[1])

	Total	
	n	%
Cigarette use reduction (cigarette users only)	**156**	
Fewer than baseline	108	69.2
As many or more than	48	30.8
Tobacco reduction (in cigarettes per day)[2]	**156**	
Reduced by at least 25%	89	57.1
Reduced by at least 50%	62	39.7
Reduction in cigarettes per day (among callers smoking fewer than baseline)	**108**	
Mean ± (Standard Deviation)	9.9 (7.9)	
Range	1 – 30	
Change in dependence (time to first cigarette after waking)	**77**	
Reduced dependence	36	46.8
Did not change or reduce dependence (did not increase time to first cigarette)	41	53.2
Intent to quit using tobacco in next 30 days	**174**	
No	17	9.8
Yes	157	90.2

[1] Responses of "refused," "don't know," and "not collected" are excluded from analyses.

[2] Multiple reporting; total may not add up to 100%

Table B.7. Use of Medications to Help Quit Since Calling the Quit Line (Source: Follow-Up Survey[1])

	Total	
	n	%
Used medication to help quit?	**279**	
Yes	223	79.9
No	56	20.1
Types of medications used[2]	**279**	
Nicotine patches	178	63.8
Nicotine gum	59	21.1
Chantix / Varenicline	20	7.2
Nicotine lozenges	14	5.0
Zyban / Bupropion / Wellbutrin[3]	15	5.4
Nicotine inhaler	1	0.4
Nicotine nasal spray	0	0.0
Other	1	0.4
Number of types of medication used	**279**	
None	56	20.1
One Medication	167	59.9
Two Medications	47	16.8
Three or More Medications	9	3.2

[1] Responses of "refused," "don't know," and "not collected" are excluded from analyses.

[2] Multiple reporting; total may not add up to 100%.

[3] Only if used for quitting tobacco.

Table B.8. Use of Other Resources to Help Quit Since Calling the Quit Line (Source: Follow-Up Survey[1])

	Total	
	n	%
Used other kinds of assistance (other than the Quit Line)	**272**	
Yes	74	27.2
No	198	72.8
Other kinds of assistance used[2]	**272**	
Advice from a health professional	26	9.6
Support/advice from family and friends	20	7.4
E-cigarettes	14	5.1
Behavior/routine change	9	3.3
Cold turkey	9	3.3
Tapering down	8	2.9
Substitutes (e.g., regular gum, toothpick, hard candy)	6	2.2
Counseling program	5	1.8
Spiritual or religious support	5	1.8
Website (other than Web Coach)	1	0.4
Alternative medicine (e.g., acupuncture, hypnosis)	1	0.4
Self-help materials (other than from the Quit Line)	1	0.4
Telephone program (other than the Quit Line)	1	0.4
Something else	7	2.6
None	198	73

[1] Responses of "refused," "don't know," and "not collected" are excluded from analyses.

[2] Multiple reporting; total may not add up to 100%.

Appendix C. Group Difference Analyses

Tables in this appendix present results from analyses examining group differences in program satisfaction and tobacco quit rates, as measured at the time of the 7-month follow-up survey.

Table C.1. Group Differences in Overall Satisfaction (Source: Follow-Up Survey)

	Satisfaction Rates[1]		
	% satisfied	(satisfied/ group total)	*p*-value
Insurance type			
Uninsured	96.5%	(82/ 85)	0.18
Medicaid	87.1%	(61/ 70)	
Commercial	91.3%	(63/ 69)	
Medicare	93.3%	(56/ 60)	
Number of calls completed with GTQL			
Completed 1 call	93.8%	(121/ 129)	0.45
Completed 2 calls	93.6%	(73/ 78)	
Completed 3 or more calls	89.4%	(76/ 85)	
Chronic health condition status at enrollment			
None reported	93.8%	(91/ 97)	0.71
Reported one or more chronic health condition	92.6%	(176/ 190)	
Time to first use after waking at enrollment			
Within 5 minutes	91.3%	(63/ 69)	0.75[2]
6 minutes or longer	93.6%	(58/ 62)	
Tobacco environment at enrollment			
Lives/works with other tobacco users	91.7%	(143/ 156)	0.54
Does not live/work with other tobacco users	93.6%	(117/ 125)	

[1] Percentages represent the percent satisfied (very, mostly, or somewhat) with services. The numerator in parentheses is the number satisfied and the denominator is the total number in the respective group category. Responses of "refused" and "don't know" are excluded from analyses.

[2] Because 25% of cells for this analysis have expected cell counts less than 5, chi-square may not be a valid test. Fisher's Exact Test *p*-value is presented.

Table C.2. Group Differences in 30-Day Respondent and Intent-to-Treat Quit Rates (Source: Follow-Up Survey)

	30-Day Quit Rates[1]					
	Respondent			Intent-to-Treat		
	% quit	(quit/ group total)	*p*-value	% quit	(quit/ group total)	*p*-value
Insurance type						
Uninsured	33.3%	(29/ 87)	0.03[2]	9.0%	(29/ 322)	0.02[3]
Medicaid	15.9%	(11/ 69)		5.0%	(11/ 221)	
Commercial	37.1%	(26/ 70)		13.3%	(26/ 195)	
Medicare	26.6%	(17/ 64)		12.7%	(17/ 134)	
Number of calls completed with GTQL						
Completed 1 call	24.4%	(33/ 135)	0.14	6.0%	(33/ 552)	<.0001[4]
Completed 2 calls	27.9%	(22/ 79)		11.7%	(22/ 188)	
Completed 3 or more calls	36.9%	(31/ 84)		20.7%	(31/ 150)	
Chronic health condition status at enrollment						
None reported	27.3%	(27/ 99)	0.64	7.2%	(27/ 373)	0.04
Reported one or more chronic health condition	29.9%	(58/ 194)		11.5%	(58/ 505)	
Time to first use after waking at enrollment						
Within 5 minutes	23.2%	(16/ 69)	0.03	6.5%	(16/ 246)	0.007
6 minutes or longer	40.6%	(26/ 64)		14.4%	(26/ 180)	
Tobacco environment at enrollment						
Lives/works with other tobacco users	28.5%	(45/ 158)	0.86	9.6%	(45/ 468)	1.0
Does not live/work with other tobacco users	29.5%	(38/ 129)		9.6%	(38/ 395)	

[1] Percentages in the 30-Day Quit Rate columns represent the percent abstinent from tobacco for 30 or more days at the time of the 7-month follow-up survey. The numerator in parentheses is the number quit and the denominator is the total number in the respective group category. Responses of "refused" and "don't know" are excluded from respondent quit rate analyses.

[2] Bivariate post-hoc analyses examining differences in 30-day respondent quit rates as a function of insurance type found that Medicaid-insured had a significantly lower quit rate compared to commercially insured ($p < 0.01$) and uninsured ($p < 0.05$).

[3] Bivariate post-hoc analyses examining differences in 30-day ITT quit rates as a function of insurance type found that Medicaid-insured had a significantly lower quit rate compared to commercially insured ($p < 0.01$) and Medicare-insured ($p < 0.01$).

[4] Bivariate post-hoc analyses examining differences in 30-day ITT quit rates at 7 months based on call completion found that those who completed 3 or more calls had a significantly higher quit rate compared to those who completed 1 call ($p < 0.001$) and those who completed 2 calls ($p < 0.05$). Those who completed 2 calls had significantly higher 30-day ITT quit rates than those who completed 1 call ($p < 0.01$).

Appendix D. Copy of Survey Instrument

Georgia Tobacco Quit Line Year 4 7-Month Follow-Up Survey

INTRO

I will now begin the survey:

- ○ BEGIN SURVEY (1) [CONTINUE TO SA6MDS]
- ○ REFUSED (98) [SKIP TO CLOSE]

SA6MDS [ALL RESPONDENTS]

Overall, how satisfied were you with the service you received from the Quit Line program? Would you say…

- ○ **Very satisfied (1)**
- ○ **Mostly satisfied (2)**
- ○ **Somewhat satisfied (3)**
- ○ **Not at all satisfied (4)**
- ○ REFUSED (98)
- ○ DON'T KNOW (99)

QA1 [ALL RESPONDENTS]

Since you first enrolled in the program around [REGISTRATION DATE], 7 months ago, did you stop using tobacco for 24 hours or longer because you were trying to quit?

- ○ NO (0)
- ○ YES (1)
- ○ QUIT BEFORE ENROLLING (97)
- ○ REFUSED (98)
- ○ DON'T KNOW (99)

QA6 [ALL RESPONDENTS]

When did you last smoke a cigarette or use tobacco, even a puff or pinch? Please do not include electronic or e-cigarette use.

- ○ **Within the last 24 hours (1)**
- ○ **Within the last 7 days, but more than 24 hours ago (2)**
- ○ **Within the last month, but more than 7 days ago (3)**
- ○ **Within the last 3 months, but more than 1 month ago (4)**
- ○ **Within the last 6 months, but more than 3 months ago (5)**
- ○ **Within the last 9 months, but more than 6 months ago (6)**
- ○ **Within the last 12 months, but more than 9 months ago (7)**
- ○ **12 months or longer (8)**
- ○ REFUSED (98)
- ○ DON'T KNOW (99)

QA6_ENDS [ALL RESPONDENTS]

When did you last use an e-cigarette or other "vaping" product?

○ **Within the last 24 hours (1)**	[CONTINUE TO QA7]
○ **Within the last 7 days, but more than 24 hours ago (2)**	[CONTINUE TO QA7]
○ **Within the last month, but more than 7 days ago (3)**	[CONTINUE TO QA7]
○ **Within the last 3 months, but more than 1 month ago (4)**	[SKIP TO MDS11_MEDS]
○ **Within the last 6 months, but more than 3 months ago (5)**	[SKIP TO MDS11_MEDS]
○ **Within the last 9 months, but more than 6 months ago (6)**	[SKIP TO MDS11_MEDS]
○ **Within the last 12 months, but more than 9 months ago (7)**	[SKIP TO MDS11_MEDS]
○ **12 months or longer (8)**	[SKIP TO MDS11_MEDS]
○ **Never used e-cigarettes/ "vaping" products (9)**	[SKIP TO MDS11_MEDS]
○ REFUSED (98)	[SKIP TO MDS11_MEDS]
○ DON'T KNOW (99)	[SKIP TO MDS11_MEDS]

QA7 [ENABLE IF QA6 = 1, 2, OR 3]

Which of the following tobacco products do you use now or have you used in the last 30 days?

		YES (1)	**NO (0)**	REFUSED (98)	DON'T KNOW (99)
QA7A	**Cigarettes**	○	○	○	○
QA7B	**Cigars, cigarillos, or little cigars**	○	○	○	○
QA7C	**Pipes** [NOTE: THIS IS A TRADITIONAL PIPE, NOT A WATER PIPE OR HOOKAH]	○	○	○	○
QA7D	**Chewing tobacco, snuff, or dip**	○	○	○	○
QA7E	**Other Tobacco Products (e.g., Bidis)**	○	○	○	○

[IF ANY TOBACCO TYPES SELECTED (QA7A-QA7E = YES), CONTINUE TO QA4]
[IF NO TOBACCO TYPES SELECTED (NO, REFUSED, DK), JUMP TO MDS8]

QA4 [ENABLE IF QA7A-E = 1]

Do you currently [SMOKE/USE] [TOBACCO TYPE] every day, some days, or not at all?

		Every day (1)	**Some days (2)**	**Not at all (3)**	REFUSED (98)	DON'T KNOW (99)
QA4A	**Cigarettes** [ENABLE IF QA7A=YES]	○	○	○	○	○
QA4B	**Cigars, cigarillos, or little cigars** [ENABLE IF QA7B=YES]	○	○	○	○	○
QA4C	**Pipes** [NOTE: THIS IS A TRADITIONAL PIPE, NOT A WATER PIPE OR HOOKAH] [ENABLE IF QA7C=YES]	○	○	○	○	○
QA4D	**Chewing tobacco, snuff, or dip** [ENABLE IF QA7D=YES]	○	○	○	○	○
QA4E	**Other Tobacco Products (e.g., Bidis)** [ENABLE IF QA7E=YES]	○	○	○	○	○

[IF NOT AT ALL, REFUSED, OR DK TO ALL TOBACCO TYPES ABOVE, AND QA7A = YES, SKIP TO MDS3]
[IF NOT AT ALL, REFUSED, OR DK TO ALL TOBACCO TYPES ABOVE, AND QA7A = NO, REFUSED, OR DK, SKIP TO MDS8]

QA8 [ENABLE IF QA4A = 1 OR 2]

How many cigarettes do you smoke per day on the days that you smoke cigarettes?

- ○ [QA8A.TEXT] ___ **CIGARETTES PER DAY** (1) [MIN = 1; MAX = 97]
- ○ REFUSED (98)
- ○ DON'T KNOW (99)

QA13 [ENABLE IF QA4B-E = 1 OR 2]

How many [TOBACCO TYPE] do you [SMOKE/USE] per week during the weeks that you smoke/use?

		ENTER AMOUNT [MIN = 1; MAX = 997]	REFUSED (998)	DON'T KNOW (999)
QA13B	**Cigars, cigarillos, or little cigars** [ENABLE IF QA4B = 1 OR 2]	[_____]	○	○
QA13C	**Pipes** [NOTE: THIS IS A TRADITIONAL PIPE, NOT A WATER PIPE OR HOOKAH] [ENABLE IF QA4C = 1 OR 2]	[_____]	○	○
QA13D	**Chewing tobacco, snuff, or dip (pouches or tins)** [ENABLE IF QA4D = 1 OR 2]	[_____]	○	○
QA13E	**Other Tobacco Products (e.g., Bidis)** [ENABLE IF QA4E = 1 OR 2]	[_____]	○	○

MDS3 [ENABLE IF QA7A = YES TO CIGS]

How soon after you wake up do you smoke your first cigarette?

- ○ Within 5 minutes (1)
- ○ 6-30 minutes (2)
- ○ 31-60 minutes (3)
- ○ > 60 minutes (4)
- ○ Already quit (5)
- ○ REFUSED (98)
- ○ DON'T KNOW (99)

MDS8 [ENABLE IF QA6 = 1, 2, or 3]

Do you intend to quit using tobacco within the next 30 days?

- ○ YES (1)
- ○ NO (0)
- ○ REFUSED (98)
- ○ DON'T KNOW (99)

MDS11_MEDS [ALL RESPONDENTS]

Since you first enrolled in the program around [REGISTRATION DATE], 7 months ago, have you used any of the following products or medications to help you quit?

	[YES = 1; NO = 0]
MDS11_MEDS.1	☐ **Nicotine patches**
MDS11_MEDS.2	☐ **Nicotine gum**
MDS11_MEDS.3	☐ **Nicotine lozenges**
MDS11_MEDS.4	☐ **Nicotine inhaler**
MDS11_MEDS.8	☐ **Nicotine nasal spray**
MDS11_MEDS.5	☐ **Zyban / Bupropion / Wellbutrin (only if for quitting)**
MDS11_MEDS.6	☐ **Chantix / Varenicline**
MDS11_MEDS.7	☐ **Other medications to help you quit?** [MDS11_MEDS.7.TEXT] specify: _____
MDS11_MEDS.0	☐ NO PRODUCTS OR MEDICATIONS (NONE)
MDS11_MEDS.98	☐ REFUSED
MDS11_MEDS.99	☐ DON'T KNOW

MDS12_OTHRES [ALL RESPONDENTS]

Other than enrolling in the program or using medications, did you use any other kinds of assistance to help you quit over the past 7 months, such as advice from a health professional, or other kinds of quitting assistance?

	[YES = 1; NO = 0]
MDS12_OTHRES.1	☐ Advice from a health professional (other than the phone program or Web Coach®)
MDS12_OTHRES.7	☐ Support from family / friends
MDS12_OTHRES.14	☐ E-cigarette
MDS12_OTHRES.4	☐ Counseling program (other than the phone program or Web Coach® – e.g., support group or twelve step program)
MDS12_OTHRES.9	☐ Behavior change (e.g., exercise, staying busy, changing routine)
MDS12_OTHRES.8	☐ Substitutes (e.g., toothpicks, straws, sunflower seeds, regular gum)
MDS12_OTHRES.10	☐ Spiritual or religious support
MDS12_OTHRES.11	☐ Alternative medicine (e.g., acupuncture, hypnosis)
MDS12_OTHRES.2	☐ Website (other than Web Coach®)
MDS12_OTHRES.3	☐ Telephone program (other than the phone program)
MDS12_OTHRES.5	☐ Self-help materials (other than from the phone program or Web Coach®)
MDS12_OTHRES.12	☐ Cold turkey
MDS12_OTHRES.13	☐ Tapering down
MDS12_OTHRES.6	☐ Something else **[MDS12_OTHRES.6.TEXT]** (specify:_____)
MDS12_OTHRES.0	☐ NONE
MDS12_OTHRES.98	☐ REFUSED
MDS12_OTHRES.99	☐ DON'T KNOW

MDS_REC [ALL RESPONDENTS]

If a friend were in need of similar help, would you recommend the Georgia Tobacco Quit Line phone program to him or her?

- ○ YES (1) [CONTINUE TO MDS_REC_A]
- ○ NO (0) [CONTINUE TO MDS_REC_B]
- ○ REFUSED (98) [SKIP TO CLOSE]
- ○ DON'T KNOW (99) [SKIP TO CLOSE]

MDS_REC_A [ENABLE IF YES TO MDS_REC]

Why? [_____]
[CONTINUE TO CUSTOM QUESTIONS]

MDS_REC_B [ENABLE IF NO TO MDS_REC]

Why not? [_____]
[CONTINUE TO CUSTOM QUESTIONS]