



# **Georgia Tobacco Quit Line Comprehensive Annual Evaluation Report**

**Evaluation Services Division  
Research, Training & Evaluation  
Alere Wellbeing, Inc.  
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## Executive Summary

The Georgia Tobacco Use Prevention Program (GTUPP) contracted with Alere Wellbeing, Inc. to evaluate the effectiveness of the Georgia Tobacco Quit Line (GTQL) services for all GTQL callers in total as well as for three priority populations: pregnant callers, male callers and female callers. Census sampling was used to select all eligible pregnant participants; random sampling, stratified by participant's gender and month of registration was used to sample non-pregnant callers. To be eligible for this evaluation, callers needed to be 18 years of age or older at registration, complete at least one intervention call with a Quit Coach®, consent for evaluation follow-up, provide a valid phone number, and speak English or Spanish.

A total of 573 callers completed the follow-up survey approximately 7 months after enrollment, resulting in a **30% response rate**.

The GTQL tobacco cessation program yielded encouraging outcomes among its participants:

- **30% of respondents had been abstinent from tobacco for 30 days or longer** at the time of the 7-month follow-up survey.
- **36% of respondents had been tobacco free for 7 days** or longer at the time of the follow-up survey.

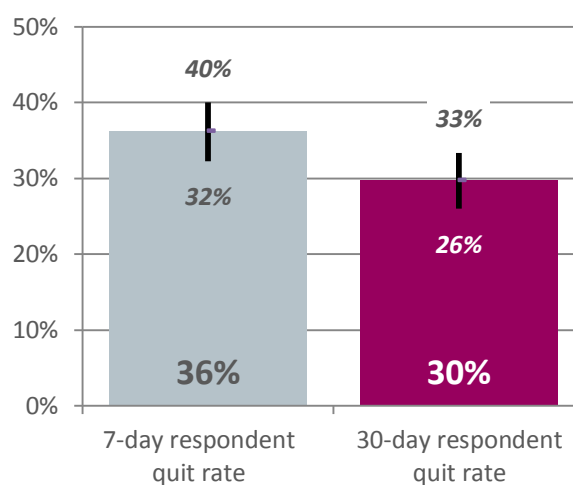
GTQL's 30-day and 7-day intent-to-treat (ITT) quit rates were 9% and 11%, respectively.

Outcomes were also estimated among the following priority populations:

- **Gender:** While quit outcomes were slightly higher among male respondents, this difference was not large enough to be considered statistically significant.
  - Women: 27% of female respondents had been abstinent for 30 days or longer.
  - Men: 34% of male respondents had been abstinent for 30 days or longer.
- **Pregnant callers<sup>1</sup>:** About half of Intensive Pregnancy Program callers had been abstinent from tobacco for 30 days or longer (9/19) and 7 days or longer (10/19).

In addition to quit rates:

- **Program satisfaction:** The overall program satisfaction rate was relatively high among all GTQL survey respondents (92%), with 94% of respondents indicating they would recommend the GTQL to a friend in need of similar help.



**Figure 1. Quit rate estimates for all GTQL callers, August 1, 2013 – July 31, 2014 registrants – weighted.<sup>1</sup>**

<sup>1</sup> Due to the small number of pregnant callers who were eligible for evaluation ( $n = 165$ ) and responded to the survey ( $n = 20$ ), all estimates for this population should be considered provisional and interpreted with caution.

- Satisfaction rates were significantly higher among respondents who were less tobacco dependent, as measured by time to first tobacco use (95% vs. 88%,  $p < 0.01$ ).
- **Helpfulness:** 85% of survey respondents indicated that the counseling they received from Quit Coaches<sup>®</sup> was either very or somewhat helpful.
- **Tobacco reduction:** Important improvements were observed among continued tobacco users. Two-thirds of continued cigarette users (66%) had reduced the number of cigarettes they smoked per day from baseline to follow-up by an average of 10 cigarettes per day. Over half (53%) had reduced their use by at least 50%. In addition, the proportion of continued smokers who used tobacco within 5 minutes after waking (an indicator of tobacco dependence) decreased by 40%, and the proportion who smoked every day decreased by 18%.

While quit rates did not significantly differ between genders, statistical comparisons between insurance type subgroups demonstrated differences.

- All four quit rate estimates were significantly higher among commercially insured callers than Medicaid-insured callers ( $ps < 0.01$ ).
- Uninsured respondents had significantly higher 7- and 30-day respondent quit rates compared to Medicaid-insured callers ( $ps < 0.01$ ).
- Commercially insured callers had significantly higher 7- and 30-day ITT quit rates compared to uninsured callers ( $ps < 0.01$ ).

While the primary focus of this evaluation was to investigate program outcomes, several important insights were gained related to NRT utilization and social support.

- Two-thirds of survey respondents (68%) used some form of medication to help them quit. The majority of respondents who used NRT patches or gum used them appropriately according to US clinical use guidelines. For example, 89% of patch users used one new patch per day and 73% of gum users followed the appropriate “chew and park” process.
- Four out of five survey respondents (82%) reported that other people in their life had been supportive as they tried to quit, with over half (60%) indicating others had been very supportive. Family, friends and coworkers, and Quit Coaches<sup>®</sup> were the three most common sources of social support among survey respondents.

## How was the evaluation designed?

The Georgia Department of Public Health contracted with Alere Wellbeing, Inc. (AWI) to evaluate the effectiveness of the Georgia Tobacco Quit Line (GTQL) by providing **outcome estimates for the general population of GTQL callers as well as for male callers, female callers, and Intensive Pregnancy Program participants**. This evaluation summarizes the results of the 7-month follow-up survey administered to callers who registered with the GTQL between **August 1, 2013** and **July 31, 2014**.

## What were the objectives of this evaluation?

The primary objective of the present evaluation was to assess quit and satisfaction outcomes for all GTQL callers. Secondary objectives included assessing outcomes among (1) male GTQL callers, (2) female GTQL callers, and (3) callers who participated in the Intensive 10-Call Pregnancy Program (C10).

## How were participants selected?

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

- Tobacco users who were ready to quit
- 18 years of age or older
- Consented to evaluation follow-up
- Multi-call program participants
- Completed at least one intervention call with a Quit Coach®
- Spoke English or Spanish
- Valid phone number in the AWI database

Random samples of participants were selected from callers who met the criteria above. Each random sample was stratified by callers' gender and month of registration. In addition to the random sample of callers, census sampling was used to select all Intensive Pregnancy Program callers.

Since GTQL callers who were eligible for evaluation were not equally distributed between genders, male callers were more likely than females to be included in the evaluation. In order to provide accurate and representative outcome estimates for the GTQL as a whole, evaluation data were statistically weighted to compensate for the differential sampling probabilities among the genders. For a thorough discussion of the methods and rationale of this weighting process, see **Appendix B**.

## What tobacco cessation services did participants receive?

All tobacco users who called the GTQL during the evaluation period (from August 1, 2013 through July 31, 2014) 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 up to **nine** additional, proactive follow-up calls. **The present evaluation focuses on these multi-call program participants who were planning to quit.** One-call program participants were not included in this evaluation.

The nicotine replacement therapy (NRT) benefit provided by the GTQL went through multiple revisions during the evaluation timeframe. **It is important to document the changes in NRT benefits during the evaluation time frame as the use of NRT improves a caller's chances of successfully quitting.** NRT was provided in the form of patches or gum, and participants received their benefits in 4 week shipments. For example, a caller who was eligible for 4 weeks of NRT would receive all their NRT in a single shipment after completing a call with their Quit Coach<sup>®</sup>. Callers who were eligible for more NRT (8 or 12 weeks) would receive additional 4 week shipments after completing additional calls with a Quit Coach<sup>®</sup>.

- April 20, 2013 – No NRT benefit
- November 13, 2013 – 4 weeks of NRT provided to all Georgia residents
- December 10, 2013 – NRT benefits stopped
- March 4, 2014 – 4 weeks of NRT to Medicaid-insured and uninsured callers
- March 26, 2014 – Benefit expanded to 8 weeks of NRT for uninsured and 12 weeks for Medicaid-insured
- April 9, 2014 – 8 weeks of NRT expanded to include postpartum C10 participants
- April 23, 2014 – 8 weeks expanded to adults who report education level as “Some Technical/Trade School” or lower level of education
- May 7, 2014 – 8 weeks of NRT expanded to include Medicare-insured participants and those who are a part-time employee, contractor, or volunteer
- July 1, 2014 – 8 weeks of NRT expanded to all Georgia residents, 12 weeks of NRT to Medicaid-insured

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. Additional information about services provided to GTQL callers is presented in **Appendix A**.

## 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.<sup>2</sup> 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.<sup>3</sup> The CDC has suggested that fully funded state quitlines could reach 6% of tobacco users for treatment.<sup>4</sup>

**Figure 2** presents information about the number and proportion of Georgia adult smokers who were served by the GTQL in 2014. Promotional reach for the GTQL was 0.93% in 2014. Treatment reach percentages for cigarette smokers and smokeless tobacco users were 0.63% and 0.08%, respectively.

Multi-call program participants 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).

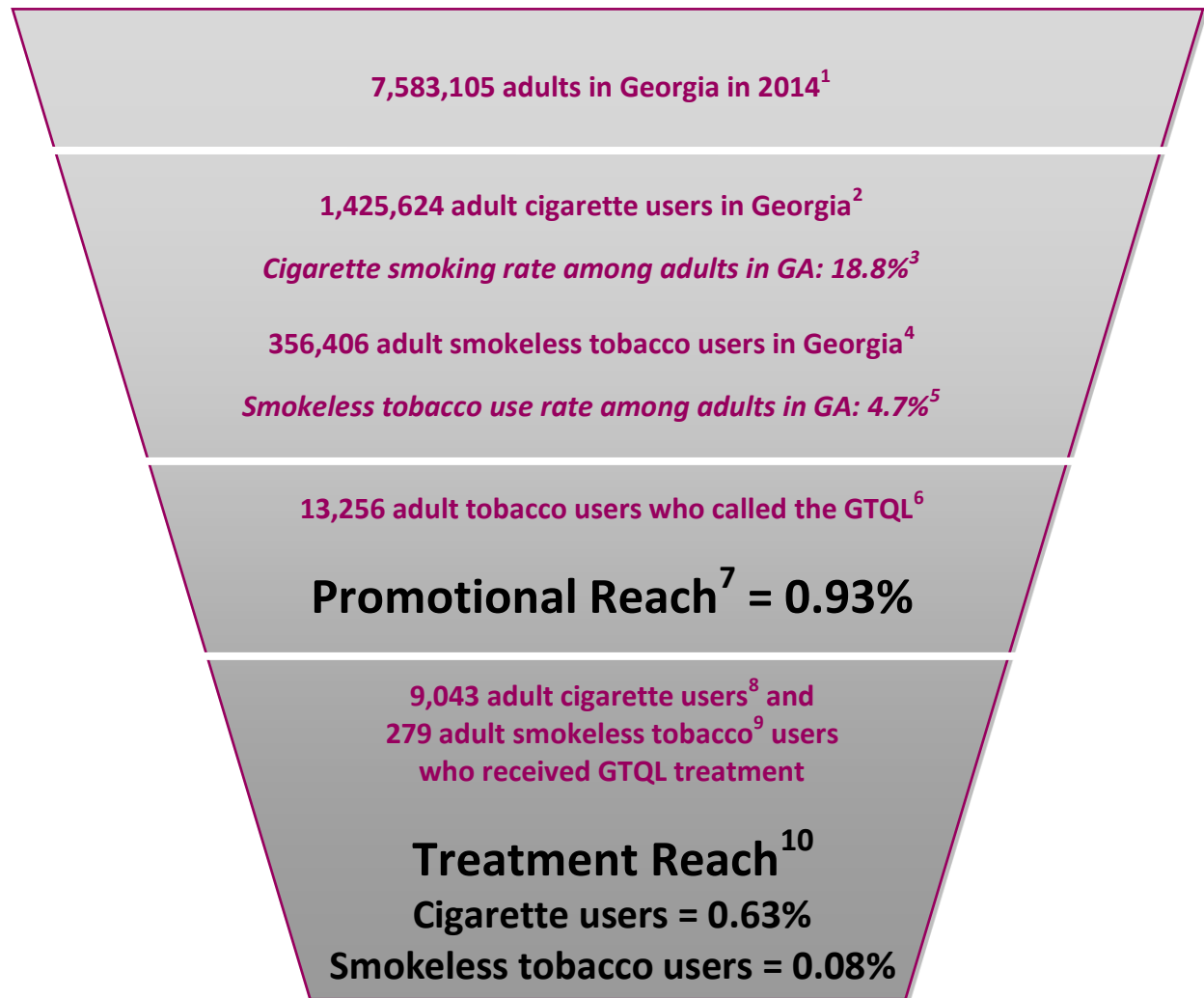
<sup>2</sup> Because smokeless and cigarette users are not mutually exclusive and data for all tobacco users are not available from BRFSS data, we utilized the number of cigarette users for the denominator in this calculation. The number of tobacco users who called the GTQL is utilized for the numerator 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).

<sup>3</sup> NAQC. *Mission and Goals*. Retrieved October 30, 2014, from <http://www.naquitline.org/?page=MissionGoals>.

<sup>4</sup> 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 2. Promotional and treatment reach of the GTQL.



<sup>1</sup> United States Census (2014). Retrieved April 6, 2015, from <http://quickfacts.census.gov/qfd/states/13000.html>

<sup>2</sup> Calculated using adult smoking prevalence rate from 2013 BRFSS data, cited below.<sup>3</sup>

<sup>3</sup> Behavioral Risk Factor Surveillance System (2013). Tobacco Use. Prevalence and Trends Data. Retrieved April 6, 2015 from <http://apps.nccd.cdc.gov/brfss/display.asp?cat=TU&yr=2013&qkey=8161&state=GA>

<sup>4</sup> Calculated using smokeless tobacco prevalence rate from the 2009 CDC Morbidity and Mortality Weekly Report cited below.<sup>5</sup>

<sup>5</sup> CDC (2010). State-specific prevalence of cigarette smoking and smokeless tobacco use among adults – United States, 2009. *MMWR*, 59(43);1400-1406. Retrieved April 6, 2015 from [www.cdc.gov/mmwr/preview/mmwrhtml/mm5943a2.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5943a2.htm).

<sup>6</sup> Includes all participants 18 years or older who called the GTQL for any reason including intervention requested, materials only, general questions, etc. All called the GTQL between January 1, 2014 and December 31, 2014.

<sup>7</sup> Calculated by dividing the number of adult tobacco users (cigarette or smokeless) who called the GTQL in 2014 by the number of adult cigarette users in Georgia in 2014.

<sup>8</sup> Includes all participants 18 years or older who were self-reported cigarette users and completed at least one coaching call from the GTQL from January 1, 2014 through December 31, 2014.

<sup>9</sup> Includes all participants 18 years or older who were self-reported smokeless tobacco users and completed at least one coaching call from the GTQL from January 1, 2014 through December 31, 2014.

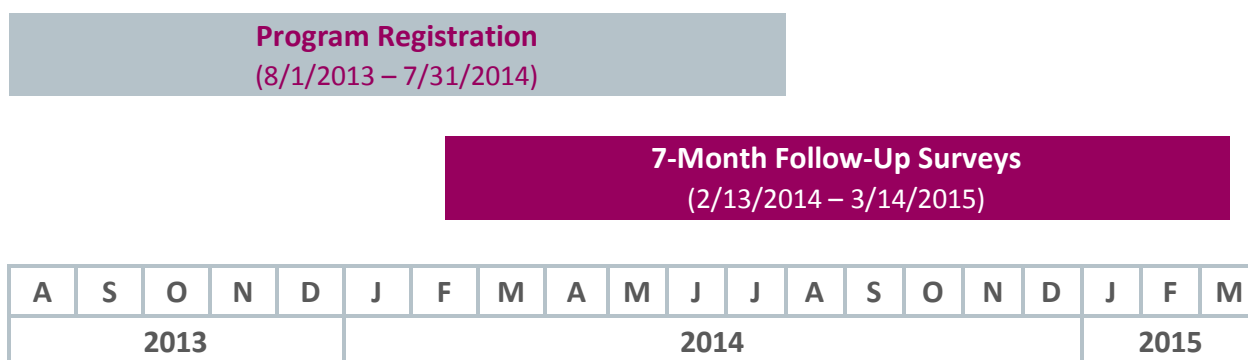
<sup>10</sup> Calculated by dividing the number of adult cigarette users receiving GTQL treatment by the number of adult cigarette users in Georgia. This calculation was repeated for smokeless tobacco users with the most recently available prevalence data (2009).

## Who participated in the evaluation?

This evaluation includes two samples of Georgia tobacco users who enrolled in the GTQL program from August 1, 2013 through July 31, 2014. First, all eligible **Intensive 10-Call Pregnancy Program participants** were selected. Second, random samples of all other eligible **adult multi-call program participants**, stratified by gender and month of registration, were selected to complete the 7-month follow-up survey.

To be eligible for evaluation, callers needed to be 18 years of age or older at registration, speak English or Spanish, complete at least one intervention call with a Quit Coach®, consent for evaluation follow-up, and provide a valid phone number. 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 caller per household in the sample, as people living in the same household might influence each other's responses.

Callers 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, or their call was for information or materials only. The evaluation followed the timeline shown in **Figure 3**.

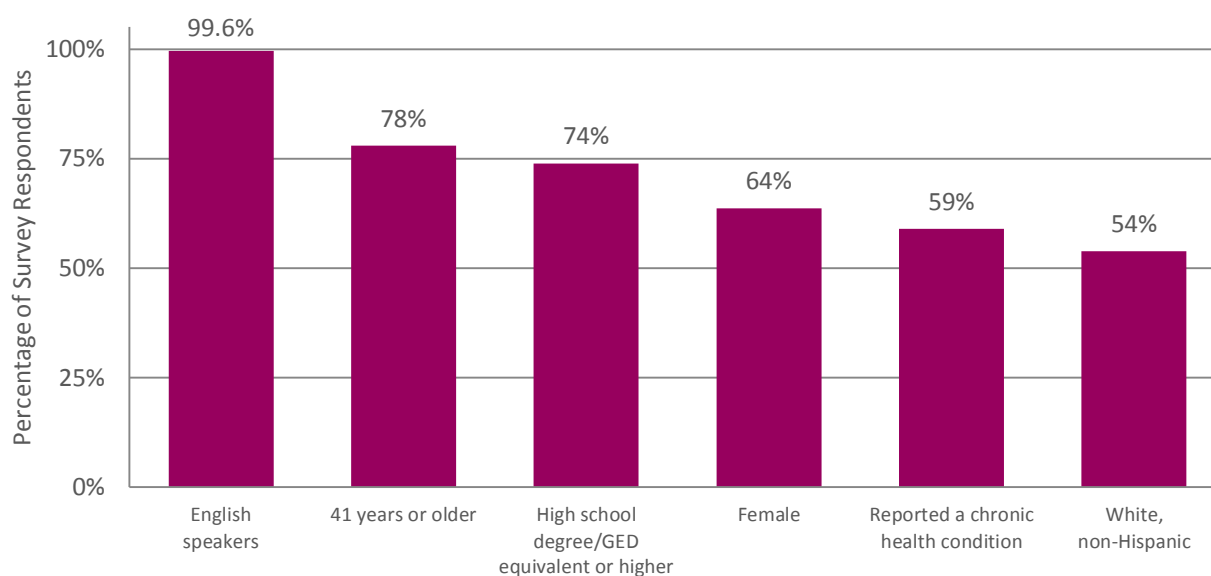


**Figure 3. Evaluation timeline: Registration and follow-up survey months.**

In total, 1,941 callers were selected for this evaluation, and 573 responded to the survey (**29.5% unweighted response rate**). It is important to note that the response rates reflect the true counts of sampled GTQL callers and respondents and have not been statistically weighted in any way. Proportions presented for GTQL callers in total throughout the report have been weighted so as to better reflect the true impact of the GTQL on all callers (see **Appendix B**).

## What were the characteristics of 7-month survey respondents?

**Figure 4** displays demographic categories into which the majority of survey respondents tended to fall. Nearly all survey respondents spoke English (99.6%). Approximately three quarters of respondents were 41 years or older (78%) and had a high school degree/GED equivalent or higher (74%). A majority of respondents were female (64%), reported living with at least one chronic health condition (59%), and were white, non-Hispanic (54%).



**Figure 4. Common demographic characteristics of survey respondents – weighted.**

Over half (59%) of respondents reported having at least one chronic health condition, including hypertension (33%), chronic obstructive pulmonary disease (COPD; 28%), diabetes (18%), asthma (17%), and coronary artery disease (CAD; 12%). Respondents were commonly uninsured (40%) or Medicaid-insured (22%), and about one in three were commercially insured (38%).

### Tobacco use characteristics

Upon enrollment with the GTQL, nearly all survey respondents were cigarette smokers (96%) smoking 18 cigarettes (a little less than one pack) per day on average. Small proportions reported using smokeless tobacco (3%) or cigars (3%). Very few (3%) reported using two or more types of tobacco. The vast majority of cigarette smokers (94%) reported smoking every day at enrollment. One fifth (20%) of respondents smoked 21 or more cigarettes per day and were considered “heavy smokers” at enrollment. Furthermore, four out of five respondents were highly nicotine dependent, as indicated by time to first tobacco use: 82% used tobacco within 30 minutes of waking (47% within 5 minutes of waking). Half (56%) reported living and/or working with other tobacco users.

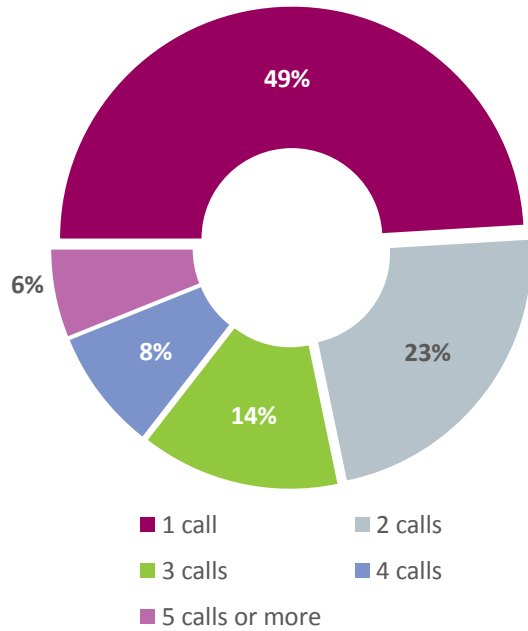
The majority of respondents enrolled in GTQL services by calling the Quit Line (97%), while small portions were fax referred by a healthcare provider (3%) or enrolled on the Web (< 1%). All respondents were enrolled in the multi-call program and completed an average of two (2.1) coaching calls

(completed calls ranged from 1 to 12;  $SD = 1.5$ ), and 28% completed three or more calls. With regard to Web Coach® utilization, half of respondents (51%) provided an email address and were sent Web Coach® login information. About one quarter (27%) of those who were provided login information for Web Coach® logged in.

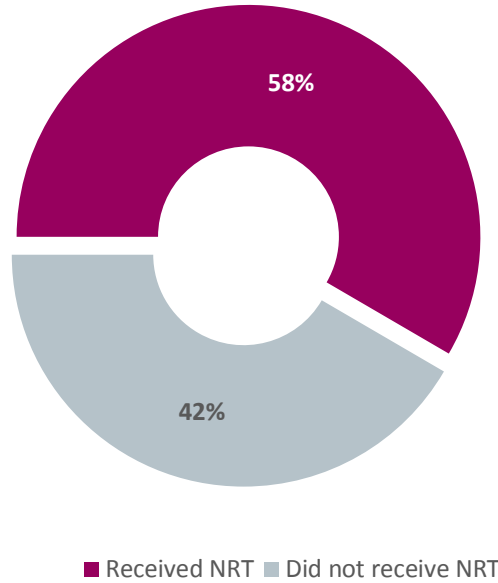
For detailed definitions of terms related to program outcomes and other important terms used throughout this report, see **Appendix C**. The complete presentation of survey respondents' demographic characteristics, tobacco history information reported at enrollment, and program utilization data is shown in tables in **Appendix D**.

**To what degree did program enrollees utilize GTQL services?**

All survey respondents were enrolled in GTQL’s multi-call program. However, about half of (51%) of respondents completed more than one call with a Quit Coach® (**Figure 5**). It is important to note that this breakdown includes weighted percentages for all GTQL respondents, including 20 who were eligible for up to 10 proactive calls with a Quit Coach® through the Intensive 10-Call Program for Pregnant Tobacco Users. Over half of respondents (58%) were sent NRT from the GTQL (**Figure 6**). More information on NRT use is presented on page 13.



**Figure 5.** Number of calls completed among multi-call enrollees – weighted (n = 573).



**Figure 6.** NRT received from GTQL by respondents – weighted (n = 573).

### How have callers interacted with the GTQL historically?

Figure 7 and Figure 8, below, describe participants’ historical use of Quit Line services. Specifically, how many times participants included in this evaluation have enrolled in Quit Line services and the number of coaching calls they have taken since January 1, 2012.<sup>5</sup>

The majority (87%) of GTQL participants included in this evaluation registered for Quit Line services only once. In addition, two-thirds (66%) of participants completed more than one coaching call since 2012.

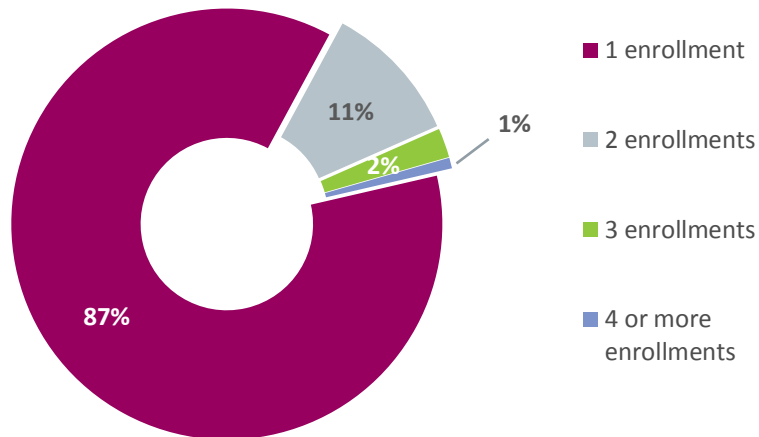


Figure 7. Number of GTQL enrollments since January 2012 – weighted (n = 1932).

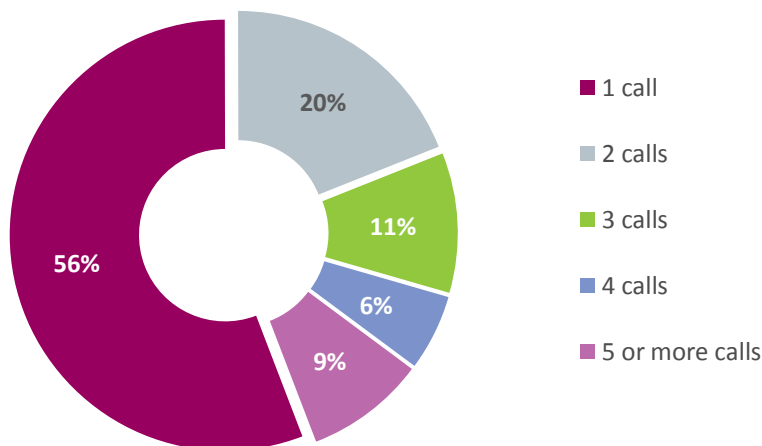


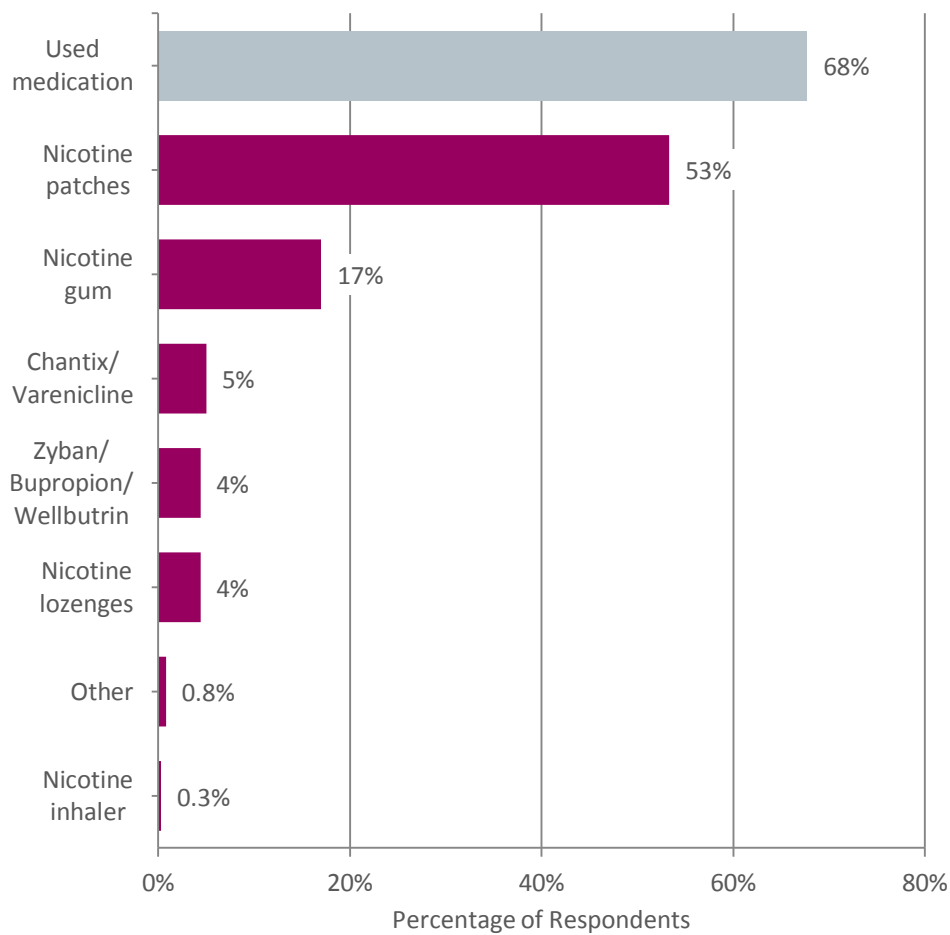
Figure 8. Number of Quit Line calls since January 2012 – weighted (n = 1932).

<sup>5</sup> January 1, 2012 was selected as the starting point for this examination to allow for two years of data to be analyzed. Furthermore, AWI was able to establish that the data from this two year span was reasonably reliable for purposes of the analysis.

## What relevant cessation behaviors did respondents engage in?

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

Two-thirds (68%) of survey respondents reported that they had used medications (i.e., NRT, Zyban/Bupropion/Wellbutrin, or Chantix/Varenicline) to help them quit. NRT patches were the most commonly used medication, used by about half (53%) of respondents (see **Figure 9**). Half of respondents used one type of medication (52%), whereas 16% reported that they had used two or more medication types since enrollment. Data about respondents' use of each type of cessation medication also are presented in **Appendix E**.



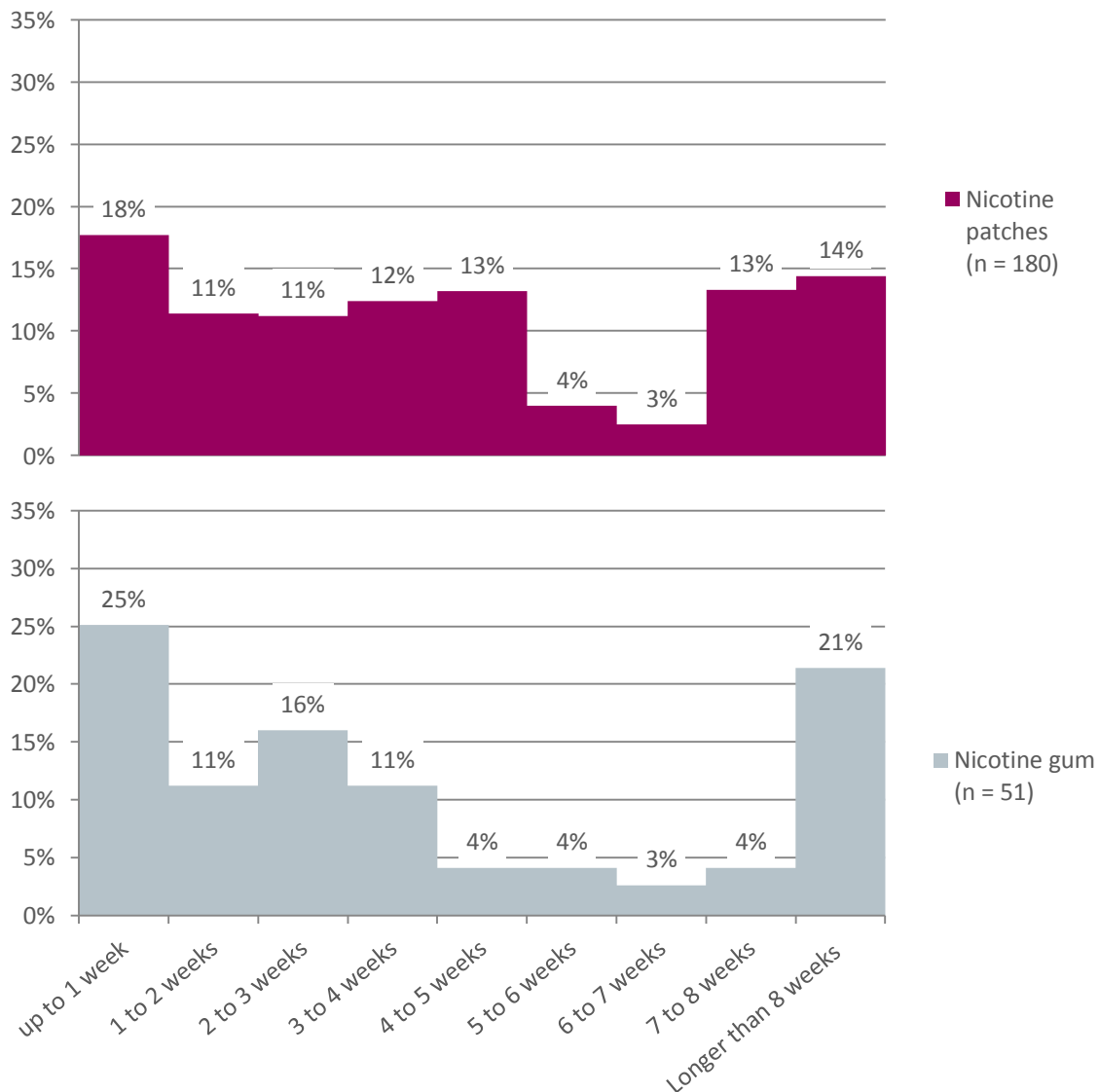
**Figure 9. Medication types used – weighted (n = 500).<sup>6</sup>**

<sup>6</sup> Respondents could report multiple types of medication used; results may not add to 100%.

### How long did respondents use cessation medications?

The pattern of length of NRT use varied between nicotine patch and gum users **who received NRT from the GTQL**. The distribution of respondents who used patches was fairly evenly spread with the exception of use between 5 and 7 weeks. Gum use, however, appears to gradually decrease over the first 4 weeks, with an isolated pocked of respondents who used the gum for longer than 8 weeks.

It is important to note that the patterns observed in **Figure 10** will be influenced by the structure of the GTQL NRT benefit offering and not necessarily reflective of participants' typical use. For example, the drop in respondents using NRT gum or patches for longer than 4 or 5 weeks may be a result of running out of NRT rather than ceasing use or starting tobacco use again.



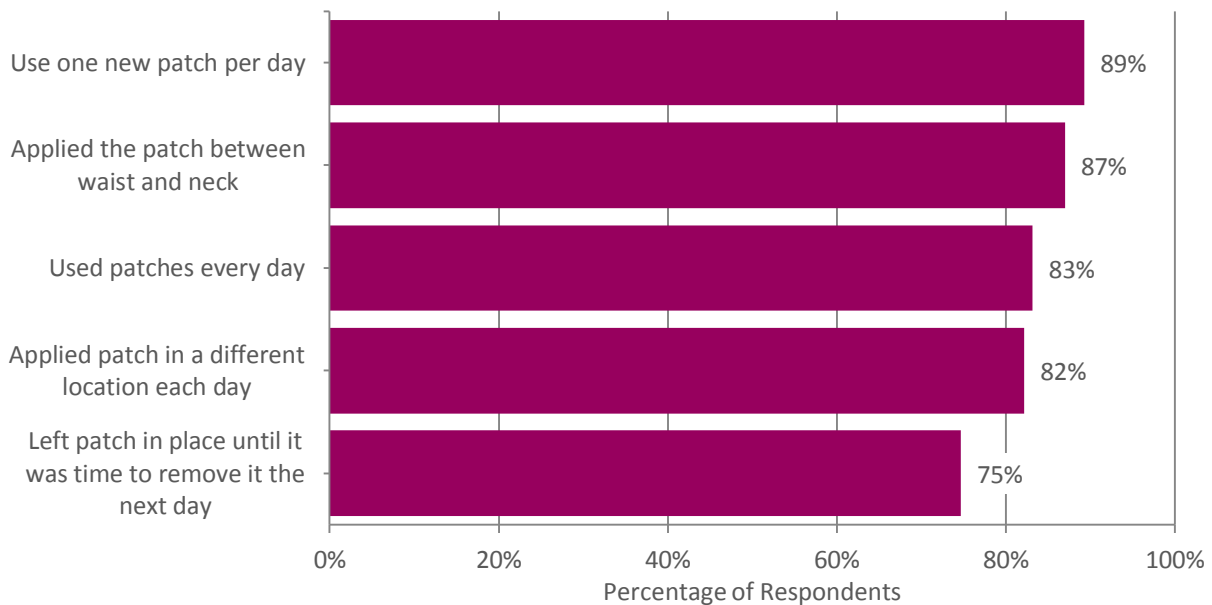
**Figure 10.** Length of NRT use among respondents who receive NRT from the GTQL.



## How did respondents typically use their NRT patches?

The NRT patch was the most commonly used form of NRT among survey respondents (see **Figure 9** on page 13). Respondents who reported using NRT patches were asked five questions related to the recommended use of patches. In accordance with the clinical use guidelines provided by the U.S. Department of Health and Human Services<sup>7</sup>, patch recipients are instructed to use patches daily, to place them between the waist and neck, to apply patches to a different area of the skin with each use, and to use each patch only once. NRT patches sent from the Quit Line are 24-hour patches and can be left in place until another patch is applied the next day.

Most respondents who used NRT patches indicated typical use that was in line with Coaches' recommendations (**Figure 11**): 89% used a new patch every day; 87% applied the patch between the waist and neck; 83% used patches every day; 82% applied the patch in a different location each day; and 75% left the patch in place until it was time to remove it the next day.



**Figure 11.** Typical use of nicotine patches – weighted (n = 260).

<sup>7</sup>Fiore, M. C., Jaen, C. R., Baker, T. B., 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., Retrieved March 13, 2013, from <http://bphc.hrsa.gov/buckets/treatingtobacco.pdf>.

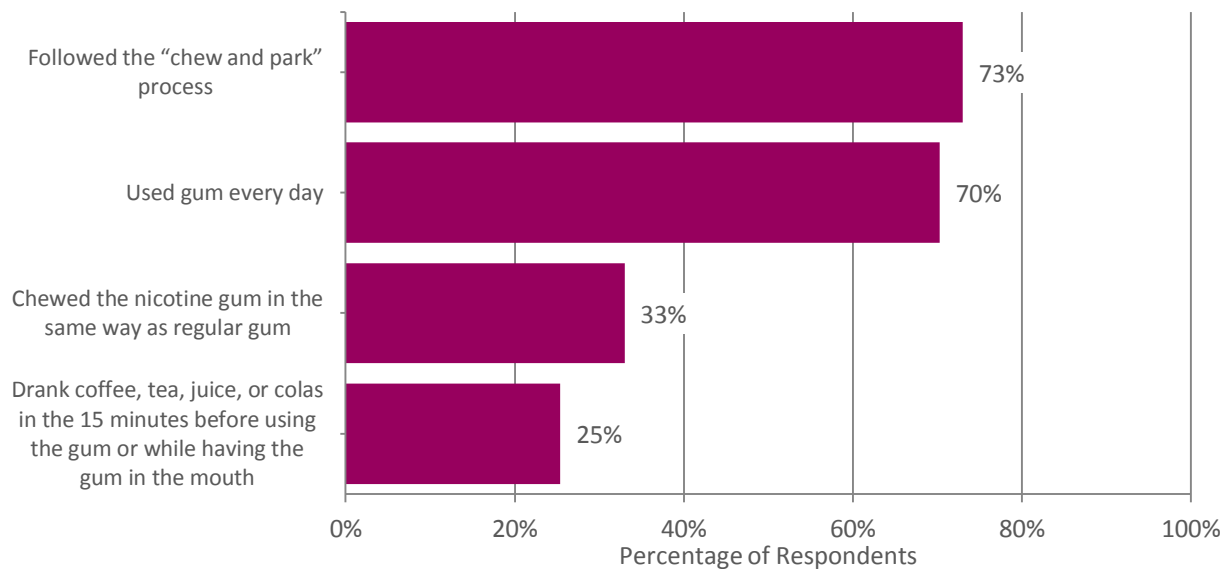
## How did respondents typically use their NRT gum?

NRT gum was the second most commonly used form of NRT reported by survey respondents (see **Figure 9** on page 13). Respondents who reported using NRT gum also were asked five questions related to the recommended use of the medication. These recommendations include:

- using 1 piece of gum every 1 – 2 hours,
- chewing the gum slowly several times and then “parking” the gum in the corner of the mouth (unlike regular gum),
- using no more than 24 pieces a day, and
- avoiding eating and drinking for 15 minutes prior to gum use.<sup>8</sup>

As shown in **Figure 12**, over two-thirds of gum using respondents followed the appropriate “chew and park” process (73%) and used the gum every day (70%). However, one third of respondents incorrectly chewed the gum in the same way as regular gum; and one in four (25%) reported drinking coffee, tea, juice, or colas within the 15 minutes prior to or during gum use, which is a positive finding.

Respondents reported using only about 5 pieces of gum per day on average, which suggests that most respondents were using **less** than the recommended amount.



**Figure 12.** Typical use of nicotine gum – weighted (n = 85).

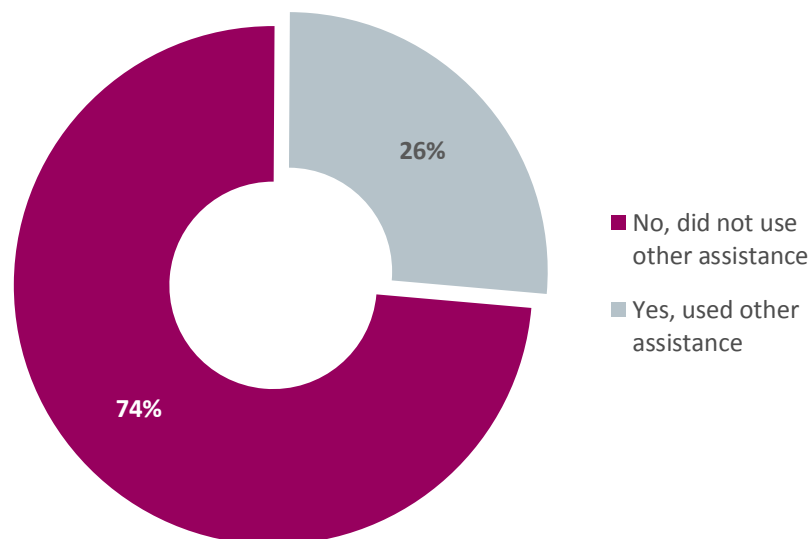
<sup>8</sup> Fiore, M. C., Jaen, C. R., Baker, T. B., et al. (2008). *Treating Tobacco Use and Dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service., Retrieved November 11, 2013, from <http://bphc.hrsa.gov/buckets/treatingtobacco.pdf>.

## Did respondents use other kinds of assistance to help them quit?

Three out of four (74%) respondents reported using only GTQL services to help them quit (**Figure 13**). The most commonly reported other resources included e-cigarettes (9%), advice from a health professional (7%), and support or advice from family and friends (5%). The relatively low rate of using advice from a health professional during a quit attempt may relate to recent national data showing a decrease in the proportion of smokers who report receiving cessation advice from their healthcare providers,<sup>9</sup> highlighting the need for continued tobacco cessation visibility in the healthcare community.

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 e-cigarettes, the FDA cautions their use. Currently, these products are not federally regulated, though the FDA has proposed and collected comments on a rule that would extend their regulatory authority over tobacco products to include e-cigarettes.<sup>10</sup> The utility of e-cigarettes as a quitting aid is unknown. Georgia should continue to monitor the use of e-cigarettes and other newer types of tobacco or nicotine delivery products in its population.

These findings indicate that the GTQL was the primary resource supporting Georgia respondents' quit attempts, which highlights the importance of providing callers with the services they need to successfully quit through the GTQL. Additional data about the types of other cessation resources used are presented in **Appendix E**.



**Figure 13. Use of other kinds of assistance (other than the GTQL) to support quitting – weighted (n = 505).**

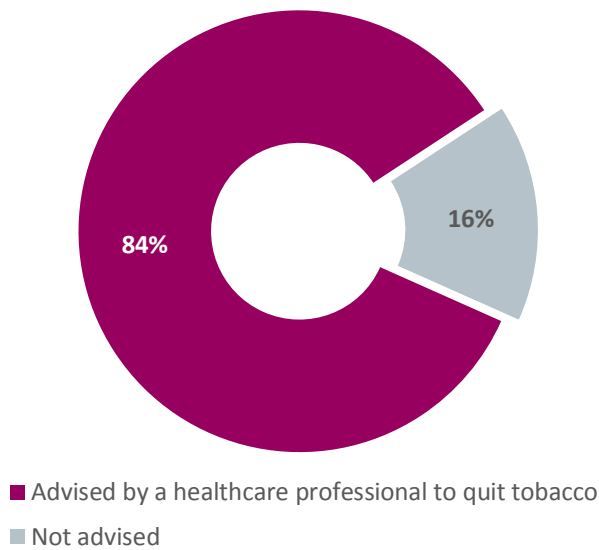
<sup>9</sup> Kruger, J., Shaw, L., Kahende, J., & Frank, E. (2012). Health care providers' advice to quit smoking, national health interview survey, 2000, 2005, and 2010. *Preventing Chronic Disease*, 9, 110340. doi: <http://dx.doi.org/10.5888/pcd9.110340>

<sup>10</sup> U.S. Food and Drug Administration (2014). Electronic Cigarettes. Retrieved March 2, 2015 from <http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm172906.htm>.

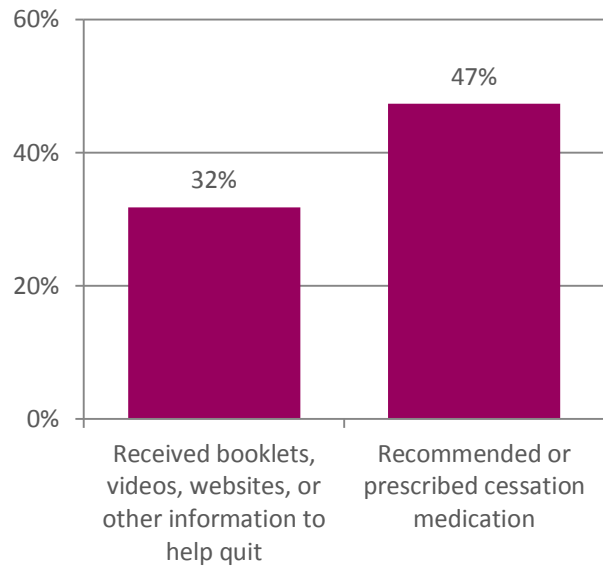
### Did respondents receive support from healthcare professionals?

Most respondents (84%) indicated that a healthcare professional had advised them to quit tobacco. On average, respondents who had received advice from a healthcare provider rated the amount a 4 out of 5 on a 5-point scale, where 5 equals “a lot of encouragement.” In addition, about one third (30%) visited a healthcare professional for help with quitting tobacco before calling the GTQL or using NRT.

Among those who were advised by a health professional to quit, about one third (32%) were provided with materials such as booklets or videos. About half (47%) received a recommendation or prescription for cessation medication.



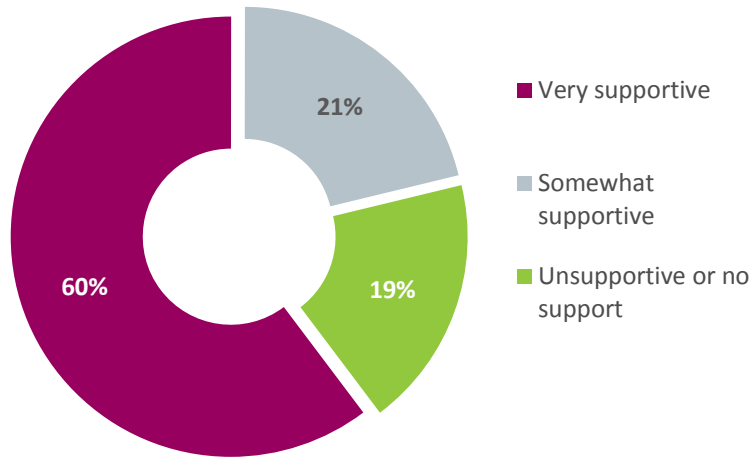
**Figure 14.** Advised by a doctor, nurse, or other healthcare professional to quit tobacco use – weighted (n = 461).



**Figure 15.** Materials and medication advice received from healthcare professionals – weighted (n = 362).

## What role does social support play for respondents?

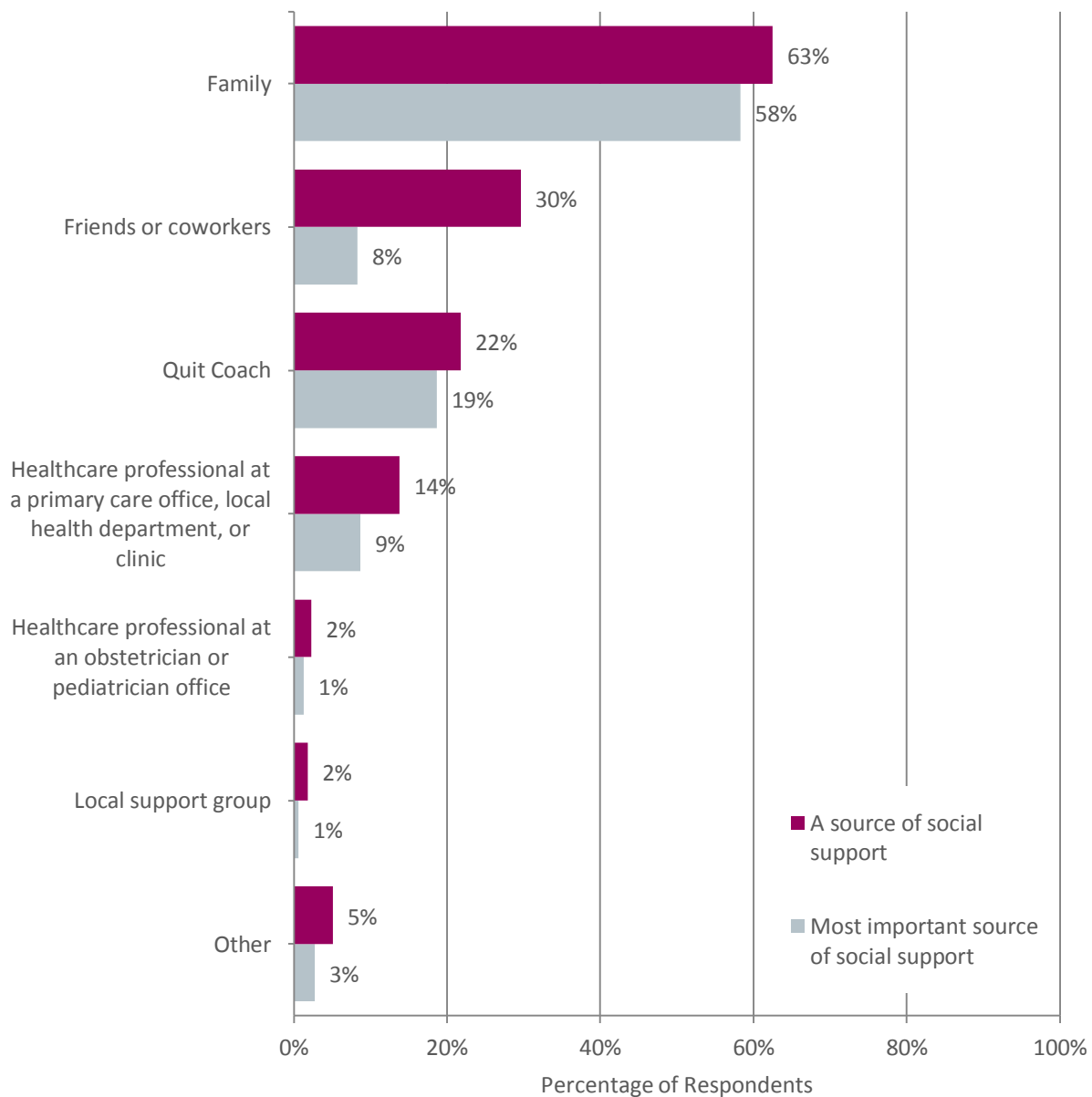
Four out of five survey respondents (82%) indicated that other people in their life had been supportive as they tried to quit, with over half (60%) indicating others had been very supportive (**Figure 16**). Less than one fifth of respondents indicated that others had been either unsupportive, did not receive any social support, or did not tell anyone about quitting tobacco.



**Figure 16.** Level of social support received from others during quit process – weighted (n = 453).

Social support most commonly came from family members, with almost two-thirds of respondents (63%) indicating that they received support from family; 58% of respondents indicated that family was the most important source of social support (**Figure 17**). Respondents were also asked about the most helpful form of support they received during their quit process. Responses about helpfulness closely mirrored social support responses with family, friends, and the GTQL topping the list. However, since this item did not specify “social” forms of support quit medications were also common responses.

About one third (30%) indicated that friends or co-workers provided social support while they tried to quit, but less than 10% indicated that this was the most important source of support. About one in five (22%) indicated that Quit Coaches® provided social support and a comparable percentage (19%) indicated that this was the most important source of social support.



**Figure 17. Sources of social support – weighted (n = 436).**

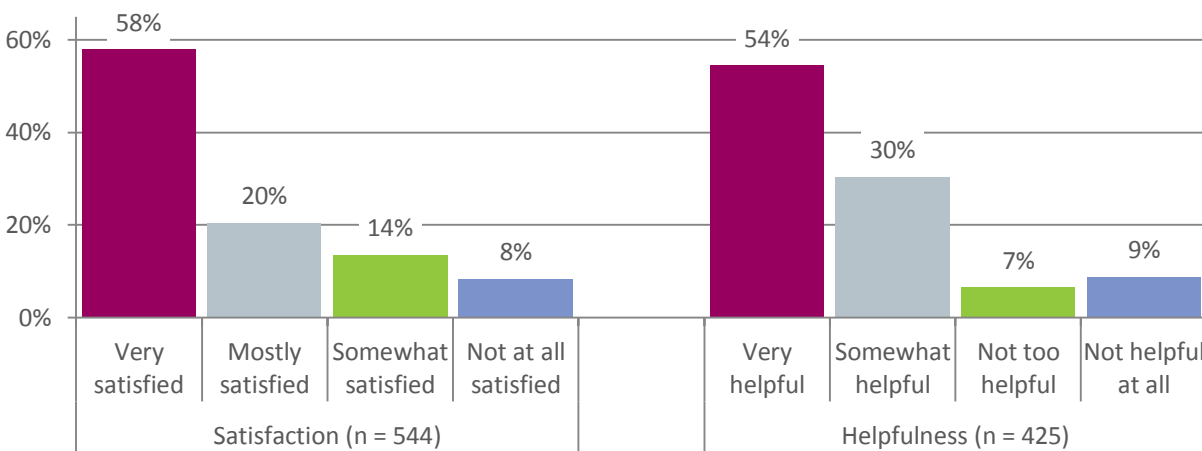
## What were the program outcomes 7 months after Quit Line registration?

Program outcome information was collected by means of 7-month follow-up surveys. For complete definitions of program outcome metrics, see **Appendix C**. Data collected in response to 7-month survey questions are presented in **Appendix E**, and a copy of the 7-month survey instrument is included in **Appendix G**.

### What were the satisfaction outcomes of survey respondents?

The majority of survey respondents (92%) were satisfied with the services received from the GTQL, with over half indicating that they were **very** satisfied with services (see **Figure 18** below). Overall satisfaction is defined as being very, mostly, or somewhat satisfied with GTQL services.

A similar proportion of respondents (85%) indicated that the counseling they received from Quit Coaches<sup>®</sup> was either very (54%) or somewhat (30%) helpful. Respondents were also asked to describe what they learned from Coaches that they found helpful. Several example responses are included in the box below, and all verbatim responses are included in the data set accompanying this report.



**Figure 18.** Satisfaction with GTQL services and helpfulness of Quit Coaches<sup>®</sup> – weighted.

*Please describe what you learned from your Quit Coaches<sup>®</sup> that you found helpful:*

- “Learned how to recognize my triggers and how to handle them differently without smoking.”
- “They gave me a lot of things to do. They were very helpful.”
- “I learned when I get cravings [to] find something to do to keep my mind off cigarettes.”
- “I learned that there's somebody out there that's trying to help you quit.”

In addition to somewhat high satisfaction rates, most GTQL respondents (94%) said that they would recommend the GTQL to a friend who was in need of similar help (Figure 19). Respondents were asked to explain why they would or would not recommend the GTQL to a friend; several example responses are included in the box below, and all verbatim responses are included in the data set accompanying this report.

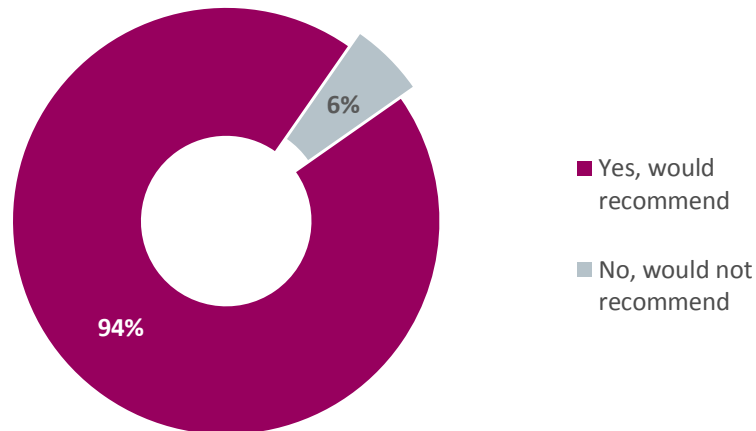


Figure 19. Would respondents recommend the GTQL to a friend? – weighted (n = 488).

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

- “I recommended it because I know a lot of people who want to quit but they can't afford to buy the patches.”
- “You guys are awesome. You take y'all's time to help people. Smoking is an extremely bad habit, and right now I think I have lung cancer, and you guys are out there willing to help. So I definitely recommend you guys, I think it's great.”
- “Because they're very helpful. I found out things I didn't know. And they're very positive, it's like at least one other person out there gives you the idea you can do it. The counselors make me feel like I can do it. I believe it. I feel like I have chosen a date, I'm very positive myself that I can do it on that date.”
- “Very supportive. Non-judgmental and someone's always there.”
- “Because I know the research that I have done and using the patch with the support increases your chances of quitting and staying quit.”



## What were the quit outcomes for GTQL callers?

Respondent and intent-to-treat (ITT) quit rates are presented in **Figure 20**. Respondent quit rates are calculated as the ratio of survey respondents reporting successful cessation relative to respondents who completed the follow-up survey.<sup>11</sup> 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.

In addition to positive satisfaction and recommendation ratings, the GTQL achieved positive quit outcomes. As shown in **Figure 20 on the following page**, 36% (95% CI [32%, 40%]) of all follow-up survey respondents had been quit for at least 7 days at the time of follow-up, and 30% (95% CI [26%, 33%]) had been quit for 30 days or longer. Intent-to-treat (ITT) 7- and 30-day quit rates were 11% and 9%, respectively (95% CIs [10%, 12%], and [8%, 10%]). See **Appendix E** for more detailed program outcome data.

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<sup>11</sup> 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.

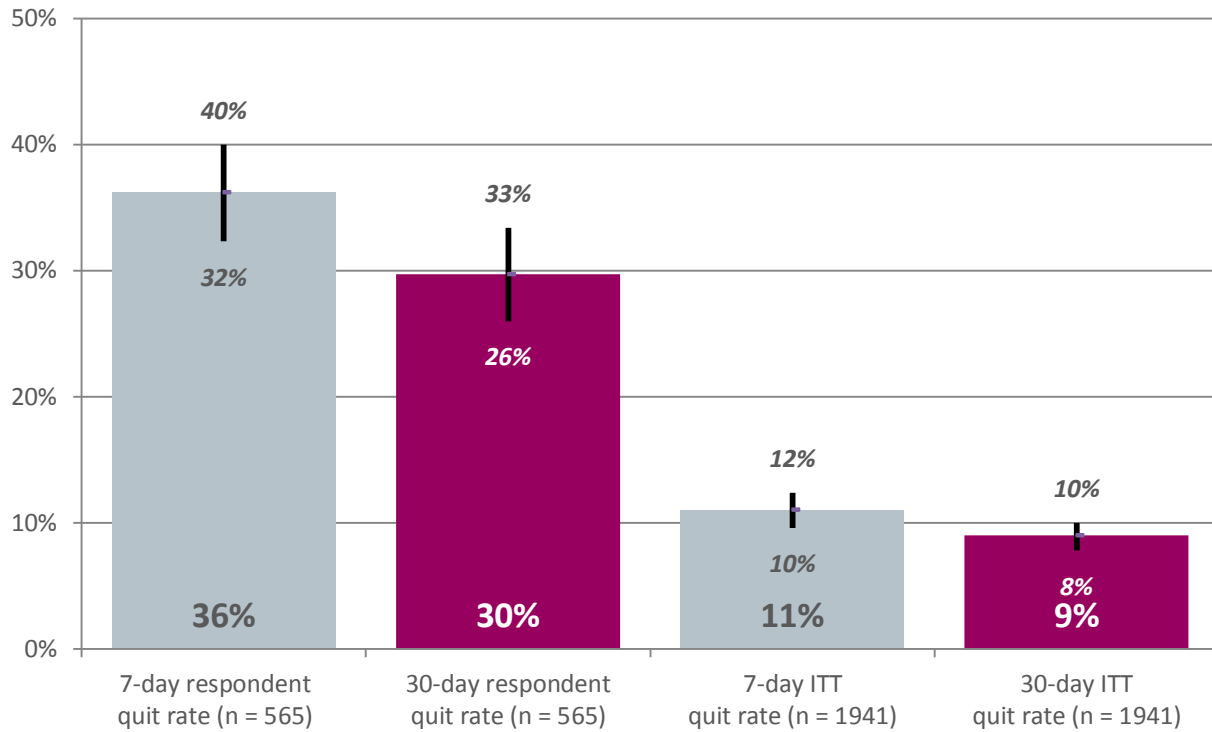


Figure 20. 7- and 30-day respondent and ITT quit rates – weighted.

The majority of GTQL respondents (87%) made a serious quit attempt lasting 24 hours or longer since enrolling in the Quit Line or had quit before enrolling and remained quit (Figure 21).

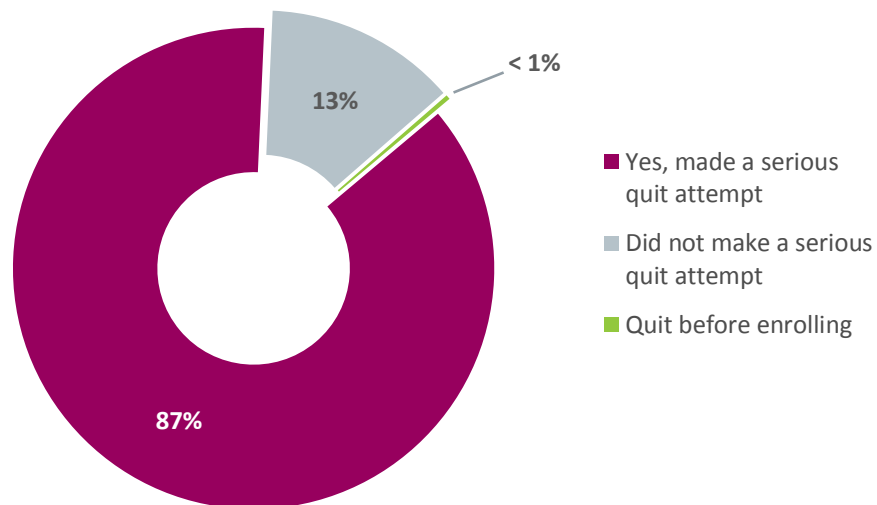
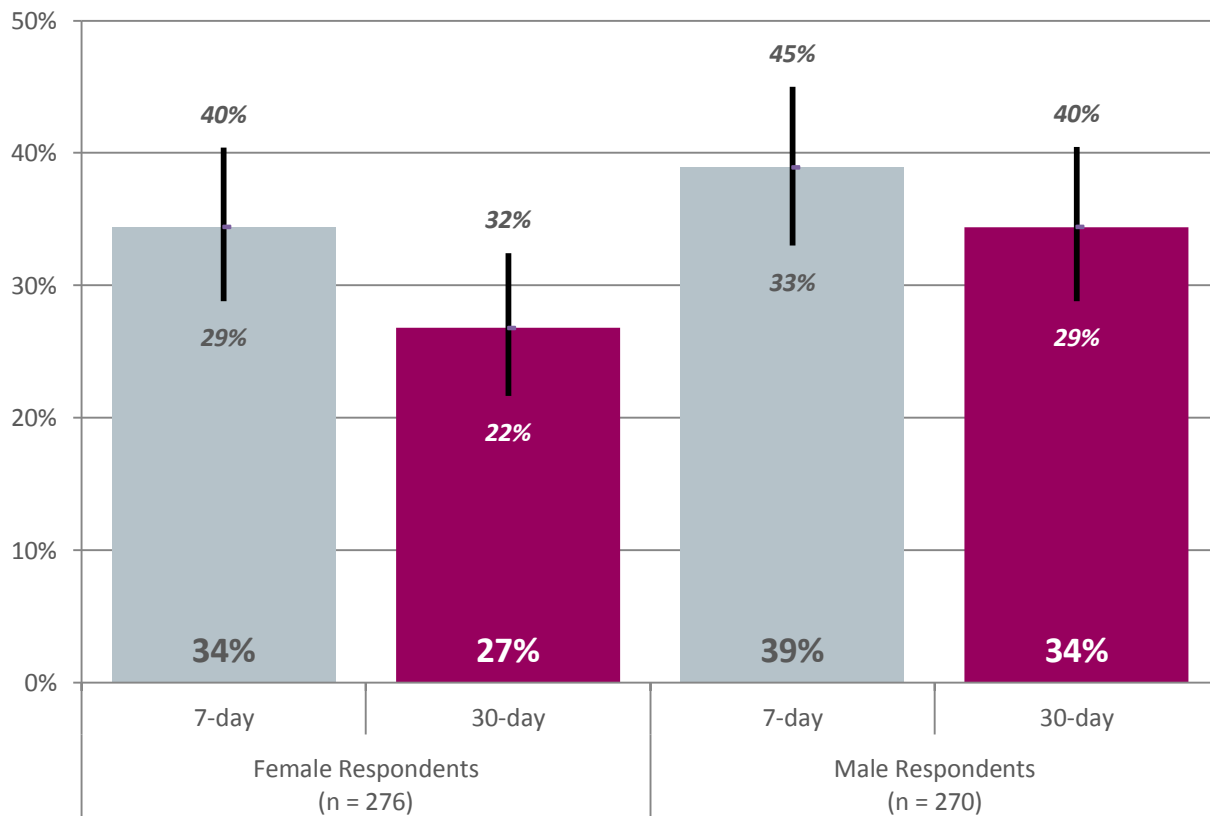


Figure 21. Made a serious quit attempt since enrolling in the GTQL – weighted (n = 566).

## What were the quit outcomes among male and female callers?

One goal of this evaluation was to assess quit rates for male and female respondents and to assess any differences. The evaluation sample was stratified by callers' gender in order to ensure adequate sample sizes for each gender.

As seen in **Figure 22**, below, quit rates varied slightly between male and female respondents. For example, one third of male respondents (34%) had not used tobacco for 30 days or more compared to 27% of female respondents. The difference in 30-day quit rates, and all quit rate metrics measured in this evaluation, was not large enough to be considered statistically significant. See **Appendix F** for complete results of statistical tests involving gender and other demographic and tobacco use characteristics.

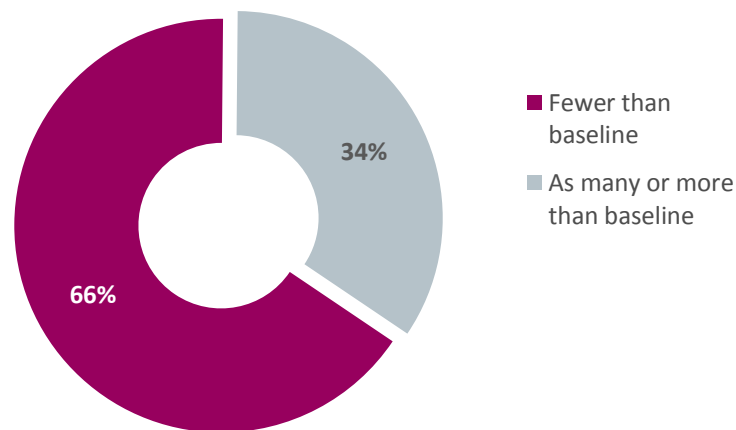


**Figure 22.** 7- and 30-day respondent quit rates, by gender - weighted.

### Among continued tobacco users, what was the impact of the program?

Survey respondents who reported any tobacco use within the 30 days prior to follow-up were considered continued tobacco users. The following section highlights the improvements that continued tobacco users made since enrolling in the Quit Line. Additional detailed data regarding tobacco use among continued users is presented in tables in **Appendix E**.

Two-thirds of continued cigarette smokers (66%) reported smoking fewer cigarettes per day than they did when they first called the GTQL (**Figure 23**). Overall, continued smokers who had reduced their use had cut down by 10 cigarettes per day, on average ( $SD = 7.6$ ). The majority (85%) of those who had cut down had reduced their cigarette use from enrollment to follow-up by at least 25%, with over half (53%) reducing their use by at least 50% (see **Table 1** on the following page).



**Figure 23.** Current smokers: Cigarette use reduction from baseline to follow-up – weighted (n = 303).

**Table 1. Current Tobacco Users: Cigarette Use at Follow-Up**

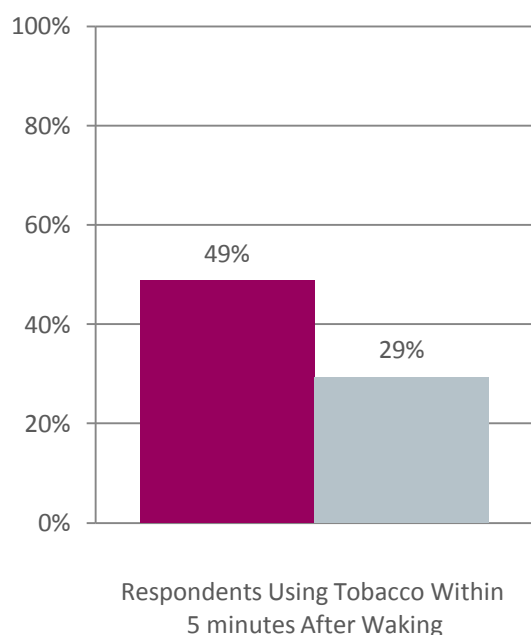
<i>Results are reported only for those still using tobacco or who were quit less than 30 days at the time of the follow-up survey.</i>	<b>GTQL Callers Weighted Total %</b>
<b>Amount of cigarettes used per day<sup>1</sup></b>	
Mean ± (Standard Deviation)	12.9 (9.1)
Range	1 – 60
<b>Cigarette use reduction (cigarette users only)<sup>2</sup></b>	
As many or more than baseline	34.3
Fewer than baseline	65.7
<b>Tobacco reduction (in cigarettes per day; among callers smoking “fewer than baseline” only)<sup>2</sup></b>	
Mean ± (Standard Deviation)	10.0 (7.6)
Range	1 – 39
Reduced by at least 25%	85.1
Reduced by at least 50%	53.0

<sup>1</sup> Responses of “refused” and “don’t know” are excluded from analyses.

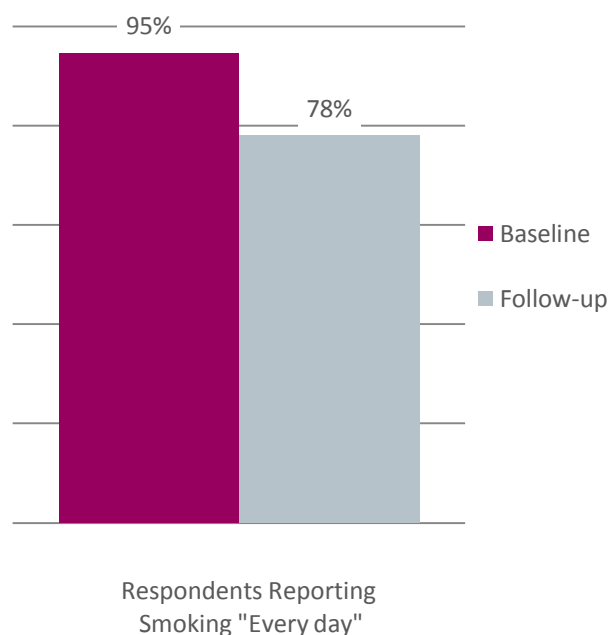
<sup>2</sup> Calculated variable.

As shown in **Figure 24**, **Figure 25**, and **Table 2**, continued smokers also reduced their level of dependence on tobacco, as measured by time to first cigarette after waking and daily smoking. This evaluation found a **40% reduction in the proportion of continued smokers who smoked a cigarette within 5 minutes after waking** (down from 49% at the time of enrollment to 29% at the time of the 7-month follow-up survey).

Continued cigarette users also reported less frequent smoking at follow-up compared to enrollment (**Figure 25** and **Table 2**). Among respondents who had smoked a cigarette in the prior 30 days at the time of the follow-up survey, nearly all (95%) had reported smoking every day at enrollment. At follow-up, this proportion decreased to only 78% of continued smokers reporting that they smoked every day; this constitutes **an 18% reduction in the proportion of daily smokers**.



**Figure 24. Current cigarette users: Change in dependence level from baseline to follow-up – weighted (n = 315).<sup>12</sup>**



**Figure 25. Current cigarette users: Change in the proportion of daily smokers from baseline to follow-up – weighted (n = 328).<sup>13</sup>**

<sup>12</sup> Data are presented for all continued smokers who provided data regarding time to first cigarette use on the 7-month follow-up survey, as well as time to first cigarette use at the time of enrollment (baseline).

<sup>13</sup> Data are presented for continued smokers who provided data regarding cigarette use frequency on the 7-month follow-up survey, as well as time to cigarette use frequency at the time of enrollment (baseline).

**Table 2. Current Cigarette Users: Reduction in Dependence and Smoking Frequency**

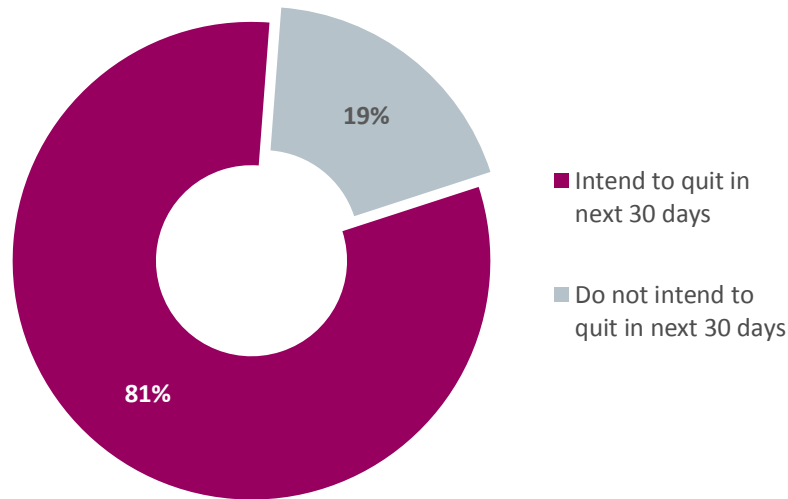
<i>Results are reported only for those still using cigarettes or who were quit less than 30 days at the time of the follow-up survey.</i>	Weighted Total			
	At Enrollment		At Follow-Up	
	<i>n</i>	%	<i>n</i>	%
<b>Dependence level (time to first cigarette use after waking)<sup>1,2</sup></b>	<b>315</b>		<b>315</b>	
Within 5 minutes	152	48.8	90	29.4
6–30 minutes	111	34.6	93	28.4
31–60 minutes	23	7.1	51	16.3
> 60 minutes	29	9.5	70	22.3
Already quit	0	0.0	11	3.6
<b>Cigarette use frequency<sup>1,3</sup></b>	<b>328</b>		<b>328</b>	
Every day	312	94.6	255	78.0
Some days	8	2.6	57	16.6
Not at all	18	2.8	16	5.4

<sup>1</sup> Responses of “refused” and “don’t know” are excluded from analyses.

<sup>2</sup> Data are presented for all continued smokers who provided data regarding time to first cigarette use on the 7-month follow-up survey, as well as time to first cigarette use at the time of enrollment (baseline).

<sup>3</sup> Data are presented for 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).

As shown in **Figure 26**, the majority of continued tobacco users at follow-up intended to quit within the next 30 days (81%). Many of these current tobacco users had already reduced their tobacco use, and it often takes multiple quit attempts to have success; these findings reflect important progress for continued tobacco users.<sup>14</sup> Tobacco reduction, even when abstinence is not achieved, yields health benefits and increases the likelihood of success in subsequent quit attempts.<sup>15</sup>



**Figure 26. Current tobacco users: Intentions to quit at follow-up – weighted (n = 315).**

<sup>14</sup> Fiore, M. C., Jaen, C. R., Baker, T. B., 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.

<sup>15</sup> Hughes, J. R., & Carpenter, M. J. (2006). Does smoking reduction increase future cessation and decrease disease risk? A qualitative review. *Nicotine & Tobacco Research* 8 (6), 739-749.



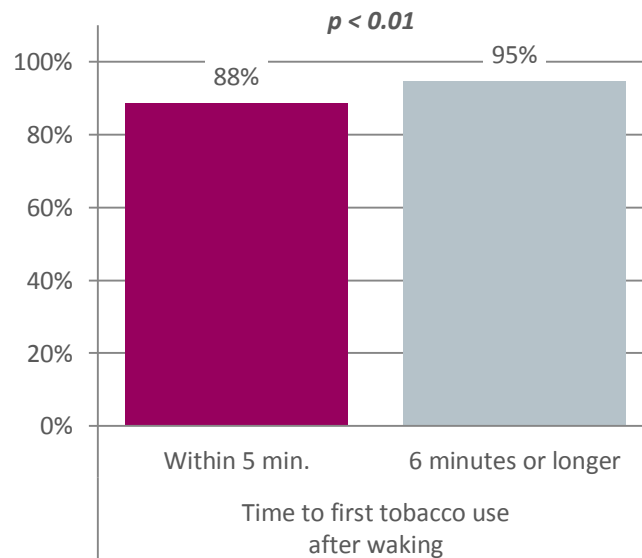
## Were there differences in outcomes based on participant demographic characteristics and tobacco dependence?

As reported in **Appendix F**, differences in satisfaction and quit rates among all respondents were examined according to five variables of interest: gender, education level, race, health insurance status, and time to first tobacco use after waking (an indicator of tobacco dependence at enrollment; first use within 5 minutes of waking vs. 6 minutes or more).

### Satisfaction Rates

Satisfaction rates were relatively high (88.5% and higher) among all subgroups included in these analyses. As shown in **Figure 27**, only level of nicotine dependence demonstrated a significant difference in satisfaction rates:

- ***Time to first tobacco use:*** Participants who reported first using tobacco 6 minutes or more after first waking in the morning had significantly higher satisfaction rates compared to those who used tobacco within 5 minutes of waking in the morning (95% vs. 88%,  $p < 0.01$ ).



**Figure 27.** Satisfaction rates, by time to first tobacco use – weighted.

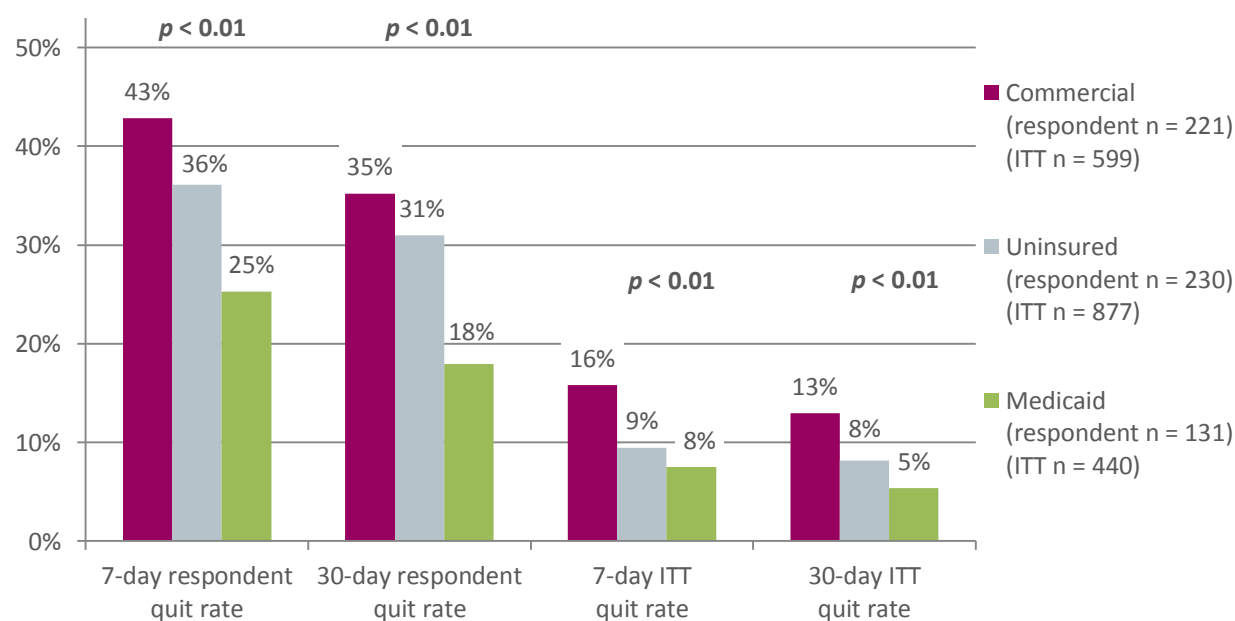
## Quit Rates

Quit rates varied as a function of one of the five variables of interest: insurance type (see **Figure 28**, below). While differences were observed as a function of gender, education, race, and dependence level, none of these differences were large enough to be considered statistically significant.

**Insurance type:** All four quit rate estimates were highest among commercially insured callers and lowest among Medicaid-insured callers. In fact, all four quit rate metrics were significantly lower among Medicaid-insured callers compared to commercially insured callers ( $ps < 0.01$ ).

Quit rate estimates for uninsured callers presented a more complex picture:

- The 7-day respondent quit rate was significantly higher than Medicaid-insured respondents (36% vs. 25%,  $p < 0.01$ ) but not significantly different from commercially insured respondents ( $p > 0.05$ ).
- The 30-day respondent quit rate was significantly higher than Medicaid-insured respondents (31% vs. 18%,  $p < 0.01$ ) but not significantly different from commercially insured respondents ( $p > 0.05$ ).
- ITT quit rates were significantly lower than commercially insured (7-day: 9% vs. 16%; 30-day: 8% vs. 13%;  $ps < 0.01$ ) but not significantly different from Medicaid-insured respondents ( $ps > 0.05$ ).



**Figure 28.** 7- and 30-day respondent quit rates, by insurance type – weighted.

## How did pregnant respondents benefit from the GTQL?

Participants in the GTQL Intensive 10-Call Pregnancy Program (C10) were a priority population of interest for the present evaluation. It is important to note that **all estimates described in this section should be considered provisional and interpreted with caution, as a small number of additional responses could significantly alter the estimates.**

A total of 165 C10 callers were eligible for follow-up. In addition to this small sample size, the response rate for these callers was especially low (12.1%), resulting in only 20 completed surveys.

Very few (19) answered the follow-up survey question assessing last tobacco use. About half had been abstinent from tobacco for 7 days (10 respondents; 53%) and 30 days (9 respondents; 47%) at the time of follow-up (see **Figure 29**). Intent-to-treat (ITT) 7- and 30-day quit rates were both 6%.



**Figure 29.** Quit outcomes for Intensive 10-Call Pregnancy Program participants.

## Summary and Recommendations

### Summary

This evaluation of the GTQL examined data from 1,941 callers who enrolled in the GTQL between August 1, 2013 and July 31, 2014. The purpose of the evaluation was to obtain accurate outcome estimates for 1) GTQL callers overall, as well as for 2) male and female callers and 3) pregnant participants who enrolled in the GTQL's Intensive 10-Call Pregnancy Program. Samples of eligible callers were stratified by gender and month of registration. Census sampling was used to recruit all Intensive Pregnancy Program participants. To compensate for the variable sampling probabilities, statistical weighting was employed throughout this report to obtain more accurate estimates for the entire GTQL caller population. For more details, see **Appendix B**.

A total of 573 callers completed the 7-month follow-up survey for a response rate of 30%. Most survey respondents completed the follow-up survey over the phone (97% of completed surveys) while 3% completed an online version of the survey. More than half (54%) of sampled callers did not complete the survey because they could not be located due to a wrong or disconnected phone number, and 9% were not reached after all survey attempts.

This evaluation found that the GTQL had several notable benefits for Quit Line callers in general. **More than one in four (30%; 95% CI [26%, 33%]) of GTQL survey respondents had been tobacco free for 30 days or longer** (30-day respondent quit rate) and 36% (95% CI [32%, 40%]) had been tobacco free for at least 7 days (7-day respondent quit rate). In addition to positive quit rates, a large proportion of respondents (87%) made a serious attempt to quit tobacco lasting 24 hours or longer since calling the Quit Line. Research has shown that long term tobacco cessation often requires repeated attempts.<sup>16</sup>

Although the goal of the GTQL is tobacco abstinence, continued tobacco users (defined as respondents who reported any tobacco use in the prior 30 days at the time of the 7-month survey) also made important progress towards quitting. Among respondents who were still smoking cigarettes at the time of the follow-up survey, two-thirds (66%) reported smoking fewer cigarettes per day than at the time of enrollment. Continued smokers who had reduced their smoking had done so by an average of 10 cigarettes per day. Over half of continued smokers (53%) had reduced their use by at least 50%. At follow-up, there was also a 40% reduction in the proportion of continued cigarette users who reported smoking within 5 minutes after waking—an indicator of reduced tobacco dependence among continued users. In addition, there was an 18% reduction in the proportion of continued smokers who smoked daily. Given that many of these continued tobacco users had already reduced their tobacco use and that it often takes multiple quit attempts to obtain success, these findings reflect important progress towards abstinence for continued tobacco users.<sup>17</sup> Tobacco reduction, even when prolonged abstinence has not been achieved, yields health benefits and increases the likelihood of success in subsequent quit attempts.<sup>17</sup>

In addition to meaningful quit and tobacco reduction rates, the majority of respondents gave high marks to their evaluation of Quit Line services. Satisfaction rates were positive among all GTQL respondents

<sup>16</sup> Fiore, M. C., Jaen, C. R., Baker, T. B., 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.

<sup>17</sup> Hughes, J. R., & Carpenter, M. J. (2006). Does smoking reduction increase future cessation and decrease disease risk? A qualitative review. *Nicotine & Tobacco Research*, 8 (6), 739-749.

overall (92%), and nearly all respondents (94%) would recommend the GTQL to a friend in need of similar help. Furthermore, four out of five respondents (85%) indicated that the counseling they received from their coaches was helpful, with half (54%) indicating that it was “very helpful.”

Despite employing census methodology to recruit all Intensive Pregnancy Program participants, only 20 out of 165 participants responded to the survey (response rate of 12.1%). It is important to note that all **estimates for this priority population should be considered provisional and interpreted with caution**; a small number of additional responses could significantly alter the estimates. About half of these respondents had been tobacco abstinent for 7 days (10/19) and 30 days (9/19) at follow-up.

One primary objective of this evaluation was to assess and compare outcomes for male and female program participants. The primary finding of these comparisons is that outcomes were similar for male and female callers. For example, while quit outcomes varied slightly (e.g., 27% of female participants had been abstinent for 30 days or longer compared to 34% of males), **differences in quit rates between genders were not large enough to be considered statistically significant.**

Additional questions included in the survey instrument assessed the role of social support during respondents’ quit process. Fortunately only a minority of respondents (19%) found others to be unsupportive or received no social support while trying to quit. Over half indicated that others had been very supportive. Social support most commonly came from family members (63%) and was the most important source for over half of respondents (58%).

**Overall, this evaluation documents numerous favorable findings (e.g., quit rates, satisfaction, and tobacco use reduction) for GTQL callers.** An area of potential improvement for the GTQL lies in program utilization and adherence. For example, only half of survey respondents (51%) completed more than one coaching call despite being eligible for multiple calls. In addition, while most NRT recipients used patches and gum according to clinical use guidelines, it appears that appropriate use of gum is less common than that of patches.

## Recommendations

### Services:

- Maintain or enhance service offerings to all or priority populations of GTQL callers. Research has found that more intensive tobacco cessation programs similar to those provided by the GTQL (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.<sup>18,19</sup> The North American Quitline Consortium has set a benchmark for all state quitlines to achieve a 30% 30-day responder quit rate by 2015. **The GTQL achieved this benchmark** during this evaluation timeframe.
- Consider offering combination nicotine replacement therapy (i.e., more than one type of NRT used at the same time) to participants or subgroups of participants.

<sup>18</sup> Hollis, J. F., McAfee, T. A., Fellows, J. L., Zbikowski, S. M., 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

<sup>19</sup> Fiore, M. C., Jaen, C. R., Baker, T. B., 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.

- Use of combination therapy has been shown to increase success in quitting, and evidence suggests that it is also cost effective.<sup>20</sup>
- If Georgia prefers not to make combination therapy available to all callers, consider opening the benefit to subgroups of callers or callers who report higher levels of tobacco dependence. This evaluation found that Medicaid-insured GTQL callers had a particularly difficult time quitting. Research has shown that combination therapy may be particularly effective for those with a higher level of tobacco dependence.<sup>21</sup>
- Consider implementing incentives for callers to complete more coaching calls. The evaluation found evidence that callers do not take advantage of all of the support for which they are eligible. One potential incentive is to divide NRT benefits into multiple deliveries as callers complete coaching calls.
- Consider expanding the Quit Line's relationship with Medicaid so as to provide a richer benefit to Medicaid-insured tobacco users. The present evaluation found that Medicaid-insured Quit Line participants were significantly less likely to quit after enrolling with the GTQL. Research suggests that smoking prevalence is greater among both Medicaid-insured and uninsured populations, and that tobacco counseling is less common in these populations.<sup>22</sup>
- Coaches should continue to encourage the appropriate use of NRT gum and patches. This evaluation found that while appropriate use of gum and patches was common, improvements could be made.
- Consider additional promotional campaigns that could raise the profile of the GTQL. The CDC has suggested that fully funded state quitlines could reach 6% of tobacco users for treatment. This evaluation found that the promotional reach for the GTQL was 0.93% in 2014 and treatment reach was 0.63% for cigarette smokers. A minority of respondents who used other resources relied on advice from a health professional (7%); in light of this, we recommend that the State continue to consider additional training and outreach programs to improve providers' awareness and communication about GTQL services.

### Future Evaluation:

- Consider monitoring e-cigarette use among tobacco users in Georgia. This evaluation found that the most commonly cited resource other than the GTQL that respondents used to quit was e-cigarettes. Continuous monitoring in future evaluations can help the State chart trends in the use and impact of this new and unregulated form of nicotine delivery.
- 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**

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<sup>20</sup> Smith, S. S., Keller, P. A., Kobinsky, K. H., Baker, T. B., Fraser, D. L., 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

<sup>21</sup> Loh, W., Piper, M. E., Schlam, T. R., Fiore, M. C., Smith, S. S., Jorenby, D. E., 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.

<sup>22</sup> Parnes, B., Main, D.S., Holcomb, S., & Pace, W. (2002). Tobacco cessation counseling among underserved patients: A report from CaReNet. *The Journal of Family Practice, 51*, 65-69.

particularly helpful in smaller priority populations with lower response rates, such as pregnant callers.

- Consider implementing a continuous long term follow-up procedure. This strategy could have multiple benefits for evaluation of the GTQL program:
  - It will allow for larger sample sizes of smaller priority populations (i.e., pregnant callers).
  - Continuous evaluation will allow for more comprehensive evaluation of service changes. The impacts that service changes and enhancements have on both utilization of services and quit outcomes are potential topics of interest for the State. In addition, this will allow Georgia to assess where benefits are most commonly used and potentially determine how to improve services in the future.

## Appendix A. Description of GTQL Tobacco Cessation Program Services

Since October 15, 2001, the Georgia Tobacco Quit Line (GTQL) has been an important component of Georgia's Comprehensive Tobacco Control Program efforts. The GTQL is a free, statewide, phone-based tobacco cessation treatment program that offers different levels of treatment tailored to meet individual callers' needs, including one-call and multi-call counseling program options. The one-call program includes one phone counseling session with a Quit Coach<sup>®</sup>, referrals to community-based cessation resources (when requested), written educational materials (Quit Guide), information about potential services offered through the caller's health insurance or employer (when available), and access to Web Coach<sup>®</sup>, an interactive, web-based tobacco cessation tool designed to complement and enhance phone-based counseling.

The multi-call program is available for tobacco users who have already quit or are ready to set a quit date within 30 days. This program includes all of the components of the one-call program, plus up to **four** additional, proactive follow-up calls (four-call program) with a Quit Coach<sup>®</sup>. Individuals with commercial insurance plans are only eligible for the one-call program. Finally, pregnant women are eligible for a 10-call counseling program. Nicotine replacement therapy (NRT) is provided to those who qualify (see #7 below).

### **Specifically, during the registration period for the current evaluation, GTQL services included:**

1. Information and tobacco treatment support to all tobacco users who called the GTQL, tailored according to each caller's tobacco use, nicotine dependence, quit history, motivation and confidence, and readiness to quit.
2. Provision of printed cessation support materials (Quit Guide), including:
  - Section on thinking about quitting
  - Section on getting ready to quit with the "Four Essential Practices to Quit For Life"
  - Chronic conditions fact sheets
  - Tailored materials for priority populations
3. A single comprehensive assessment and counseling intervention (one-call program).
4. For tobacco users who intended to set a quit date within 30 days or who had already quit, the option of receiving four additional, proactive follow-up calls from the Quit Line (multi-call program). These calls were timed around the participant's planned quit date to help prevent relapse. For those already quit, ongoing calls were scheduled to sustain their quit status.
5. Both one-call and multi-call participants have the option to re-enroll in the multi-call program an unlimited number of times and are encouraged to call the Quit Line as needed.
6. Information and decision support on available tobacco cessation medications for callers not eligible for provision of cessation medications through the GTQL.
7. Nicotine replacement therapy (NRT), in the form of patches or gum, was provided at different times by the GTQL to various groups of callers and in variable amounts.
  - November 13, 2013: 4 weeks of NRT provided to all Georgia residents
  - December 10, 2013: NRT benefits stopped
  - March 4, 2014: 4 weeks of NRT to Medicaid-insured and uninsured callers
  - March 27, 2014: 8 weeks to uninsured, 12 weeks to Medicaid-insured
  - April 9, 2014: 8 weeks of NRT expanded to include postpartum C10 participants
  - April 23, 2014: 8 weeks to adults with "low education"<sup>23</sup>

<sup>23</sup> Includes adults who indicated the following education levels: Less than Grade 9; Grade 9-11, no degree; GED; High School Degree; Some Technical/Trade School



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- May 7, 2014: 8 weeks of NRT expanded to include Medicare-insured participants and those who are a part-time employee, contractor, or volunteer
  - July 1, 2014: 8 weeks of NRT expanded to all Georgia residents, 12 weeks to Medicaid-insured
8. The use of Web Coach<sup>®</sup>, an integrated, web-based tobacco cessation tool that is designed to complement and enhance phone-based counseling. Web Coach<sup>®</sup> creates a comprehensive experience for participants because information is shared between phone and web-based programs. Web Coach<sup>®</sup> offers participants a suite of interactive features, evidence-based content, and discussion forums. The content and tools on Web Coach<sup>®</sup> support participants throughout the quitting process, from making the decision to quit to preventing relapse. Between phone sessions, participants use Web Coach<sup>®</sup> to actively self-manage their addiction.
  9. Referrals to additional Georgia tobacco cessation resources available through health plans and community resources.
  10. Provision of tobacco cessation support and resource information to Georgia health care providers and other tobacco cessation professionals in the community.
  11. Provision of tobacco cessation and resource information to Georgia residents who are not tobacco users, but who call the GTQL for information for themselves, friends, or family.
  12. Fax referral is available for providers/clinics to refer tobacco users to the GTQL. Proactive attempts are made to reach fax-referred participants to register them for services. Fax-referred callers may receive all relevant services described above (dependent on eligibility criteria). Providers/clinics that are verified as HIPAA compliant receive a faxed outcome report for those referred.

## Appendix B. Weighting of Evaluation Data

The purpose of this evaluation was to obtain accurate outcome estimates for GTQL callers in total as well as for male, female, and C10 participants. To ensure that reliable estimates for each subgroup could be calculated, the number of C10 and male callers were oversampled (had a greater chance of being selected) for this evaluation. This sampling design provided the evaluation with sufficient numbers of completed follow-up surveys to have confidence in outcome estimates for each subgroup as well as for the GTQL caller population as a whole.

The distribution of sampled callers, however, was not equal in the population of callers eligible for follow-up. As described in **Table B.1.**, below, female GTQL callers made up the largest portion (62%) of eligible callers during the evaluation time period (August 1, 2013 – July 30, 2014) while C10 callers made up the smallest portion (2%). Due to the sampling plan, female callers had a lower likelihood of being selected for the evaluation (46% of the sample vs. 62% of the population), while both C10 and male callers had a higher likelihood of being selected (9% vs. 2% and 45% vs. 36%, respectively). This means that female callers were underrepresented and C10 and male callers were overrepresented in the evaluation sample.

To improve the accuracy of outcome estimates for the GTQL as a whole, we employed a statistical weighting strategy to account for the differential probability of selection for callers in each subgroup based on the sampling design. Without weighting, outcome estimates for GTQL callers in aggregate would be biased in the direction of C10 and male participants. Since outcomes may vary between males, females, and C10 users, the weighting procedures were employed to account for the sampling design; these procedures resulted in proportions of responses more in line with those expected from all eligible GTQL callers.

**Table B.1. Weighting Table**

	All Eligible GTQL Callers	Sample	Unweighted Respondent Data	Weighted Respondent Data
<b>Intensive Pregnancy Program Participants</b>	2%	9%	3%	1%
<b>Female Multi-Call Program Participants</b>	62%	46%	49%	63%
<b>Male Multi-Call Program Participants</b>	36%	45%	48%	36%

Note that **Appendices D – F** report weighted proportions for GTQL callers in total, and unweighted estimates for the male, female, and C10 subgroups.

## Appendix C. Definition of Terms Used

### Program Outcomes:

- **Satisfaction rate** is defined as respondents reporting that they are “somewhat” to “very” satisfied with the program on a 4-point satisfaction scale (not at all, somewhat, mostly, very).
- A **7-day tobacco abstinence rate** is defined as respondents being tobacco free for the last seven days or more at the time of the 7-month survey.
- A **30-day tobacco abstinence rate** is defined as respondents being tobacco free for the last 30 days or more at the time of the 7-month survey.
- **Tobacco abstinence rates** are calculated in two ways:
  - 1) **Respondent quit rates**: the ratio of survey respondents reporting successful cessation relative to those who completed the follow-up survey (excluding those who responded “don’t know” or “refused”), and
  - 2) **Intent-to-treat (ITT) quit rates**: 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). This measure regards non-respondents and those who responded “don’t know” or “refused” as continued tobacco users, and thus provides a more conservative quit rate.
- **Cigarette reduction rate** is calculated among those who report still using cigarettes at the 7-month follow-up and represents the difference in the number of cigarettes smoked at the time of the 7-month survey as compared to the amount smoked at the time of enrollment (baseline). Cigarette reduction is reported in two ways:
  - 1) Categorical comparison of the amount smoked at the 7-month follow-up with the amount smoked at enrollment (i.e., “fewer than at baseline” vs. “as many or more than at baseline”)
  - 2) Mean number of cigarettes reduced among those who smoked fewer at the time of the 7-month follow-up than at enrollment (baseline)

Respondents who answered “refused” or “don’t know” to the satisfaction or tobacco use questions were excluded from the computation of the outcomes (with the exception of ITT analyses).

### Other Definitions:

- **Smoking level** is recorded at the time of enrollment in the program and is defined by the number of cigarettes a participant reports smoking per day. Smoking level is classified into three groups: “light” smoker (less than 15 cigarettes per day), “moderate” smoker (15 to 20 cigarettes per day), and “heavy” smoker (more than 20 cigarettes per day).
- **Tobacco environment** is recorded at the time of enrollment in the program and is defined as the presence of other tobacco users in the home, at work, or both.

## Appendix D. Characteristics of 7-Month Survey Respondents

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

**Table D.1. Survey Call Disposition – Unweighted**

Survey disposition	Survey Respondents by Group of Interest							
	C10 Census		Female		Male		Total	
	n	%	n	%	n	%	n	%
<b>Survey disposition</b>	<b>165</b>		<b>895</b>		<b>881</b>		<b>1941</b>	
Survey Complete	20	12.1	278	31.1	275	31.2	573	29.5
<i>Phone Complete</i>	19	11.5	268	29.9	268	30.4	555	28.6
<i>Online Complete</i>	1	0.6	10	1.1	7	0.8	18	0.9
Not located; unable to interview (e.g. wrong #/ # disconnected)	118	71.5	483	54.0	454	51.5	1055	54.4
Completed all attempts; unable to interview	17	10.3	76	8.5	83	9.4	176	9.1
Refusal	5	3.0	32	3.6	41	4.7	78	4.0
Other; unable to interview (deceased, incomplete survey)	5	3.0	26	2.9	28	3.2	59	3.0

Table D.2. Demographic Characteristics of Survey Respondents (Source: Enrollment<sup>1</sup>)

	Survey Respondents by Group of Interest						Weighted Total %
	C10 Census		Female		Male		
	n	%	n	%	n	%	
<b>Gender</b>	<b>20</b>		<b>278</b>		<b>275</b>		
Female	20	100.0	278	100.0	0	0.0	63.7
Male	0	0.0	0	0.0	275	100.0	36.3
<b>Pregnancy status</b>	<b>20</b>		<b>104</b>		<b>n/a</b>		
Yes, currently pregnant, planning pregnancy, or breastfeeding	14	70.0	2	1.9	n/a		4.1
Not currently pregnant, planning pregnancy, or breastfeeding	6	30.0	102	98.1	n/a		95.9
<b>Language</b>	<b>20</b>		<b>278</b>		<b>275</b>		
English	20	100.0	278	100.0	272	98.9	99.6
Spanish	0	0.0	0	0.0	3	1.1	0.4
<b>Age</b>	<b>20</b>		<b>278</b>		<b>275</b>		
Mean ± (Standard Deviation)	26.6 (4.9)		50.8 (12.2)		49.5 (12.9)		50.2 (12.9)
Range	19 – 36		19 – 77		19 – 88		19 – 88
18-24	8	40.0	8	2.9	8	2.9	3.2
25-40	12	60.0	46	16.5	61	22.2	18.9
41-60	0	0.0	162	58.3	151	54.9	56.6
>60	0	0.0	62	22.3	55	20.0	21.3

<sup>1</sup> Responses of "refused," "don't know," and "not collected" are excluded from analyses.

Table D.2, cont. Demographic Characteristics of Survey Respondents (Source: Enrollment<sup>1</sup>)

	Survey Respondents by Group of Interest						Weighted Total %
	C10 Census		Female		Male		
	n	%	n	%	n	%	
<b>Race/ethnicity</b>	<b>20</b>		<b>275</b>		<b>272</b>		
Black or African American, non-Hispanic	5	25.0	112	40.7	99	36.4	39.0
Hispanic or Latino/Latina	0	0.0	2	0.7	15	5.5	2.5
Other	1	5.0	16	5.8	7	2.6	4.6
White, non-Hispanic	14	70.0	145	52.7	151	55.5	53.9
<b>Education</b>	<b>20</b>		<b>275</b>		<b>272</b>		
Less than grade 9	0	0.0	19	6.9	22	8.1	7.3
Grade 9-11, no degree	4	20.0	54	19.6	47	17.3	18.8
GED	0	0.0	13	4.7	15	5.5	5.0
High school degree	7	35.0	58	21.1	83	30.5	24.6
Some technical/trade school	1	5.0	12	4.4	7	2.6	3.7
Some college or university	7	35.0	74	26.9	49	18.0	23.7
Technical/trade school degree	0	0.0	8	2.9	13	4.8	3.6
College or university degree	1	5.0	37	13.5	36	13.2	13.3

<sup>1</sup> Responses of "refused," "don't know," and "not collected" are excluded from analyses.

Table D.2, cont. Demographic Characteristics of Survey Respondents (Source: Enrollment<sup>1</sup>)

	Survey Respondents by Group of Interest						Weighted Total %
	C10 Census		Female		Male		
	n	%	n	%	n	%	
<b>Health insurance status</b>	<b>20</b>		<b>275</b>		<b>266</b>		
Commercial	2	10.0	101	36.7	109	41.0	38.0
Medicaid	12	60.0	64	23.3	53	19.9	22.4
Uninsured	6	30.0	110	40.0	104	39.1	39.6
<b>Chronic health conditions</b>	<b>20</b>		<b>278</b>		<b>275</b>		
None reported	18	90.0	104	37.4	128	46.5	41.1
Reported one or more of the conditions listed	2	10.0	174	62.6	147	53.5	58.9
<b>Chronic health conditions<sup>2</sup></b>	<b>20</b>		<b>278</b>		<b>275</b>		
Hypertension	1	5.0	96	34.5	85	30.9	33.0
Chronic Obstructive Pulmonary Disease (COPD)	0	0.0	93	33.5	51	18.5	27.8
Diabetes	1	5.0	52	18.7	47	17.1	18.0
Type 1 Diabetes	0	0.0	6	2.2	8	2.9	2.4
Type 2 Diabetes	1	5.0	28	10.1	20	7.3	9.0
Asthma	1	5.0	63	22.7	20	7.3	16.9
Coronary Artery Disease (CAD)	0	0.0	30	10.8	39	14.2	11.9
None reported	18	90.0	104	37.4	128	46.5	41.1

<sup>1</sup> Responses of "refused," "don't know," and "not collected" are excluded from analyses.

<sup>2</sup> Multiple reporting; total may not add up to 100%.

Table D.3. Tobacco History and Behaviors of Survey Respondents (Source: Enrollment<sup>1</sup>)

	Survey Respondents by Group of Interest						Weighted Total %
	C10 Census		Female		Male		
	n	%	n	%	n	%	
<b>Participant lives or works with other tobacco users</b>	<b>20</b>		<b>278</b>		<b>274</b>		
No (neither home nor work)	7	35.0	118	42.4	132	48.2	44.5
Yes (at home only)	9	45.0	133	47.8	95	34.7	43.1
Yes (at work only)	1	5.0	18	6.5	29	10.6	7.9
Yes (both at home and work)	3	15.0	9	3.2	18	6.6	4.5
<b>Tobacco type reported at enrollment<sup>2</sup></b>	<b>20</b>		<b>278</b>		<b>275</b>		
Cigarette	20	100.0	271	97.5	259	94.2	96.3
Smokeless tobacco (SLT)	0	0.0	4	1.4	17	6.2	3.1
Cigar	0	0.0	5	1.8	14	5.1	3.0
Pipe	0	0.0	0	0.0	1	0.4	0.1
Other	0	0.0	1	0.4	0	0.0	0.2
<b>Number of types of tobacco used</b>	<b>20</b>		<b>278</b>		<b>275</b>		
One type	20	100.0	275	98.9	259	94.2	97.2
Two or more types	0	0.0	3	1.1	16	5.8	2.8

<sup>1</sup> Responses of "refused," "don't know," and "not collected" are excluded from analyses.

<sup>2</sup> Multiple reporting; total does not add up to 100%.



Table D.3, cont. Tobacco History and Behaviors of Survey Respondents (Source: Enrollment<sup>1</sup>)

	Survey Respondents by Group of Interest						Weighted Total %
	C10 Census		Female		Male		
	n	%	n	%	n	%	
<b>Cigarettes per day</b>	<b>20</b>		<b>271</b>		<b>259</b>		
Mean ± (Standard Deviation)	13.5 (8.7)		17.0 (10.1)		19.4 (11.9)		17.8 (11.1)
Range	2 – 30		0 – 55		0 – 100		0 – 100
<b>Smoking level (based on cpd)</b>	<b>20</b>		<b>271</b>		<b>259</b>		
Light (0-14 cpd)	11	55.0	120	44.3	77	29.7	39.2
Moderate (15-20 cpd)	7	35.0	101	37.3	123	47.5	40.9
Heavy (21+ cpd)	2	10.0	50	18.5	59	22.8	19.9
<b>Current cigarette use frequency at enrollment</b>	<b>20</b>		<b>271</b>		<b>257</b>		
Every day	19	95.0	252	93.0	246	95.7	94.0
Some days	1	5.0	10	3.7	6	2.3	3.2
Not at all	0	0.0	9	3.3	5	1.9	2.8
<b>Number of years used tobacco</b>	<b>20</b>		<b>277</b>		<b>271</b>		
1-5 years	2	10.0	0	0.0	8	3.0	1.1
6-19 years	16	80.0	51	18.4	47	17.3	18.5
20 years or more	2	10.0	226	81.6	216	79.7	80.3
<b>Dependence level (time to first tobacco use after waking)</b>	<b>20</b>		<b>272</b>		<b>271</b>		
Within 5 minutes	10	50.0	133	48.9	119	43.9	47.1
6-30 minutes	6	30.0	92	33.8	96	35.4	34.4
31-60 minutes	3	15.0	21	7.7	32	11.8	9.3
More than 60 minutes	1	5.0	26	9.6	24	8.9	9.3

<sup>1</sup> Responses of "refused," "don't know," and "not collected" are excluded from analyses.

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

	Survey Respondents by Group of Interest						Weighted Total %
	C10 Census		Female		Male		
	n	%	n	%	n	%	
<b>Method of entry</b>	<b>20</b>		<b>278</b>		<b>275</b>		
Phone call	18	90.0	274	98.6	261	94.9	97.2
Fax referral	2	10.0	4	1.4	12	4.4	2.6
Web enrollment	0	0.0	0	0.0	2	0.7	0.3
<b>Treatment intensity</b>	<b>20</b>		<b>278</b>		<b>275</b>		
Multiple-Call Program	20	100.0	278	100.0	275	100.0	100.0
<b>Number of calls completed (among multi-call enrollees only)</b>	<b>20</b>		<b>278</b>		<b>275</b>		
1 call	5	25.0	135	48.6	139	50.5	49.1
2 calls	4	20.0	61	21.9	66	24.0	22.7
3 calls	4	20.0	41	14.7	33	12.0	13.8
4 calls	2	10.0	25	9.0	20	7.3	8.4
5 or more calls	5	25.0	16	5.8	17	6.2	6.1
<b>Average number of calls completed (among multi-call enrollees only)</b>	<b>20</b>		<b>278</b>		<b>275</b>		
Mean ± (Standard Deviation)	3.3 (2.1)		2.1 (1.5)		2.0 (1.4)		2.1 (1.5)
Range	1 – 7		1 – 11		1 – 12		1 – 12
<b>Call completion rate (among multi-call enrollees only)</b>	<b>20</b>		<b>278</b>		<b>275</b>		
Fewer than 3 calls	9	45.0	196	70.5	205	74.5	71.8
3 or more calls	11	55.0	82	29.5	70	25.5	28.2

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

	Survey Respondents by Group of Interest						Weighted Total %
	C10 Census		Female		Male		
	n	%	n	%	n	%	
<b>NRT benefit status</b>	<b>20</b>		<b>278</b>		<b>275</b>		
NRT recipient	7	35.0	166	59.7	156	56.7	58.4
NRT non-recipient	13	65.0	112	40.3	119	43.3	41.6
<b>Participant provided email address and was sent Web Coach login</b>	<b>20</b>		<b>278</b>		<b>275</b>		
No	5	25.0	139	50.0	134	48.7	49.3
Yes	15	75.0	139	50.0	141	51.3	50.7
<b>Number of days participants logged into Web Coach (among those sent Web Coach login information)</b>	<b>15</b>		<b>139</b>		<b>141</b>		
0 days	12	80.0	100	71.9	105	74.5	73.0
1 or 2 days	2	13.3	31	22.3	29	20.6	21.6
3 or more days	1	6.7	8	5.8	7	5.0	5.5

Table D.5. Participants Historical Use of GTQL Services for Survey Respondents — Weighted (Source: Enrollment or Intervention Calls)

	Survey Respondents by Group of Interest						Weighted Total %
	C10 Census		Female		Male		
	n	%	n	%	n	%	
<b>Number of Enrollments with Alere services since 1/1/2012 - Survey Respondents</b>	<b>19</b>		<b>277</b>		<b>271</b>		
1 enrollment	17	89.5	216	78.0	214	79.0	78.4
2 enrollments	2	10.5	38	13.7	42	15.5	14.3
3 enrollments	0	0.0	18	6.5	11	4.1	5.6
4 enrollments	0	0.0	3	1.1	3	1.1	1.1
5 or more enrollments	0	0.0	2	0.7	1	0.4	0.6
<b>Number of Enrollments with Alere services since 1/1/2012 - Survey Respondents</b>	<b>19</b>		<b>277</b>		<b>271</b>		
Mean ± (Standard Deviation)	1.1 (0.2)		1.4 (1.2)		1.3 (0.7)		1.3 (1.0)
Range	1 – 2		1 – 14		1 – 11		1 – 14
<b>Number of treatment calls with Quit Coaches since 1/1/2012 - Survey Respondents</b>	<b>19</b>		<b>277</b>		<b>271</b>		
1 call	5	26.3	94	33.9	93	34.3	34.0
2 calls	4	21.1	63	22.7	67	24.7	23.4
3 calls	1	5.3	46	16.6	41	15.1	16.0
4 calls	2	10.5	27	9.7	22	8.1	9.2
5 or more calls	7	36.8	47	17.0	48	17.7	17.4
<b>Number of treatment calls with Quit Coaches since 1/1/2012 - Survey Respondents</b>	<b>19</b>		<b>277</b>		<b>271</b>		
Mean ± (Standard Deviation)	3.8 (1.4)		3.5 (7.8)		3.4 (6.8)		3.5 (7.2)
Range	1 – 11		1 – 91		1 – 118		1 – 118

Table D.6. Participants Historical Use of GTQL Services for Total Sample — Weighted (Source: Enrollment or Intervention Calls)

	Survey Respondents by Group of Interest						Weighted Total %
	C10 Census		Female		Male		
	n	%	n	%	n	%	
<b>Number of Enrollments with Alere services since 1/1/2012 - Total Sample</b>	<b>160</b>		<b>889</b>		<b>868</b>		
1 enrollment	148	92.5	762	85.7	759	87.4	86.5
2 enrollments	11	6.9	97	10.9	87	10.0	10.5
3 enrollments	1	0.6	21	2.4	17	2.0	2.2
4 enrollments	0	0.0	7	0.8	3	0.3	0.6
5 or more enrollments	0	0.0	2	0.2	2	0.2	0.2
<b>Number of Enrollments with Alere services since 1/1/2012 - Total Sample</b>	<b>160</b>		<b>889</b>		<b>868</b>		
Mean ± (Standard Deviation)	1.1 (0.2)		1.4 (1.2)		1.3 (0.7)		1.3 (1.0)
Range	1 – 2		1 – 14		1 – 11		1 – 14
<b>Number of treatment calls with Quit Coaches since 1/1/2012 - Total Sample</b>	<b>160</b>		<b>889</b>		<b>868</b>		
1 call	61	38.1	503	56.6	482	55.5	55.8
2 calls	53	33.1	162	18.2	169	19.5	19.0
3 calls	18	11.3	91	10.2	95	10.9	10.5
4 calls	15	9.4	52	5.8	46	5.3	5.7
5 or more calls	13	8.1	81	9.1	76	8.8	9.0
<b>Number of treatment calls with Quit Coaches since 1/1/2012 - Total Sample</b>	<b>160</b>		<b>889</b>		<b>868</b>		
Mean ± (Standard Deviation)	3.8 (1.4)		3.5 (7.8)		3.4 (6.8)		3.5 (7.2)
Range	1 – 11		1 – 91		1 – 118		1 – 118

Table D.7. Survey Respondents' Health District (Source: Enrollment<sup>1</sup>)

	Survey Respondents by Group of Interest						Weighted Total %
	C10 Census		Female		Male		
	n	%	n	%	n	%	
<b>Chronic health conditions<sup>2</sup></b>	<b>20</b>		<b>278</b>		<b>275</b>		
District 1	1	5.0	52	18.7	40	14.5	17.1
District 2	1	5.0	12	4.3	9	3.3	3.9
District 3	7	35.0	96	34.5	90	32.7	33.9
District 4	1	5.0	20	7.2	36	13.1	9.3
District 5	2	10.0	21	7.6	18	6.5	7.2
District 6	0	0.0	12	4.3	10	3.6	4.0
District 7	1	5.0	7	2.5	10	3.6	2.9
District 8	1	5.0	30	10.8	32	11.6	11.1
District 9	6	30.0	28	10.1	29	10.5	10.4
District 10	0	0.0	18	6.5	11	4.0	5.5
Northwest Georgia Health District (District 1, Unit 1 - Rome)	1	5.0	23	8.3	20	7.3	7.9
North Georgia Health District (District 1, Unit 2 - Dalton)	0	0.0	11	4.0	9	3.3	3.7
North Health District (District 2 - Gainesville)	1	5.0	12	4.3	9	3.3	3.9
Cobb/Douglas Health District (District 3, Unit 1)	1	5.0	17	6.1	8	2.9	4.9
Fulton Health District (District 3, Unit 2)	2	10.0	35	12.6	36	13.1	12.8
Clayton County Health District (District 3, Unit 3)	0	0.0	9	3.2	9	3.3	3.2
East Metro Health District (District 3, Unit 4)	2	10.0	14	5.0	19	6.9	5.8
DeKalb Health District (District 3, Unit 5)	2	10.0	21	7.6	18	6.5	7.2
LaGrange Health District (District 4 - LaGrange)	1	5.0	20	7.2	36	13.1	9.3
South Central Health District (District 5, Unit 1)	0	0.0	10	3.6	2	0.7	2.5
North Central Health District (District 5, Unit 2)	2	10.0	11	4.0	16	5.8	4.7
East Central Health District (District 6 - Augusta)	0	0.0	12	4.3	10	3.6	4.0
West Central Health District (District 7 - Columbus)	1	5.0	7	2.5	10	3.6	2.9
South Health District (District 8, Unit 1 - Valdosta)	0	0.0	11	4.0	10	3.6	3.8

Southwest GA Health District (District 8, Unit 2 - Albany)	1	5.0	19	6.8	22	8.0	7.2
Coastal Health District (District 9, Unit 1 - Savannah/Brunswick)	0	0.0	12	4.3	19	6.9	5.2
Southeast Health District (District 9, Unit 2 - Waycross)	6	30.0	16	5.8	10	3.6	5.2
Northeast Health District (District 10 - Athens)	0	0.0	18	6.5	11	4.0	5.5
Unknown	0	0.0	0	0.0	1	0.4	0.1

<sup>1</sup> Responses of "refused," "don't know," and "not collected" are excluded from analyses.

<sup>2</sup> Multiple reporting; total may not add up to 100%

## Appendix E. 7-Month Follow-Up Survey Data

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

**Table E.1. Program Outcomes – Satisfaction and Recommending the Quit Line (Source: Follow-Up Survey<sup>1</sup>)**

	Survey Respondents by Group of Interest						Weighted Total %
	C10 Census		Female		Male		
	n	%	n	%	n	%	
<b>Satisfaction</b>	<b>20</b>		<b>265</b>		<b>259</b>		
Satisfied	20	100.0	242	91.3	239	92.3	91.7
<i>Very satisfied</i>	12	60.0	149	56.2	157	60.6	57.8
<i>Mostly satisfied</i>	3	15.0	56	21.1	50	19.3	20.4
<i>Somewhat satisfied</i>	5	25.0	37	14.0	32	12.4	13.5
Not Satisfied	0	0.0	23	8.7	20	7.7	8.3
<b>Would recommend the Quit Line to a friend in need of similar help</b>	<b>17</b>		<b>239</b>		<b>232</b>		
No	0	0.0	13	5.4	14	6.0	5.6
Yes	17	100.0	226	94.6	218	94.0	94.4
<b>Helpfulness of counseling from Quit Coaches</b>	<b>17</b>		<b>206</b>		<b>202</b>		
Very helpful	12	70.6	108	52.4	116	57.4	54.4
Somewhat helpful	5	29.4	62	30.1	62	30.7	30.3
Not too helpful	0	0.0	16	7.8	9	4.5	6.5
Not helpful at all	0	0.0	20	9.7	15	7.4	8.8

<sup>1</sup> Responses of “refused” and “don’t know” are excluded from analyses.



Table E.1, cont. Program Outcomes – Quit Rates (Source: Follow-Up Survey)

	Survey Respondents by Group of Interest				Weighted Total %
	C10 Census (quit/ group total) %	Female (quit/ group total) %	Male (quit/ group total) %		
<b>Respondent quit rates<sup>1,2</sup></b>					
7-day respondent quit rate	52.6% (10/ 19)	34.4% (95/ 276)	38.9% (105/ 270)		36.2%
7-day Confidence Interval	28.9% - 75.6%	28.8% - 40.4%	33.0% - 45.0%		32.3% - 40.0%
30-day respondent quit rate	47.4% (9/ 19)	26.8% (74/ 276)	34.4% (93/ 270)		29.7%
30-day Confidence Interval	24.5% - 71.1%	21.7% - 32.5%	28.8% - 40.4%		26.0% - 33.4%
<b>Intent-to-treat quit rates<sup>1,2</sup></b>					
7-day intent-to-treat quit rate	6.1% (10/ 165)	10.6% (95/ 895)	11.9% (105/ 881)		11.0%
7-day Confidence Interval	2.9% - 10.9%	8.7% - 12.8%	9.9% - 14.2%		9.6% - 12.4%
30-day intent-to-treat quit rate	5.5% (9/ 165)	8.3% (74/ 895)	10.6% (93/ 881)		9.0%
30-day Confidence Interval	2.5% - 10.1%	6.6% - 10.3%	8.6% - 12.8%		7.8% - 10.3%

<sup>1</sup> Responses of “refused” and “don’t know” are excluded from analyses.

<sup>2</sup> Tobacco abstinence percentages represent the percent abstinent from tobacco for 7 or more days (7-day quit rate) or 30 or more days (30-day quit rate) 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.

Table E.2. Quit Attempts and Quit Status (Source: Follow-Up Survey<sup>1</sup>)

	Survey Respondents by Group of Interest						Weighted Total %
	C10 Census		Female		Male		
	n	%	n	%	n	%	
<b>Made a serious attempt to quit tobacco lasting 24 hours or longer since calling the Quit Line</b>	<b>20</b>		<b>275</b>		<b>271</b>		
Yes	19	95.0	238	86.5	237	87.5	86.9
No	1	5.0	37	13.5	33	12.2	12.9
Quit before enrolling	0	0.0	0	0.0	1	0.4	0.1
<b>When last used tobacco or smoked a cigarette (even a puff or pinch)</b>	<b>19</b>		<b>276</b>		<b>270</b>		
Within the last 24 hours	8	42.1	174	63.0	156	57.8	61.0
Within the last 7 days, but more than 24 hours ago	1	5.3	7	2.5	9	3.3	2.8
Within the last month, but more than 7 days ago	1	5.3	21	7.6	12	4.4	6.5
Within the last 3 months, but more than 1 month ago	3	15.8	22	8.0	18	6.7	7.6
Within the last 6 months, but more than 3 months ago	2	10.5	24	8.7	31	11.5	9.7
Within the last 9 months, but more than 6 months ago	4	21.1	28	10.1	44	16.3	12.4

<sup>1</sup> Responses of “refused” and “don’t know” are excluded from analyses.

Table E.3. Current Tobacco Users: Type and Frequency of Use (Source: Follow-Up Survey<sup>1</sup>)

	Survey Respondents by Group of Interest						Weighted Total %
	C10 Census		Female		Male		
	n	%	n	%	n	%	
<b>Tobacco type used in the last 30 days<sup>2</sup></b>	<b>9</b>		<b>183</b>		<b>160</b>		
Cigarettes	9	100.0	175	95.6	150	93.8	95.0
Cigars, cigarillos, or little cigars	0	0.0	8	4.4	14	8.8	5.8
Chewing tobacco, snuff, dip	0	0.0	1	0.5	7	4.4	1.8
Pipes	0	0.0	1	0.5	0	0.0	0.4
Other	0	0.0	3	1.6	1	0.6	1.3
<b>Number of types of tobacco used in last 30 days</b>	<b>9</b>		<b>186</b>		<b>163</b>		
One type	9	100.0	178	95.7	149	91.4	94.3
Two or more type	0	0.0	5	2.7	11	6.7	4.0
No tobacco types	0	0.0	3	1.6	3	1.8	1.7
<b>Current cigarette use frequency</b>	<b>9</b>		<b>174</b>		<b>149</b>		
Every day	7	77.8	137	78.7	113	75.8	77.8
Some days	2	22.2	26	14.9	30	20.1	16.7
Not at all	0	0.0	11	6.3	6	4.0	5.5

<sup>1</sup> Responses of “refused” and “don’t know” are excluded from analyses.

<sup>2</sup> Multiple reporting; total may not add up to 100%.

Table E.4. Current Tobacco Users: Dependence and Amount Used (Source: Follow-Up Survey<sup>1</sup>)

	Survey Respondents by Group of Interest						Weighted Total %
	C10 Census		Female		Male		
	n	%	n	%	n	%	
<b>Dependence level (time to first cigarette after waking)</b>	<b>9</b>		<b>166</b>		<b>143</b>		
Within 5 minutes	0	0.0	50	30.1	41	28.7	29.4
6-30 minutes	5	55.6	44	26.5	45	31.5	28.3
31-60 minutes	2	22.2	28	16.9	21	14.7	16.2
> 60 minutes	2	22.2	38	22.9	31	21.7	22.5
Already Quit	0	0.0	6	3.6	5	3.5	3.6
<b>Number of cigarettes used per day</b>	<b>8</b>		<b>156</b>		<b>139</b>		
Mean ± (Standard Deviation)	8.5 (6.3)		12.4 (8.2)		13.9 (9.8)		12.9 (9.1)
Range	1 – 20		1 – 40		2 – 60		1 – 60

<sup>1</sup> Responses of “refused” and “don’t know” are excluded from analyses.

Table E.5. Current Tobacco Users: Cigarette Use Reduction and Intention to Quit (Source: Follow-Up Survey<sup>1</sup>)

	Survey Respondents by Group of Interest						Weighted Total %
	C10 Census		Female		Male		
	n	%	n	%	n	%	
<b>Cigarette use reduction (cigarette users only)</b>	<b>8</b>		<b>156</b>		<b>139</b>		
Fewer than baseline	6	75.0	102	65.4	92	66.2	65.7
As many or more than	2	25.0	54	34.6	47	33.8	34.3
<b>Cigarette use reduction (among callers smoking “fewer than baseline” only)<sup>2</sup></b>	<b>6</b>		<b>102</b>		<b>92</b>		
Reduced by at least 25%	5	83.3	87	85.3	78	84.8	85.1
Reduced by at least 50%	5	83.3	53	52.0	50	54.3	53.0
<b>Tobacco reduction (in cigarettes per day; among callers smoking “fewer than baseline” only)<sup>2</sup></b>	<b>6</b>		<b>102</b>		<b>92</b>		
Mean ± (Standard Deviation)	10.2 (6.5)		10.1 (7.7)		9.7 (6.9)		10 (7.6)
Range	1 – 17		1 – 39		1 – 38		1 – 39
<b>Intent to quit using tobacco in next 30 days</b>	<b>8</b>		<b>160</b>		<b>147</b>		
No	2	25.0	35	21.9	19	12.9	18.8
Yes	6	75.0	125	78.1	128	87.1	81.2

<sup>1</sup> Responses of “refused” and “don’t know” are excluded from analyses.

<sup>2</sup> Calculated variable.

Table E.6. Current Smokers: Reduction in Dependence and Smoking Frequency (Source: Enrollment and Follow-Up<sup>1</sup>)

	Survey Respondents by Group of Interest						Weighted Total %
	C10 Census		Female		Male		
	n	%	n	%	n	%	
<b>Dependence level (time to first cigarette after waking) at enrollment</b>	<b>9</b>		<b>164</b>		<b>142</b>		
Within 5 minutes	4	44.4	82	50.0	66	46.5	48.8
6-30 minutes	3	33.3	54	32.9	54	38.0	34.6
31-60 minutes	1	11.1	11	6.7	11	7.7	7.1
More than 60 minutes	1	11.1	17	10.4	11	7.7	9.5
<b>Dependence level (time to first cigarette after waking) at follow-up</b>	<b>9</b>		<b>164</b>		<b>142</b>		
Within 5 minutes	0	0.0	49	29.9	41	28.9	29.4
6-30 minutes	5	55.6	44	26.8	44	31.0	28.4
31-60 minutes	2	22.2	28	17.1	21	14.8	16.3
> 60 minutes	2	22.2	37	22.6	31	21.8	22.3
Already Quit	0	0.0	6	3.7	5	3.5	3.6
<b>Cigarette use frequency at enrollment</b>	<b>9</b>		<b>174</b>		<b>145</b>		
Every day	9	100.0	163	93.7	140	96.6	94.6
Some days	0	0.0	5	2.9	3	2.1	2.6
Not at all	0	0.0	6	3.4	2	1.4	2.8
<b>Cigarette use frequency at follow-up</b>	<b>9</b>		<b>174</b>		<b>145</b>		
Every day	7	77.8	137	78.7	111	76.6	78.0
Some days	2	22.2	26	14.9	29	20.0	16.6
Not at all	0	0.0	11	6.3	5	3.4	5.4

<sup>1</sup> Responses of “refused” and “don’t know” are excluded from analyses.

Table E.7. Use of Medications to Help Quit Since Calling the Quit Line (Source: Follow-Up Survey<sup>1</sup>)

	Survey Respondents by Group of Interest						Weighted Total %
	C10 Census		Female		Male		
	n	%	n	%	n	%	
<b>Used medication to help quit?</b>	<b>18</b>		<b>243</b>		<b>239</b>		
Yes	8	44.4	168	69.1	157	65.7	67.7
No	10	55.6	75	30.9	82	34.3	32.3
<b>Types of medications used<sup>2</sup></b>	<b>18</b>		<b>243</b>		<b>239</b>		
Nicotine patches	6	33.3	135	55.6	119	49.8	53.3
Nicotine gum	2	11.1	40	16.5	43	18.0	17.0
Chantix / Varenicline	0	0.0	14	5.8	9	3.8	5.0
Nicotine lozenges	0	0.0	10	4.1	12	5.0	4.4
Zyban / Bupropion / Wellbutrin <sup>3</sup>	0	0.0	13	5.3	7	2.9	4.4
Nicotine inhaler	0	0.0	1	0.4	0	0.0	0.3
Nicotine nasal spray	0	0.0	0	0.0	0	0.0	0.0
Other	0	0.0	2	0.8	2	0.8	0.8
<b>Number of types of medication used</b>	<b>18</b>		<b>243</b>		<b>239</b>		
None	10	55.6	75	30.9	82	34.3	32.3
One Medication	8	44.4	125	51.4	128	53.6	52.1
Two Medications	0	0.0	39	16.0	25	10.5	13.9
Three or More Medications	0	0.0	4	1.6	4	1.7	1.6

<sup>1</sup> Responses of “refused” and “don’t know” are excluded from analyses.

<sup>2</sup> Multiple reporting; total may not add up to 100%.

<sup>3</sup> Only if used for quitting.

Table E.8. – Medication Use (Source: Follow-up Survey<sup>1</sup>)

	Survey Respondents by Group of Interest						Weighted Total %
	C10 Census		Female		Male		
	n	%	n	%	n	%	
<b>Length of time used any medication<sup>2</sup></b>	<b>8</b>		<b>146</b>		<b>126</b>		
up to 1 week	2	25.0	30	20.5	19	15.1	18.8
>1 to 2 weeks (8-14 days)	1	12.5	15	10.3	15	11.9	10.8
>2 to 3 weeks (15-21 days)	0	0.0	18	12.3	14	11.1	11.8
>3 to 4 weeks (22-28 days)	1	12.5	18	12.3	13	10.3	11.7
>4 to 5 weeks (29-35 days)	1	12.5	17	11.6	14	11.1	11.5
>5 to 6 weeks (36-42 days)	0	0.0	6	4.1	7	5.6	4.6
>6 to 7 weeks (43-49 days)	0	0.0	5	3.4	1	0.8	2.5
>7 to 8 weeks (50-56 days)	2	25.0	14	9.6	11	8.7	9.4
Longer than 8 weeks (57 days or more)	1	12.5	23	15.8	32	25.4	18.9
<b>Typical use of nicotine patches<sup>2</sup></b>	<b>6</b>		<b>135</b>		<b>119</b>		
Used patches every day	5	83.3	114	84.4	96	80.7	83.2
Use one new patch per day	6	100.0	123	91.1	102	85.7	89.3
Applied the patch between waist and neck	6	100.0	120	88.9	99	83.2	87.0
Applied patch in a different location each day	4	66.7	114	84.4	93	78.2	82.2
Left patch in place until it was time to remove it the next day	3	50.0	101	74.8	89	74.8	74.7
<b>Typical use of nicotine gum<sup>2</sup></b>	<b>2</b>		<b>40</b>		<b>43</b>		
Used gum every day	2	100.0	27	67.5	32	74.4	70.3
Followed the “chew and park” process (chewed the gum a few times and then parked it in a corner of the mouth)	2	100.0	27	67.5	35	81.4	73.0
Drank coffee, tea, juice, or colas in the 15 minutes before using the gum or while having the gum in the mouth	1	50.0	10	25.0	11	25.6	25.4
Chewed the nicotine gum in the same way as regular gum	1	50.0	15	37.5	11	25.6	33.0



Table E.8, cont. – Medication Use (Source: Follow-up Survey<sup>1</sup>)

	Survey Respondents by Group of Interest						Weighted Total %
	C10 Census		Female		Male		
	n	%	n	%	n	%	
<b>Pieces of gum used on days gum was used</b>	<b>2</b>		<b>34</b>		<b>42</b>		
Mean ± (Standard Deviation)	8.5 (7.8)		3.9 (3.0)		6.1 (5.2)		4.9 (4.3)
Range	3 – 14		1 – 10		1 – 32		1 – 32
<b>Typical use of nicotine lozenges<sup>2</sup></b>			<b>10</b>		<b>12</b>		
Used lozenges every day	n/a		7	70.0	7	58.3	65.2
Let lozenges dissolve in mouth	n/a		7	70.0	10	83.3	75.5
Drank coffee, tea, juice, or colas in the 15 minutes before using lozenges or while having the lozenges in the mouth	n/a		2	20.0	3	25.0	22.1
Chewed or sucked on the lozenge	n/a		6	60.0	4	33.3	49.0
<b>Number of lozenges used on days lozenges were used</b>			<b>8</b>		<b>9</b>		
Mean ± (Standard Deviation)	n/a		3.4 (0.9)		4.4 (3.4)		3.8 (2.3)
Range	n/a		2 – 5		1 – 10		1 – 10

<sup>1</sup> Responses of “refused” and “don’t know” are excluded from analyses.

<sup>2</sup> Multiple reporting; total may not add up to 100%.

Table E.9. Use of Other Resources to Help Quit Since Calling the Quit Line (Source: Follow-Up Survey<sup>1</sup>)

	Survey Respondents by Group of Interest						Weighted Total %
	C10 Census		Female		Male		
	n	%	n	%	n	%	
<b>Used other kinds of assistance (other than the Quit Line)</b>	<b>18</b>		<b>246</b>		<b>241</b>		
Yes	7	38.9	64	26.0	64	26.6	26.3
No	11	61.1	182	74.0	177	73.4	73.7
<b>Other kinds of assistance used<sup>2</sup></b>	<b>18</b>		<b>246</b>		<b>241</b>		
Advice from a health professional	0	0.0	16	6.5	19	7.9	6.9
E-cigarettes	3	16.7	25	10.2	19	7.9	9.4
Support/advice from family and friends	2	11.1	12	4.9	10	4.1	4.7
Counseling program	1	5.6	5	2.0	3	1.2	1.8
Substitutes (e.g., regular gum, toothpick)	3	16.7	4	1.6	5	2.1	1.9
Behavior/routine change	1	5.6	4	1.6	5	2.1	1.8
Cold turkey	1	5.6	2	0.8	3	1.2	1.0
Spiritual or religious support	1	5.6	7	2.8	4	1.7	2.4
Website (other than Web Coach®)	0	0.0	0	0.0	0	0.0	0.0
Alternative medicine (e.g., acupuncture, hypnosis)	0	0.0	1	0.4	2	0.8	0.6
Self-help materials (other than from the Quit Line)	0	0.0	0	0.0	0	0.0	0.0
Tapering down	1	5.6	4	1.6	3	1.2	1.5
Telephone program (other than the Quit Line)	0	0.0	0	0.0	0	0.0	0.0
Something else	0	0.0	3	1.2	7	2.9	1.8
None	11	61.1	182	74.0	177	73.4	73.7

<sup>1</sup> Responses of “refused” and “don’t know” are excluded from analyses.

<sup>2</sup> Multiple reporting; total may not add up to 100%.

Table E.10. Custom Medicaid Survey Questions (Source: Follow-Up Survey<sup>1</sup>)

	Survey Respondents by Group of Interest						Weighted Total %
	C10 Census		Female		Male		
	n	%	n	%	n	%	
<b>Support from other people while trying to quit tobacco</b>	<b>17</b>		<b>222</b>		<b>214</b>		
Very supportive	14	82.4	132	59.5	131	61.2	60.3
Somewhat supportive	2	11.8	48	21.6	44	20.6	21.2
Neither supportive or unsupportive	1	5.9	8	3.6	13	6.1	4.5
Somewhat unsupportive	0	0.0	9	4.1	8	3.7	3.9
Very unsupportive	0	0.0	21	9.5	8	3.7	7.3
None/Didn't Tell	0	0.0	4	1.8	10	4.7	2.8
<b>Ever advised by doctor, nurse, or other healthcare professional to quit tobacco</b>	<b>17</b>		<b>226</b>		<b>218</b>		
Yes	12	70.6	192	85.0	181	83.0	84.1
No	5	29.4	34	15.0	37	17.0	15.9

<sup>1</sup> Responses of “refused” and “don’t know” are excluded from analyses.

Table E.11. Custom Social Support Survey Questions (Source: Follow-Up Survey<sup>1</sup>)

	Survey Respondents by Group of Interest						Weighted Total %
	C10 Census		Female		Male		
	n	%	n	%	n	%	
<b>Encouragement received from healthcare professionals to stop using tobacco (1 = none, 5 = a lot)</b>	<b>11</b>		<b>179</b>		<b>172</b>		
Mean ± (Standard Deviation)	3.9 (1.3)		4.0 (1.3)		3.9 (1.4)		4 (1.4)
Range	2 – 5		1 – 5		1 – 5		1 – 5
<b>Sources of support while trying to quit tobacco<sup>2</sup></b>	<b>11</b>		<b>179</b>		<b>172</b>		
Provided booklets, videos, websites, or other information to help quit	6	54.5	54	30.2	59	34.3	31.8
Recommended or prescribed cessation medication	2	18.2	81	45.3	89	51.7	47.4
<b>Visited a doctor or physician for help with quitting tobacco before called the GTQL or used NRT?</b>	<b>16</b>		<b>218</b>		<b>208</b>		
Yes	6	37.5	70	32.1	54	26.0	30.0
No	10	62.5	148	67.9	154	74.0	70.0
<b>Sources of support while trying to quit tobacco<sup>2</sup></b>	<b>18</b>		<b>219</b>		<b>199</b>		
Family	16	88.9	131	59.8	133	66.8	62.5
Friends or coworkers	3	16.7	67	30.6	56	28.1	29.6
Employer	0	0.0	0	0.0	6	3.0	1.0
Local support group	0	0.0	5	2.3	2	1.0	1.8
Social worker or other professional at a WIC (Women, Infants, Children) program	0	0.0	1	0.5	1	0.5	0.5
Healthcare professional at an obstetrician or pediatrician office	1	5.6	6	2.7	3	1.5	2.3
Healthcare professional at a primary care office, local health department, or clinic	1	5.6	33	15.1	23	11.6	13.8
Web Coach <sup>®</sup>	0	0.0	2	0.9	3	1.5	1.1
Quit Coach <sup>®</sup>	3	16.7	54	24.7	33	16.6	21.8
Other counselor	0	0.0	4	1.8	1	0.5	1.4
Online social network, like Facebook	0	0.0	0	0.0	2	1.0	0.3
Other	0	0.0	11	5.0	11	5.5	5.1

Table E.11, cont. Custom Social Support Survey Questions (Source: Follow-Up Survey<sup>1</sup>)

	Survey Respondents by Group of Interest						Weighted Total n
	C10 Census		Female		Male		
	n		n		n		
<b>Most important source of social support</b>	<b>17</b>		<b>181</b>		<b>173</b>		
Family	16	94.1	98	54.1	112	64.7	58.3
Friends or coworkers	0	0.0	15	8.3	15	8.7	8.3
Local support group	0	0.0	1	0.6	1	0.6	0.6
Social worker or other professional	0	0.0	0	0.0	1	0.6	0.2
Healthcare professional at an obstetrician office	0	0.0	3	1.7	1	0.6	1.3
Healthcare professional at a primary care office	0	0.0	19	10.5	10	5.8	8.7
Web Coach <sup>®</sup>	0	0.0	1	0.6	0	0.0	0.4
Quit Coach <sup>®</sup>	1	5.9	39	21.5	24	13.9	18.7
Other counselor	0	0.0	2	1.1	0	0.0	0.7
Online social network, like Facebook	0	0.0	0	0.0	1	0.6	0.2
Other	0	0.0	3	1.7	8	4.6	2.7

<sup>1</sup> Responses of “refused” and “don’t know” are excluded from analyses.

<sup>2</sup> Multiple reporting; total may not add up to 100%.

## Appendix F. 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 F.1. Group Differences in Overall Satisfaction – Weighted (Source: Follow-Up Survey)**

	Overall Satisfaction Rates <sup>1</sup>		p-value
	% satisfied	(satisfied / group total)	
<b>Gender</b>			
Female	91.4%	(333/ 365)	0.73
Male	92.3%	(189/ 205)	
<b>Education level</b>			
<High School	88.6%	(128/ 144)	0.13
>=High School	92.7%	(388/ 419)	
<b>Race</b>			
White	90.1%	(276/ 307)	0.15
Non-White	93.5%	(240/ 256)	
<b>Health insurance status</b>			
Medicaid	88.5%	(110/ 124)	0.33
Uninsured	92.9%	(208/ 224)	
Commercial	92.4%	(196/ 212)	
<b>Dependence level</b>			
Within 5 min.	88.5%	(232/ 262)	<.01
6 minutes or longer	94.6%	(280/ 297)	

<sup>1</sup> Percentages represent the percent satisfied (very, mostly, or somewhat) with GTQL 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.

**Table F.2. Group Differences in 7-Day Respondent and Intent-to-Treat Quit Rates – Weighted (Source: Follow-Up Survey<sup>1</sup>)**

	7-Day Respondent Quit Rates			7-Day Intent-to-treat Quit Rates		
	% quit	(quit/group total)	p-value	% quit	(quit/group total)	p-value
<b>Gender</b>						
Female	34.6%	(131/ 379)	0.30	10.5%	(131/ 1255)	0.33
Male	38.9%	(83/ 214)		11.9%	(83/ 697)	
<b>Education level</b>						
<High School	31.3%	(48/ 154)	0.12	10.3%	(48/ 465)	0.53
>=High School	38.3%	(166/ 433)		11.4%	(166/ 1454)	
<b>Race</b>						
White	35.9%	(115/ 319)	0.82	10.4%	(115/ 1098)	0.31
Non-White	36.8%	(98/ 267)		11.9%	(98/ 825)	
<b>Health insurance status</b>						
Medicaid	25.2%	(33/ 131)	<.01	7.5%	(33/ 440)	<.01
Uninsured	36.1%	(83/ 230)		9.5%	(83/ 877)	
Commercial	42.9%	(95/ 221)		15.8%	(95/ 599)	
<b>Dependence level</b>						
Within 5 min.	32.9%	(91/ 276)	0.20	9.6%	(91/ 946)	0.08
6 minutes or longer	38.1%	(117/ 307)		12.1%	(117/ 969)	

<sup>1</sup> Percentages in the 7-Day Quit Rate columns represent the percent abstinent from tobacco for 7 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.

**Table F.3. Group Differences in 30-Day Respondent and Intent-to-Treat Quit Rates – Weighted (Source: Follow-Up Survey<sup>1</sup>)**

	30-Day Respondent Quit Rates			30-Day Intent-to-treat Quit Rates		
	% quit	(quit/group total)	p-value	% quit	(quit/group total)	p-value
<b>Gender</b>						
Female	27.1%	(103/ 379)	0.06	8.2%	(103/ 1255)	0.08
Male	34.4%	(74/ 214)		10.6%	(74/ 697)	
<b>Education level</b>						
<High School	26.6%	(41/ 154)	0.29	8.8%	(41/ 465)	0.76
>=High School	31.1%	(135/ 433)		9.3%	(135/ 1454)	
<b>Race</b>						
White	30.2%	(96/ 319)	0.81	8.8%	(96/ 1098)	0.60
Non-White	29.3%	(78/ 267)		9.5%	(78/ 825)	
<b>Health insurance status</b>						
Medicaid	18.0%	(23/ 131)	<.01	5.3%	(23/ 440)	<.01
Uninsured	31.0%	(71/ 230)		8.1%	(71/ 877)	
Commercial	35.2%	(78/ 221)		13.0%	(78/ 599)	
<b>Dependence level</b>						
Within 5 min.	27.2%	(75/ 276)	0.30	7.9%	(75/ 946)	0.13
6 minutes or longer	31.2%	(96/ 307)		9.9%	(96/ 969)	

<sup>1</sup> 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.



## Appendix G. Copy of 7-Month Survey Instrument

### 2013-14 Georgia Tobacco Quit Line Evaluation 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? 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 called the Quit Line 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) [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]
- REFUSED (98) [SKIP TO MDS11\_MEDS]
- DON'T KNOW (99) [SKIP TO MDS11\_MEDS]

## GAQL\_CUSTOM1 [ALL RESPONDENTS]

Overall, how helpful was the counseling you received from Quit Coaches®?

- Very helpful (1)  
 Somewhat helpful (2)  
 Not too helpful (3)  
 Not helpful at all (4)  
 REFUSED (98)  
 DON'T KNOW (99)

## GAQL\_CUSTOM2 [ALL RESPONDENTS]

Please describe what you learned from your Quit Coaches® that you found helpful?

[ \_\_\_\_\_ ]

[IF QA6 = (1,2,3) THEN CONTINUE to QA7; ELSE SKIP TO MDS11\_MEDS]

## QA7 [ENABLE ONLY 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QA7B	Cigars, cigarillos, or little cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QA7C	Pipes [NOTE: THIS IS A TRADITIONAL PIPE, NOT A WATER PIPE OR HOOKAH]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QA7D	Chewing tobacco, snuff, or dip	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QA7E	Other Tobacco Products (e.g., Bidis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[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 YES TO QA7A]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QA4B	Cigars, cigarillos, or little cigars [ENABLE IF YES TO QA7B]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QA4C	Pipes [NOTE: THIS IS A TRADITIONAL PIPE, NOT A WATER PIPE OR HOOKAH] [ENABLE IF YES TO QA7C]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QA4D	Chewing tobacco, snuff, or dip [ENABLE IF YES TO QA7D]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QA4E	Other Tobacco Products (e.g., Bidis) [ENABLE IF YES TO QA7E]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[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 – 97) [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]	[ ]	<input type="radio"/>	<input type="radio"/>
QA13C	Pipes [NOTE: THIS IS A TRADITIONAL PIPE, NOT A WATER PIPE OR HOOKAH] [ENABLE IF QA4C = 1 OR 2]	[ ]	<input type="radio"/>	<input type="radio"/>
QA13D	Chewing tobacco, snuff, or dip (pouches or tins) [ENABLE IF QA4D = 1 OR 2]	[ ]	<input type="radio"/>	<input type="radio"/>
QA13E	Other Tobacco Products (e.g., Bidis) [ENABLE IF QA4E = 1 OR 2]	[ ]	<input type="radio"/>	<input type="radio"/>

**MDS3 [ENABLE 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 called the Georgia Tobacco Quit Line on [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

MED\_TIME [ENABLE IF MDS11\_MEDS = 1, 2, 3, 4, 8, 5, 6, or 7]

For about how long did you use the [MEDICATION TYPE]? Please give your best estimate.

		up to 1 week (1-7 days) (1)	>1 to 2 weeks (8-14 days) (2)	>2 to 3 weeks (15-21 days) (3)	>3 to 4 weeks (22-28 days) (4)	>4 to 5 weeks (29-35 days) (5)	>5 to 6 weeks (36-42 days) (6)	>6 to 7 weeks (43-49 days) (7)	>7 to 8 weeks (50-56 days) (8)	Longer than 8 weeks (57 days or more) (9)	DID NOT USE AT ALL (0)	REFUSED (98)	DON'T KNOW (99)
MED_TIME_1_GA	Nicotine patches [ENABLE IF YES TO MDS11_MEDS.1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MED_TIME_2_GA	Nicotine gum [ENABLE IF YES TO MDS11_MEDS.2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MED_TIME_3_GA	Nicotine lozenges [ENABLE IF YES TO MDS11_MEDS.3]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MED_TIME_4_GA	Nicotine inhaler [ENABLE IF YES TO MDS11_MEDS.4]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MED_TIME_8_GA	Nicotine nasal spray [ENABLE IF YES TO MDS11_MEDS.8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MED_TIME_5_GA	Zyban / Bupropion / Wellbutrin (only if for quitting) [ENABLE IF YES TO MDS11_MEDS.5]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MED_TIME_6_GA	Chantix / Varenicline [ENABLE IF YES TO MDS11_MEDS.6]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MED_TIME_7_GA	{RESPONSE: MDS11_MEDS.7.TEXT} [ENABLE IF YES TO MDS11_MEDS.7]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PATCH\_QS\_GA [ENABLE IF MDS11\_MEDS.1 = 1]**

The following are 5 yes or no questions about how you typically used the nicotine patches.

		YES (1)	NO (0)	REFUSED (98)	DON'T KNOW (99)
P_QS1_GA	Did you use the patches every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
P_QS2_GA	Did you use one new patch per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
P_QS3_GA	Did you apply the patch on your body between your waist and neck?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
P_QS4_GA	Did you apply the patch in a different location each day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
P_QS5_GA	Did you leave the patch in place until it was time to remove it the next day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**GUM\_QS\_GA [ENABLE IF MDS11\_MEDS.2 = 1]**

The following are 4 yes or no questions about how you typically used the nicotine gum.

		YES (1)	NO (0)	REFUSED (98)	DON'T KNOW (99)
G_QS1_GA	Did you use the gum every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
G_QS2_GA	Did you follow the "chew and park" process, where you chew the gum a few times and then park it in the corner of your mouth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
G_QS3_GA	Did you drink coffee, tea, juice, or colas in the 15 minutes before using the gum or while you had the gum in your mouth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
G_QS4_GA	Did you chew the nicotine gum in the same way you chew regular gum?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**G\_QS5\_GA [ENABLE IF MDS11\_MEDS.2 = 1]**

On the days when you used nicotine gum, how many pieces of gum did you typically use?

- [G\_QS5\_GA.TEXT] \_\_\_\_\_ pieces per day (1-97) [MIN = 1, MAX = 97]
- REFUSED (98)
- DON'T KNOW (99)

LOZENGE\_QS\_GA [ENABLE IF MDS11\_MEDS.3 = 1]

The following are 4 yes or no questions about how you typically used the nicotine lozenges.

		YES (1)	NO (0)	REFUSED (98)	DON'T KNOW (99)
L_QS1	Did you use the lozenges every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
L_QS2	Did you let the lozenge dissolve in your mouth, while moving it around from time to time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
L_QS3	Did you drink coffee, tea, juice, or colas in the 15 minutes before using the lozenge or while you had the lozenge in your mouth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
L_QS4	Did you chew or suck on the lozenge?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

L\_QS5\_GA [ENABLE IF MDS11\_MEDS.3 = 1]

On the days when you used nicotine lozenges, how many lozenges did you typically use?

- [L\_QS5\_GA.TEXT] \_\_\_\_\_ LOZENGES PER DAY (1) [MIN = 1, MAX = 97]
- REFUSED (98)
- DON'T KNOW (99)

MDS12\_OTHRES [ALL RESPONDENTS]

Other than calling the Quit Line 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 QUIT LINE)
- MDS12\_OTHRES.7  SUPPORT FROM FAMILY / FRIENDS
- MDS12\_OTHRES.14  E-CIGARETTE
- MDS12\_OTHRES.4  COUNSELING PROGRAM (OTHER THAN THE QUIT LINE – 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 QUIT LINE)
- MDS12\_OTHRES.5  SELF-HELP MATERIALS (OTHER THAN FROM THE QUIT LINE 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 to him or her?

- YES (1) [CONTINUE TO MDS\_REC\_A]
  - NO (0) [CONTINUE TO MDS\_REC\_B]
  - REFUSED (98)
  - DON'T KNOW (99)
- [IF REF or DK, SKIP TO SOCSUPPORT\_1\_GA]

**MDS\_REC\_A [ENABLE IF YES TO MDS\_REC]**

**Why?** PLEASE RECORD THE PARTICIPANT'S ANSWER VERBATIM. [ \_\_\_\_\_ ]  
 [CONTINUE TO SOCSUPPORT\_1\_GA]

**MDS\_REC\_B [ENABLE IF NO TO MDS\_REC]**

**Why not?** PLEASE RECORD THE PARTICIPANT'S ANSWER VERBATIM. [ \_\_\_\_\_ ]  
 [CONTINUE TO SOCSUPPORT\_1\_GA]

**SOCSUPPORT\_1\_GA [ALL RESPONDENTS]**

Overall, how supportive have other people in your life been as you have tried to quit tobacco?

- Very supportive (1)
- Somewhat supportive (2)
- Neither supportive or unsupportive (3)
- Somewhat unsupportive (4)
- Very unsupportive (5)
- DID NOT RECEIVE SOCIAL SUPPORT IN QUITTING / DID NOT TELL ANYONE I WAS QUITTING (97)
- REFUSED (98)
- DON'T KNOW (99)

**SOCSUPPORT\_2\_GA [ALL RESPONDENTS]**

Has a doctor, nurse, or other healthcare professional ever advised you to quit using tobacco?

- YES (1) [CONTINUE to SOCSUPPORT\_2A\_GA and SOCSUPPORT\_2B\_GA]
- NO (0) [SKIP TO GAQL\_CUSTOM3]
- REFUSED (98) [SKIP TO GAQL\_CUSTOM3]
- DON'T KNOW (99) [SKIP TO GAQL\_CUSTOM3]

**SOCSUPPORT\_2A\_GA [ENABLE IF SOCSUPPORT\_2\_GA = YES]**

On a scale from 1 to 5, where 1 is 'none' and 5 is 'a lot,' how much encouragement have you received from your healthcare professionals to stop using tobacco?

None (1)	(2)	(3)	(4)	A Lot (5)	REFUSED (98)	DON'T KNOW (99)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## SOCSUPPORT\_2B\_GA [ENABLE IF SOCSUPPORT\_2\_GA = YES]

The last time a healthcare professional advised you to quit using tobacco...

		YES (1)	NO (0)	REFUSED (98)	DON'T KNOW (99)
Q3	did they provide you with booklets, videos, websites, or other information to help you quit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q4	did they recommend or prescribe cessation medication such as nicotine patches, gum, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## GAQL\_CUSTOM3 [ALL RESPONDENTS]

Did you visit a doctor or physician to help you with quitting tobacco before you called the Georgia Tobacco Quit Line or used NRT?

- Yes (1)
- No (0)
- REFUSED (98)
- DON'T KNOW (99)

## SOCSUPPORT\_3\_GA [ALL RESPONDENTS]

As you tried to quit, where or from whom did you receive support?

[YES = 1, NO = 0]

- SOCSUPPORT\_3\_GA.1  Family
- SOCSUPPORT\_3\_GA.2  Friends or coworkers
- SOCSUPPORT\_3\_GA.3  Employer
- SOCSUPPORT\_3\_GA.4  Local support group
- SOCSUPPORT\_3\_GA.5  Social worker or other professional at a WIC (Women, Infants, Children) program
- SOCSUPPORT\_3\_GA.6  Healthcare professional at an obstetrician or pediatrician office
- SOCSUPPORT\_3\_GA.7  Healthcare professional at a primary care office, local health department, or clinic
- SOCSUPPORT\_3\_GA.8  Web Coach®
- SOCSUPPORT\_3\_GA.9  Quit Coach®
- SOCSUPPORT\_3\_GA.10  Other counselor
- SOCSUPPORT\_3\_GA.11  Online social network, like Facebook
- SOCSUPPORT\_3\_GA.12  Any other people or sources of support? (Please specify:\_\_\_)
- SOCSUPPORT\_3\_GA.0  DID NOT RECEIVE SOCIAL SUPPORT IN QUITTING
- SOCSUPPORT\_3\_GA.98  REFUSED
- SOCSUPPORT\_3\_GA.99  DON'T KNOW

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**SOCSUPPORT\_4\_GA [ENABLE IF = SS\_COUNT >=2 (2 or more selected in SOCSUPPORT\_3\_GA)]**

What was your most important source of support as you tried to quit? Would you say...

- Family (1)
- Friends or coworkers (2)
- Employer (3)
- Local support group (4)
- Social worker or other professional at a WIC (Women, Infants, Children) program (5)
- Healthcare professional at an obstetrician or pediatrician office (6)
- Healthcare professional at a primary care office, local health department, or clinic (7)
- Web Coach® (8)
- Quit Coach® (9)
- Other counselor (10)
- Online social network, like Facebook (11)
- {RESPONSE:SOCSUPPORT\_3\_GA.12.TEXT} (13)
- DID NOT RECEIVE SOCIAL SUPPORT IN QUITTING (0)
- REFUSED (98)

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**SOCSUPPORT\_5\_GA**

What was the most helpful support you received during your quit process?

[\_\_\_\_\_]

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**GAQL\_CUSTOM4 [ALL RESPONDENTS]**

The Georgia Tobacco Quit Line is interested in your ideas for how to improve the quality of services. What can the Quit Line do to better support others with quitting tobacco?

[\_\_\_\_\_]