

PUBLIC HEALTH PROGRAM SURVEY- Chronic Disease

Contact Information

Molly Cotant, Public Health Consultant, Karen Brown, Tobacco Treatment Specialist
Michigan Department of Community Health Tobacco Section
Phone: (989) 619-1304 or (517) 335-8803 Fax: (517) 335-8269
cotantm@michigan.gov or brownks@michigan.gov
MDCH Tobacco Section, Washington Square Building, 8th Floor, 109 West Michigan Avenue,
Lansing, MI 48913

Short Title: Michigan Tobacco Quitline Free Nicotine Replacement Therapy Initiative

Program Location: Michigan

Objectives and Goals:

The Centers for Disease Control recommends that Cessation Interventions be a part of all Comprehensive Tobacco Prevention Programs. Tobacco quitlines are an evidence-based method for providing tobacco cessation services to the general population. Combining quitline counseling with nicotine replacement therapy increases the likelihood of an individual's success with quitting tobacco use.

Methods:

The Michigan Tobacco Quitline has been in operation since October 2003 and has provided nicotine replacement therapy to uninsured callers since October 2004. In 2009, the MDCH Tobacco Program launched an initiative to provide free nicotine replacement therapy to all qualified callers to the quitline, regardless of insurance status, in an effort to increase calls to the Quitline and increase quit rates among callers.

Program Length:

March 11, 2009- March 16, 2009

Number of target population reached by effort:

Ethnicity: Hispanic 1.5%, African American 12.3%, Asian .1%, Arab American .1% Native American 1% . Medicaid 12%. Uninsured 33%.

Demographic Info:

The Michigan Tobacco Quitline Free Nicotine Replacement Therapy Initiative was open to all Michigan residents regardless of insurance status during the time period of the initiative. The purpose of the initiative was to reduce barriers and encourage a quit attempt for those who were underinsured to receive counseling and NRT.

An additional goal was to create more awareness of the Quitline and free NRT for the Quitline's traditional target, the uninsured.

The average quitline caller is a white woman between the ages of 45 and 47. 44% of callers are uninsured and another 20% are enrolled in Medicaid. Overall, 75% of callers are between 30-64. 56.2% of callers have a high school education or less. Ethnicity: Hispanic 2.2%, African American 17.9%, Native American 1.9%, Asian .3%, Arab American .3%

Overall Cost:

The budget for the Michigan Tobacco Quitline for fiscal year 2009 is \$1.335 million.

Funding Sources:

32.5% Federal
67.5% State

Percentages are NOT estimates.

Outcomes:

In the month of March, the Michigan Tobacco Quitline received over 92,000 calls as a result of the free NRT campaign and earned media. It is estimated that there were between 15,000 to 20,000 unique callers. Many of the 92,000 calls were not able to be answered live as there are a finite number of phone lines at the call center. The system is able to handle 599 simultaneous calls. Currently, the Michigan Tobacco Quitline does not have the technology to record phone numbers of calls that did not get through to an intake counselor, thus it was necessary to estimate the number of unique callers. Of those callers who did speak to an intake counselor, 2,757 elected to enroll in quitline services. During March, 36% of the enrollees completed at least one counseling call. Completion of a counseling call is necessary in order to receive NRT. The average quit rate at 13 months for those who enroll in counseling with the Michigan Tobacco Quitline and receive NRT is 25.8%.

Did you make any estimates regarding costs deferred, outbreaks averted or deaths prevented?

If this group of enrollees has the average 13 month quit rate of 25.8%, then it is expected that 711 of them will have quit. The annual health care costs in Michigan directly caused by smoking are \$3.4 billion. (Campaign for Tobacco Free Kids). The cost per quality-adjusted-life-year saved of tobacco dependence treatment has been estimated at \$3,539.

Additional Information:

This initiative indicates the high demand for tobacco cessation services among the general public. During the free NRT promotion, Michigan callers waited as long as two hours and 27 minutes to have their call answered on the high volume days of the promotion. Callers were waiting an average of more than 30 minutes before

abandoning their wait. The willingness of callers to hold this long was unprecedented for the Quitline and attests to the high motivation of the callers to make a quit attempt.

Research indicates that the vast majority of tobacco users want to quit, and it is important for states to adequately fund comprehensive tobacco prevention programs, which includes cessation interventions, so that anyone who wants to quit is able to access resources that can assist them in their efforts.

Future Plans:

This initiative was discontinued after only 5 days due to an overwhelming demand on the Quitline. Funding was insufficient to meet the unprecedented demand from Michigan callers, and the Quitline was shutdown for a brief period of time. In addition, Michigan does not have adequate funding overall for its Tobacco Prevention Program to meet the demand for cessation services from Michigan residents. Therefore, although this initiative was highly successful in terms of increasing knowledge of the Quitline and demand for cessation services, it is unlikely that this would be replicated in Michigan in the absence of adequate state funding for the Michigan Tobacco Program.