

## 802Quits Engagement Reach among Priority Populations

Seeking to understand the reach of the Vermont Quitline and Quit Online programs for priority populations, VTCP conducted a comparative analysis of 2018 BRFSS data and 2018 NJH (Quitline Vendor) Reports. The key evaluation question was the following: *how does the population of Quitline and Quit Online participants compare to the population of smokers in Vermont?* VTCP defined “engagement reach” as registrants to the Quitline or Quit Online programs and explored whether the 802Quits engagement reach was similar to what we would expect to see among the population of adult smokers in VT. In other words, VTCP compared the percentage of registrants to the Quitline and Quit Online programs in each priority population to the percentage of adult smokers in Vermont from that same priority population.

Based on similarities in Quitline/Quit Online Intake questions and the BRFSS questionnaire, VTCP was able to assess reach based on race, sexual orientation/gender identity (SOGI), educational attainment, and insurance type (see Table 2). Engagement reach increased with educational attainment and was low among those with private insurance. More specifically, while 60% of Vermont adult smokers have a high school education or less, 52% and 44% registered with the Quitline and Quit Online, respectively. In contrast, 14% of smokers in Vermont have a college education or higher and 19% and 23% registered with the Quitline and Quit Online, respectively. The percentage of registrants with the Quitline who have private insurance (19%) is half of what we would expect given the prevalence of those with private insurance among VT smokers (42%). Engagement reach among POC, sexual/gender minorities (SGM), and Medicaid members was similar to their prevalence among VT adult smokers.

**Table 1. Reach of Quitline/Quit Online among Priority Populations**  
(BRFSS 2018; Quitline & Quit Online NJH Reports, 2018)

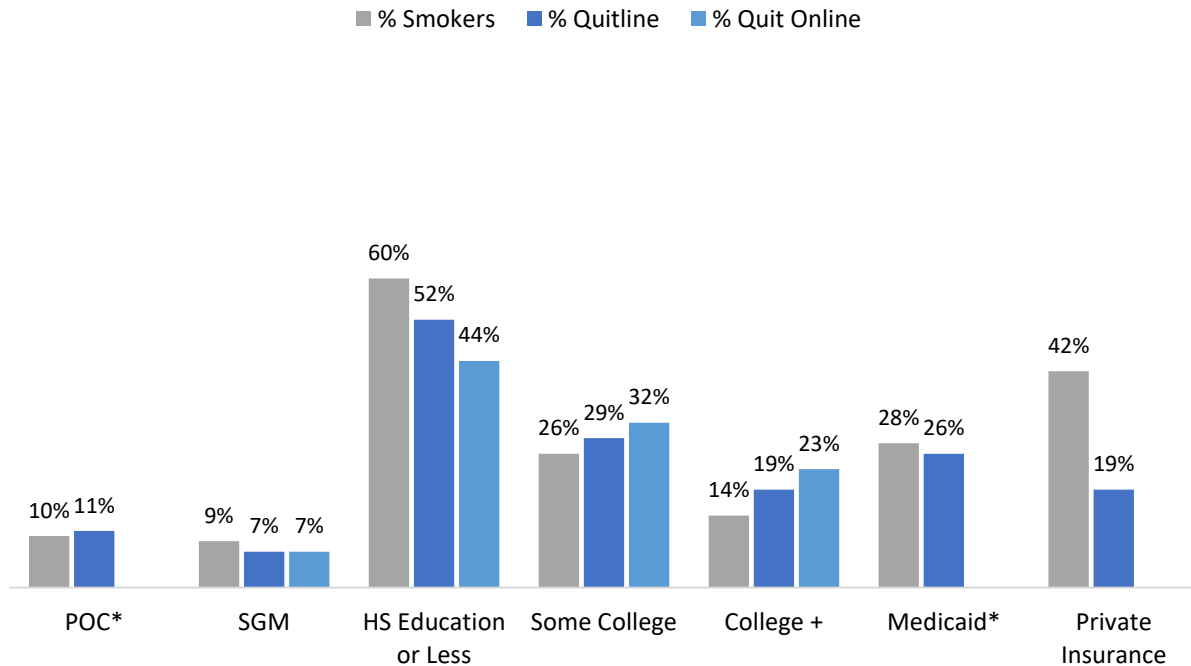
	% Smokers	% Quitline	% Quit Online	Quit Attempts (avg. 57%)
People of Color*	10%	11%	-	64%
Sexual/Gender Minorities	9%	7%	7%	48%
HS Education or Less	60%	52%	44%	57%
Some College	26%	29%	32%	59%
College +	14%	19%	23%	49%
Medicaid**	28%	26%	-	64%
Private Insurance	42%	19%	-	62%

*NOTE: There is limited data availability from QO because questions are not required. Data are suppressed when there are too few responses to report reliably. Similarly, too few respondents answered the question about depression for the QL and QO to report reliably. We were not able to report Vermonters who are pregnant or uninsured because of limited BRFSS data.*

*\*For the QL, a respondent could choose more than one race, whereas in BRFSS they were asked to choose their primary racial identity. Therefore, all People of Color were combined for the QL and may be over-estimated for those who are multi-racial.*

*\*\*For the QL question about health insurance there was an option for dual enrollees (Medicaid and Medicare), whereas BRFSS asked respondents to choose their primary health insurance. In order to make the data most comparable, only those who chose Medicaid as their insurance type in the QL were included here. If we were to include those who are dual enrollees, 36% of registrants would be considered Medicaid members.*

## Reach of Quitline/Quit Online among Priority Populations (BRFSS, 2018; Quitline & Quit Online NJH Reports, 2018)



**Table 2. Mapping Priority Populations x Data Source**  
(Blue=Similar Questions in Intake and BRFSS)

	Quitline	Quit Online	BRFSS
<b>People of Color</b>	What is your race? White, Black/AA, Asian, NHPI, AIAN, Other (check all that apply).  Are you Hispanic or Latino/Latina origin? Yes, No, DK, Ref	Which of these groups best describes you? White, Black/AA, Asian, NHPI, AIAN, Hispanic (check all that apply)	Are you Hispanic, Latino/a, or Spanish origin? Which one or more of the following would you say is your race? White, Black/AA, AIAN, Asian, NHPI. Which one of these groups would you say best represents your race?
<b>Sexual/Gender Identity</b>	Do you consider to be gay, lesbian, bisexual and/or transgender? Bisexual, Gay/Lesbian, Queer, Trans or gender variant assigned	Do you consider to be gay, lesbian, bisexual and/or transgender? Bisexual, Gay/Lesbian, Queer, Trans or gender	Which of the following best represents how you think of yourself? Lesbian/Gay, Straight, that is not Gay, Bisexual,

	male at birth, Trans or gender variant assigned female at birth (check all that apply)  Also have Queer, Genderqueer, Dyke and other as options.	variant assigned male at birth, Trans or gender variant assigned female at birth (check all that apply)	Something else (2016-2018)  Do you consider yourself to be transgender? Yes M to F, Yes F to M, Yes gender nonconforming, No (2016-2018)
<b>&lt;250% FPL</b>	--	--	Calculated from HHI and household size
<b>Annual HHI</b>			Is your annual household income from all sources...
<b>Education</b>	What is the highest level of education you have completed? Less than grade 9, Grade 9 to 11 (no degree), GED, high school degree, some college or university (includes tech or trade), college or university degree (includes AA, BA, Masters and PhD) (choose one)	What is the highest level of education you have completed? Less than grade 9, Grade 9 to 11 (no degree), GED, high school degree, some college or university (includes tech or trade), college or university degree (includes AA, BA, Masters and PhD) (choose one)	What is the highest grade or year of school you completed? Never attended school or only attended kindergarten, grades 1-8, grades 9-11, grade 12 or GED, college 1 - 3 years, college 4 years or more
<b>Medicaid member and/or Uninsured</b>	What type of insurance do you have? Medicaid, Medicaid/Medicare, Vermont Health Plan, Vermont Health Access Plan, MVP Catamount, Catamount Blue, BCBS, Ladies First, Medicare, Cigna, Uninsured, and other.	What insurance do you have? Drop down list, includes Medicaid, Medicaid/Medicare, Vermont Health Plan, Vermont Health Access Plan, MVP Catamount, Catamount Blue, BCBS, Ladies First, Medicare, Uninsured, and other. (since 1/2016)	Do you have any kind of healthcare coverage? What is your <b>primary</b> source of your health care coverage? Plan purchased through an employer, plan that you or another family member buys on your own, medicare, medicaid or other state program, tricare/VA/military, Alaska Native/Indian Health Services, other. (2014, 2017, 2018)
<b>Disability</b>	Because of a physical, mental, or emotional condition, do you have serious difficulty	Because of a physical, mental, or emotional condition, do you have serious difficulty	Because of a physical, mental, or emotional condition, do you have serious difficulty

	concentrating, remembering, or making decisions? (since 5/2018)	concentrating, remembering, or making decisions? (since 5/2018)	concentrating, remembering, or making decisions? (starting in 2013)
	Do you have serious difficulty walking or climbing stairs? (since 5/2018)	Do you have serious difficulty walking or climbing stairs? (since 5/2018)	Do you have serious difficulty walking or climbing stairs? (starting in 2013)
<b>Pregnant</b>	Are you currently pregnant? Yes, No	Are you pregnant? Yes, No, Possibly Pregnant (choose one) (start 5/2016)	To your knowledge, are you now pregnant?
<b>Substance use</b>	Do you currently have a substance abuse condition? Checkbox for Marijuana, Alcohol, <b>Prescription Drugs</b> , Other drugs (check all that apply)	Do you currently have a substance abuse condition? Checkbox for Marijuana, Alcohol, Other drugs (check all that apply) (since 12/2016)	Use Past 30 days: Heavy drinking, binge drinking, marijuana use (at least once in past 30 days), Prescription drugs (past 30 day) (2017)
<b>Mental Health</b>	Do you have any mental health conditions, such as anxiety disorder, depressive disorder, bipolar disorder, alcohol/drug abuse, or schizophrenia? Checkbox for each of above, plus ADHD, PTSD, and other.	Do you have any mental health conditions, such as anxiety disorder, depressive disorder, bipolar disorder, alcohol/drug abuse, or schizophrenia? Checkbox for each of above, plus ADHD, PTSD, and other. (since 3/2016)	Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)
	During the <b>past two weeks</b> have you experienced any emotional challenges such as excessive stress, feeling depressed or anxious?	During the <b>past two weeks</b> have you experienced any emotional challenges such as excessive stress, feeling depressed or anxious? (since 4/2016)	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the <b>past 30 days</b> was your mental health not good?

---

During the **past two weeks** have you experienced any emotional challenges that have interfered with your work, family life, or social activities?

During the **past two weeks** have you experienced any emotional challenges that have interfered with your work, family life, or social activities?  
(since 4/2016)

**Past 30 days**, how many days did poor physical or mental health keep you from doing usual activities?

---

Developed by JSI Research & Training Institute, Inc.; July 2020