

Vermont Partners with Medicaid to Increase Tobacco Quitline Utilization Among Low-Income Residents

The Vermont Department of Health collaborated with its state Medicaid agency to increase provider reimbursement for counseling and enroll Medicaid clients in the state's tobacco quitline, 802Quits, leading to substantial increases in quitline online visits and registration.

In Vermont, 29 percent of adults living at or below 250 percent of the federal poverty level smoke, compared to 18 percent of the state's general population. After its tobacco cessation efforts aimed at the general public failed to reach priority groups, the Vermont Department of Health (VDH) recognized that it needed to change its strategies to outreach to specific sub-populations. Noting the disparity in smoking rates between income groups, in 2012, VDH began to research the specific tobacco cessation needs of Vermont's low-income adults.

After making a series of changes to [802Quits](#), Vermont's state quitline, and reaching out to Vermont's low-income population, VDH noted significantly improved engagement with Vermont's cessation resources among its low-income residents.

Steps Taken:

- VDH partnered with the Department of Vermont Health Access (DVHA), Vermont's Medicaid agency, to send targeted smoking mailings to Medicaid clients in Vermont.
 - DVHA sent these mailings to all Vermont Medicaid clients, which includes adults aged 18-65.
 - The mailing included a cover letter signed by two well-known Vermont quit partners, Sarah Cosgrove and Rose Sheehan.
 - The package directed current smokers to the 802Quits website, where they could register to receive free counseling, cessation medications, and peer and text support, and access resources for themselves or others through the 802Quits website and its Quit Online smoking cessation activity.
- VDH adjusted the content on the 802Quits website to be more user-friendly and relevant to the target demographic. For example, VDH removed the language "Are you ready to quit?" from the website, because Vermont smokers, including low-income smokers, already reported wanting to quit.

- In Vermont, 29 percent of adults living at or below 250 percent of the federal poverty level smoke, compared to 18 percent of the general population.
- Between 2013 and 2015, mailings advertising Vermont's quitline led to a 117 percent increase in individual smoking cessation calls and a 112 percent increase in quitline registrations among Vermont's Medicaid population.
- Vermont's quitline experienced a 251 percent increase in mobile device visits and a 161 percent increase in tablet visits from the state's Medicaid population after VDH's intervention.

State Success Story



- VDH made the 802Quits website mobile-friendly after finding that low-income smokers were adept at using the internet on mobile devices. (This finding was contrary to VDH's previous conclusions about technology use in this population.)
- VDH populated the 802Quits website with a [variety of resources](#), including spots from CDC's [Tips from Former Smokers](#) national advertising campaign, videos of Vermont former smokers and tobacco counselors, and factsheets and tips sheets on smoking cessation, aiming to ensure that all visitors interested in quitting smoking could find something that was helpful to them. Three times per year, VDH also launched cessation campaigns featuring the Tips from Former Smokers television ads to support 802Quits messaging, using tailored media buys to reach low-income viewers. VDH interspersed ads from [Vermont Quit Partners](#), the state's network of tobacco quit coaches, among the CDC ads.

Results:

- VDH compared Medicaid clients' use of the 802Quits website and its smoking cessation resources before and after the intervention, and found the following improvements in Medicaid client engagement with the 802Quits website:
 - Smoking cessation coaching calls completed by Medicaid clients increased by 117 percent (194 coaching calls between January and August 2013, compared to 421 calls completed between January and August 2015).
 - Total Medicaid client quitline registrants increased 112 percent from January to August 2015, compared to the same time period in 2013. This includes a 57 percent increase in Medicaid clients using the telephone quitline, and a 238 percent increase corresponding to the 802Quits Quit Online activity.
 - Between Jan. 1, 2015 and Sept. 27, 2015, mobile visits to the 802Quits website increased 251 percent and tablet visits increased 161 percent, compared to the same time period in 2013.
- The VDH-DVHA collaboration model to engage Medicaid clients on key health issues has inspired regular meetings between the two offices, and the agencies are discussing collaborating in other areas of health promotion and disease prevention.

Lessons Learned:

- Addressing health disparities requires a willingness to fully engage specific subpopulations. Approaches that focus on the general population may not guarantee that groups with greater need will make improvements in health behaviors or health outcomes.
- Stakeholders must regularly evaluate their efforts to quantify their successes and highlight areas of need. To ensure that their efforts are successful, stakeholders should identify areas of improvement for how different populations are using public health services and measure engagement changes after a targeted intervention.
- Relationships with key partners are tremendously important and take time to build. This intervention would not have been possible without a close working relationship between VDH and DVHA, which will continue to lead to measurable changes in the health of Vermont's Medicaid clients' health in ways that would not be possible if the two organizations were not pursuing coordinated efforts.

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For more information:

Joshua Berry
Analyst, Health Promotion and Disease Prevention
ASTHO
jberry@astho.org

Rebecca Brookes
Chronic Disease Information Director
Vermont Department of Health
rebecca.brookes@state.vt.us

<http://802quits.org/>