

Saving \$2.4 Million: The Idaho Tobacco Program

By Lee Hannah, Kathryn Quinn, and Kallie Penchansky

Many smokers have tried to quit, but only about 3 to 5 percent succeed in going “cold turkey.” An Idaho tobacco cessation program has achieved a 35 percent quit rate at 6 months and saved the state nearly \$2.4 million per year (less approximately \$494,000 in program costs), confirming that in-person cessation programs can be effective. Yet cost-effectiveness may not be a strong enough argument in this era of state budget deficits.

The Millennium Tobacco Cessation program, facilitated by Idaho’s seven public health districts, has counseled nearly 15,000 Idahoans in its eight years of operation. The program succeeded at its goals for 2008 and for its eight-year term, based upon both process and outcome monitoring. Overall, the program successfully met its four main objectives:

1. Each district would offer cessation that fit standardized criteria for best practices from the American Cancer Society, Idaho Prenatal Smoking Cessation Program (IPSCP), the Centers for Disease Control and Prevention, the American Heart Association, the American Lung Association, and others.

Result: all seven health districts offered direct services, and they hired 23 subcontractors, including hospitals, schools, churches, county court services, and independent health promotion counselors.

2. At least one tobacco cessation program would be offered in at least half of the counties in each district.

Result: Services were provided in 27 of Idaho’s 44 counties (61 percent) in 2008. These reached residents of 38 counties (86 percent).

3. Services would be specifically designed for pregnant women and teens.

Result: In 2008, 13 percent of the participants were pregnant women and 31 percent were youth under 18.

4. Each public health district would be free to determine the program(s) offered and to recruit instructors.

Result: The health districts were allowed to tailor the programs.

Not only were the four objectives met, but the evaluation protocol was robust enough to allow

	Total Participants	Completed Program	Quit Smoking	Reduced Cigarettes Used
FY 2001	1,477	855 (58%)	351 (24%)	414 (28%)
FY 2002	2,099	1,366 (64%)	718 (34%)	778 (37%)
FY 2003	1,747	1,141 (65%)	622 (36%)	720 (41%)
FY 2004	1,743	1,163 (67%)	572 (33%)	715 (41%)
FY 2005	2,097	1,289 (61%)	810 (39%)	783 (37%)
FY 2006	1,457	922 (63%)	532 (37%)	590 (40%)
FY 2007	2,227	1,477 (65%)	810 (36%)	895 (40%)
FY 2008	2,045	1,423 (70%)	744 (36%)	854 (42%)
Total	14,892	9,576 (64%)	5,159 (35%)	5,749 (39%)

Comparison of program outcomes for FY 2001 - 2008 participants



National Numbers

8.6 million people have at least **one serious illness** caused by smoking

Annual prevalence of smoking from 1965 to 1990 **dropped 40%**

In 1990, almost **45%** of women smoked **during pregnancy**

In 2005, **10.7%** of women smoked **during pregnancy**

judgments about the outcomes of the cessation program.

More than 2,000 people started a health district tobacco cessation program in fiscal year (FY) 2008, and 70 percent completed it. Completion rates were 73 percent for adults, 72 percent for teens, and 51 percent for pregnant women. Completion of a program was defined as attending a minimum of four sessions.

The program was effective from both health and cost-effectiveness standpoints. Thirty-six percent of those who began the program quit smoking in 2008, including 29 percent for adults, 54 percent for youth, and 29 percent for pregnant women. A range of services contributed to the success of the program, including a primary focus on group counseling and teen-specific courses, and limited access to individual counseling and financial support for nicotine replacement therapy (NRT). It is important to note that though funding for NRT was limited during FY 2008, participants were able to readily obtain prescriptions for such therapies.

According to data compiled by Idaho District Public Health Departments, benefits of the Idaho Millennium Tobacco Cessation program outweigh costs. Recent research illuminating lifetime costs associated with tobacco use suggest that the health care system in Idaho will realize an average of \$7 saved in perinatal costs per dollar spent for every pregnant woman who has stopped smoking. The

state also saved an average of \$3,390 for each teen or adult who stopped smoking. The total expenditure for the program was \$241 per client, for a total statewide budget of nearly half a million dollars in FY 2008. The anticipated aggregate savings in health care and other economic costs achieved by successful tobacco cessation through FY 2008 are as follows:

75 pregnant women (quitters) and their infant children	\$126,525
669 teen and adult quitters	\$2,267,910
Total anticipated one-year savings	\$2,394,435
Total anticipated program savings since 2001	\$16,949,948

While they continued to smoke, another 42 percent of participants reduced the amount of tobacco used. Half of all adults cut back, as did 31 percent of the teens, and 34 percent of the pregnant women. On average, participants had attempted to quit between 1 and 2 times in the past. Literature suggests that most smokers make several quit attempts before they successfully break the habit.

Program evaluation consisted of two-month and six-month telephone follow-ups. At two months, 36 percent of those who began the program within the eight years of program administration were not using tobacco (follow-up interviews were completed with 3,568 clients). Six months after completing the program, 35 percent were not using tobacco (follow-up interviews with 2,544 clients). Those who were unavailable for follow-up evaluation were assumed to be relapsed or ongoing tobacco users, and self-reports were not validated.

This evaluation was partly designed to provide data for public health districts and the legislature to make cost-effectiveness decisions. Given the severity of the state budget shortfall, the tobacco cessation program saw its funding cut by 48 percent for FY 2010. Despite the inherent value of ongoing program evaluation to assess impacts of changes to program delivery and to identify the primary needs of target populations, funding will no longer be available for evaluation processes. Though program evaluation is widely considered to be a component of best-practice, Idaho policy makers determined that continued provision of health interventions is the greatest priority in Idaho. ■

CDC resources, smoking, and tobacco use at: www.cdc.gov/tobacco/

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