

**KIC and 211 Collaborative:
An Intermediate Report**

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Why 211?

- **Smoking increasingly concentrated in the low-SES group**
- **Treatment helps, but most smokers don't seek treatment**
- **Low SES smokers are even less likely to seek treatment**
- **Have to be proactive in offering the treatment**
- **Enhance the motivation: Incentive**
- **211 seems to be the right place**

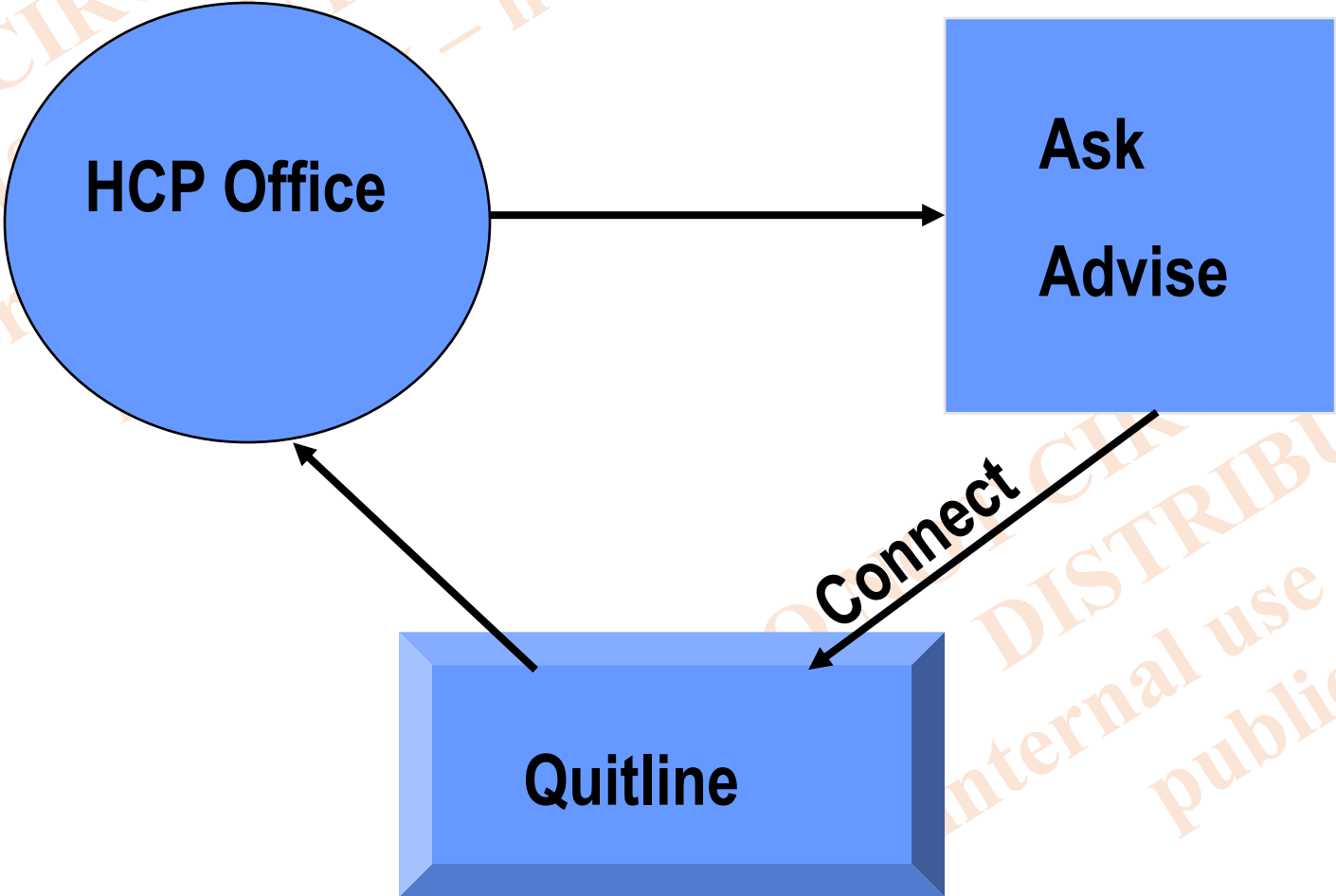
Why 211?

- **People who call the 211s are mostly low SES**
- **They mostly use the phone to seek help**
- **They can use some \$\$**

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Healthcare Provider Referral: A Comparison

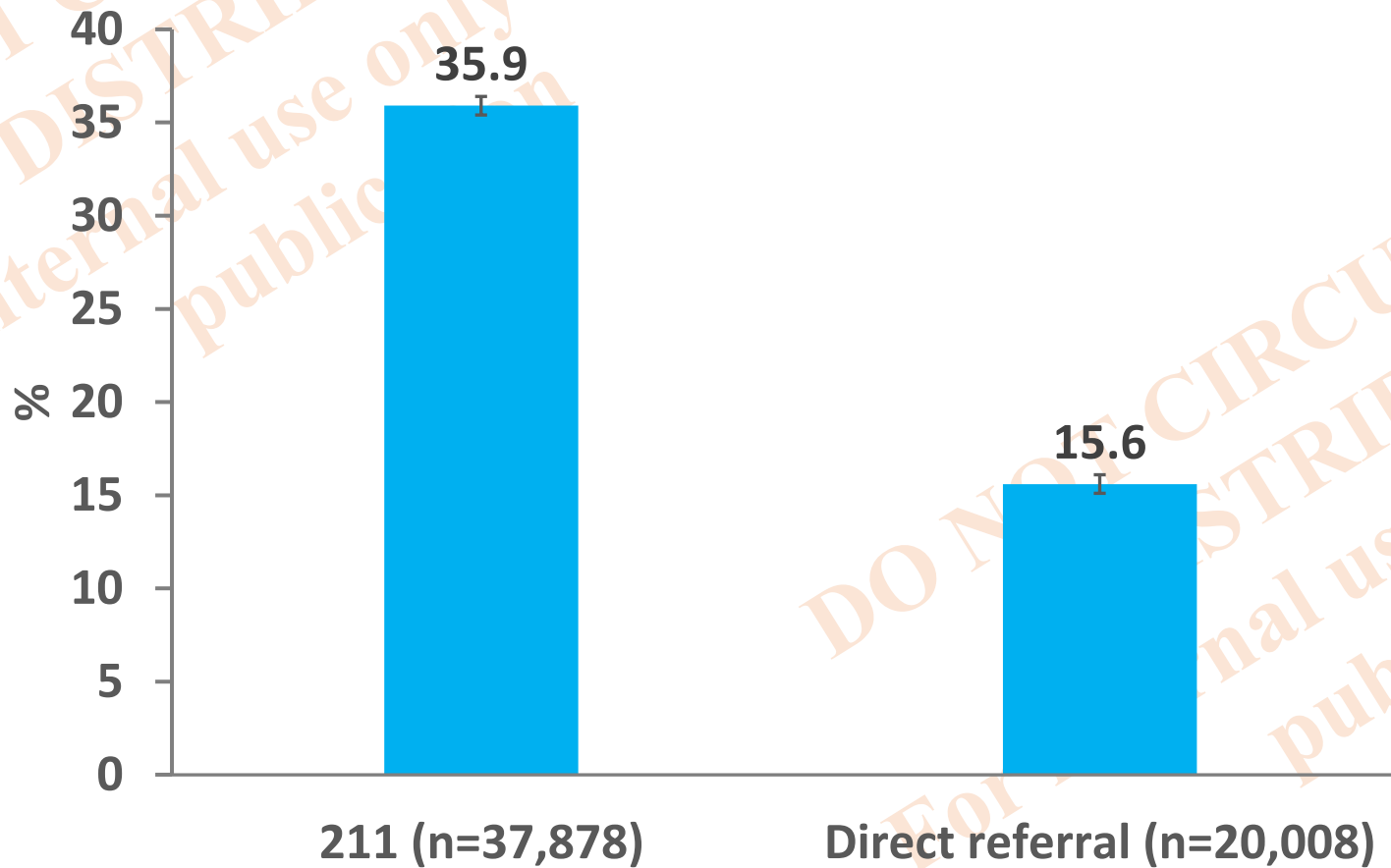


First 21 Months (4/20/2021-1/19/2023)

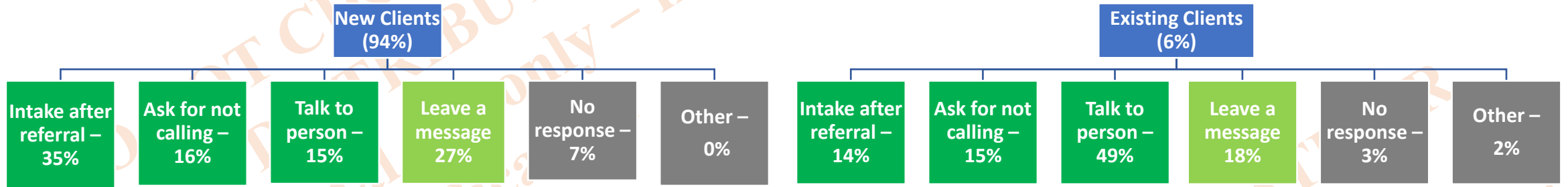
- 211 referral
38,387
- HP referral
20,008

- If we try to call them back to enroll them into the program, which group is more likely to say Yes?
- The %?

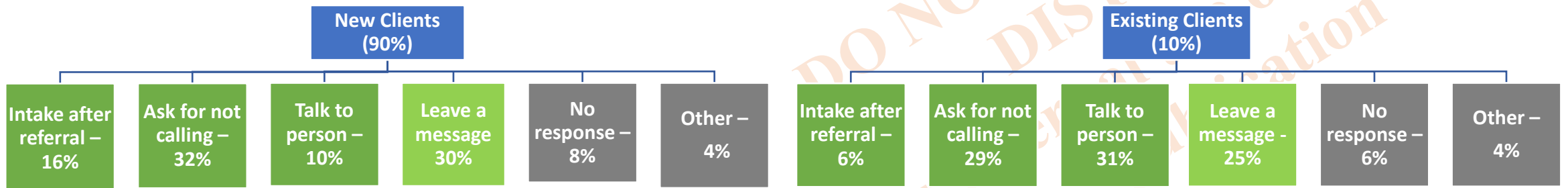
Proportion of Referrals that Completed the Intake



211 Clients (n=38,387)



Physician Referral (n=20,008)



Demographics

	211 Referral (n=12,713) %	Healthcare Referral (n=3,035) %	Self-initiated (n=21,908) %
Gender			
Female	58.2	48.8	51.0
Male	39.2	48.8	46.9
Other	1.0	0.7	0.6
Refused/not asked/prefer not to answer	1.5	1.7	1.5
Sexual Orientation			
Heterosexual	78.0	72.7	75.8
Gay/lesbian	3.5	3.8	3.0
Bisexual	5.9	3.7	2.9
Other	2.2	1.7	1.7
Don't know	0.3	0.6	0.4
Refused/not asked/prefer not to answer	13.2	17.6	16.2

Demographics

	211 Referral (n=13,599) %	Healthcare Referral (n=3,121) %	Self-initiated (n=23,518) %
Age			
18-24	4.0	3.4	3.0
25-44	43.1	28.7	26.9
45-64	44.8	50.4	47.9
65+	7.9	17.2	21.7
Blank/refused	0.2	0.1	0.2
Education			
Less than 9th grade	5.1	7.6	5.4
9-12, no diploma	20.8	15.0	15.8
High school diploma	27.6	25.0	25.1
Some college	37.6	36.3	38.1
College degree or higher	6.6	13.6	13.2
Blank/refused	2.3	2.6	2.5

Demographics

	211 Referral (n=13,599)	Healthcare Referral (n=3,121)	Self-initiated (n=23,518)
	%	%	%
Ethnicity			
American Indian/Alaska Native	1.6	1.2	1.3
Asian American/Pacific Islander	2.1	6.0	6.2
Black/African American	29.5	16.2	14.4
Hispanic/Latino	24.8	23.7	21.0
White/Caucasian	25.6	39.0	44.0
Multi-ethnic	10.5	7.4	7.2
Other	2.6	3.2	2.7
Blank/refused/prefer not to answer	3.3	3.3	3.1
Medi-Cal Recipients	79.6	69.7	70.6

Tobacco Use

	211 Referral (n=13,599) %	Healthcare Referral (n=3,121) %	Self-initiated (n=23,518) %
Tobacco Use			
Exclusive Cigarettes	65.9	75.0	75.3
Exclusive Vapes	4.4	4.5	5.2
Other Tobacco	1.8	2.2	2.1
Cigarettes and vapes	16.8	8.0	8.1
Cigarettes and other tobacco	5.8	3.2	4.5
Vape and other tobacco	0.6	0.3	0.3
Cigarettes & vapes & other tobacco	3.1	0.8	1.3

Mental Health

	211 Referral (n=13,599) %	Healthcare Referral (n=3,121) %	Self-initiated (n=23,518) %
Mental Health Conditions			
Anxiety	54.6	40.2	40.0
Depression	55.5	40.0	39.6
Bipolar	26.5	12.2	16.6
Schizophrenia	12.4	5.3	8.5
Drug or Alcohol Abuse	20.2	12.7	11.2
Any one of the above	70.0	53.6	54.8
2+ conditions	52.4	35.3	36.0

Physical Health

	211 Referral (n=13,599) %	Healthcare Referral (n=3,121) %	Self-initiated (n=23,518) %
Physical Health Conditions			
High blood pressure	42.5	48.8	45.3
Diabetes	14.3	19.6	15.6
Heart attack	6.1	7.6	6.1
Stroke	8.3	8.2	7.1
Any one of the above	49.1	56.5	51.9
2+ conditions	17.1	21.8	17.6

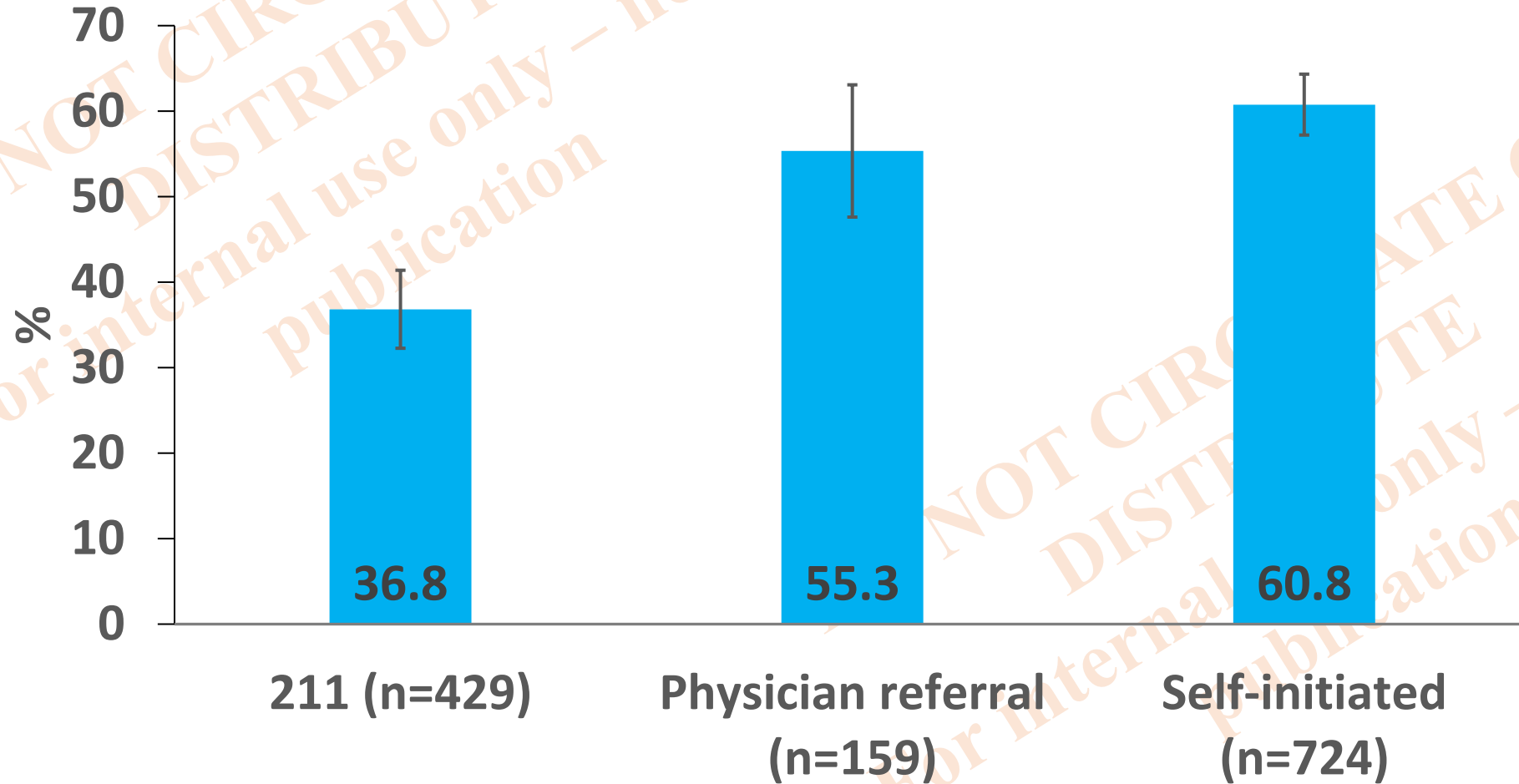
Tobacco Use

	211 Referral (n=13,599) %	Healthcare Referral (n=3,121) %	Self-initiated (n=23,518) %
CPD/daily smokers			
1-14 cigarettes per day (CPD)	57.3	55.7	47.6
15-24 CPD	25.7	28.0	36.5
25+ CPD	6.5	5.7	10.8
Unspecified	0.3	0.3	0.3
Currently vaping			
Yes	25.0	13.7	14.9
Readiness to quit			
Yes	77.7	74.5	84.5
No	8.8	7.0	2.2
Don't know	5.1	5.6	2.5
Blank/Refused	8.4	12.9	10.8

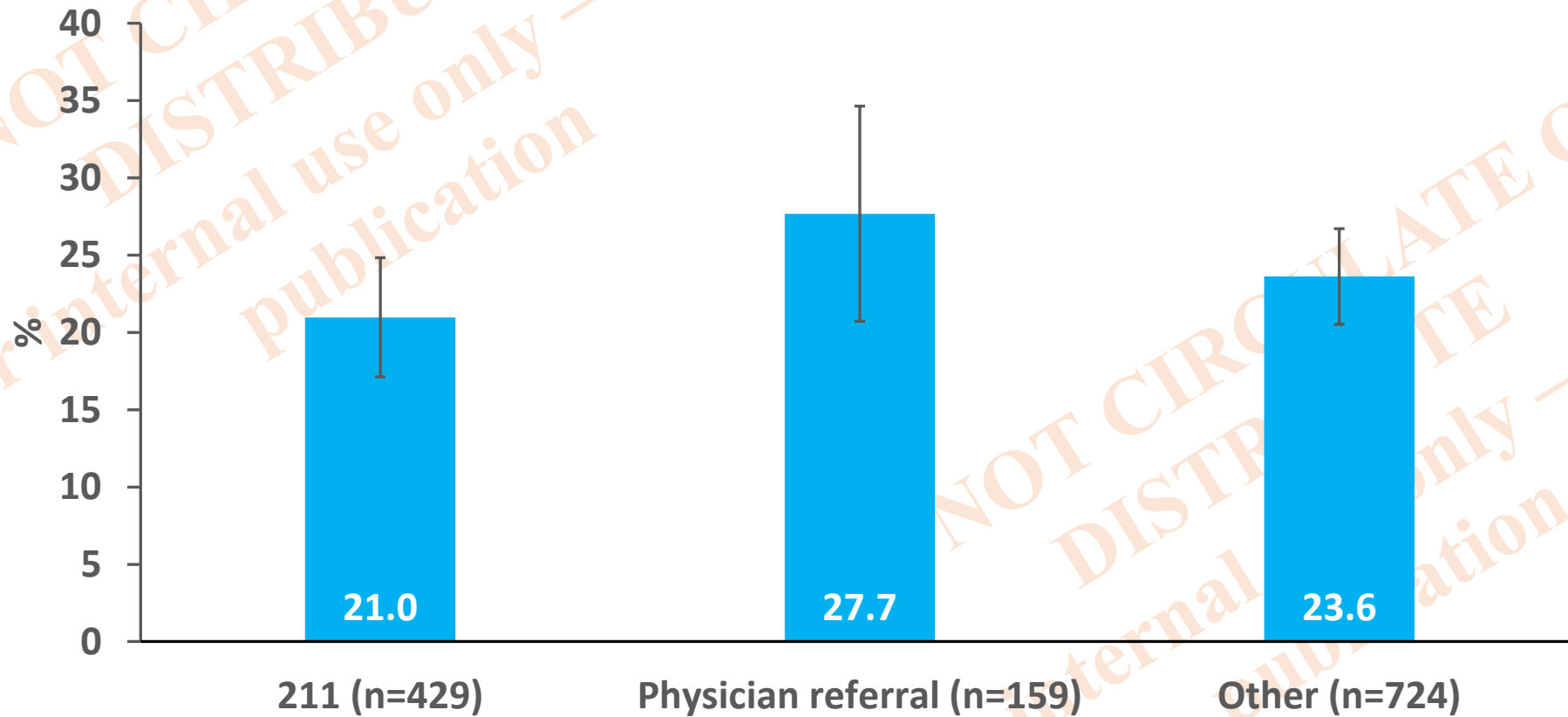
Use of Counseling

April 2021–Jan 2023	Referral from 211 Centers (13 Centers, with \$20 Offered) N=13,599	Referral from Physician Offices (294 Offices, No incentives offered) N=3,121	Self-initiated callers (No incentives offered) N=23,518
% received IC	64.0	57.3	55.7
% received follow-up call	50.2	51.7	48.0
# of FU calls	2.4	2.5	2.6

Use of Cessation Medication including NRT



Quit Rate – 30-day Abstinence Rate at 7th Month



Summary

- **211 is the right place to reach out to the last group of smokers**
- **A small incentive – \$20 – is a cost-effective method to reach smokers**
- **Once smokers are connected to KIC, their motivation to remain in service can be maintained (note, the service is proactive)**
- **The quit rate of 211 smokers tend to be lower than those referred by physicians. This is expected given their circumstances which make quitting much harder**
- **More can be done: planning a new RCT**
- **How to sustain the service?**

Factorial Design for the New RCT

Standard Care	S + Patch
S + Incentive	S + Incentive + Patch

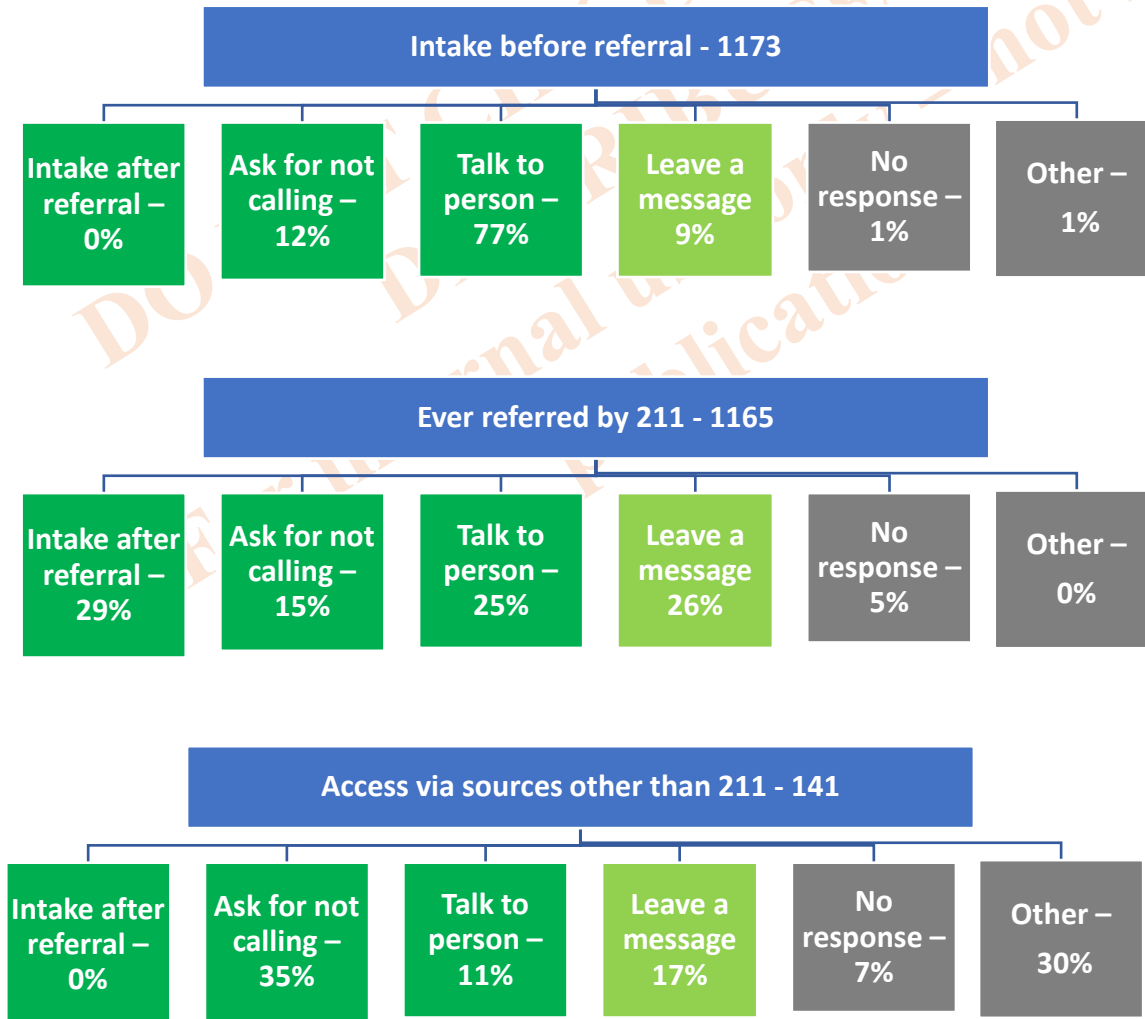
Next Steps

- **To solidify the gain**
- **To move standard care to a higher level by providing further scientific evidence for its effectiveness and cost-effectiveness**

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211 Clients Existing Clients (n=2479)



Physician Referral Existing Clients (n=2066)

