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# Use of the BRFSS Follow-up Surveys to Assess Awareness of the Massachusetts Medicaid Cessation Benefit

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**Presenter Information**

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## USE OF THE BRFSS FOLLOW-UP SURVEYS TO ASSESS AWARENESS OF THE MASSACHUSETTS MEDICAID CESSATION BENEFIT

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**Background:** Conducting a BRFSS follow-up survey is an effective method for evaluating special program initiatives. Massachusetts Tobacco Control Program (MTCP) staff designed a brief telephone questionnaire to measure awareness of a new tobacco cessation benefit for the Medicaid population and to identify barriers to utilization of the benefit.

**Methods:** A telephone call back was conducted by the Massachusetts Department of Public Health (MDPH) from April 2007 – October 2007, 10-16 months after implementation of the smoking cessation benefit. It consisted of a sample of BRFSS respondents between the ages of 18 and 64 years interviewed between March 2007 and September 2007 who agreed to be called back for a follow-up survey. The data consists mainly of smoking and smoking cessation-related questions, insurance related questions, and questions regarding healthcare utilization.

**Results:** Sixty-two percent of BRFSS respondents provided consent to participate in the follow-up survey. Of those, forty-three percent responded to the survey. Of the 2,399 follow-up survey completions, 487 were Medicaid members. Survey results show that Medicaid smokers at follow-up had a high awareness of quitline services (64%) and the benefit (32%). Compared to non-Medicaid smokers, more Medicaid smokers reported intentions to use tobacco cessation medication if referred by a health care provider (55% vs. 47%,  $p=.04$ ).

**Conclusions:** Using the BRFSS call-back survey approach made it possible to administer the survey to smokers in the Medicaid population without a laborious and expensive process of screening Medicaid eligible smokers from the general population. Thus, the approach is cost-effective and population-based. The results showed high awareness of quitline services and smoking cessation of the Medicaid smoking cessation benefit, and, most importantly, a higher rate of reported intention to use cessation medication among the Medicaid smoking population.