Enrollment and Use of Vermont's Tobacco Quitline among Adults with Asthma

June 2025

In Vermont, more than one in 10 adults currently have asthma.[1] Of those with asthma, 60% report uncontrolled asthma.[2] Smoke from cigarettes and vapor from e-cigarettes are common asthma triggers, resulting in worsened asthma symptoms.

Quitting use of tobacco products, including e-cigarettes, is an important step toward taking control of asthma.

The Vermont Department of Health provides a range of free evidence-based tools and services to support individuals ready to quit any nicotine or tobacco product through 802Quits – Vermont's 24/7 quitline. There is strong collaboration and coordination between the Vermont Asthma Program and the Vermont Tobacco Control Program, including promotion of health communications and 802Quits.

This brief outlines results from a comparative analysis of **individuals reporting asthma** (n=2,895) and **individuals not reporting asthma** (n=13,306) when registering for 802Quits over five years (July 1, 2019 – June 30, 2024). The percentage of 802Quits enrollees who report having asthma during registration remained similar each year.^ While the results in this report are focused on unique registrants, there were 339 individuals with asthma who registered multiple times, with an average of 2.3 registrations per individual, similar to individuals without asthma.^

If you need help accessing or understanding this information, contact AHS.VDHAsthmaProgram@vermont.gov.

Learn more about Asthma in Vermont and visit 802Quits.org to find resources for patients and providers.

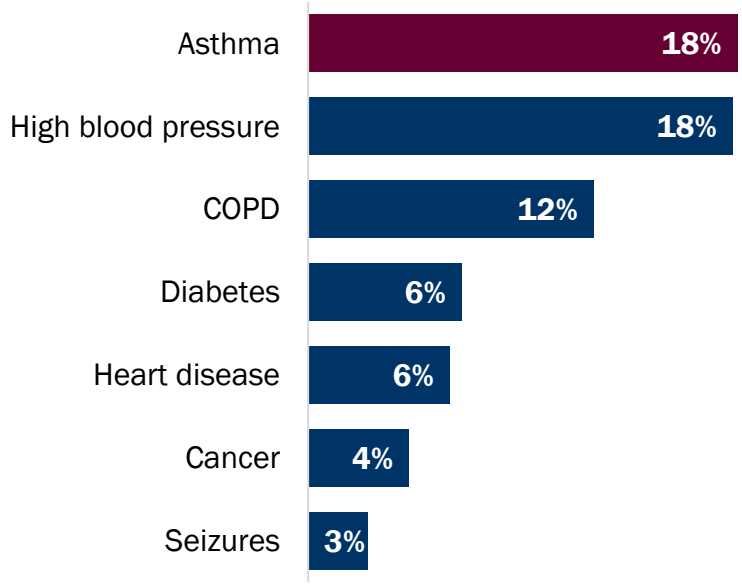
Key Points

- **18% of 802Quits enrollees have asthma, one of the most reported chronic conditions along with high blood pressure.**
- **802Quits enrollees with asthma are more likely to have COPD, a mental health condition, a substance use condition, or both a mental health and substance use condition compared to those without asthma.**
- **Enrollees with asthma are younger, have less formal education, are more heavily addicted to nicotine, and use e-cigarettes more compared to those without asthma.**
- **Most enrollees use the web program over the phone and web-phone programs regardless of reported asthma.**
- **The difference in the percent of enrollees with asthma receiving evidence-based treatment compared to those without asthma is less than 3%.**

802 QUITS YOU CAN QUIT. WE CAN HELP.

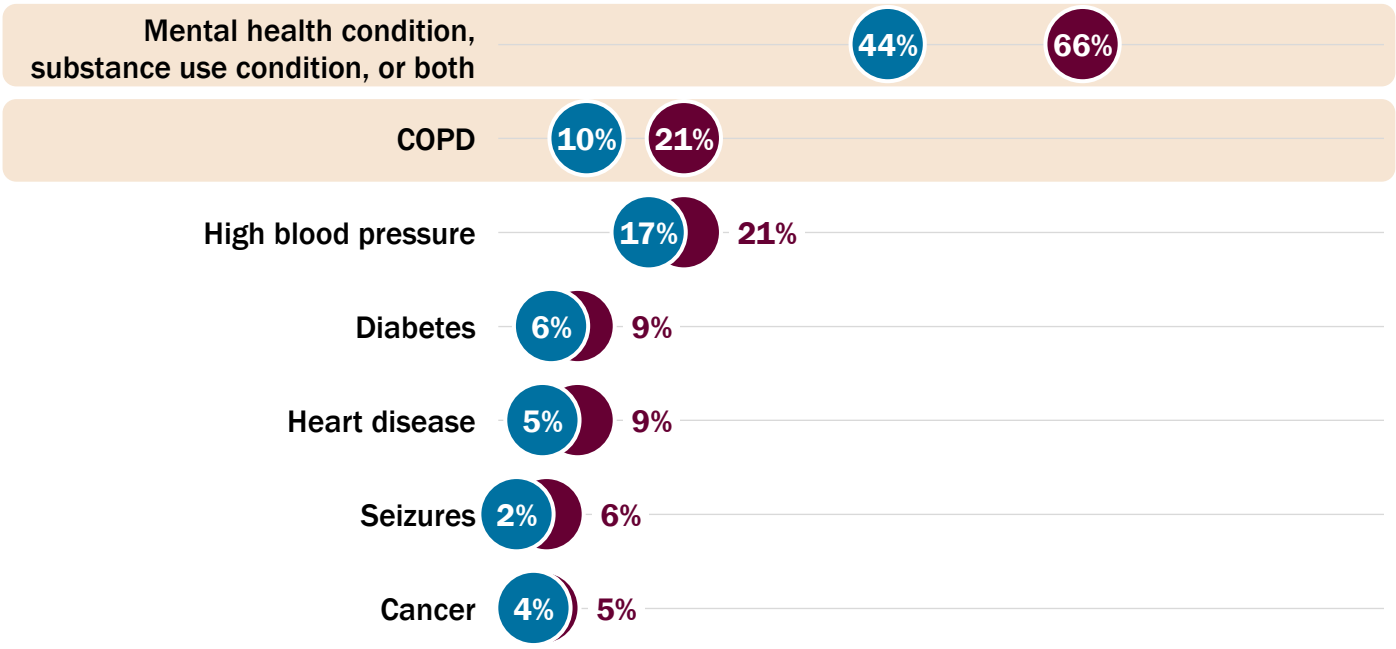
Asthma is one of the most common chronic conditions reported by 802Quits enrollees.

Nearly 1 in 5 802Quits enrollees have asthma.



- During enrollment, individuals self-report the following chronic conditions: asthma, chronic obstructive pulmonary disease (COPD), cancer (any type), diabetes, heart attack, heart disease, high blood pressure, seizures, and stroke.
- Over five years (July 1, 2019 – June 30, 2024), a total of **2,895 unique individuals with asthma** enrolled in 802Quits.
- ≤ 1% of 802Quits enrollees report heart attack or stroke (not shown in the chart).

802Quits enrollees with asthma are more likely to have COPD, a mental health condition, substance use condition, or both a mental health and substance use condition compared to those without asthma.

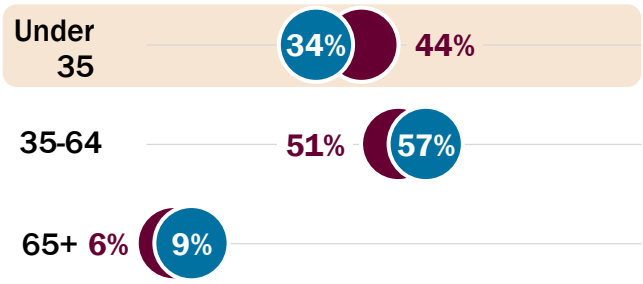


- **Nearly half of all enrollees report a mental health condition, substance use condition, or both**, including ADHD, anxiety disorder, bipolar disorder, depression, PTSD, schizophrenia, or other.
- Adult enrollees with asthma are **more likely to report a mental health condition, substance use condition, or both** than those without asthma.
- Adult enrollees with asthma are **more than twice as likely to also have COPD** than those without asthma.

Enrollees with asthma, compared to those without asthma:

Are younger

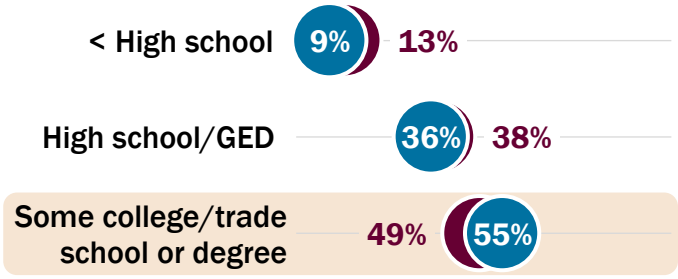
Enrollees with asthma are **more likely to be under 35** compared to enrollees without asthma.



Adults with asthma who enroll in 802Quits are **an average of 4 years younger** than those without asthma. The average age of enrollees with asthma is about 40 years, compared to 44 years for enrollees without asthma.

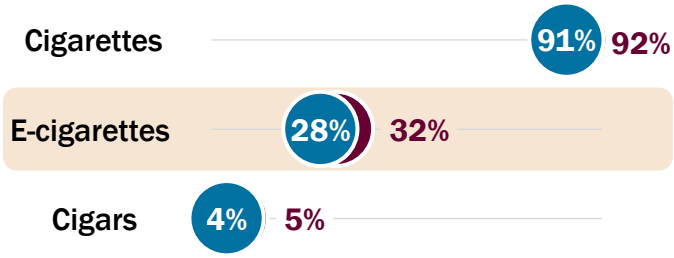
Have less formal education

Enrollees with asthma are **less likely to have some college or trade school education** compared to enrollees without asthma.



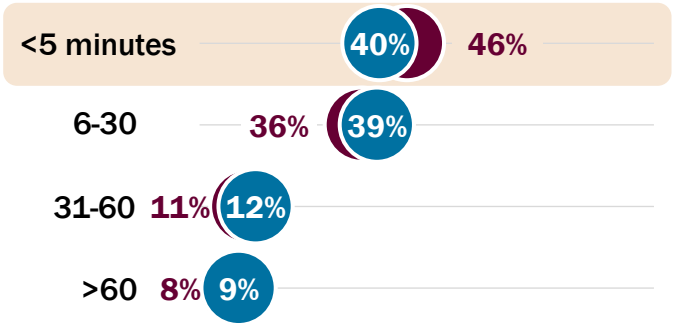
Use e-cigarettes more

While the differences in the use of each tobacco type below are small, **5% more** enrollees with asthma report using e-cigarettes than did those without asthma.



Are more heavily addicted

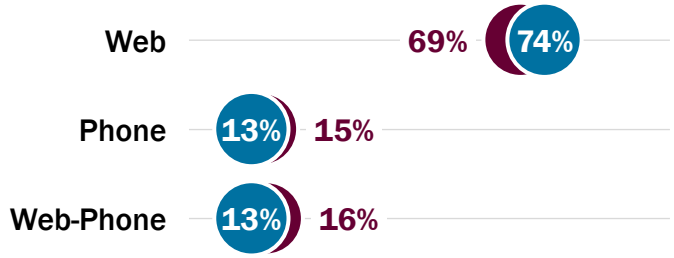
For those who smoke cigarettes, a measure of addiction is how soon after waking they smoke their first cigarette. Enrollees with asthma **more often report having their first cigarette within five minutes** of waking compared to enrollees without asthma.



Once enrolled, the differences in 802Quits use among adults with asthma compared to those without asthma are small.

The web program is the most used program among enrollees with asthma and without asthma.

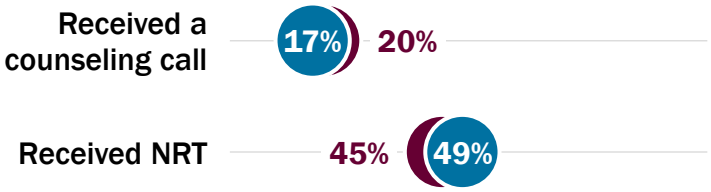
- The web program is the most used program, regardless of reported asthma.
- The percentage of enrollees with and without asthma using the phone and web-phone programs differs by **less than 4%**.



The difference in the percent of enrollees with asthma receiving evidence-based treatment compared to those without asthma is less than 3%.

The difference in the percent of enrollees with asthma (49%) compared to enrollees without asthma (51%) who **receive at least one evidence-based treatment** – either a counseling call or nicotine replacement therapy (NRT) – is small.

- The difference in the percentage of enrollees with and without asthma who receive a counseling call or NRT is **less than 5%**.



Notes

This report uses registration and utilization data from enrollees who registered for 802Quits between Fiscal Year 2020 - 2024. Some enrollees registered multiple times within that time period; only the data from their first (earliest) registration is included, so that no enrollees are double-counted.

^ Denotes comparisons that were not found to be statistically significant.

All comparisons shown in the figures in this report were found to be statistically significant. Key findings discussed in the text are highlighted.

References

[1] Vermont Behavioral Risk Factor Surveillance Survey 2023 Report
[2] Asthma Call-back Survey, 2021
[3] 802Quits Registration Dataset from the quitline vendor

This report was created by Professional Data Analysts, the contracted external evaluator. Questions about this work or report can be directed to the Vermont Asthma Program, ***AHS.VDHAsthmaProgram@vermont.gov.***

VERMONT DEPARTMENT OF HEALTH