



## USING THE COMMUNITIES OF EXCELLENCE (CX) INDICATORS FOR TOBACCO CESSATION

### WHY INCLUDE CESSATION IN A SCOPE OF WORK?

- Despite dramatic success in driving down the prevalence of tobacco use, there are still nearly 4 million smokers in California.
- Preventing young people from starting to smoke and encouraging adults to quit are the two main factors that drive the prevalence of smoking down. To achieve maximum progress, comprehensive tobacco control programs must address both prevention and cessation.
- Most tobacco users want to quit and are receptive to efforts designed to encourage them to do so.
- Health care systems and employers can implement cost-efficient, evidence-based strategies to encourage and promote cessation.
- Promoting cessation encourages health care and social service providers to do their part to help tobacco users quit, extending the reach of a modestly funded tobacco control program.

### WHAT DO THE CX INDICATORS FOR TOBACCO CESSATION ADDRESS?

#### Provision of Services

- Making behavior modification services for tobacco cessation more available in the community
- Making free or low cost pharmacological quitting aids more available to uninsured tobacco users
- Encouraging health care and social service providers to refer tobacco users to programs such as the California Smokers' Helpline

#### Policy

- Encouraging health insurance purchasers to require assessment of tobacco use and coverage of cessation treatments
- Helping health care institutions make systemic changes so that tobacco cessation becomes a routine part of patient care
- Establishing policies that restrict or prohibit the use of alternative tobacco products at worksites
- Helping alcohol and drug programs, mental health programs, and other health or social service programs incorporate tobacco cessation into their work with clients
- Helping employers adopt a comprehensive plan to promote tobacco cessation among their employees

## SUGGESTED DATA & SOURCES FOR CESSATION INDICATORS

### 4.1.1. Extent to which evidence-based and culturally and linguistically appropriate behavior modification-based tobacco cessation services are available in the community

Data	Sources
Demographic profile of tobacco users in your community	The <a href="#">California Health Interview Survey (CHIS)</a> is conducted every other year and provides extensive data on the health and behavior of Californians, including tobacco use. Results are searchable by county, race, language, sex, income, and more. Less populous counties are grouped together.
Cessation services available locally	Local Lead Agencies compile county resource listings of local tobacco cessation programs. These are distributed by the <a href="#">California Smokers' Helpline</a> to all callers and through the Helpline website. The website can also map the distribution of services for a given county. Learn of other local services by Googling "quit smoking" or "tobacco cessation" and your county name. The <a href="#">American Cancer Society</a> maintains its own listings. Coalition members can also be a good source of information on local services.
Utilization of the California Smokers' Helpline	The Helpline can provide the number of callers for a given place and time, broken down by language, race/ethnicity, sex, age, insurance status, and other variables. Email the Helpline at <a href="mailto:cshoutreach@ucsd.edu">cshoutreach@ucsd.edu</a> or call 858-300-1010.

### 4.1.3. Extent to which free or low cost pharmacological quitting aids are available to tobacco users who are not eligible for this benefit through a government or employer subsidized health insurance plan

Data Needed	Sources
Discounts and subsidies on pharmacological quitting aids	Prop. 99 funds cannot be used to purchase pharmacological products, but they can be used to educate other organizations on the need to reduce barriers to access. Review the use of Master Settlement Agreement funds in your county. Some counties have successfully secured MSA monies to provide low or no cost quitting aids. Survey pharmacy chains regarding any coupons or discounts on quitting aids that they may offer.

### 4.1.4. Extent to which health care and social service providers refer patients and clients to accessible, evidence-based tobacco cessation programs such as the California Smokers' Helpline

Data Needed	Sources
Number of referrals to the Helpline by health care providers and other professionals in the community	The California Smokers' Helpline asks all callers how they heard about the service and can report how callers for a given place and time were referred. Email the Helpline at <a href="mailto:cshoutreach@ucsd.edu">cshoutreach@ucsd.edu</a> or call 858-300-1010. The California Tobacco Survey also asks tobacco users if they were referred to a cessation program by a health care provider. It is not searchable online, but reports are produced every three years. Contact the Center for Tobacco Cessation for assistance running county-specific CTS reports at <a href="mailto:C4TC@ucsd.edu">C4TC@ucsd.edu</a> or 866-610-C4TC.

**4.2.1. Extent to which health insurance purchasers make tobacco assessment and coverage of treatment a contractual obligation of health care insurers and/or the clinicians who provide services to them, consistent with the U.S. Public Health Service clinical practice guidelines, Treating Tobacco Use and Dependence (2008 Update)**

Data Needed	Sources
Information on whether local insurance purchasers require assessment of tobacco use and coverage of treatment	Key informant interviews or surveys with insurance purchasers in your county. A basic survey would address the size and demographics of the population to be covered, whether health plans or treatment providers are required to assess members for tobacco use, and whether they plans are required to cover multiple evidence-based treatments, along with information about any barriers to their use, such as eligibility criteria, co-pays, and limitations on the number of times a member may receive treatment. Contact the Center for Tobacco Cessation at <a href="mailto:C4TC@ucsd.edu">C4TC@ucsd.edu</a> or 866-610-C4TC for assistance developing a survey instrument to meet your needs.

**4.2.2. Extent to which health care administrators and insurers provide clinicians with assistance to ensure that institutional changes promoting tobacco dependence treatment are implemented universally and systematically, consistent with the U.S. Public Health Service clinical practice guidelines, Treating Tobacco Use and Dependence (2008 Update)**

Data Needed	Sources
Information on how and whether health care administrators and insurers assist clinicians in addressing tobacco cessation as a routine part of patient care	Key informant interviews or surveys with hospital, clinic system, and other health care administrators in your county. A basic survey would address whether tobacco use is assessed for every patient at every visit, whether providers are given sufficient training, resources, and feedback to ensure that they consistently deliver effective cessation treatments, whether there is a dedicated staff person responsible for coordinating cessation treatment and assessing other clinicians' performance in this area, whether cessation treatment is provided to all inpatients, and whether all of the evidence-based treatments are covered by health plans. Contact the Center for Tobacco Cessation at <a href="mailto:C4TC@ucsd.edu">C4TC@ucsd.edu</a> or 866-610-C4TC for assistance developing a survey instrument to meet your needs or for help with other aspects of this activity, including clinician training. Also see Chapter 5 of the U.S. Public Health Service clinical practice guidelines, <a href="#">Treating Tobacco Use and Dependence (2008 Update)</a> for more information about the elements of effective health systems interventions.

**4.2.3. Number of policies that restrict or prohibit use of alternative tobacco products (e.g., smokeless tobacco) at the worksite**

Data Needed	Sources
List of municipalities and whether they have a policy on alternative tobacco use in the worksite; or list of employers and whether they have such a policy in their worksites	Key informant interviews or surveys with policymakers and/or employers in your county. Contact the <a href="#">Center for Tobacco Policy and Organizing</a> with inquiries about this indicator.

**4.2.4. Number of alcohol and drug treatment programs, mental health treatment programs, migrant clinics, and other health or social service programs that have implemented evidence-based tobacco cessation treatment, consistent with the U.S. Public Health Service clinical practice guidelines, Treating Tobacco Use and Dependence (2008 Update)**

Data Needed	Sources
List of treatment, health or social service programs and whether they have incorporated tobacco cessation treatment into their work with clients	Key informant interviews or surveys with the administrators of alcohol and drug treatment programs, mental health treatment programs, migrant clinics, and other health or social service programs in your county. The survey instrument would depend on the type(s) of programs to be assessed, but would be similar to the instrument used to assess health systems. A basic survey would include whether tobacco use is assessed for every client or patient, whether providers are given sufficient training, resources, and feedback to ensure that they consistently deliver effective cessation treatments, whether there is a dedicated staff person responsible for coordinating cessation treatment and assessing other providers' performance in this area, whether cessation treatment is provided to all inpatients. It would also be important to assess the extent to which the staff of alcohol and drug treatment programs and of mental health treatment programs are encouraged to be tobacco-free, and the extent of smoke-free policies in any residential facilities. Contact the Center for Tobacco Cessation at <a href="mailto:C4TC@ucsd.edu">C4TC@ucsd.edu</a> or 866-610-C4TC for assistance developing a survey instrument to meet your needs or for help with other aspects of this activity, including provider training.

**4.2.5. Number of employers that have adopted a comprehensive plan to promote tobacco cessation among their employees, including covering multiple evidence-based treatments, promoting awareness of these benefits and of the importance of quitting, and providing financial incentives for employees' use of cessation services**

Data Needed	Sources
List of employers and the steps they have taken to promote tobacco cessation among their employees.	Key informant interviews or surveys with employers in your county. A basic survey would address whether tobacco use is assessed for every employee, whether employees have access to multiple evidence-based cessation treatments, whether there is a dedicated staff person responsible for promoting cessation among employees, and whether employees are offered a financial incentive for using cessation services. Contact the Center for Tobacco Cessation at <a href="mailto:C4TC@ucsd.edu">C4TC@ucsd.edu</a> or 866-610-C4TC for assistance developing a survey instrument to meet your needs.

**FOR MORE INFORMATION**

Contact the Center for Tobacco Cessation, your tobacco cessation resource center, at [C4TC@ucsd.edu](mailto:C4TC@ucsd.edu) or 866-610-C4TC, or visit us online at [CenterForCessation.org](http://CenterForCessation.org).

The Center for Tobacco Cessation is a statewide project funded by the [California Tobacco Control Program](#) and operated by the University of California San Diego, Moores Cancer Center. We provide training and technical assistance to organizations statewide to increase their capacity in tobacco cessation.

Services include information and resources, technical assistance, and online and in-person trainings on topics including development of a comprehensive cessation strategy, evidence-based behavioral treatments, tobacco cessation in special populations, promotional approaches to increasing cessation, evaluation of cessation programs, and more.

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