



Smokers want to quit...

What can your county do to help?

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Center for Tobacco Cessation

- ▶ Funded by the California Tobacco Control Program
- ▶ Statewide training and technical assistance center
- ▶ Purpose is to build capacity to support tobacco cessation



Why cessation?

- ▶ There are still nearly 4 million smokers in CA
- ▶ Vast majority of smokers want to quit
- ▶ Must address prevention & cessation to achieve maximum progress
- ▶ It's good PR when passing smoke-free policies
- ▶ Health care systems and employers can implement cost-effective, evidence-based strategies

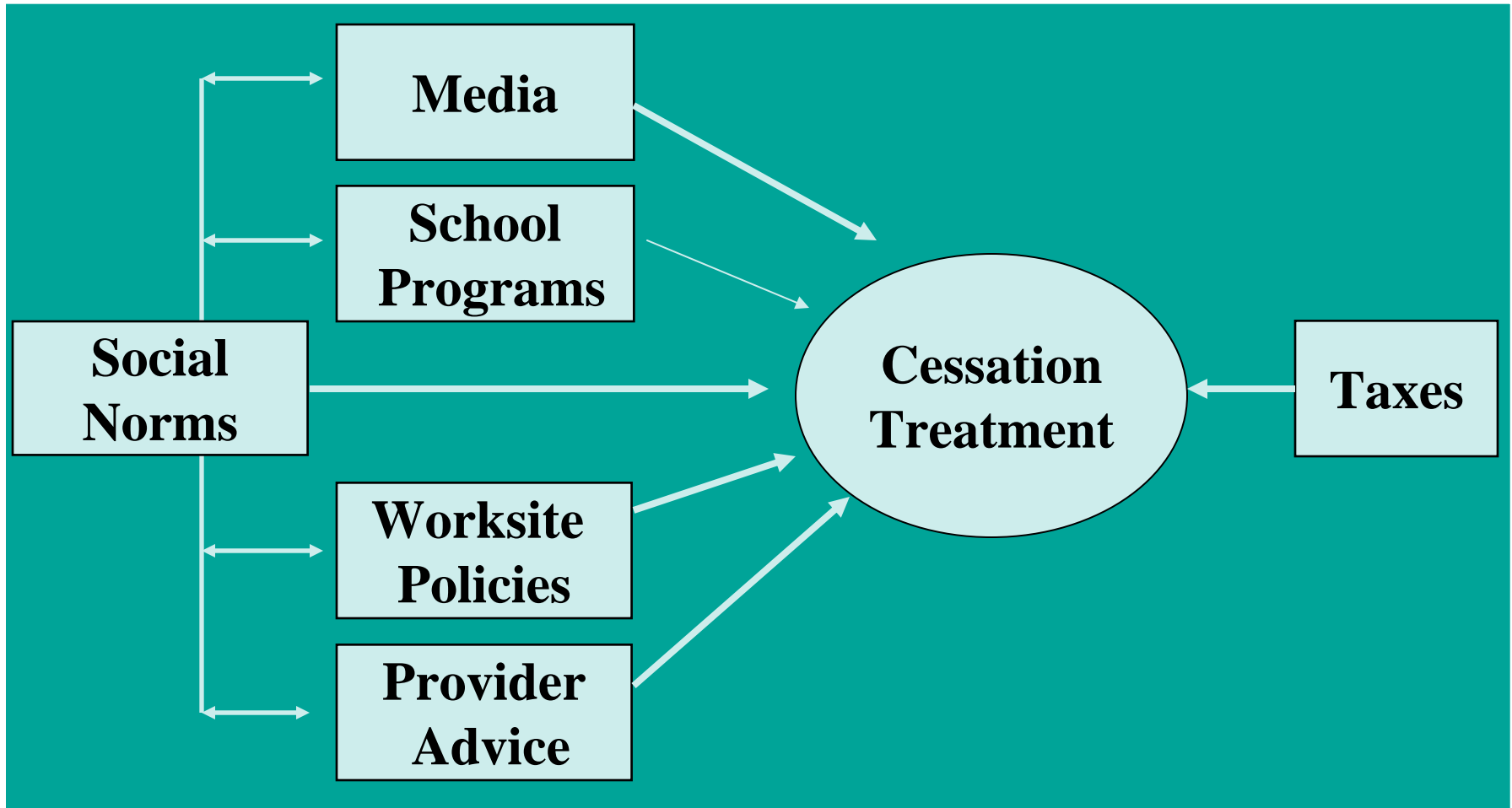


Drivers of Cessation

- ▶ Smoke free workplaces
- ▶ Other bans, focus on nonsmokers' rights
- ▶ Taxes
- ▶ Anti-tobacco & cessation messages
- ▶ Cessation treatment
 - Pharmacological advances
 - Provision of services (quitline & others)
- ▶ Systematic interventions
 - Ask, Advise, Refer



Cessation Treatment in the Context of Tobacco Control



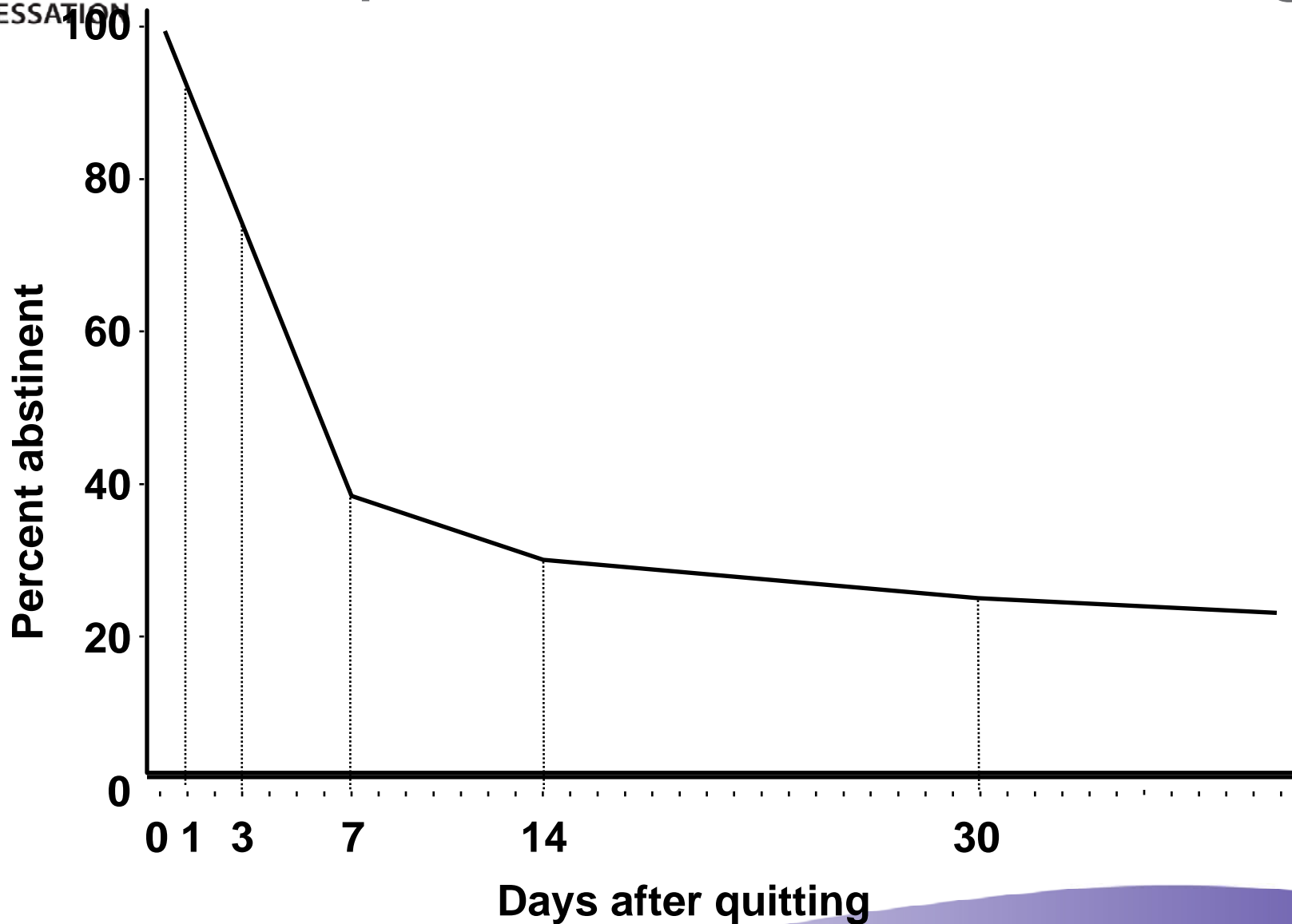


Previous Cessation Indicators

- ▶ Increasing participation in group classes and individual treatment
 - Requires a cessation facilitator
 - Weekly classes are not ideal for relapse prevention
 - Set classes offered once or twice a year do not maximize motivation
- ▶ Increasing calls to the Helpline



Relapse-Sensitive Scheduling



Source: Zhu & Pierce (1995), *Prof. Psych. Res. & Practice*, 26, 624-625



New Indicators

- ▶ Health systems policies
- ▶ Provider education and increased intervention
- ▶ Employer policies and benefits
- ▶ Promotion of the Helpline*



Sample Objective #1 (4.1.1, 4.1.4)

- ▶ By 2013, the annual number of calls to the California Smokers' Helpline from daily smokers of ethnic or linguistic minority backgrounds in XXX County will have increased by 25% over the baseline in FY 2010.



Needed Data

- ▶ Call volume from the Helpline
- ▶ Survey data from CHIS or CTS



Needed Data - Example

| Ethnicity | % of Daily LA County smokers* | % of Callers from LA County** |
|-------------------------------|--------------------------------------|--------------------------------------|
| Am Ind/Al Nat | ---- | 1.4% |
| Asian/Pacific Islander | 12.9% | 10.6% |
| Black/Af Am | 19.0% | 24.7% |
| Hispanic/Lat Am | 27.7% | 25.4% |
| White/Caucasian | 39.8% | 35.0% |

* CHIS 2005

** Helpline 2005



Activities

- ▶ Include the Helpline number(s) on all smoke-free outdoor signage, press releases, web sites, etc.
- ▶ Utilize and customize materials available through TECC to promote the Helpline
- ▶ With the assistance of the Helpline, develop a marketing plan to increase calls
- ▶ Conduct presentations about the Helpline and its efficacy to organizations in a position to refer smokers to the Helpline



Evaluation Measures

- ▶ Process measures:
 - Number of marketing vehicles promoting the Helpline
 - Number of Helpline presentations

- ▶ Impact measures:
 - Number of calls to the Helpline



Sample Objective #2 (4.1.4, 4.2.4)

- ▶ By 2013, at least 50% of mental health and/or substance use disorder clinics in the county will report that they systematically ask all patients if they use tobacco, advise those who do to quit, and refer them to evidence-based cessation programs.



Needed Data

- ▶ Survey of current interventions and policies
- ▶ Key informant interviews



Activities

- ▶ Partner with county offices of mental health and alcohol and drug
- ▶ Identify and meet with key medical directors and/or administrators and make the case for including smoking cessation in their standard of care
- ▶ Partner with CTC to provide trainings, in-person or webinar, for providers and counselors



Evaluation Measures

- ▶ Process measures
 - Survey of current methods to track tobacco usage and referral to programs
 - Number of meetings
 - Number of trainings and providers trained
- ▶ Impact measures
 - Increased number of practices systematically tracking Ask, Advise, Refer
 - Compliance with new policies
 - Increased health care provider knowledge of existing services and increased confidence in implementing Ask, Advise, Refer



Objective #3 (4.1.1, 4.1.4, 4.2.2)

- ▶ By 2013, at least one hospital in XXX County will implement all of the recommendations for hospitalized smokers in the U.S. Public Health Service Clinical Practice Guidelines, including assessing tobacco use on admission, listing tobacco use on the admission problem list and as a discharge diagnosis, providing counseling and medications to help patients abstain from tobacco use during and after hospitalization, and providing supportive follow-up for at least a month after discharge.



Needed Data

- ▶ Survey of current hospital practices



Hospitals - Current Requirements

- ▶ Joint Commission requirements
 - Must provide cessation advice/counseling for at least 2 of the following conditions:
 - ▶ Acute myocardial infarction
 - ▶ Heart failure
 - ▶ Pneumonia

To check a hospital in your area, visit:

<http://www.qualitycheck.org>



Joint Commission – Proposed Changes

1. Tobacco use assessment – all hospitalized inpatients will be assessed for tobacco use.
2. Tobacco use treatment – all hospitalized inpatients will be offered evidence-based counseling to quit & FDA-approved cessation medications during the hospital stay.
3. Tobacco use treatment at discharge – all current tobacco users (use within 30 days) will be referred to evidence-based counseling & offered a prescription for FDA-approved cessation medications.
4. Tobacco use treatment follow-up – discharged patients identified as current tobacco users will receive one follow-up call within two weeks after hospital discharge to ascertain their tobacco use status.



Activities

- ▶ Identify and meet with key administrators and/or quality improvement coordinators and make the case for including smoking cessation in their standard of care
- ▶ Partner with CTC to provide trainings, in-person or webinar, for health care providers



Evaluation Measures

- ▶ Process measures
 - Survey of current hospital policies
 - Number of meetings
 - Number of trainings and providers trained
- ▶ Impact measures
 - Increased number of hospitals implementing guideline recommendations
 - Compliance with new policies
 - Increased health care provider knowledge of existing services and increased confidence in implementing Ask, Advise, Refer



Sample Objective #4 (4.1.4, 4.2.2, 4.2.4)

- ▶ By 2013, at least 100 health care providers in XXX County will have participated in a CME/CEU-approved training on treating tobacco use and dependence.



Data Needed

- ▶ Survey of current beliefs and practices of target provider group



Activities

- ▶ Partner with CTC to recruit providers
- ▶ Target mental health and substance use disorder providers
- ▶ Target community clinics and other clinic systems that reach the under- & un-insured
- ▶ Target provider associations with whom the Helpline and CTC already have existing partnerships, such as diabetes educators, pharmacists and dental hygienists



Health Care Provider Intervention

Ask: Systematically identify all tobacco users at every visit

Advise: Advise smokers to quit

Assess: Assess each smoker's willingness to quit →

Refer to the Helpline

Assist: Assist smokers with a quit plan →

The Helpline provides behavior modification counseling (quit plan & quit date)

Arrange: Arrange follow-up contact →

The Helpline provides 5 proactive calls – timing is based on the probability of relapse.



Example – Diabetes Educators

- ▶ “Do you cAARd?”
 - Identified champions for a summit
 - Introduced Ask, Advise, Refer
 - Provided information & data on the Helpline
 - Developed a pocket guide for providers
 - Local summits to expand reach
 - Media/ad placement



Pocket Guide



To order pocket guides, contact TECC at
www.tobaccofreecatalog.org



Evaluation Measures

- ▶ Process measures:
 - Number of trainings provided
 - Number of health care providers attending the trainings
- ▶ Impact measures:
 - Increased health care provider knowledge of existing services
 - Increased confidence among providers in implementing Ask, Advise, Refer
 - Increased number of callers referred by health care providers to the Helpline



Sample Objective #5 (4.1.4, 4.2.5)

- ▶ By 2013, at least one employer in XXX County will develop and implement a comprehensive plan to promote tobacco cessation among their employees, including covering at least half of the FDA-approved quitting aids, instructing employees how to access the covered treatments, communicating the importance of quitting, referring to an evidence-based behavior modification program such as the Helpline, and offering financial incentives for the use of any of the above cessation services.



Needed Data

- ▶ Survey of current employer policies and benefits



Activities

- ▶ Identify and meet with those businesses that have already passed smoke-free campus or outdoor policies to encourage adoption of a cessation plan
 - Provide return on investment data
 - ▶ <http://www.businesscaseroi.org>
 - Integrate with existing wellness programs
 - Target human resources and/or employee assistance programs
- ▶ Provide tools and materials to promote the Helpline and other evidence-based programs



Employers - Example

▶ Pitney Bowes

- Created an incentive program
 - Employees earn flex dollars to purchase medical benefits
- Established seven on-site health centers
 - Free NRT and Zyban
 - Counseling (on-site or referred to quitline)
 - Educational material

Source: Pacific Business Group on Health, Tobacco Cessation Benefit Coverage & Consumer Engagement Strategies: A California Perspective, December 2007.



Health Plans - Model Benefit

- ▶ Screen for tobacco use
- ▶ Offer evidence-based counseling
- ▶ Cover all FDA-approved cessation meds
- ▶ Allow for multiple quit attempts
- ▶ De-link medication & counseling benefits
- ▶ Eliminate, or reduce, co-pay



Evaluation Measures

- ▶ Process measures:
 - Survey of current policies and benefits
 - Number of meetings
- ▶ Impact measures:
 - Increased coverage and promotion of cessation benefits
 - Increased usage of cessation benefits
 - Increased utilization of the Helpline



Questions?



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