

Agenda

Tobacco and Health Trust Fund Board

Friday, November 19, 2010

9:30 a.m. to 12:00 Noon

*Room 410, State Capitol
Hartford, Connecticut*

- I. Executive Session

- II. Convene Board Meeting

- III. Approval of October 2010 Minutes

- IV. Follow-up on Evaluation Findings for FY 08 Cessation Programs

- V. Discussion of FY 11 Funding Recommendations

- IV. Next Meeting
December 17

D R A F T Meeting Summary

Tobacco and Health Trust Fund Board

Friday, October 15, 2010

10:00 a.m. - 12:00 Noon

Room 410

State Capitol

Hartford, Connecticut

Members Present: Anne Foley (Chair), Doug Fishman, Elaine O'Keefe, Ellen Dornelas, Diane Becker, Pat Checko, Cynthia Adams, Geralyn Laut, and Dianne Harnad.

Members Absent: Ken Ferrucci, Norma Gyle, Nancy Bafundo, Cheryl Resha, Rob Zavoski, Steven Papadakos, Andy Salner, and Larry Deutsch.

| Item | Discussion/Action |
|---|--|
| Welcome and Introductions | The meeting was convened at 10:05 a.m. |
| Approval of September 2010 Minutes | Cynthia Adams moved approval of the September minutes and the motion was seconded by Elaine O'Keefe. Following discussion and agreement to add Rob Zavoski to the list of members absent from the September meeting, the minutes were approved on a voice vote. There were two abstentions: Pat Checko and Doug Fishman. |
| Presentation of Evaluation Findings on FY 08 Cessation Programs | Amy Griffin and Joy Kaufman from The Consultation Center, Inc. presented preliminary evaluation results on the FY 08 Tobacco Cessation Programs. The board recommended the following additions to be considered in the development of the final report: <ul data-bbox="690 1759 1312 1885" style="list-style-type: none">• Broaden the analysis of quit rates to compare by demographics, utilization of nicotine replacement therapy, length of |

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|---|---|
| | <p>time (follow up at three and six months), differential between non-completers who attended just one session and those who attended more than one session, and ethnicity of providers.</p> <ul style="list-style-type: none"> • Examine the rate of smoking reduction – not just quit rates, but the decrease in the amount of smoking for those that did not quit. • Provide an analysis of the overall cost and the cost per quit. • Report on program data by program sites, including cost and cost per quit. Provide a comparison of the population, number of sessions attended, and quit rates by site. Compare cessation approaches and results among the various sites. • Remove the number of participants that do not currently smoke from the quit rate outcomes (refer to page 10, table 7 of the draft report). • Track and report on re-enrollments (e.g. the number of participants that relapse) including characteristics. • Identify the facilities that institutionalized smoking cessation into their system. • Document how the program will sustain itself after board funding is discontinued. • Recommend how to increase the number of pregnant women (smokers) enrolled in cessation programs. |
| <p>Preliminary Discussion of FY11 Funding Recommendations</p> | <p>Board members reviewed statutory mandates for disbursement from the trust fund, guiding</p> |

| | |
|---|---|
| | <p>principles for funding decisions, trust fund disbursements from FY03 through FY10, and testimony received at the September 17 public hearing. The board received data on current community-based cessation programs and QuitLine as well as a recent Penn State report on the Potential Costs and Benefits of Smoking Cessation for Connecticut. Board members will review the data and report prior to the November meeting – at which time the board will develop recommendations for disbursement of \$400,000 for FY11. The board agreed to extend its November 19 meeting by one hour from 9:00 a.m. to 12:00 noon.</p> |
| <p>Adjournment into Executive Session</p> | <p>Dianne Harnad moved adjournment of the board meeting 11:20 a.m. and the motion was seconded by Cindy Adams and approved on a voice vote. The chair then convened an executive session to discuss the process to review the Innovative Program proposals received in response to the RFP. After a brief discussion of the evaluation process, three board members agreed to serve on the evaluation committee. Each committee member was given a copy of the Ethics and Confidentiality Endorsement Form to sign as well as the Annual Statement of Financial Interests that must be filed with the Office of State Ethics.</p> |
| <p>Next Meetings</p> | <p>The next board meetings will be on Friday, November 19 from 9:00 a.m. to 12:00 noon and on Friday, December 17 from 10:00 a.m. to 12:00 noon.</p> |

Trotman, Pamela

To: Foley, Anne
Subject: RE: Trust Fund request of Evaluators

From: Shuttlesworth, Kathryn
Sent: Tuesday, November 09, 2010 3:57 PM
To: Foley, Anne
Cc: Walsh, Barbara; Kaufman, Joy; Amy Griffin
Subject: Trust Fund request of Evaluators

Hi Anne,

Joy forwarded your e-mail to me with the list of requested items from the Board.

Below are the items they can provide as well as items they are not able to provide. They are unable to provide these items because they do not have the data or it is a request that was outside of the scope of the grant. Important to note that in the list below specifying what they can provide, it is limited to the data they have and therefore may only include a subset of all who were referred and/or enrolled.

They are able to provide:

- Characteristics of re-enrollments
- Health disparity information of quit rates (e.g. race, ethnicity, income, health insurance)
- Characteristics of non-smokers that were enrolled in the program
- Number that quit smoking and cost per quit by CHC and overall (this will include differential quit rates by method of implementing Freedom from Smoking Curriculum)
- Population, number of sessions attended, and quit rates by CHC
- Differential quit rate between non-completers who attended 1 session and non-completers who attended more than 1 session
- Examination of the rate of reduction of smoking (not just quit rates but the decrease in the amount of smoking for those who did not quit).

They do not have access/or cannot provide:

- Total number of patients at each CHC that smoke (only have data on those that were referred or enrolled to the program)

- Demographics of all patients at each CHC (only have data on those that were referred or enrolled to the program)
- Percent of all babies born premature or with a low birth weight at each CHC (only have data on those that were referred or enrolled to the program)
- Total number of pregnant women who smoke at each CHC
- Demographics of providers at each CHC
- Differences in pharmacotherapy and counseling alone on quit rates
- Comparisons of CHC model with other quit models
- Research on whether providing smoking cessation at a patient's medical home impacts quit rates

If you have any questions, please let me know. Thanks Katie

*Katie Shuttleworth
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Tobacco Use Prevention and Control Program
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Statutory Mandates

The board of trustees may recommend disbursement from the trust fund to:

1. Reduce tobacco abuse through prevention, education and cessation programs,
2. Reduce substance abuse, and
3. Meet the unmet physical and mental health needs in the state.

The board's recommendations must give:

1. Priority to programs that address tobacco and substance abuse and serve minors, pregnant women and parents of young children, and
2. Consideration to the availability of private matching funds.

Tobacco & Health Trust Fund Board of Trustees Guiding Principles for Funding Decisions

Originally Adopted at the September 2001 Meeting and Amended Periodically

The following principles, which guide Board funding decisions, are noted in priority order. Despite the focus on anti-tobacco efforts, other areas within the broad charge of the Board will not be dismissed without consideration.

1. **Sustainable programming.** Funding decisions should focus on programs that can be maintained without significant increases in use of trust fund dollars. Based on reasonable projections, budget forecasts will be used to help the Board identify future programming needs. In addition, resource development opportunities and other potential funding sources will be investigated.
2. **Consistent with existing public research and plan documents.** The Board will assess to what extent the proposed programming is consistent with existing research and plans, including, but not limited to:
 - Best Practices for Comprehensive Tobacco Control Programs by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention, October 2007;
 - Local Tobacco Control Action Plans by the Connecticut Prevention Network, September 2001; and

- Connecticut Tobacco Use Prevention and Control Plan by the Connecticut Department of Public Health and the Department of Mental Health and Addiction Services, 2002
3. **Complement and enhance existing programming and expenditures.** The State of Connecticut, as well as agencies external to state government, have made a commitment to programming in this area. To the greatest extent possible, funding decisions should build on existing programming to ensure the most efficient use of the Trust Funds resources.
 4. **Focus on societal/environmental change.** The Board will support efforts that are designed to seek a cultural shift in the use of tobacco. The Board will not focus exclusively on efforts that treat individuals, but also on efforts that change the way society views tobacco and the way systems work to control the use of tobacco. For example, population-based messages will be used, not just messages that are targeted to smokers.
 5. **Cultural Sensitivity.** Recognizing that tobacco companies target their audience, the Board will ensure that marketing messages and other programming take into consideration differing cultural perspectives and languages.
 6. **Effective and outcome-based efforts.** To the greatest extent possible, the board will fund endeavors that are measurable, science-based, and proven to be effective.



Connecticut
Prevention Network

Local partnerships promoting wellness
by addressing substance abuse statewide.

Tobacco and Health Trust Fund Public Hearing

My name is Marlene F. McGann. I am the Executive Director of the Meriden and Wallingford Substance Abuse Council, a CT Regional Action Council. I am here on behalf of the CT Prevention Network of Regional Councils. We are on the front-line of prevention in every community in this State for problems of substance abuse, smoking prevention, gambling and other addictions. As such we work with a wide variety of community members and see the devastation that addiction to tobacco can bring to an individual, a family and a community.

In 2000 the RACs were empowered by the Legislature to conduct a Tobacco Needs Assessment in each of the 169 towns to determine the then current tobacco-related services, programs and policies in each town. Each town also developed an action plan to address what they determined were critical needs locally related to tobacco. This work was completed in a brief six weeks, an unheard of mobilization of communities in such a short period. The RACs were able to deliver statewide community level data and mobilize local communities through our extensive grassroots network.

Prevention should not be neglected when funding cessation and tobacco research programs. It has been shown that it is much less expensive to stop someone (especially children and adolescents) from starting smoking than to spend the funds on getting them to quit. According to local and national surveys, children begin experimenting with smoking at age 12. Focusing prevention efforts on elementary and middle school age youth is a good investment

The RAC structure has been addressing prevention at the local level for many years with diminishing funds. Currently RACs provide services in their communities including:

- Afterschool alternative to school suspension classes for students ages 12-18 who are found smoking at school
- Media literacy on the effect of tobacco advertising to 6th and 7th grade students
- Secondhand smoking education to parents of 5th graders
- Interactive presentations on smoking to 2nd grade students
- Merchant education and collaboration on compliance checks of retailers
- Smoking cessation classes and assistance in implementation for disabled populations
- Graphic design projects with youth ages 12-21
- Technical assistance to communities and businesses to develop smoking policies
- Print materials and educational sessions for parents and educators on smoking and health

It would be beneficial for Connecticut to have some of the available funding directed to prevention efforts for pre-teens and adolescents. We urge you to consider funding prevention efforts on a statewide or regional basis and partnering with the Regional Action Council network in these efforts. Thank you.

Marlene F. McGann, MSCJ
CT Prevention Network

September 17, 2010

Tobacco and Health Trust Fund
Board Disbursements FY 03 – FY 10

| | <u>FY03</u> | <u>FY04</u> | <u>FY07</u> | <u>FY08</u> | <u>FY09</u> | <u>SubTotal</u> <u>FY03-09</u> | <u>FY10</u> <u>Recs.</u> | <u>Total</u> |
|-------------------------|------------------|------------------|------------------|------------------|--------------------|-----------------------------------|-----------------------------|---------------------|
| Counter Marketing | \$350,000 | | \$100,000 | | \$2,000,000 | \$2,450,000 | \$1,650,000 | \$4,100,000 |
| Website Development | \$50,000 | | | | | \$50,000 | | \$50,000 |
| Cessation Programs | \$400,000 | \$300,000 | | \$800,000 | \$1,612,456 | \$3,112,456 | \$1,550,000 | \$4,662,456 |
| QuitLine | | \$287,100 | | | \$2,000,000 | \$2,287,100 | \$1,650,000 | \$3,937,100 |
| School Based Prevention | | | | | \$500,000 | \$500,000 | \$500,000 | \$1,000,000 |
| Lung Cancer Pilot | | | | | \$250,000 | \$250,000 | \$250,000 | \$500,000 |
| Evaluation | | | | | \$500,000 | \$500,000 | \$300,000 | \$800,000 |
| Innovative Programs | | | | | | \$0 | \$477,745 | \$477,745 |
| Total | \$800,000 | \$587,100 | \$100,000 | \$800,000 | \$6,862,456 | \$9,149,556 | \$6,377,745 | \$15,527,301 |

Community-Based Cessation Programs

- Programs enrolled 240 people into tobacco cessation programs between September 2009 and March 2010.
- Close to 24% of the enrollees smoked less than 10 cigarettes per day, 43% smoked 11-20 cigarettes per day and 13% smoked more than 21 cigarettes per day. Data was missing for 18% of the enrollees.
- The largest proportion of referrals came from health care or mental health providers.
- Program enrollees represent: 53% White, 20% African American/Black, 13% "other" race and 11% Hispanic.
- Close to 57% had a high school education or less and of those reported their income, 52% made \$10,000 a year or less.
- About 10% had no insurance and another 75% had some form of government sponsored insurance.
- About 25% of enrollees had 1-2 counseling sessions, 25% had 3-5 counseling session and 12% had 6 or more sessions.
- About 28% of the enrollees that completed or dropped out of the program did not continue to smoke, 65% continued to smoke everyday and 6% smoked occasionally. 96% of enrollees quit for less than one month (data is derived from the program completion forms –out of the 92 cases only 32 responded.)

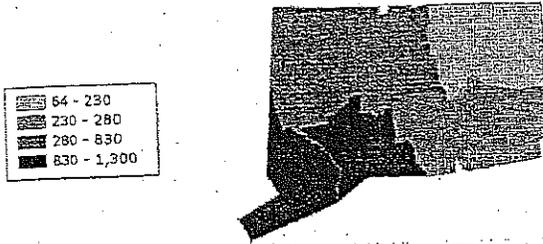
Source: Tobacco Cessation Program Aggregate Quarterly Report – March 2010



Performance Dashboard Connecticut QuitLine

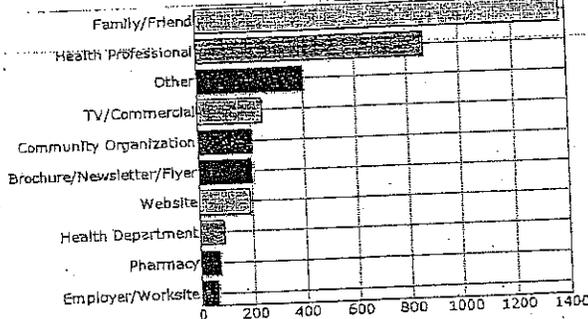
Contract dates from 7/1/2009 through 6/30/2010

Tobacco Users Served YTD (Adults)

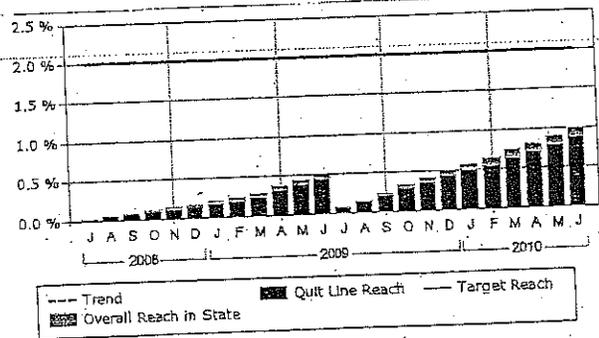


| | Population | Prevalence | Tobacco Users |
|-------------------------|------------|------------|---------------|
| Adult | 3,034,060 | 15.4 % | 467,245 |
| | | Quit Line | State |
| Tobacco Users YTD | | 4,066 | 4,677 |
| Target Reach | | 2.0 % | 2.0 % |
| Reach YTD | 1 | 0.87 % | 1.00 % |
| Reach - NAQC | 2 | 0.73 % | 0.73 % |
| Annualized Reach | 1 | 0.87 % | 1.00 % |
| Annualized Reach - NAQC | 2 | 0.73 % | 0.73 % |

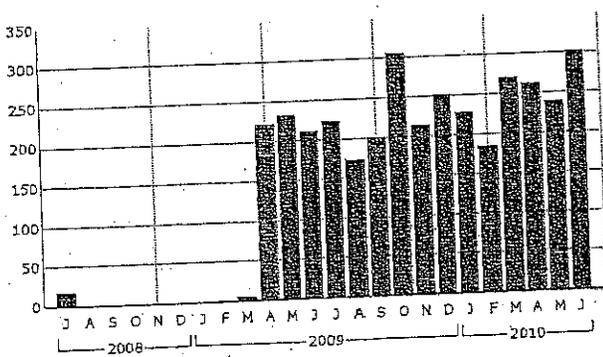
Top 10 How Heard About (Contract YTD)



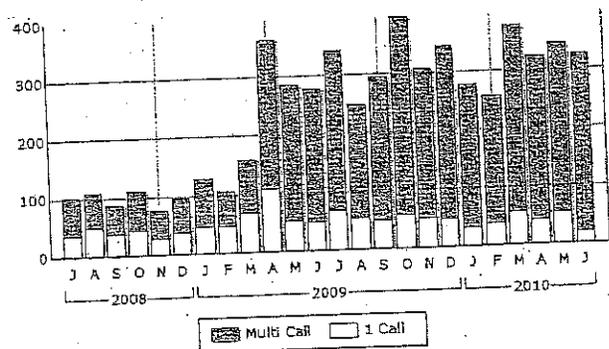
Cumulative Reach Rate



Tobacco Users Receiving NRT



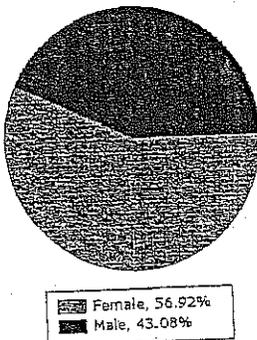
Tobacco User Enrollments By Program Type



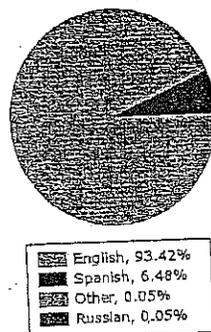
NOTE: Includes Tobacco Users only, does not include Proxy or Provider.

Demographics (Past 6 Months)

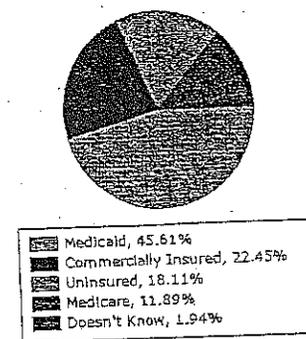
Tobacco Users By Gender



Tobacco Users By Language



Tobacco Users By Health Plan



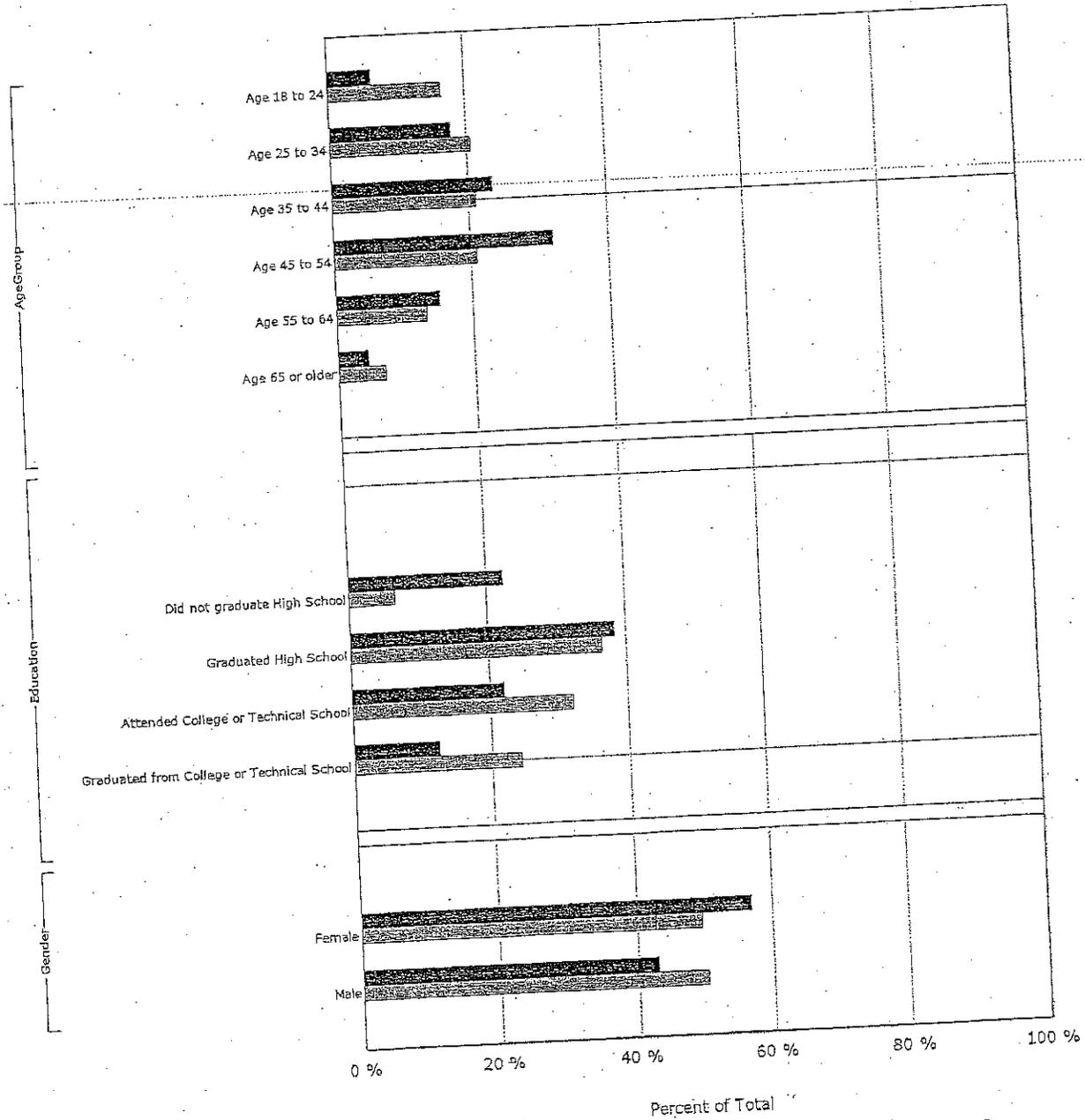
1. Reach - Includes all tobacco users, regardless of service requested.
2. NAQC Reach - Includes tobacco users provided minimal, low-intensity, or higher intensity counseling OR medications OR both counseling and medications.



Performance Dashboard Connecticut QuitLine

Contract dates from 7/1/2009 through 6/30/2010

Demographic Comparison



3. Data Source: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2009.

PRELIMINARY RESULTS: 7- AND 13-MONTH FOLLOW-UPS

Table 1: Survey Call Disposition

| | 7-month follow-up | | 13-month follow-up | |
|---|-------------------|--------------|--------------------|--------------|
| | N | % | N | % |
| General population surveys | 309 | 38.1 | 199 | 39.4 |
| Long surveys completed | 256 | 31.6 | 170 | 30.8 |
| Short surveys completed | 53 | 6.5 | 24 | 4.3 |
| Located; unable to survey after 11 attempt days | 286 | 35.3 | 196 | 35.5 |
| Unable to locate caller (i.e., wrong or disconnected #) | 179 | 22.1 | 111 | 20.1 |
| Refused to participate in survey | 31 | 3.8 | 48 | 8.7 |
| Other (ill, deceased, incomplete survey) | 5 | 0.6 | 3 | 0.6 |
| Total | 800 | 100.0 | 557 | 100.0 |

Table 2: Overall Satisfaction with the CTQL (Source: Follow-up Survey)

| | 7-month follow-up | | 13-month follow-up | |
|-----------------------------|-------------------|-------------|--------------------|-------------|
| | N | % | N | % |
| Satisfied | 288 | 63.0 | 177 | 63.7 |
| Very satisfied | 188 | 63.9 | 84 | 45.9 |
| Mostly satisfied | 50 | 17.0 | 45 | 24.6 |
| Somewhat satisfied | 47 | 16.0 | 42 | 23.0 |
| Not at all satisfied | 167 | 36.5 | 100 | 36.0 |

Table 3: Respondent Quit Rates (Source: Follow-up Survey)

| | 7-month follow-up | | 13-month follow-up | |
|--|-------------------|-------------|--------------------|-------------|
| | N | % | N | % |
| 7- and 30-day point prevalence tobacco abstinence rates | 305 | 38.0 | 203 | 38.4 |
| Respondent 7-day quit rate | 104 | 34.1 | 57 | 29.7 |
| Respondent 30-day quit rate | 85 | 27.9 | 49 | 25.5 |

Table 4: Tobacco Reduction Rate among Current Tobacco Users (Source: Follow-up Survey)

| Results are reported only for those still using tobacco or who were quit less than 30 days at the time of the follow-up survey. | 7-month follow-up | | 13-month follow-up | |
|---|-------------------|-------------|--------------------|-------------|
| | N | % | N | % |
| Tobacco use reduction (cigarette users only) | 119 | 57.4 | 131 | 55.7 |
| Less than baseline | 112 | 57.4 | 73 | 55.7 |
| As many or more than baseline | 83 | 42.6 | 58 | 44.3 |

Tobacco Cessation Preliminary Evaluation Results

Presentation to the Tobacco and Health Trust Fund Board of Trustees

October 15, 2010

By,
Amy Griffin, MA and Joy S. Kaufman, PhD
The Consultation Center, Inc.

Introduction

A Tobacco and Health Trust Fund was established in 1999 in Connecticut to: “(1) support and encourage development of programs to reduce tobacco abuse through prevention, education and cessation programs, (2) support and encourage development of programs to reduce substance abuse, and (3) develop and implement programs to meet the unmet physical and mental health needs in the state.”¹ A Board of Trustees was established in 2000 to administer the Tobacco and Health Trust Fund monies. Since 2008 the Board has worked with the Connecticut Department of Public Health (DPH) to develop and review proposals and award contracts for carrying out the goals of the Trust Fund.

In October 2008, six Community Health Centers (CHC) in Connecticut were awarded funding by the Trust Fund and DPH to provide tobacco cessation treatment services to low-income pregnant women and women of child bearing age (13 – 44 years) in an effort to reduce, eliminate, and/or prevent tobacco use among this population. Additional funds were awarded to The Consultation Center, Inc. in November 2008 to conduct an independent evaluation to learn about: overall systems changes, patient and health provider program satisfaction, program referral processes, effectiveness of training, patient quit rates, marketing and outreach activities, and overall program effectiveness of the cessation programs.

The Evaluation Team from The Consultation Center met with project leadership from DPH in October 2008 to finalize the evaluation goals and objectives and to review the current data collection process and needs to fulfill the evaluation requirements. The Evaluation Team first created a meta logic model to guide the work of the evaluation across all sites. After receiving approval of the meta logic model from DPH, the Evaluation Team conducted site visits at each community health center to learn how sites were embedding data collection elements into their process as well as to identify individual differences between sites that might impact data collection or program findings. Information from the site visits was also used to create site-specific logic models to provide a framework for data collection efforts that were aligned with program goals.

Sites collected program evaluation data from November 2008 through June 2010 and submitted quarterly data to DPH who forwarded the data to the Evaluation Team for data quality checks. The final data from all sites was submitted to The Evaluation Team late September 2010 for preparation of the final report. A final comprehensive report is slated to be available for review early November 2010.

Evaluation Design and Methodology

The evaluation design for the Tobacco Cessation Program included both qualitative (narrative) and quantitative (numerical) data collection efforts. To support this robust effort, a number of forms, databases, and records were employed including: process forms, outcome forms, site visits, and focus groups.

Process Evaluation Data Collection

In order to evaluate the implementation of activities and outcomes across sites, each community health center completed a series of process forms designed to catalogue their efforts. As stipulated in our contract, the Evaluation Team worked with DPH to modify existing forms and created new forms to support the goals of the evaluation. Specifically, the new forms were created to: track referrals, track attendance at each counseling session or relapse prevention session, measure provider comprehension of the treatment guidelines for women of childbearing age, gather provider input about the tobacco program,

¹ Fiscal Year 2010 Report of the Tobacco Trust Fund Board of Trustees (November 2009) Presented to the Appropriations and Public Health Committees and the Connecticut General Assembly. Retrieved 9.28.2010.
(www.ct.gov/sots/lib/sots/legislativeservices/meetingnotices/2009november/111309tobacco&healthetc.fy2010reportfor111309mtg.review.pdf)

gather patient satisfaction information, and track marketing and outreach efforts. These new forms and updated database for entering the information were presented to the sites in August 2009 at a training that was led by the Evaluation Team. A brief description of each form or data collection method follows.

Referral and Enrollment Form. The *Referral and Enrollment* form is completed for all patients referred for tobacco cessation even if they are not part of the target population. The form collects information pertaining to the source of referral, patient characteristics (i.e. age, sex, and race), health characteristics (i.e. pregnancy status) and financial characteristics (i.e. household income, type of health insurance).

Attendance Tracking/Program Completion Form. The *Attendance Tracking/Program Completion* form tracks program attendance, completion/drop out information, and attendance of relapse or prevention services for each patient that has been enrolled in the program.

DHHS Training Posttest Form. The posttest measures the extent to which healthcare providers and other staff understand the principles that were outlined in the Department of Health and Human Services (DHHS) Guidelines and American College of Obstetricians and Gynecologists (ACOG) addendum training that were provided at each CHC to support successful program implementation for women of childbearing age (13 to 44 years).

Provider Input Form. The *Provider Input* form is distributed to all healthcare providers that are participating in the Tobacco Cessation Program. Input solicited on the form includes: satisfaction with the DHHS and ACOG training; as well as satisfaction with the referral process, screening, cessation service, and social marketing and outreach efforts. This form also assesses how the training is being utilized in practice.

Patient Satisfaction Form. The *Patient Satisfaction* form is administered at program completion or drop out and includes questions about satisfaction with: the program content, location and timing of cessation counseling sessions, as well as solicits suggestions for program improvement from program participants.

Marketing Activity Tracking Form. Staff use the *Marketing Activity Tracking* form to track outreach attempts and modes (i.e. number of brochures distributed and location, number of presentations and location, number of communities activities attended and location).

Site Visits

In addition to the aforementioned process evaluation forms, the Evaluation Team also conducted site visits from March to April 2009 at each CHC to gather information in the following areas: current data collection methods, review of forms used to gather program data, a review of the screening and referral process for program eligibility and tracking, program attendance tracking, counseling curricula, marketing and outreach efforts, and relapse prevention strategies. Information gathered from these site visits was used to create site-specific logic models and to refine or create forms to support evaluation efforts.

Outcome Evaluation Forms

In addition to evaluating the processes of program implementation, sites were also asked to contact program graduates or drop outs to learn about their experiences with smoking as well as track their efforts to stay quit three and nine months after leaving the program.

Follow-up Form. The *Follow-up* form is completed three and nine months after program completion or dropout. The form asks past program participants about their current smoking behaviors and practices as well as any lifestyle changes that were made as a result of participating in the program.

Pregnancy Outcome Form. The *Pregnancy Outcome* form is completed for female patients who were pregnant at any time during their participation in the program. The form is completed when the pregnancy outcome is known and may be completed based on the patient's medical record.

Focus Groups

In addition to the outcome evaluation forms, the Evaluation Team conducted focus groups between February and April 2010 with staff and with patients at each community health center to assess program impact as well as to learn about the successes and areas for growth of program implementation. Information from these focus groups was also used to inform structures for replication.

Evaluation Results Summary

The information provided in this report is a preliminary analysis of the evaluation findings across the six grantee sites. The results presented below summarize the findings pertaining to pre-implementation of the program, implementation, and short term program outcomes and impacts. Table 1 provides a description of the data collection method and number of responses provided for each method which were used to analyze the data for this presentation as well as for the final evaluation report.

As is shown in the Table, there are significant differences in the amount of data provided for analysis for many of the forms when compared to the enrollment numbers. One explanation for the missing data is that some of the forms were added after sites had begun program implementation (denoted with an asterisk in the Table). Additionally, after working with the sites on data quality issues, the Evaluation Team learned that many of the enrolled patients did not attend multiple counseling sessions and were not able to be contacted to complete counseling, and therefore to complete data collection.

Table 1: Number of Responses for Each Evaluation Method

| Form/Data Collection Method | Number Provided for Analysis |
|-----------------------------------|------------------------------|
| Referral | 2,045 |
| Enrollment | 1,607 |
| Program Completion | 304 |
| DHHS Training Posttest Form* | 73 |
| Provider Input* | 81 |
| Patient Satisfaction* | 214 |
| Marketing Activity Tracking* | 39 |
| Follow-up Form | 570 |
| Pregnancy Outcome | 47 |
| Provider Focus Group Participants | 35 |
| Patient Focus Group Participants | 12 |

* Data collection on these forms began August 20, 2009

Pre-Implementation Results

Sites were charged with executing a variety of pre-implementation activities in preparation for the implementation of the tobacco cessation program at their community healthcare centers. Pre-implementation activities included: creating or modifying forms to screen for tobacco use, training providers and staff on the DHHS Guidelines and ACOG Addendums, and identifying referral and enrollment procedures. Staff also engaged in a variety of marketing and outreach activities which centered on promoting the tobacco cessation program to community healthcare center patients as well as equipping exam rooms and other key areas at their centers with program referral and CT QuitLine information.

Members of the Evaluation Team conducted a site visit at each community healthcare center during March and April 2009 to learn about pre-implementation decisions to determine how each site was rolling out tobacco cessation services at their CHC (Table 2).

Table 2: Site Visit Results (March – April 2009)

| Name of Site | Curriculum Offered | Session Type | Screening Process | Enrollment Process |
|-------------------------|--|----------------------|---|---------------------------|
| Community Health Center | Freedom from Smoking (nurse offers counseling) | Individual | All patients are screened by doctor or nurse at every visit | Doctor conducts intake |
| FairHaven | Freedom from Smoking (counselor on site) | Group and Individual | All patients are screened by medical assistants | Counselor conducts intake |
| Generations | Freedom from Smoking (counselor on site) | Group and Individual | All patients are screened by doctor or nurse | Counselor conducts intake |
| Hill Health | Freedom from Smoking (counselor on site) | Group and Individual | All patients are screened by medical assistants | Counselor conducts intake |
| Optimus | Liberations curriculum based on Freedom from Smoking (counselor on site) | Group and Individual | Medical Assistants ask OBGYN patients when taking vitals | Counselor conducts intake |
| StayWell | Freedom from Smoking (counselor on site) | Group and Individual | Provider screens all patients | Counselor conducts intake |

Highlights:

- All sites decided to use the *Freedom from Smoking* curriculum during the tobacco cessation counseling sessions.
- At the time of the site visit, five out of six sites intended to offer both individual and group counseling sessions.
- Five out of six sites had a tobacco counselor conduct program enrollment and tobacco cessation counseling.
- Five out of six sites were screening all patients and referring to tobacco program or QuitLine at the time of the site visit.

In addition to information collected from Program Coordinators at each site visit, providers were asked to complete a *Provider Input* form to help assess the degree to which providers understood the referral and enrollment process for the Tobacco Program. A total of 81 providers (including medical assistants, nurses, physician assistants, and doctors) across the six grantee sites submitted a completed input form for analysis.

As shown in Figures 1 and 2, overall, most providers felt prepared to talk with patients about their smoking behaviors, knew how to refer patients to services, and noticed cessation materials in the exam rooms at their facilities.

Figure 1: Provider Input Questions 2 & 3

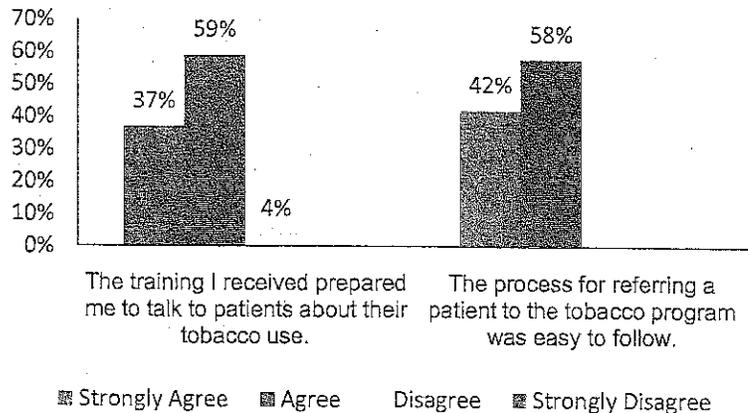
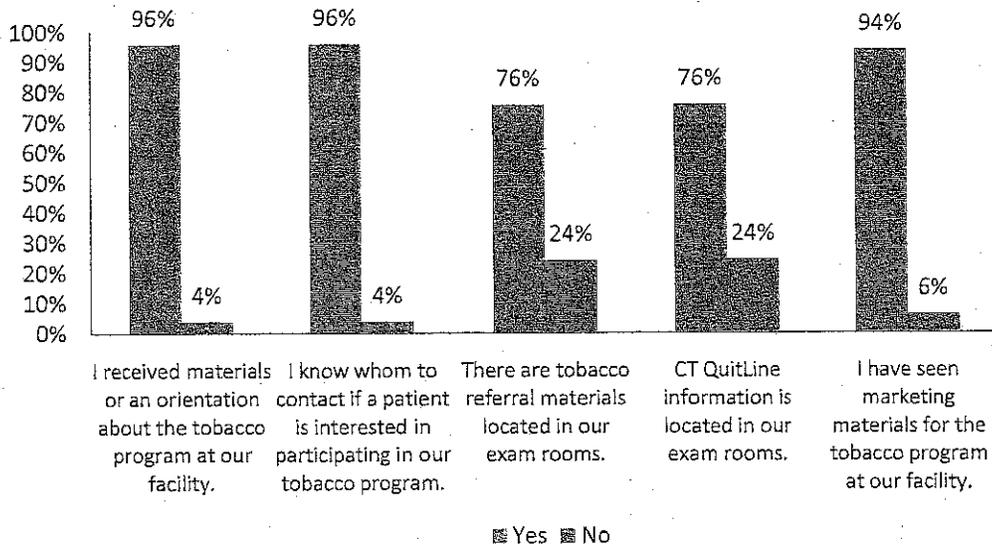


Figure 2: Provider input Questions 1, 6, 7, 8, 9



Program Implementation Results

Aspects of the tobacco cessation process that were evaluated at each community health center included tracking program referral sources and characteristics of those referred and enrolled, as well as collecting financial and health information.

Program Referral Information

Sites were asked to track referral information in an effort to understand how patients hear about the Tobacco Cessation Program (Table 3). A total of 2,045 patients were referred to a Tobacco Cessation Program across the six grantee sites from November 2008 through June 2010. Of those referred, 89% (1,824) were eligible to participate in the program based on their age and biological sex. A total of 1,607, 88.1% of eligible patients were enrolled to a Tobacco Cessation Program across the six grantee sites.

Table 3: Program Referral Information

| | | Referred Patients (n=2,045) | | Enrolled Patients (n=1,607) | |
|--|-----------------------|-----------------------------|-------|-----------------------------|-------|
| | | # | % | # | % |
| Who referred you to the Tobacco Cessation Program? | Primary Care Provider | 1121 | 54.8% | 977 | 60.8% |
| | OBGYN Provider | 390 | 19.1% | 173 | 10.8% |
| | Brochure/Flyer | 160 | 7.8% | 133 | 8.3% |
| | Friend/Family | 122 | 6.0% | 104 | 6.5% |
| | Missing/Not Reported | 60 | 2.9% | 46 | 2.9% |
| | School | 57 | 2.8% | 44 | 2.7% |
| | Prenatal Program | 44 | 2.2% | 36 | 2.2% |
| | Other (unspecified) | 26 | 1.3% | 25 | 1.6% |
| | Employer/Coworker | 14 | .7% | 11 | .7% |
| | Counselor/Therapist | 12 | .6% | 11 | .7% |
| | Healthy Start Program | 11 | .5% | 10 | .6% |
| | Tobacco Counselor | 10 | .5% | 9 | .6% |
| | Self | 9 | .4% | 8 | .5% |
| | Outreach Educator | 7 | .3% | 6 | .4% |
| | Dental Care provider | 7 | .3% | 5 | .3% |
| | WIC | 5 | .2% | 4 | .2% |
| | Pediatrician | 4 | .2% | 3 | .2% |
| Program Participant | 2 | .1% | 2 | .1% | |

Highlights:

- Half of patients referred to (55%) and enrolled in (61%) the Tobacco Cessation Programs were referred by their primary care provider, 19% of those referred and 11% of those enrolled were referred by their OBGYN, and 8% across both groups saw the program advertised in a brochure or flyer.
- A slightly smaller percent of patients referred by OBGYN providers enrolled into the Tobacco Cessation Programs suggesting that if the program were to be replicated that efforts be made to provide additional training to specialized health providers.
- Most (88%) of those referred to the program that were eligible to participate were enrolled in the program.

Demographic Characteristics of Referred and Enrolled Patients

Tables 4-6 provide key characteristics of those referred and enrolled into the Tobacco Cessation Program.

Table 4: Demographic and Descriptive

| | | Referred Patients (n=2,045) | | Enrolled Patients (n=1,607) | |
|---|-----------------------------------|-----------------------------|-------|-----------------------------|--------|
| | | # | % | # | % |
| Biological sex | Female | 1959 | 95.8% | 1607 | 100.0% |
| | Male | 73 | 3.6% | -- | -- |
| | Missing | 13 | .6% | -- | -- |
| Age | Average Age | 33.4 years | | 32.3 years | |
| | Age Min and Max | 13 – 74 years | | 14-44 years | |
| Race | African American or Black | 277 | 13.5% | 263 | 16.4% |
| | American Indian or Alaskan Native | 7 | .3% | 6 | .4% |
| | Asian | 5 | .2% | 5 | .3% |
| | Biracial | 275 | 13.4% | 230 | 14.3% |
| | Caucasian or White | 1025 | 50.1% | 985 | 61.3% |
| | Missing/Refused | 442 | 21.6% | 111 | 6.9% |
| | Other | 14 | .7% | 7 | .4% |
| Ethnicity | Hispanic | 613 | 30.0% | 566 | 35.2% |
| | Not Hispanic | 1007 | 49.2% | 924 | 57.5% |
| | Missing/Refused | 425 | 20.8% | 117 | 7.3% |
| What is your highest level of education? | Less than 9th grade | 79 | 3.9% | 70 | 4.4% |
| | Some high school | 370 | 18.1% | 329 | 20.5% |
| | High school graduate | 437 | 21.4% | 388 | 24.1% |
| | GED | 150 | 7.3% | 139 | 8.6% |
| | Some college | 294 | 14.4% | 282 | 17.5% |
| | College graduate or higher | 74 | 3.6% | 66 | 4.1% |
| | Refused | 1 | .0% | 1 | .1% |
| Missing | 640 | 31.3% | 332 | 20.7% | |

Highlights:

- After controlling for missing or refused data the age, race/ethnicity, and education status do not differ between those referred and those enrolled into the Tobacco Cessation Program.
 - A majority (96%) of patients referred to the Tobacco Cessation Program were females.
 - A total of 1,607 women between the ages of 14 to 44 years were enrolled in a tobacco cessation program across the six grantee community health centers.
 - Half (50%) of patients referred were Caucasian/White and 13% were either African American/Black or Biracial. It is important to note that race was not reported for 22% of those referred to the program. About two-thirds (61%) of patients enrolled were Caucasian/White, 16% were African American/Black, and 14% were Biracial.
 - About one-third (30%) of patients referred and enrolled into the program were Hispanic/Latino.
 - The average age of patients referred was 33.4 years and the average age of those enrolled was 32.3 years.
 - Across both groups (referred and enrolled) nearly a quarter (22% vs 25%) of patients had less than a high school education, about one-third (29% vs 33%) graduated high school or obtained a GED, and one in six (15% vs 18%) had attended some college but did not graduate.

Financial Characteristics of Referred and Enrolled Patients

Financial information was collected from all patients referred and enrolled into the Tobacco Cessation Program.

Table 5: Financial Characteristics

| | | Referred Patients (n=2,045) | | Enrolled Patients (n=1,607) | |
|---|--------------------------------|-----------------------------|-------|-----------------------------|-------|
| | | # | % | # | % |
| What health insurance do you currently have? | HUSKY/Medicaid | 811 | 39.7% | 770 | 47.9% |
| | SAGA | 380 | 18.6% | 136 | 8.5% |
| | I have no insurance | 151 | 7.4% | 112 | 7.0% |
| | Private Insurance | 126 | 6.2% | 109 | 6.8% |
| | Medicare | 85 | 4.2% | 69 | 4.3% |
| | Other insurance | 75 | 3.7% | 65 | 4.0% |
| | Missing/Refused | 417 | 20.4% | 346 | 21.5% |
| What is your yearly household income? | Less than \$10,000 | 848 | 41.5% | 802 | 49.9% |
| | \$10,000 to less than \$15,000 | 69 | 3.4% | 67 | 4.2% |
| | \$15,000 to less than \$20,000 | 134 | 6.6% | 123 | 7.7% |
| | \$20,000 to less than \$25,000 | 24 | 1.2% | 24 | 1.5% |
| | \$25,000 to less than \$35,000 | 75 | 3.7% | 71 | 4.4% |
| | \$35,000 to less than \$50,000 | 23 | 1.1% | 23 | 1.4% |
| | \$50,000 to less than \$75,000 | 18 | .9% | 17 | 1.1% |
| | \$75,000 or more | 11 | .5% | 10 | .6% |
| | Refused/Don't Know | 416 | 20.3% | 352 | 21.9% |
| Missing | 427 | 20.9% | 118 | 7.3% | |

Highlights:

- Nearly half of the referred (40%) and enrolled (48%) patients had HUSKY or Medicaid insurance, 19% of the referred and 22% of enrolled had SAGA, 6% of referred and 7% of enrolled had private insurance, 4% of referred and enrolled patients had Medicare, and 7% of referred and 9% of enrolled patients indicated that they did not have health insurance at the time of referral.
 - Although a higher percentage of those referred to the Tobacco Cessation Program had SAGA when compared to those patients enrolled and a higher percentage of patients enrolled into the program had HUSKY when compared to those referred, when the analysis controlled for missing and refused responses, there were no differences in the type of insurance held between the referred and enrolled groups.
- Nearly half (42%) of referred and enrolled (50%) patients reported a yearly household income of less than \$10,000 (which meets the 2009 Federal poverty guidelines for a single household) and half (53%) of referred patients and two-thirds (63%) of enrolled patients reported a yearly household income of less than \$25,000 (which meets the 2009 Federal poverty guidelines for a family of four).
 - After controlling for refused responses and missing data there is no difference between the two groups with regard to yearly income.

Health Characteristics of Referred and Enrolled Patients

Health information including pregnancy and smoking status was collected from all patients referred and enrolled into the Tobacco Cessation Program.

Table 6: Health Characteristics

| | | Referred Patients (n=2,045) | | Enrolled Patients (n=1,607) | |
|--|-----------------|-----------------------------|-------|-----------------------------|-------|
| | | # | % | # | % |
| Are you pregnant? | Yes | 123 | 6.0% | 117 | 7.3% |
| | No | 1802 | 88.1% | 1448 | 90.1% |
| | Missing/Refused | 120 | 5.9% | 42 | 2.6% |
| Do you plan to become pregnant in the next three months? | Yes | 17 | .8% | 17 | 1.1% |
| | Don't know | 75 | 3.7% | 75 | 4.7% |
| | No | 1713 | 83.8% | 1361 | 84.7% |
| | Missing/Refused | 240 | 11.7% | 154 | 9.6% |
| Do you currently smoke? | Yes | 1634 | 79.9% | 1515 | 94.3% |
| | No | 68 | 3.3% | 56 | 3.5% |
| | Missing/Refused | 343 | 16.8% | 36 | 2.2% |
| If you currently smoke, about how many days per week do you smoke? | 1 day a week | 5 | .2% | 2 | .1% |
| | 2 days a week | 9 | .4% | 7 | .4% |
| | 3 days a week | 7 | .3% | 6 | .4% |
| | 4 days a week | 6 | .3% | 6 | .4% |
| | 5 days a week | 14 | .7% | 11 | .7% |
| | 6 days a week | 8 | .4% | 8 | .5% |
| | 7 days a week | 1583 | 77.4% | 1470 | 91.5% |
| | Missing/Refused | 413 | 20.2% | 97 | 6.0% |
| How many cigarettes per day do you smoke? | Average | 15.0 per day | | 14.7 per day | |
| | Min and Max | 1-63 per day | | 1-63 cigarettes | |

Highlights:

- A majority of patients referred (88%) and enrolled (90%) were not pregnant at the time of referral and were not thinking about becoming pregnant in the next three months (84% vs 85%).
- Most (80%) of those referred to and enrolled (95%) into the program were actively smoking at the time of the referral.
 - After controlling for missing information the data shows that 96% of those patients referred to and enrolled in the Smoking Cessation Program were actively smoking at the time of referral.
- After controlling for missing data, 97% of patients referred to and enrolled in the program reported smoking every day.
- The average number of cigarettes smoked per day for those referred to and enrolled in the program at the time of referral or intake was 15 cigarettes (almost a pack a day).

Program Outcomes

Outcome information pertaining to quit rates, pregnancy outcomes, program satisfaction, and impacts were also collected as part of the Tobacco Cessation Program evaluation.

Characteristics of Enrolled Patients

Information about the number of counseling sessions attended as well as the quitting and smoking behaviors of all enrolled patients was collected.

Table 7: Characteristics of Enrolled Patients (n=1,370)*

| | | # | % |
|---|-------------------------------------|-------------------------|-------|
| Type of Treatment Attended (n=1,131) | Both (group and individual) | 51 | 4.5% |
| | Group Session | 134 | 11.8% |
| | Individual Session | 946 | 83.6% |
| How many sessions did you attend? (n=1,096) | Average Number of Sessions Attended | 2.9 Sessions | |
| | Sessions Attended Min and Max | 1-15 sessions | |
| Do you currently smoke cigarettes (at program graduation or drop out)? (n=1,370) | No | 271 | 19.8% |
| | Yes or Non-Responder | 1,099 | 80.2% |
| If you currently smoke, how many days per week do you smoke? (n=326) | Average | 6.9 days per week | |
| | Days Smoke Min and Max | 1-7 days | |
| If you currently smoke, how many cigarettes per day do you smoke? (n=324) | Average | 10.8 cigarettes per day | |
| | Cigarettes per Day Min and Max | 1-50 cigarettes | |

*Results are based on 1,370 valid entries. Sites began collecting attendance data August 20, 2009 and therefore not all patients have attendance data.

Highlights:

- Most (84%) attended individual counseling sessions.
- The average number of sessions attended was 2.9 sessions.
 - Almost half (41%) of those enrolled attended only one counseling session (also known as intake into the program).

- When removed those that had only attended one counseling session, the average number of sessions attended was 4.2 sessions.
- About one-fifth (19.8%) of those enrolled were not smoking at program completion or dropout.
- Of those smoking at program completion or dropout, patients reported smoking about half a pack of cigarettes (10.8) every day.

Characteristics of Non-Completers and Program Graduates

Program graduation was defined by sites as consisting of 4 to 5 individual counseling sessions or 8 group sessions. Sessions typically lasted 45 minutes to an hour for both individual and group sessions. Information about the number of counseling sessions attended as well as quitting and smoking behaviors was collected for all program graduates. Attempts were also made to collect information at program dropout from former program participants (non-completers) to learn if they were able to quit smoking as a result of attending the program sessions despite not graduating.

Table 8: Characteristics of Non-Completers and Program Graduates*

| | | Non-Completers (n=1,029) | | | Program Graduates (n=304) | | |
|--|-------------------------------------|--------------------------|-------------------------|-------|---------------------------|------------------------|-------|
| | | n | # | % | n | # | % |
| Type of Treatment Attended | Both (group and individual) | 1,029 | 14 | 1.4% | 304 | 37 | 12.2% |
| | Group Session | | 55 | 5.3% | | 74 | 24.3% |
| | Individual Session | | 960 | 93.3% | | 193 | 63.5% |
| How many sessions did you attend? | Average Number of Sessions Attended | 696 | 1.7 sessions | | 304 | 5.4 sessions | |
| | Sessions Attended Min and Max | | 1-13 sessions | | | 1-15 sessions | |
| Do you currently smoke cigarettes (at program graduation) or dropout? | No | 296 | 57 | 19.5% | 304 | 215 | 71.0% |
| | Yes | | 236 | 80.5% | | 89 | 29.0% |
| If you currently smoke, how many days per week do you smoke? | Average | 234 | 7.0 days per week | | 89 | 7.0 days per week | |
| | Days Smoke Min and Max | | 5-7 days per week | | | 1-7 days | |
| If you currently smoke, how many cigarettes per day do you smoke? | Average | 232 | 12.4 cigarettes per day | | 89 | 6.0 cigarettes per day | |
| | Cigarettes per Day Min and Max | | 1-50 cigarettes | | | 1-20 cigarettes | |

*During site visits, some counselors mentioned that they sometimes held individual and group sessions longer than the typical session time and therefore it is possible that some patients received additional counseling in one session that could have counted for two or more sessions in content which could explain why some individuals graduated before the expected length of time in counseling.

Highlights:

- Program graduates were more likely to have attended group sessions or a combination of group and individual counseling sessions than non-completers (37% program graduates vs 7% non-completers).
- Program graduates attended an average of 5.4 sessions and non-completers attended an average of 1.7 sessions.

- The quit rate for program graduates at program completion was 71% as compared to the 19.5% (conservative estimate) quit rate for non-completers at program dropout.
- Post-program smokers across groups (program graduates and non-completers) smoke 7 days per week.
 - However those who graduated from the tobacco cessation program smoke an average of 6 cigs per day whereas those who did not complete the program smoke an average of 12 cigs per day.

Non-completers were also asked why they decided to drop out of the program (Table 9).

Table 9: Reasons for Program Dropout (n=1,029)*

| | | # | % |
|---|---|-----|-------|
| Why were you unable to complete the program? | Unable to contact patient | 840 | 81.6% |
| | Not ready to quit | 101 | 9.8% |
| | Stopped smoking on own | 19 | 1.9% |
| | Patient would prefer the medicine. Does not have the time to attend counseling sessions | 19 | 1.9% |
| | Moved | 15 | 1.5% |
| | Schedule | 8 | 0.8% |
| | Medicine is not working would not try counseling | 8 | 0.8% |
| | Mental illness | 6 | 0.6% |
| | In crisis | 3 | 0.3% |
| | Lost insurance | 2 | 0.2% |
| Why were you unable to complete the program? | Drug Abuse Issues | 3 | 0.3% |
| | Chronic health issue | 2 | 0.2% |
| | Lack of transportation | 1 | 0.1% |
| | Incarcerated | 1 | 0.1% |
| | Child care | 1 | 0.1% |

*Sites were required to try to contact patients three times before determining lost to contact. To increase understanding of the results, the 736 patients for who data was not provided were included in the count under 'unable to contact patient'.

Highlights:

- Of those patients with available data that did not formally complete the program, most (82%) were unable to be contacted by the counselor to schedule counseling sessions. An additional 10% of enrolled patients did not continue the program because they were not ready to quit.
- A small percentage (2%) of program participants quit smoking on their own and did not feel that they needed the Tobacco Cessation Program to help them with their continued cessation efforts.
- Another small percentage (2%) of program participants did not return to the program because they did not want to participate in the counseling aspect of the program and instead wanted only to receive pharmacotherapy.

Pregnancy Outcomes

Pregnancy information was collected from program participants that were pregnant at the time that they attended the Tobacco Cessation Program. Pregnancy outcomes were reported for 47 of the 117 pregnant women enrolled in the program (40% completion rate).

Table 10: Pregnancy Outcomes (n=47)

| | | # | % |
|--|-------------------------|--|-------|
| Did the patient give birth? | Yes | 30 | 63.8% |
| | No | 9 | 19.1% |
| | Missing | 8 | 17.0% |
| Is the patient still pregnant? | Yes | 1 | 2.1% |
| | No | 38 | 80.9% |
| | Missing | 8 | 17.0% |
| Did the patient have a miscarriage? | Yes | 6 | 12.8% |
| | No | 33 | 70.2% |
| | Missing | 8 | 17.0% |
| How much did the baby weigh at birth? | Average Birth Weight | 6 pounds 8 ounces | |
| | Min and Max | Min: 3 pounds 12 ounces Max: 9 pounds 10 ounces | |
| Was the baby born with a low birth weight (less than 5 pounds 5 ounces)? | Yes | 3 | 6.4% |
| | No | 24 | 51.1% |
| | Missing | 20 | 42.6% |
| How many weeks pregnant were you with your baby? | Average Gestational Age | 39 weeks | |
| | Min and Max | Min: 34 weeks Max: 42 weeks | |
| Was the baby born premature (less than 37 weeks)? | Yes | 2 | 4.3% |
| | No | 25 | 53.2% |
| | Missing | 20 | 42.6% |

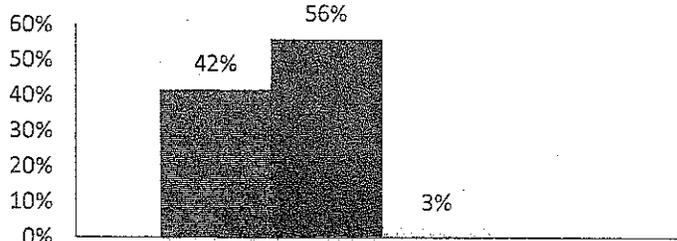
Highlights:

- About two-thirds (64%) of patients that were pregnant while participating in the Tobacco Cessation Program had given birth at the time of data collection.
 - When controlling for missing data, most (93%) carried their child to term and most (89%) of the babies were born at a healthy birth weight (more than 5 pounds, 5 ounces).

Program Satisfaction

Both providers and patients were asked to complete a survey about the degree to which they were satisfied with the Tobacco Cessation Program at their community health center. A total of 81 providers ranging in profession from medical assistants, nurses, physicians, and others, completed a *Provider Input form* for analysis which asked how satisfied they were with the Tobacco Cessation Program. As shown in Figure 3, most (98%) of the providers that completed the *Input Form* were 'very' to 'mostly' satisfied with the program.

Figure 3: Provider Input Question 4



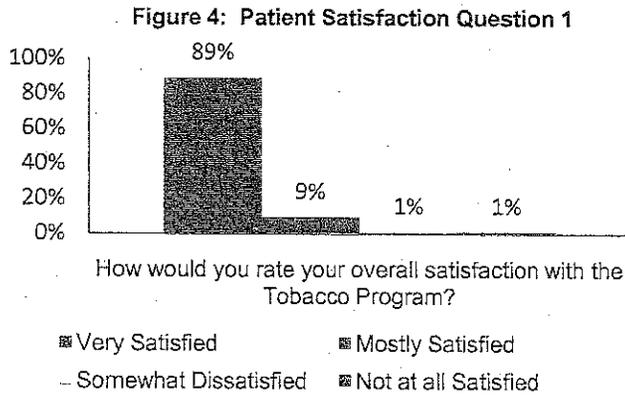
How would you rate your overall satisfaction with the Tobacco Program?

- Very Satisfied
- Mostly Satisfied
- Somewhat Dissatisfied
- Not at all Satisfied

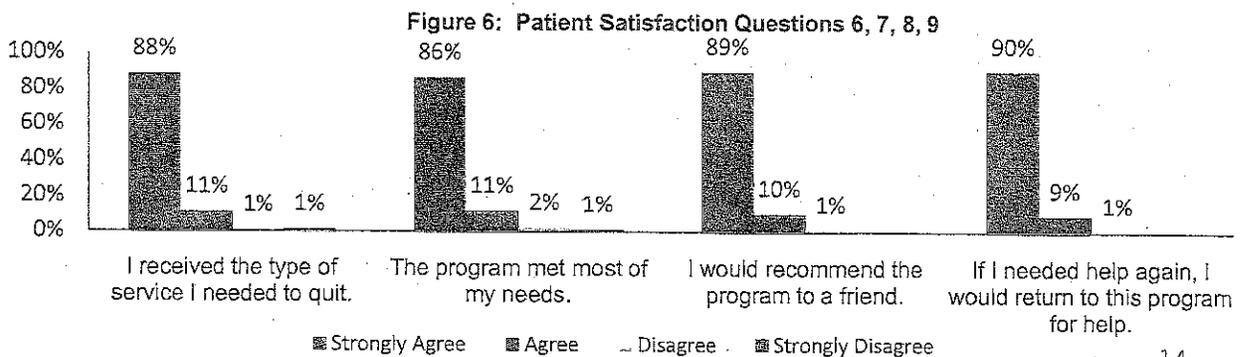
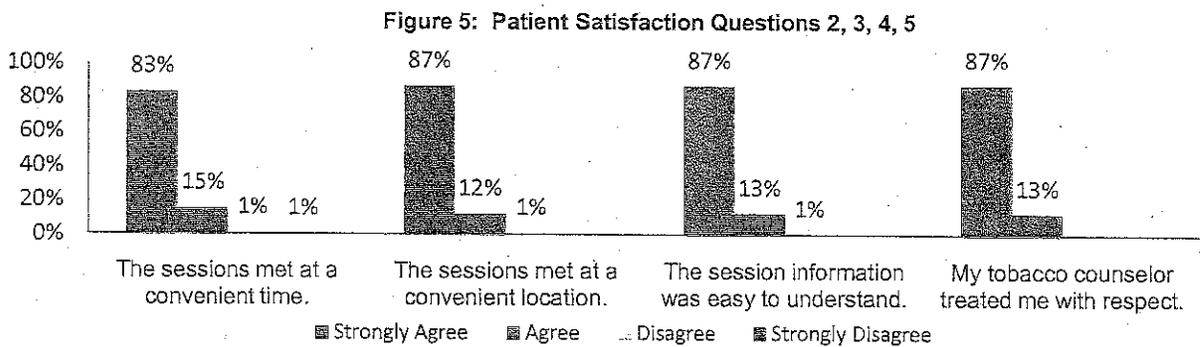
During the focus groups, providers spoke of the many benefits of having the tobacco cessation program at their community health centers. As one provider stated: *"It's nice to be able to have a program at our facility that we can refer our patients to that is free, with free smoking aids if they want or need them in addition to the behavioral component of the program."* Another provider from a focus group commented, *"The fact that we can offer a fully constructed tobacco cessation program at our health center is great. If you are a single provider trying to offer smoking cessation, your chances of giving a well-performing cessation program is not as good because of your competing demands."*

Patient Satisfaction

Program participants at each community health center were asked to complete a *Patient Satisfaction* form at the end of their participation in the program (including both graduation and dropout). A total of 214 patients across all sites completed a *Patient Satisfaction* survey for analysis. About two-thirds (65%) of patients that completed a *Patient Satisfaction* form were program graduates. Low response rates could be attributed to the fact that the form was not available until August 2009 to complete as well as difficulties contacting patients to complete the form after they had left the program.



As is shown in Figures 4-6, most patients (80% or greater) reported high levels of satisfaction (strongly agree and very satisfied) with all aspects of the Tobacco Cessation Program.



During patient focus groups, participants spoke about being satisfied with many aspects of the program including ease of referral and enrollment, support and encouragement from the program counselor, and simplicity of the program content. As one focus group participant said, *"My counselor took it step by step with me. We didn't jump into quitting smoking right away. She gave me the literature and we talked. It was almost therapeutic. We finally set a quit date. I had some weeks into the program to prepare. It gave me time to get my network of support together."*

Summary of Program Impacts

The following program impacts are based on the information obtained from the program evaluation forms:

- Staff received training on the DHHS Guidelines and ACOG Addendums.
- Sites embedded smoking questions into their medical record forms to screen for tobacco use for all patients.
- CT QuitLine information is now in most exam rooms and other key locations at the community health centers.
- More than 2,000 patients were referred for tobacco cessation counseling and 1,607 were enrolled in services and received at least one counseling session.
- Patients with limited financial resources were able to participate in the tobacco cessation program and receive both counseling and pharmacotherapy.
- Most (88%) of the eligible patients referred to the program were enrolled.
- Most (71%) of the participants that were able to complete the Tobacco Cessation Program were not smoking at program completion.

In addition to the information collected from the evaluation forms, participants from both the provider and patient focus groups were asked about program impacts. Providers stated that having the program at their center helped to remind them about the importance for screening for tobacco use at every visit. Additionally, providers noted that being able to offer a free program to patients made providers feel much better about asking patients to quit. Also they felt that having the program at the community health centers helped to deepen the relationship between patient and provider. As one provider put it, *"Now we can put our money where our mouth is. We talk to our patients all of the time about the importance of not smoking but they can't always afford to do anything about it. Now we can give them the program for free. Now we've got resources."*

Participants from the patient focus groups spoke about an increase in their education about the effects of smoking, how to identify smoking triggers, how to seek support, and how to manage stress using healthier behaviors like deep breathing, mediation, and exercise. In addition, patients discussed other benefits of not smoking including, food tastes better, feeling healthier, and saving money now that they are no longer buying cigarettes. As one patient focus group member said, *"I bought a truck with the money that I saved from not smoking. I was able to buy a truck because I didn't just stop buying my cigarettes, I stopped buying my husband's cigarettes too. It was a huge reward and no one is allowed to smoke in my truck either!"*

Recommendations

The following recommendations are based on the information obtained from the program evaluation forms:

- Need to train or provide booster trainings to specialized medical providers to prepare patients for referral to cessation activities to increase the rate of successful referrals.
- To help address the issue of missing data for future grantees, it is recommended that DPH include benchmarks for data completion and quality in contracts with providers to increase completion and submission of forms.
- Sites should consider budgeting for incentives to encourage program completion.
- Sites need to receive ongoing training and support regarding enhancement of program retention and follow-up rates.

Lastly, providers and patients were asked to make recommendations for program improvement and replication during the focus group sessions. Both patients and providers made recommendations for future funding concerning general program availability, program advertisement, and important characteristics of the tobacco counselor. Specifically, focus group participants suggested:

- Expanding services to all patients, regardless of age or biological sex.
- Offering tobacco prevention services to younger children.
- Increasing advertising on radio and TV about the negative effects of tobacco and where to get help to stop smoking.
- Having a counselor on-site that is accessible and compassionate but persistent in contacting patients to get them to come to the health center to attend sessions and complete the program.

Department of Public Health
 Health Education, Management and Surveillance Section
 Tobacco Use Prevention and Control Program

TOBACCO AND HEALTH TRUST FUND SUMMARY OF FY 2009 FUNDING

Revised as of November 16, 2010

| Program | Amount | Funding Description | Status | Contract Period |
|-------------------|-------------|--|--|-----------------------|
| CT QuitLine | \$2 million | Tobacco cessation telephone service including information, counseling and pharmacotherapy. | Free and Clear, Inc. is under contract to provide tobacco use cessation telephone services to any Connecticut resident; including relevant materials, referrals, nicotine replacement therapy in the forms of nicotine gum, lozenge, or patch. Two weeks worth of NRT are available to residents with private insurance, 8 weeks for uninsured, Medicare and Medicaid patients. | 7/31/2009-6/30/2014 |
| Counter Marketing | \$2 million | Mass media campaigns designed to discourage tobacco use. | <p>Cronin & Company, LLC. Is under agreement with DPH for tobacco use prevention and tobacco use cessation campaigns. During FY 2010, they administered the "Tobacco-It's a Waste" youth prevention campaign that included a website and contest to create 30 second TV commercials in English and Spanish. Four contest winners were chosen. Television ads have been playing and will continue playing for the next few months.</p> <p>Cessation campaign activities included using the "Become An Ex" series ads developed by the Legacy for Health Foundation. Those ads have been airing over the course of several months and will continue into 2011.</p> <p>Grassroots prevention and cessation activities continue with staff present at events such as Riverfest, the New London Sailfest, the Latino Expo, and the Boom Box Parade.</p> <p>Additional grassroots activities</p> | 07/01/2009-06/30/2011 |

| | | | | |
|---|---------------|--|---|-----------------------|
| | | | targeting African Americans and Hispanics are occurring as well | |
| Community-Based Cessation | \$412,456 | Strategies to help people quit smoking including counseling and pharmacotherapy. | <p>Funding awarded to six contractors. The seventh contractor backed out of their contract, and those unspent monies have been rolled into the new RFP for cessation services. Programs are up and running. Reports and data have been received for the first three quarters of their contracts. Data as of 9/30/10:</p> <ul style="list-style-type: none"> • 502 people have participated in the programs thus far. • AIDS Project New Haven, Inc. \$70,290 • Fair Haven Community Health Center, Inc. \$66,712 • Generations Family Health Center, Inc. \$43,700 • Hartford Gay and Lesbian Health Collective \$94,230 • Hospital of Saint Raphael \$51,248 • Ledge Light Health District \$43,826 | 09/01/2009-12/31/2011 |
| Cessation for Individuals with Serious Mental Illness | \$1.2 million | Strategies to help people with serious mental illness quit smoking including counseling and pharmacotherapy. | <p>Award to CommuniCare, Inc. The contract has been executed and programs are up and running at four sites. Reports and data have been received for the first three quarters of the contract. For the period ending 9/30/10:</p> <ul style="list-style-type: none"> • 238 people have participated in the program so far | 09/1/2009-12/31/2011 |
| School-Based Prevention | \$500,000 | 10-20 school districts will implement tobacco use prevention and cessation programs. | <p>4 awards were able to be made for a total amount of \$378,475. The remaining funding was added to the 2010 RFP for youth prevention programs. The contracts:</p> <ul style="list-style-type: none"> • Colchester Public Schools \$23,172 • Education Connection (serving \$190,228 | 5/1/2010-12/31/2011 |

| | | | | |
|---|-------------|--|---|------------------------|
| | | | <p>Torrington, Winchester, Waterbury School Districts and The Gilbert School, Winsted)</p> <ul style="list-style-type: none"> • Groton Public Schools \$126,500 • Woodstock Academy \$38,575 | |
| Lung Cancer Research Tissue Biorepository | \$250,000 | Statewide Tumor Tissue Biorepository Feasibility Study and Demonstration Project | <p>RFP # 2009-0923 Awarded to UCONN Health Center</p> <p>Memorandum of Agreement has been executed</p> | 08/01/2009 -07/31/2010 |
| Evaluation | \$500,000 | Monitor program accountability including progress in achieving outcome objectives. | <p>RFP # 2009-0919; Awarded to Professional Data Analysts, Inc. of Minneapolis, Minnesota.</p> <p>Contractor has developed additional tools to assist with the evaluation of projects that includes a website chat board to assist cessation contractors with data collection, Q & A and other evaluation protocols.</p> <p>PDA has performed site visits to CT to meet with Department Staff, cessation contractors and Cronin and Co. A telephone conference was also conducted with Free & Clear, Inc. & an onsite visit is being planned.</p> | 09/01/2009 -12/31/2011 |
| Total: | \$6,825,000 | | | |

Department of Public Health
 Health Education, Management and Surveillance Section
 Tobacco Use Prevention and Control Program

TOBACCO AND HEALTH TRUST FUND SUMMARY OF FY 2010 FUNDING
 Revised as of November 16, 2010

| Program | Amount | Funding Description | Status | Contract Period |
|---------------------------|-------------|--|--|-------------------------------|
| CT QuitLine | \$1,650,000 | Tobacco cessation telephone service including information, counseling and pharmacotherapy. | Amendment added funding to current contract to continue services and NRT to serve additional callers. | 7/31/2009-6/30/2014 |
| Counter Marketing | \$1,650,000 | Mass media campaigns designed to discourage tobacco use. | <p>Revised program activities and budget were developed in collaboration with Cronin & Company, LLC. to expand and extend the current contract to 06/30/2012: Extension not approved so implementation was delayed.</p> <p>Separate calls for proposals were developed for the Prevention and Cessation media components.</p> <p>Cessation Campaign has been released to all media vendors on the DAS media list.</p> <p>Prevention Campaign language has been developed and will be released as an RFP.</p> | TBD 2-year period proposed |
| Community-Based Cessation | \$750,000 | <p>Strategies to help people quit smoking including counseling and pharmacotherapy.</p> <p>Component 1- Local community cessation programs</p> <p>Component 2- Brief intervention counseling and referral in Emergency Departments</p> | <p>RFP Number 2010-0912 released for Components 1 and 2. Component 2 was awarded, Component 1 is to be re-bid.</p> <p>Awaiting approval for release of the revised RFP.</p> | TBD 2 year period proposed |

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|---|-------------|---|--|-------------------------------|
| Cessation for Individuals with Serious Mental Illness | \$800,000 | Strategies to help people with serious mental illness quit smoking including counseling and pharmacotherapy. | CommuniCare, Inc. amendment will expand services to additional sites and areas of the State. Statewide conference was held on November 16 for any interested agencies to receive training. | 09/1/2009-12/31/2012 |
| School-Based Prevention | \$500,000 | Programs targeted to youth in Grades K-12. Component 1 is for prevention programs conducted in after school programs Component 2 if for funding to support implementation of CSHLP in the selected school districts | RFP 2010-0911 released with two components: Component A is for the Coordinated School Health Leadership Projects; Component B is for prevention programs targeting school aged youth outside of regular school hours. Bidders Conference calls were held on November 9 and 10 for these two components. | TBD 2 year period proposed |
| Lung Cancer Research Tissue Biorepository | \$250,000 | Statewide Tumor Tissue Biorepository Feasibility Study and Lung Tissue Biorepository Demonstration Project | Discussions with UCONN Health Center are in process for next phase of the project. | TBD |
| Evaluation | \$300,000 | Monitor program accountability including progress in achieving outcome objectives. | Professional Data Analysts, Inc. amendment adds evaluation of the new programs to their list of activities. | 09/01/2009-03/31/2013 |
| Innovative Programs | \$477,745 | Strategies for tobacco use prevention targeted to youth ages 5- 14 that do not fit into the above categories. | RFP Number 2010-0914 proposals have been reviewed and recommendations are being considered. | TBD 2 year period proposed |
| Total: | \$6,377,745 | | | |