

**SustiNet Health Partnership  
Tobacco & Smoking Cessation Task Force**

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**Tobacco & Smoking Cessation Task Force Regular Meeting**  
June 2, 2010  
**Meeting Minutes**

**Attendees:** Jeannette DeJesus, Co-chair; Andrew Salner, Co-chair; Linda Green (SustiNet Consultant); and Barbara Koren

**Office of the Healthcare Advocate:** Africka S. Hinds-Ayala

**Absent:** David Gregorio; Frank Scifo; and David Scribner

**Guest Attendees:** Pat Checko (MATCH Coalition); Barbara Walsh (DPH)

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Andy Salner opened the meeting by welcoming Tobacco & Smoking Cessation Task Force members, Office of the Healthcare Advocate staff, and the assigned SustiNet Consultant.

The May 19, 2010 meeting minutes were approved, without correction, by all members present.

Andy said the main order of business for the meeting will be to review the final report that goes to the SustiNet Board of Directors and the Connecticut General Assembly. Andy explained that the board will meet and provide feedback to all advisory committees and task forces on the draft template submission on June 9, 2010. With finalizing the report, it must be understood that the advisory committees report directly to the SustiNet Board of Directors and are charged with determining the health insurance product; the task forces report to the SustiNet Board of Directors and the Connecticut Legislature and are charged with leveraging the health insurance product with establishment of policy and criteria to be met and maintained.

Andy suggested to post-pone the June 8, 2010 meeting to June 23, 2010 to be held at the Legislative Office Building at the normal time of 4:00pm to 5:30pm; this meeting is to discuss and approve the final work product of the Tobacco & Smoking Cessation Task Force. The will be conference call number established for this meeting for members and the public to call in.

Andy said that there was good representation at the June 1, 2010 Board of Directors Special meeting that allowed the co-chairs from each advisory committee and task force to present their recommendations and findings in a comprehensive format. There is a great deal of interest in SustiNet, both publically and privately, with the high anticipation of a final report due January 1, 2011. Andy said the presentation, conducted by Jeannette and he, raised several question around technical issues with regard to vending machines, daycare centers, fair trade laws, tobacco settlement funds, etc. There seems to be misperceptions about tobacco use statewide about who uses and how often.

Pat Checko supports the fact that the Federal Healthcare Reform mandates smoking cessation coverage (products and counseling) for pregnant women by October 1, 2010 and it will also be considered for the

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**Members**

David Gregorio • Barbara Koren • David Scribner • Frank Scifo

# SustiNet Health Partnership

Medicaid population soon after. Andy said that providing these services will be at a cost and with the recommendations made by each advisory committee and taskforce it was suggested that the groups determine the income and expenditures associated with each; the funding streams can come from the Centers for Disease Control, the Centers for Medicare / Medicaid Services, specific federal and, state, and local grants. The more information is provided by the groups then the more comprehensive are the recommendations.

Pat stated that the 2010 legislation to ban smoking at daycare facilities did not make it to a vote and there are a different set of regulations for home daycare versus institutionalized daycare. Andy said that there should policy focused on the legislature and will attempt to meet with Senator Williams to discuss the potential law to ban smoking at all daycare facilities, as well as other legislative policy. Pat said that there are certain actions that should and need to be regulated by the Department of Public Health, especially with home daycare facilities.

Linda Green questioned the use of tobacco sales tax and if it could be incorporated into medications and counseling within the SustiNet Health Plan covered services and increase the monthly premiums for smokers as well to of-set cost for treatment. There could be incentives for the individual such as receive a percentage/portion of monthly premium back for the first six-months of no smoking, allow the primary care physician be in charge of delivering additional incentives, and look at addressing environmental factors to shape behavior. Andy said that there must be creative and practical ways to develop positive incentives. Andy said it should be considered to rate health insurance based on use and ability to cease smoking. Pat said that it is good to discuss the five-A's (*Ask-Advise-Assess-Assist-Arrange for follow-up*) but everyone must also look at the individual's environment and establishing a prevention setting with an APRN, PA or prevention case manager, then gather all information to make a good referral. Jeannette DeJesus stated that the Hispanic Health Council has two models for smoking cessation: Peer Model Program and Patient Navigator with Case Management, which assists with language barriers.

Another question posed within the context of the presentation was if the monthly healthcare premium can be based on the amount of cigarette use (smoking v. non-smoking). Barbara Koren stated that this would not be a fair practice for the low-income and disadvantaged populations; people do not want to be pushed into financial situation Jeannette said speaking from the perspective of having community behavioral experience limits must be set for the individuals to begin to take ownership of their lives and lifestyle. Andy said that the overall behaviors are not just tobacco related but can be placed in with different scenarios. Andy said that there should be more global strategies that are considered by the SustiNet Board of Directors for all of wellness. Linda said the group needs to develop questions for structuring the final report.

Andy reported on the HIT Advisory Committee which indicated that there will be thousands of SustiNet providers across the state and there is a Health Information Exchange (HIE) that will have standardized, shareable data elements. The standard elements will include tests, medications, success of therapy, hospitalizations, surgeries, etc. Andy said he is not sure how far the data elements will drill down, but may record current use of tobacco, quit attempts, number of counseling sessions, etc. that would be most useful. This information will help mind the Medicaid population. Pat said that to add the data elements is not a problem if the system is designed well; there needs to be clinically relevant to serve the individual and become an excellent tool for the provider. Andy said that it should be listed and recommended the data elements that the Tobacco Taskforce wants to see within the HIE. Linda said it is important to state the important use of the collected data and clarify the need for the data so that it is not being collected in vain. Andy said that the data will allow for complete evaluation, determine need for financial investment and how a media campaign impact use.

Andy said the next steps are to "connect-the-dots" from the source document(s) (Connecticut Public Health Policy, Department of Public Health Data, and/or Yankee Institute Report) to the template's overall strategies in the listed format presented by the sub-committee. There needs to be detail on specific recommendations based on policy, specific CT data, best practices, and experiences from neighboring states, especially Massachusetts. Andy said the taskforce needs to answer or provide action to: where the taskforce stands now within each area, what data needs to be referenced or included as an appendix, and reports/references that show reduction in rate with support of best practices used in other states.

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Linda said there was no negative feedback with regard to the presentations, with requests to dig deeper and check facts. Andy said that there was good reception and spoke highly of the Health Disparities and Equity Committee's presentation and how there are commonalities between the two groups.

Linda said the time frame to complete the report is compressed and therefore there needs to be realistic expectations on how to build the foundation; although there was discussion on the cost, it is difficult for any group to determine the income, expenditures and fiscal impact of implementation for their specific areas at this time.

There was no unfinished business to be addressed by the Tobacco & Smoking Cessation Task Force.

The next meeting is scheduled for Wednesday, June 23, 2010 at the Legislative Office Building – Room 1A.

Meeting was adjourned.