

SustiNet Health Partnership

Tobacco & Smoking Cessation Task Force

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Tobacco & Smoking Cessation Task Force Regular Meeting

May 19, 2010

Meeting Minutes

Attendees: Andrew Salner, Co-chair; Linda Green (SustiNet Consultant); David Gregorio; and Barbara Koren

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

Absent: Jeannette DeJesus, Frank Scifo; and David Scribner

Guest Attendees: Pat Checko (MATCH Coalition)

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

The April 21, 2010 meeting minutes were approved, without correction, by all members present.

Andy introduced the SustiNet Consultant, Linda Green, who has been assigned to assist the taskforce with completing the template with recommendations and provide direction with the tasks on hand.

Andy said the main order of business for the meeting will be the update of the data and program workgroups that will provide additional recommendations. Andy expressed words of appreciation for the taskforce members who collected data and provided some recommendations to data. The preliminary findings presented will become a part of the final recommendations sent to the Board of Directors on May 24, 2010.

Andy suggested to the taskforce members the possibility of having two meetings within the next several weeks to discuss the first set of draft recommendations at the first meeting and approve/finalize at the second meeting. Andy said the Board of Directors wants the final recommendations approved by the respective committees and taskforces before submission. The members agreed have two meetings on June 2, 2010 and June 8, 2010; both meeting will be held at the Legislative Office Building at the normal time of 4:00pm to 5:30pm. There will be a conference call number established for both meetings for members and the public to call in.

David Gregorio acknowledged the contributions of Pat Checko, community resources, and task force members. David stated the Data Workgroup have met regularly with the last meeting culminating into a broad discussion on recommendations that span a range of tobacco control strategies from efforts to improve cessation methods to halt initiation to a targeted group. There is an inventory of recommendations that should be considered in greater detail for greater comprehension. The workgroup thought it to be essential to prioritize the thinking if essential recommendations to include the public and the private effort made thus far, cessation of existing tobacco use, prevention of additional initiation, and provide a list of policy and environmental changes that will all become a part of the recommendations. Andy wanted clarification if there was an opportunity to review the basic data set and analyze them in preparing the general categories of recommendations. David responded that the workgroup did not specifically examine data and conduct a separate analysis of the information; the workgroup was committed to and confident in the existing reservoir of information that has been made available in the state. Connecticut residents and researchers have the benefit to access the data and records of the substantial history tobacco control efforts made through the Department of Public Health, Department of Mental Health and Addiction Services, American Cancer Society, MATCH Coalition, and others. There is substantial data and

Members

David Gregorio • Barbara Koren • David Scribner • Frank Scifo

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analysis in place given the timeframe the workgroup was reluctant to reexamine the information available, but have pulled the important information from the records/analysis so that the workgroup is confident in estimating the number of Medicaid clients and others who are in need of cessation services and public private healthcare options.

Pat Checko the said the Cessation Workgroup did not attempt to use the template provided and did not provide all of the references. Andy stated that the co-chairs with the assistance of the consultant will be ultimately responsible for taking the work and placing into the correct format/document. Pat Continued to say that the workgroup will work with Linda to substantiate the findings. Pat said they started with the general statement about the CDC and comprehensive tobacco control without isolation of any one component, with the data placed into three categories: cessation, prevention, and policy/environment. Within each category there are recommendations that have not been prioritized, but each category is provided with a mission statement. Pat said it is important to us the phrase / terminology "tobacco use and cessation services" because it is best to address the use and cessation of all tobacco products and not just cigarettes. Andy supported Pat's statements. David said it is best to control cigarettes to help control other tobacco products. Pat highlighted points discussed among the workgroup that included: legislation since 2003 authorizing the coverage of smoking cessation products/ services for Medicaid recipients but there is no funding (high priority); comprehensive barrier-free, low-cost tobacco use cessation products (nicotine patch) and services (counseling); Connecticut is one of four states that does not provide coverage for tobacco cessation products/services; utilization reduction from Massachusetts Health Plan (2006) report indicating that 1/3 of smoking population using services and 10% drop in prevalence; current number of Medicaid clients (age 19-64 year-old) approximates 62,000 out of 175,000 are smokers; per Federal Healthcare Reform, pregnant women required to be covered for tobacco cessation products/services by 2010; removing the physician as a barrier / gatekeeper; increase access to tobacco cessation products/services; and provide more control to the smoker; existing federal fund matching with a return of 62-cents for every dollar spent on tobacco cessation products/services; and promotion of benefit for eligible clients. Pat said the federal government will make grants available in January 2011 for tobacco cessation specifically targeted toward Medicaid clients. Andy questioned if Spanish prevention materials will be made available and what number of Latino/a Medicaid clients are smokers; Pat said that language is address in priority in number four: *develop age, gender, racial, ethnic models for delivery of cessation services that take into account evidence based treatment.* David said that the data on Latino/a prevalence is reflective of the age distributions to great extent, which does not say that there is lesser need due to concerns to access to care, cultural competency, etc. Pat disagreed with David's statement; and mentioned that there is an endorsement of the CT Public Health Policy Institute Report, which states that the behavioral risk factor survey showed an increase in the prevalence in smoking among the Spanish-speaking population, which may be a disproportionate number of uses throughout the population. The report mentions that Ellen Doralis completed a study to prove efficacy of a Spanish Model Smoking Cessation Program. Andy stated that there was not a dollar amount recommendation made, but any investment will have some payback of meeting the need; is there any feedback on the cost to determine the savings, what is the ideal funding number, what is the payback given the potential of over a 1.5M in saving? Pat responded that there are two points: (1) there were calculations done that showed there between \$5-9M which considers everyone receives at least 3 sessions of counseling, with approximate cost per person being \$550 (overall cost per person depends on combination of services), and legislatively once a Medicaid benefit is established then it will continue to exist. Massachusetts covers all fees for all clients; (2) Surveillance will potentially allow following individuals over time to show/prove the difference in overall health, which will ultimately be a predictor of current and future savings. David said that the cost and benefit estimates are very conservative and it is difficult to quantify value and still anticipate additional benefits because other issues are addressed simultaneously. Pat said that that the benefits go beyond the individual; there are other secondary benefits to those who are around the smoker who quits.

Pat continued with the second component: requiring all public/ private health insurers to provide comprehensive tobacco usage cessation intervention, including counseling and all FDA-approved Nicotine Replacement Therapy and pharmaceuticals. This is being pushed from the business perspective because each smoker cost the employer approximately \$4,500 per year. Pat wants the insurers, providers, and employers that this is a physical and a financial benefit. There should be NRT and multiple opportunities for quitting. There is a need for a broad network of community-based services in many settings to increase access and opportunity to people who may be ready to quit; utilize SBHC, CHC, substance abuse centers, local health departments, social service organizations, non-clinical settings, etc. There should be increased availability to the Tobacco QuitLine and InfoLine (211). Pat said that when physicians practice the five-A's (*Ask-Advise-Assess-Assist-Arrange for follow-up*) they have no where to refer the patient. There need to be appropriate programs to reach the various target groups. Open up who can provide services and training that is not from a clinical stand-point. Andy asked if there were any training programs / certification courses specific to tobacco cessation. Pat said there is no certification program per se, but there are some courses that help. David said that he endorses a certification because it is different from licensure, which will have to be regulated. There was brief discussion regarding the certification process for cessation services provided by counselors. Andy asked to add a statement to include a mutually agreed upon certification process within the list of recommendations. Pat said that the mental health population is addressed cumulatively in environmental and outpatient setting.

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Pat began talking about prevention recommendations with a focus of schools, parents, and community. There are four preventative recommendations: (1) requiring age appropriate life-skill education for grades K through 12, a potential cross-cutting SustiNet goal with an emphasis targeting high-risk behaviors, cultural populations, and an athletic requirement to sign-off on no tobacco use; (2) media and social marketing programs, a potential mechanism to decrease disparity and partnering with community-based organization to play a larger role; (3) redirecting revenue generated from enforcement of tobacco access laws for tobacco prevention and education services for merchants and the community; and (4) mandate prevention education for youths who are fined under Possession Law (53344). Andy want to know if there is any health lifestyle mandates now within the educational system and what do we need to do to work in partnership with other organization. Pat said that item 15 under Policy does provide a recommendation: *SustiNet should recommend a health and wellness curriculum for K through 12 students in CT that will incorporate in statute behavioral training consistent with SustiNet priorities.*

Pat shared Policy recommendations to include, but not limited to: (1) speak with Legislative / Executive Branch to document return on investment for sustaining proper funding of tobacco cessation products and services; (2) require appropriate funds from the Master Settle Plan and tax revenue from sale of tobacco products be used for Tobacco Cessation and Control Programs; (3) increase access to tobacco cessation products as over-the-counter, reimbursable NRT and pharmaceuticals that can be purchased outside a pharmacy setting; (4) design a curriculum and develop training for community tobacco treatment specialist; (5) insurance discounts or tax credits for private sector business offering tobacco cessation programs for employees; (6) one-hundred percent workplace smoking bans (21 states with workplace, restaurant and bar smoking bans), no smoking within 25 feet of any building entrance; (7) increase the minimum mark-up on cigarette cartons; (8) reduce the number tobacco-sales licenses to allow for better regulation by DMHAS; (9) monitor non-nicotine delivery products; and (10) tax parity on all tobacco products. There was extensive discussion on the recommendations and inclusion of evaluation mechanisms that will become a part of the template.

Andy thanked everyone for their collective work. Andy requested that several documents be included with the recommendation as appendices: CT Health Policy Institute, CDC Document, Yankee Institute, etc., especially those documents used as references and resource of information to substantiate recommendations.

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

The next meeting is scheduled for Wednesday, June 2, 2010 at the Legislative Office Building – Room 1B.

Meeting was adjourned.