

# SustiNet Health Partnership

## Tobacco & Smoking Cessation Task Force

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### **Tobacco and Smoking Cessation Task Force Regular Meeting** January 20, 2010 **Meeting Minutes**

Task Force Attendees: *Jeannette DeJesus, Co-chair; Andrew Salner, Co-chair; Barbara Koren*

Stakeholders: *Rich Kehoe; Barbara Walsh; Patricia Checko*

Office of the Healthcare Advocate: *Vicki Veltri*

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

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Andy Salner opened the meeting by welcoming Task Force members. Minutes from the December meeting were approved.

Andy spoke of attending a presentation that was given on obesity and tobacco by the CT Health Policy Institute, "Smoke and Mirrors," which is also available on the SustiNet website.



January 19 Smoking  
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Andy said that there have been two workgroups formed from this Task Force. The data workgroup will be chaired by Dr. David Gregorio, and the program workgroup will be chaired by Barbara Koren and Dr. Patricia Checko. These workgroups will be reporting their findings at each meeting.

Barbara Walsh gave the attached presentation on DPH's tobacco program, which is also available on the SustiNet website.

**[Tobacco Use Prevention and Control Program](#)**, State of Connecticut, Department of Public Health, Public Health Initiatives Branch

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#### **Members**

David Gregorio • Barbara Koren • David Scribner • Frank Scifo

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Barbara K. spoke of the illegal trade of tobacco and said that in the inner cities, it's growing tremendously. She asked Barbara W. if DPH was monitoring any of this illegal trade. Barbara W. said that this is being monitored by DMHAS, and that they are aware of the illegal activity. Barbara K. spoke of a person she knows of who takes orders for cigarettes, drives to South Carolina to purchase them, makes deliveries to people's homes and receives all payments in cash. She said that tobacco sales numbers are down, but that this isn't accurate due to the illegal trade that doesn't collect taxes or card children. Andy suggested that this Task Force invite a representative from DMHAS to speak to the Task Force regarding enforcement efforts. Rich Kehoe said that because of tax increases on cigarettes, illegal sales have become more creative. The Department of Revenue Services is involved with enforcement also, because of the issue of lost taxes. Internet sales of cigarettes have proliferated, and cigarettes are sold on Indian reservations, although not at CT reservations. Rich said that this will always be a problem, but he suggested that violations be reported to the enforcement authorities. These individuals selling cigarettes aren't licensed, and they can be prosecuted criminally and civilly. The individuals buying them are also breaking a law by buying cigarettes that don't have a CT stamp. Rich said that violations should be reported to DRS, which is the primary enforcement agency for tobacco violations. Andy asked who could be contacted at DRS and DMHAS to speak to this Task Force. Pat Checko suggested that Andy contact Diane Kennard who is also on the Tobacco Trust Fund, Carol Meredith and Robin Cox.

Pat C. spoke about efforts of the MATCH Coalition (Mobilize Against Tobacco for Children's Health). There was a statewide study conducted to gather data on Latinos who smoke. This was concentrated on the inner cities, where it was found that smoking was not only accessible but also acceptable. Pat also discussed a smoking cessation program that focused on pregnant women and women of childbearing age. 15% of the women in this program were 16 to 24 year olds. 34% of the women served in this program were Hispanic; 15% were African American; 65% were Husky or Saga recipients; and 9% were uninsured. The projection for this program is 1300 women, with the average cost of \$500 per person enrolled, for counseling and pharmaceuticals. Pat said that MATCH hopes to work with the Community Health Centers to get an idea of a real Medicaid rate for CT, with the goal being to have a pooled estimate of what this might cost. Pat also said that it has been proven that smoke free laws have been associated with a reduction in hospitalizations for acute heart attacks.

Andy said that even though CT was the third state to become smoke free, there are still many areas where people congregate and smoke. Rich said that in 2003 CT was a pioneer with this, passing strong laws about public smoking. Since then, many states have gone beyond where CT is, so perhaps it is time to revisit these laws. Andy said that when the laws were passed in 2003 there was a smoking prevalence rate of 24% or so; now the rate is 15.3%, showing that support and prevention work can continue to make a difference.

Pat said that this effort is plagued with health disparities. When looking at people who have less than a high school education who still have a 30% smoking rate as opposed to people

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with college degrees whose rate is 9.7%, it is clear that this is a socioeconomic situation with health inequities. While great strides have been made, there is still a need to reach out to people who are the poorest, the least educated and who have the least access to real choices in their lives. The general population has a smoking rate of 15%, whereas in the Medicaid population the smoking rate is 36%; this number has remained stagnant over the decade. The people who are the hardest to reach are those who are truly addicted. Pat said that her organization is trying to target those populations who are the least likely to have access to whatever is in the mainstream. She said that she went online to see what was available regarding smoking cessation and found it difficult to locate specific programs.

An unidentified speaker said that Community Health Centers are funded to do this work, and they are access points for low income and Medicaid clients; yet there is an increase in smoking rates among this population, so there may something else at play here. Perhaps there is a cultural reason, such as that a person's culture doesn't allow them to go outside of their own community for help. If so, another type of intervention would be needed. Media campaigns need to be sensitive to this. Another speaker said that tobacco dependence should be treated as an illness, with awareness that there will be relapses, requiring a different type of intervention.

An unidentified speaker said that there has been great success in educating the Latino community about diabetes, and helping people to come out about their disease and learn to manage it. She said that there isn't the same attitude about smoking, that it's not viewed as an addiction. Another speaker said that this Task Force should embrace the chronic disease model, which addresses the many risk factors that are causes of diseases. A large part of making healthy choices is having the appropriate environment to make those choices. There was discussion about how smoking is just one part of a larger picture of good health, and how quitting smoking can lead to obesity. Vicki Veltri pointed out that SustiNet was planned to include have the various Task Forces and Committees tie their efforts together, looking at the whole health picture.

An unidentified speaker said that her organization has parallels to the SustiNet effort, and asked Andy to define what the SustiNet mandate was. Andy said that the mandate is to design a system of care for CT residents that would provide health, preventive health and wellness programs. Hopefully this system could provide coverage for all. Additionally, this year the legislature has limited funding to work with. Andy said that this is being looked at broadly, as a redesign of what is currently in place, and it embraces things that usually don't fall under insurance mandates. An unidentified speaker said that while SustiNet is looking at the broad picture, it also needs to target particular groups in order to be effective. Vicki added that SustiNet is not an insurance bill, but is designed to be about public health, insurance, and social services; it is a planning document. The various Task Forces and Committees will produce recommendations of what things should look like for the Board of Directors who will provide a report to the legislature.

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There was discussion about the role of school health clinics in prevention efforts. An unidentified speaker said that there is a school based association that represents school clinics. Another unidentified speaker suggested that that association could use their clinics as settings for many of these efforts. Another unidentified speaker said that there isn't a uniform policy for running school clinics so there is much variation in how they function. The same speaker said that in Hartford, the Health Department runs the in-school clinics, with a focus on health education for children. This is something that the Task Force can look at as a possible avenue for education outreach.

Meeting was adjourned.

**Next meeting February 17, 2010 at 4:00 pm.**