

SustiNet Health Partnership

Tobacco & Smoking Cessation Task Force

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Tobacco Cessation Task Force Regular Meeting

December 16, 2009

Meeting Minutes

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

Office of the Healthcare Advocate: *Vicki Veltri*

Absent: *Frank Scifo; David Scribner*

Andy Salner opened the meeting by welcoming Task Force members and asking them to introduce themselves. Minutes from the November meeting were approved.

Andy told members that there was a goal document in front of them. He said that during today's meeting, he'd like Task Force members to determine how to get their work done, with the goal being a report to be submitted to the SustiNet Board of Directors by July 2010. He said that it was time to figure out the different phases of this project. Andy continued by saying that he and Jeannette DeJesus have drafted a few goals that should be discussed in greater detail. The first goal is that ultimately, this Task Force would like to influence public policy, including interventions and strategies which help to reduce the impact or burden of tobacco on CT's residents. Tobacco takes a significant toll on the state and its residents, both in terms of lives lost, illness, economic costs, lost productivity, and other costs. The Task Force will need to gather the data that is available describing these costs. The hope would be that the work of the Task Force will potentially bring forward suggestions about how evidence based strategies might be utilized to influence public policy and reduce that burden.

Andy said that the first thing that needs to be done is for the Task Force to determine the different components that need to be put together to discuss and ultimately conclude the report. Andy suggested that the first subcommittee be formed to gather data, and he suggested six areas to focus on. First, to compile statistics, such as figures on cancer and

Members

David Gregorio • Barbara Koren • David Scribner • Frank Scifo

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heart disease in CT, the prevalence of tobacco use and cost, which populations are impacted, the impact of tobacco use on programs such as Medicaid and the impact on the state budget. Number two would be what worked in CT, which is the third state in the country that enacted clean indoor air laws, in 2004. There is data available on cessation programs and the use of prevention strategies like the clean indoor air law and the use of excise taxes. Third, what's worked in other states, looking at other states' use of interesting, creative and innovative policies and legislation in areas like education, counter marketing, enforcement, etc. The fourth item would be to look at CDC guidelines; there are a series of them posted on the SustiNet website www.ct.gov/sustinet. The website contains CDC's Best Practice Guidelines, which contains good evidence based strategies from the entire US. Andy said that he felt this would be a very important resource.

Fifth, there is a whole series of White Papers that have been written by other organizations. Posted on the SustiNet website is the Yankee Institute White Paper called "Up in Smoke," which discusses the amount of dollars that CT has received as a result of tobacco excise taxes as well as tobacco settlement dollars, approximately 450 million dollars a year. Other White Papers posted on the website include data from research organizations regarding CT residents' attitudes toward tobacco use, some recently conducted polls on CT residents' attitudes toward cessation and funding of cessation, and the most recent recommended report from CT's Tobacco and Health Trust Fund Board. The website also contains the brand new CT Cancer Partnership 2009-2013, a comprehensive cancer control plan, which has a large section on tobacco. The last area that Andy recommended focusing on was to obtain input from constituents and organizations with an interest, and also to allow experts to participate in this process.

David Gregorio suggested that this Task Force needs to very clear about the legal context within which tobacco occurs in CT, so that there in an understanding of the principles and policies that are available to support cessation and prevention efforts, and which laws and regulations need to be modified in order to achieve that goal. He said that a policy and legal analysis is needed, one that persons not schooled in law can accomplish. David continued by saying that this Task Force needs to think about how its work fits in with the larger SustiNet effort. He asked if there is a specific strategy or a particular set of issues that SustiNet is seeking from this Task Force that needs to be part of the overall state policy and planning efforts. David also said that when talking about the capacity to do cancer prevention and control around tobacco, and looking at what works, some resources may be overlooked. These resources, if creatively brought together, could present opportunities to work better than they currently do, so the Task Force shouldn't focus only on things that are in place that appear to be successful. He suggested a general scan of the community to see where there are assets. He added that his organization has developed a job description of sorts for their public health students who could do some independent study work on behalf of this Task Force, doing things like a scan of policy and a scan of epidemiological data. This would be completely voluntary, but David expressed optimism that there would be student interest.

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Jeannette said that she was particularly interested in how this Task Force's efforts fit into the larger SustiNet effort. She also said that she felt that it would be important to communicate with the SustiNet Board of Directors to get a clear idea of how to assist in their effort. Andy said that he had attended one Board meeting, and that the co-chairs have been invited to attend Board meetings to give Task Force updates.

Andy said that there is a SustiNet Tobacco and Smoking Cessation Task Force workplan, a three page document which more or less outlines the work of the Task Force and how it interacts with the work of the overall SustiNet effort. It contains communications procedures, stakeholder engagement, core elements of a comprehensive plan, data analysis and recommendations. It is fairly general, but it does establish a set of expectations for this Task Force. Andy continued by saying that this will be a work in progress, and that there will be give and take between the Task Force and the Board. Andy continued by saying that this Task Force has a relatively short amount of time to complete its task. He said that the University of Hartford is working on a project to be completed in January that might provide help to this Task Force.

Barbara Koren said that she had sent information to the co-chairs on cessation programs that targeted one particular health district. They would be willing to speak to this Task Force regarding what worked and didn't work, how they were able to accomplish their goals within the program, where it fits into the entire cessation picture, and where funding came from. Barbara said that it was important to give an avenue to citizens who want to quit smoking in order to provide help to them. A smoker goes through waves of liking and hating smoking. It is important to get to them when they are at the point of hating smoking, and letting them know that there is help available in learning how to deal with their addiction. Barbara said that the information she had sent to the co-chairs included addiction services at Wheeler Clinic, CT Clearing House, and the Ledge Light District when they did their 2008 cessation programs. She also said that it would be good to bring some people to the table who have dealt with the real world of addiction, and to find out where the funding is lacking and what kind of funding is necessary to get a health district up and running continuous programs so that people can have easy access to them.

Andy said that the tobacco unit at DPH runs a statewide cessation program called Quitline, which is run by a contractor called Free and Clear. They don't reach everybody who could potentially be reached. Through funding from the Tobacco and Health Trust Fund, with advocacy on the part of the CT Cancer Partnership and many others, there were series of local cessation programs; Andy said that this Task Force should invite representatives from some of these programs to speak. He continued by saying that with particularly vulnerable populations, tobacco carries a bigger burden. In the Medicaid population, tobacco cessation programs are approved but not funded by the state, so people are unable to participate. This is one of the areas that the Task Force should work on. An unidentified speaker asked what services Quitline provides. Andy said that as far as he knows, first there is an intake session done by phone. Next there are a series of counseling sessions that are evidence based strategies, and nicotine replacement therapy is available. Andy said that he'd like to invite

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Barbara Walsh from DPH to our next meeting. He also said that he'd like to set up a program workgroup to meet with DPH to further describe Quitline. Andy said that 60-70% of smokers want to quit, and that a relatively small number are successful. The goal is to optimize that number by making programs readily available. In terms of workgroups that this Task Force might use, Andy said that he felt that there should be one workgroup focusing on programs and one focusing on data.

Andy introduced Bryte Johnson, who is the Director of Government Relations for the American Cancer Society in CT, and who is involved with several coalitions in the state. Bryte said that there is a very large and diverse group in the state who has an interest in tobacco related issues. There are the obvious organizations, such as the Cancer Society, American Lung Association, American Heart Association, and the Campaign for Tobacco Free Kids that all have a significant presence in CT. These groups have combined as part of either the MATCH Coalition, which is Mobilizing Against Tobacco for CT's Health, or the CSTOP Coalition which is the Campaign for Sensible Tobacco Policy. Combined, there are thousands of grass roots advocates who are able to respond to action alerts or events being held, and can provide a large presence on any tobacco related issues. There are different segments that deal with certain issues; for example, if it's about the cigarette tax, there is a group that deals with that aspect of this effort. Bryte said that last year there was an effort to increase the cigarette tax in CT, and through action alerts with each of these organizations reaching out to constituents and grass roots advocates by the use of phone banks, there were thousands of individual hits on members of the legislature in support of the tax increase. This was necessary because big tobacco invested a lot of money and effort in trying to defeat the tax initiative.

Andy asked Bryte if he would make suggestions as to what resources this Task Force could partner with to obtain data, locally and nationally. Bryte said that there are a number of organizations that specialize in this type of data. He recommended the Campaign for Tobacco Free Kids, www.tobaccofreekids.org for national and state issues. They have a CT page of fact sheets and White Papers that have been collected, and it is updated continually. The Cancer Society, the Heart Association and the Lung Association are all good resources. For example, the Lung Association puts out an annual report on state spending that is very informative and influential, where each state is given a grade. Tobacco Free Kids publishes a report on prevention and cessation spending; two years ago CT placed last, having spent zero dollars on cessation. This year's report came out last week, and CT placed 28th on the list. This is a very good gain, but the money that was available for cessation programs won't be available next year, so CT runs the risk of falling behind again. Additionally, CDC and many other anti-tobacco organizations also provide information.

Andy asked Bryte for suggestions of how the Task Force could identify who would be good partners in providing data or ideas. Bryte suggested contacting the people who are active now, which includes all the previously mentioned organizations. Policy folk from ALA, from the Heart Association, from the Cancer Society and from TFK are all available, willing and enthusiastic about assisting in any way. Andy said that he felt that some of the academic

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institutions would be willing to help; he mentioned Trinity and U of H as two that are focusing on tobacco control issues. He also mentioned Jeannette DeJesus, and community organizations that have an interest in tobacco issues. Bryte said that when it is time to work towards enacting any of the recommendations into law, these organizations combined, speaking with one voice, can be very effective. The more people that are added to those coalitions, from academia and the medical field, the stronger the effort will be and the more likely it is to be successful.

An unidentified speaker asked Bryte if he could make a recommendation or share any ideas about whether this group should hear from an economist or someone who could talk about how CT moves forward on tobacco policy, considering the current economic environment in the state. Bryte replied that in many respects, the state tends to cut off its nose to spite its face to address mitigation issues. For example, the governor introduced a proposal that would redirect 5 million dollars from the Tobacco Trust Fund for deficit mitigation. While that would help the deficit, once that money's gone, it's gone. If the state continues to experience economic hardship, that will be one less fund that the state can use to offset the deficit. Bryte continued by saying that the smarter move would be to use that money to fund Medicaid coverage of smoking cessation. Medicaid coverage is federally reimbursable up to 60%, so a 5 million dollar investment would bring back 2.8 million to the state, in addition to the long term health benefits and reduction in tobacco-related healthcare costs that would result. This would have long term benefits as opposed to a one time fix. Bringing in economic folks who could speak to the benefits of looking forward as opposed to just trying to fix today's problems would be very helpful.

Andy said that there are studies showing that there is a leveraging effect of an investment in smoking cessation programs, ultimately saving money for the state. This can range from 1.4 to 4 times leveraging effect, but that leveraging effect impacts things like future healthcare costs, and may take 20 to 25 years to appreciate. There won't be an immediate return, but choices made now will have an impact on future healthcare costs. Bryte said that as healthcare costs continue to rise, that problem isn't going to go away, so anything that can be done now to blunt the annual increase in healthcare costs while saving lives is a win-win situation. Bryte also said that he suggested the Task Force look at what MA has done with Mass Health benefits. Mass Health is basically the Medicaid program in MA, and they have spent 12 million dollars on tobacco cessation. In two years, they have had 75,000 people take advantage of the services offered. They have had a reduction in the Mass Health eligible smoking rate of 26%. 33,000 people have been able to quit for six months or longer. Obviously, not all of them will quit permanently, but they were able to quit for six months, which is a big accomplishment, and a direct result of tobacco cessation efforts offered by the state. Andy agreed that this Task Force should look at Mass Health programs.

Andy posed a question to Vicki Veltri: If there are workgroups formed of Task Force members, can people who are not on the Task Force serve on those workgroups? Vicki responded that people don't have to be Task Force members in order to serve on workgroups. Andy said that he'd like the Task Force to develop a list of experts who could

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serve on the workgroups. He asked the Cancer Society and Heart Association representatives if they would help in developing this list and provide email addresses for potential workgroup members. The persons invited could serve on either the data or the programs workgroup. Andy also said that the workgroups will need to come together, and in a relatively short time will need to assemble the needed information so that the Task Force can proceed. David Gregorio wanted to know what the repository of state generated data is. He asked what DPH, DMHAS, DOE, etc. see around the issue of tobacco use and cessation, because some of that data will drive key state initiatives and policies. David said that he'd like to juxtapose that information with data generated and analyzed from advocates such as ACS, Heart Association, Lung Association, etc. Another area mentioned by David is data that's available from industry, in terms of how they view the data available to them and the kinds of concerns they have. David also said that the Task Force certainly needs to speak to providers in terms of those people who are delivering services. The Task Force needs to seek out data that is valid and shared.

Andy asked David if he would be willing to chair the data workgroup. He continued by saying that this Task Force doesn't have the time to do things in sequence, that things will need to be done all at once. There is a lot of data available at the state level on tobacco use, cessation, burden, and costs that DPH, DMHAS and others could share. There is also BRFS and YEFS data, advocacy data, and industry data. Andy said that in the next month, the Task Force should try to pull some of these people together by contacting Barbara Walsh and Renee Coleman-Mitchell of DPH to seek their help in determining who to contact. Andy said that he would get a DMHAS representative to share data. There are many community cessation people who would have information they could share. David suggested beginning with the state contacts, or perhaps Hartford County Medical Society, to get their input on who to contact. Andy asked that each workgroup have a meeting or conference call shortly, so that by the next meeting the Task Force can get an idea of where each workgroup is heading.

Jeannette asked what method was preferred for providing information to the Task Force. Andy said that information should be emailed to the co-chairs at jeannette.d.@hispanichealth.com or a.salner@harthosp.org. Jeannette asked that any emails sent have "Tobacco Task Force" in the subject line. Andy said that the programs workgroup will look at programs that have been effective; they will also need a chair. He said that he would either send a summary email of today's discussion or send the minutes as background for these groups. He said that he felt that policy legal questions should be addressed in this second workgroup. Andy recommended Representative David Scribner and Vicki Veltri as good contacts for determining which policies or legislation might influence Task Force work. Vicki agreed to meet with the Public Health and Human Services co-chairs in considering that smoking cessation may be paid for by Medicaid. That would prove helpful by notifying them who the chairs of the Task Force are, and to let them know who from SustiNet would be coming to them for information. Andy said that he has had one preliminary meeting with Senator Harris, who is co-chair of Public Health, so he's aware of this Task Force and will be very supportive.

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David said that we might be able to piggyback some legal analysis from the data contributors. They are likely to be entities that understand and experience the consequences of whatever is in place, both pro and con, of prevention and cessation. This Task Force may want to convene them at a later date to discuss what the real consequences are, from both legal and regulatory policy. The Task Force could examine whether policies work as intended, and whether there are latent consequences that hadn't been anticipated that are either beneficial or harmful to our effort.

An unidentified speaker asked Vicki if she was aware of what role the Universal Healthcare Foundation plans to play in Sustinet initiatives. Vicki responded that there have been discussions of grant funding but she wasn't aware of the status of that process. Andy said that he met with a staff person at U of H who indicated that they would be involved in Task Force efforts, so he said he felt that they should be invited to participate. Andy said that the Task Force needs to analyze what has been learned, develop a comprehensive review and analysis of the issues, and develop some strategies that focus on those issues and evidence based recommendations to come up with an ultimate plan. The Task Force is still in the collecting phase now. Andy thanked David for suggesting goals for the data workgroup as well as volunteering a grad student to assist with Task Force efforts.

Next Andy discussed the need for a timeline for inviting and soliciting public comment. Vicki said that when the Task Force was ready to invite public comment, Sustinet staff would need some advance notification so that a notice could be posted on the website. There would need to be ample time for interested persons to arrange to attend, with specific subject matter noted, and Sustinet staff could probably schedule a room for this. Jeannette said that when the Task Force begins to talk publicly about the data it will pique interest. Andy said that when the data workgroup is ready to report back to the Task Force, it would be a good time to solicit public opinion. Jeannette said that she felt it would be helpful to check the data against what people are experiencing, and this would be a good way to do this. Andy said that as the Task Force begins to draft the sections of the report, that may be the time to test it, with either experts or members of the public.

Jeannette asked if folks would find it helpful if the Task Force drafted a timeline that included data collection, the programmatic report, contributions from the community, the beginning of drafting documents, and the final delivery of the report to the Board. Andy said that interdigitating the specific work products that have been discussed into a timeline would be great. Jeannette agreed to put together a first draft for the timeline to be finalized by the Task Force. Andy asked Vicki if there was a report format that should be followed. Vicki said that Sustinet doesn't have a report format yet. She said that there have been several task forces and committees that have issued their own reports, such as the Health First Authority and Primary Care Access. The Task Force could look at these examples for formatting purposes. Andy said that as data accumulates and the Task Force assembles policies, there will need to be some thought as to how the final report will look. The report can contain appendices which may provide information or simply links to the web.

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Barbara Koren said that she'd like to contribute to the group. She said she feels that cessation is the most important thing. She also said that she'd like to do some exploration of what's happening at the local level today and what's happened in the last few years. She wants to do further research where she already has reached out to learn what the issues are on the street. She knows what her side of this is, and wants to hear from others what their side is. She wants to talk to people to see what their successes and stumbling blocks have been. Andy said that she should sit on the program workgroup and focus on cessation programming. Andy said that he would contact Barbara Walsh and ask if she'd like to attend the next Task Force meeting. He said he'd also like to invite Renee Coleman-Mitchell to talk about the state programs from the DPH standpoint, and to see if someone from DMHAS Education or other entities could attend. Barbara said there is an upcoming meeting of the Retail Merchant Education Committee, and she'd like to talk to Barbara Walsh and others working on this effort before the meeting. She said that she's very interested in learning what has worked in other states, expressing enthusiasm about what MA has done.

Andy said that at the next meeting, he'd like to see preliminary reports from both workgroups, along with membership of both groups. He said that by then the workgroups will have identified expert individuals to sit on both groups. Jeannette said that she will send the draft timeline to Task Force members before the next meeting. Andy said that either Jeannette or he will meet with the SustiNet Board of Directors in January to fill them in on progress made here and get feedback from them.

Barbara said she'd like to discuss the connection between overall wellness programs and education on the benefits of healthier lifestyles. The biggest problem ex-smokers have is gaining weight, and they often go back to smoking to help lose the weight. Those individuals then have two problems to deal with. There is a Task Force on Obesity; Barbara wondered if they are going with a public agenda, looking at the connection between obesity and advertising. As everyone knows, healthcare expenses skyrocket when people don't live healthier lifestyles. If that Task Force is looking at an advertising campaign then this Task Force could consider it also. Being healthy is about the wellness of the entire body, and the two Task Forces are connected. She feels that there is a mutually benefiting program message that's getting out there, and this concept should be brought up at SustiNet Board meetings. Andy said that he felt that was a very good idea, but he wanted to clarify that none of the task forces are actually doing advertising, but rather they are recommending programs. This ultimately may result in wellness education advertising if the state chooses to fund it. Andy agreed that there has to be a holistic approach to this, so even though this Task Force is dealing with tobacco, there will be a focus on wellness related to diet, body weight, tobacco, and lifestyle choices and issues, because it's all interrelated. Andy said that he and Jeannette would contact the co-chairs of the Obesity Task Force, Lucy Nolan and Marlene Schwartz. He said it would be useful to have a conference call with them before the next meeting.

Meeting was adjourned.

Next meeting January 20, 2010 at 4:00 pm.