Tobacco Control Integration Project

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Where do we reach Oregon’s low-SES population?

• Department of Human Services (DHS) and Oregon Health Authority (OHA) clients

• DHS/OHA reaches over 1 million Oregonians each year
TCIP =

What the Tobacco Prevention and Education Program (TPEP) knows about tobacco control

+ What the DHS/OHA Divisions know about their clients and workforce
TCIP Vision and Mission

**Vision**
- Clients and employees of DHS have improved health and quality of life due to the elimination of tobacco use and exposure to secondhand smoke.

**Mission**
- Tobacco use reduction is an integral part of work in each division of DHS.
TCIP Guiding Principles

1. Tobacco control projects arise from within each division and are guided by people within that division.

2. TCIP's priorities are to implement systems, procedures, and policies that assist employees and populations served by DHS/OHA Divisions in reducing tobacco use.

3. TCIP Steering Committee members share information and lessons learned, with each other and throughout DHS/OHA.
Why this work is important

Low Socio-Economic Status (Low-SES)

“Economic status is the single greatest predictor of tobacco use in the United States. Americans living below the federal poverty line are 40% more likely to smoke than those living at or above the federal poverty line.”
Tobacco Use Disparities
Smoking prevalence among Oregon adults – 2009 BRFSS

- With annual incomes *more* than $50,000 = 9.6%
- With annual incomes *less* than $15,000 = 32.9%

- Insured (including private) = 13.2%
  - Uninsured = 31.9%
  - Medicaid (OHP) = 37.0%

- Medicaid (OHP) cost, per year, to treat smoking-attributable disease = $287M
TCIP and SNAP (Food Stamps)

• Clients receiving SNAP benefits in December 2011 through CAF:
  – 797,104

• Households receiving SNAP benefits:
  – 433,305
TCIP and SNAP (Food stamps)

• The average household SNAP benefit is: $250 per month.

• At one pack per day, two adults will spend more on cigarettes ($300) in a month than their family receives in nutrition benefits.
**ARRA Goals**

- To increase 100% tobacco-free or smokefree policies in facilities serving DHS/OHA clients
- To increase policies requiring promotion of, access to and delivery of cessation resources to DHS/OHA clients and employees
- To implement a hard hitting counter-advertising campaign targeted to people with fewer resources
- To raise the price of tobacco by 10%
TCIP successes

- Homecare Worker policy – distribution of cessation resources
- Tobacco-free campus policy for residential treatment for mental health and addictions
- Survey of cessation resources provided by health plans serving Medicaid clients
- Language about tobacco-free campuses and cessation resources for employees in all Public Health Division RFP’s
- Distribution of quit cards at all human services points of access
- Quit Line number on hold messages and web buttons
- Workgroups forming to discuss tobacco-free campuses for residential treatment for people with developmental disabilities and seniors
- High level cross-agency sponsorship of the project – now CAHIP
Want to save $1,825 a year? Stop smoking.
Addictions and Mental Health
Readiness for policy change

• DHHS report on the sixteen-state study on mental health performance measures - 2003

• Oregon’s report containing results of seven years of mortality data analysis - 2008

• Addictions and Mental Health Division Wellness Initiative – 2008

• Tobacco Freedom Summit - 2009
Tobacco Freedom Goals

• Giving consumers the ability and the choice to become tobacco-free

• Providing treatment facilities and grounds free of tobacco

• Assisting individuals to achieve personal health and wellness

• Creating a network of peer-based cessation resources

• Improving discharge planning to promote sustained tobacco cessation and healthy lifestyle recovery
Tobacco Freedom Activities/Events

- Tobacco Freedom luncheon with consumer/survivor advocates and leaders
- Peer-to-peer tobacco dependence recovery training and materials for Peer Specialist and care services staff
- Policy implementation training for addictions and mental health facility administrators, managers and staff
- Assessment of tobacco-related policies, procedures and attitudes at all state-funded facilities

http://www.cdc.gov/pcd/issues/2012/11_0080.htm
Tobacco Freedom Activities/Event…cont’d

• Tobacco Freedom website for consumers, facilities and providers

• Art contest for the art work of the tobacco-free signs
  www.flickr.com/photos/tobaccofreedom

• Community Drop-In centers providing tobacco cessation groups

• Clinician-assisted tobacco cessation training for behavioral health providers
Tobacco Freedom Policy

• Adopted 10/1/11

• Effective in two phases
  - January 1, 2012, all addictions and mental health services and supports will include tobacco cessation
  - July 1, 2012, staff, individuals receiving services, volunteers and visitors shall not use tobacco in any form (including cigarettes, electronic cigarettes, cigars, pipes and smokeless tobacco) on the grounds, including parking areas, of programs licensed and funded by the State Division of Addictions and Mental Health. And, tobacco products will not be provided by staff.
The Oregon Health Plan (Medicaid)

- 1998 – Tobacco Cessation becomes Medicaid requirement
- 1998 – Project Prevention! launches to implement cessation benefit
- 1998 – 2011 – Assorted outreach efforts and projects
Meanwhile, in 2011

- Cessation benefits varied by plan and by location.
- Not all Medicaid members had access to the Quit Line or other counseling programs, or to certain meds.
- Co-payments, prior authorizations and other barriers.
- Low utilization of cessation services.

- Tobacco use prevalence in the Medicaid population still high.
Tobacco Cessation Services Survey

- Jan/Feb 2011 – TPEP and DMAP launched survey of the 15 contracted Managed Care Organizations.

  - Findings:
    - Only 2 plans systematically assess tobacco use status
    - Only 8 plans cover telephonic counseling
    - Only 5 plans cover all seven FDA-approved cessation meds
    - 13 plans require prior authorizations
    - 6 plans require enrollment in a counseling program to get meds
What’s Next for Oregon?

- Managed Care Organizations → Coordinated Care Organizations
- Minimum Standards for Tobacco Cessation
- Field Tobacco Cessation Services Survey 2012
Media Campaign

- Broadcast advertisements targeted to people with fewer resources
  - Focus groups held in Oregon to determine effective ads
  - Used ads already created in other states to save on production costs
  - Ads encouraging tobacco users to call the Tobacco Quit Line
Raising the Price Messages

- Higher prices reduce the number of kids who smoke – a 10% increase in the price of tobacco reduces the number of kids who smoke by 6 or 7%. Most smokers start smoking as children.

- Higher prices help people quit using tobacco – for every 10% increase in the price of tobacco, there is a 4% decrease in sales (consumption).
Low income smokers reap the most benefit from higher cigarette prices

People with lower incomes are up to 4 times more price sensitive than other smokers. They experience:

- better health,
- reduced health care costs,
- reduced exposure to secondhand smoke

Also, funds received through higher prices go toward increased state services.
Contact Information

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