Federal Tobacco Cessation Update
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Presentation Outline

- Susan Sanders, HHS/OWH
  - Tobacco Use in the U.S.
  - Major Federal Tobacco Initiatives
  - Office on Women’s Health (OWH) Program
  - OWH Program Sustainability
- Dr. Gail Cherry-Peppers, HRSA/OSHA
  - OWH Program Phase 1 Details
  - Strategies
  - Lessons Learned
  - Promising Practices
Tobacco Use in the U.S.

- Reduced from historic levels, but
  - Prevalence is still unacceptably high
  - Progress in reducing smoking has recently stalled
- In 2009, 20.6 percent of adults and 19.5 percent of high school students smoke cigarettes

- Strategic Plan: “Members of certain racial/ethnic minority groups, individuals of low socioeconomic status (SES), pregnant women, and other groups carry a disproportionate burden of risk for tobacco use and tobacco-related illness and death.”

- 31% of persons living in poverty smoke
- Smoking is greatest among adults with low educational attainment
- Smoking rates are highest among American Indians/Alaska Natives (32.4%)
- African Americans have lower smoking rates (21.3%), compared with American Indians/Alaska Natives and whites (22%), but they bear the greatest burden of tobacco-caused cancer
Significant tobacco-related disparities exist by geographic area
- Generally, states with few smoke-free protections, lower tobacco taxes, and limited tobacco control program funding have higher smoking rates

Disparities exist by race/ethnicity, age, and socioeconomic status in secondhand smoke exposure – the highest exposed are
- 71% of African Americans
- 63% of low-income individuals
- 61% of children aged 4 - 11 years

Tobacco Use in the U.S. for Women

- 90% of all lung cancer deaths in women smokers are attributable to smoking
  - Since 1950, lung cancer deaths among women have increased by more than 600 percent
- Women who smoke have an increased risk for other cancers, including cancers of the oral cavity, pharynx, larynx, esophagus, pancreas, kidney, bladder, and uterine cervix
- Women who smoke double their risk for developing coronary heart disease and increase by more than tenfold their likelihood of dying from chronic obstructive pulmonary disease

Tobacco Use in the U.S. for LSES Women

18.1% of U.S. women aged 18 years or older currently smoke

Data for women who smoke:

- **Age**
  - 18–24 years (20.7%)
  - 25–44 years (21.4%)

- **Ethnicity**
  - American Indians or Alaska Natives (26.8%)
  - Whites (20%)
  - African Americans (17.3%)
  - Hispanics (11.1%)
  - Asians [excluding Native Hawaiians and other Pacific Islanders] (6.1%)

- **Education**
  - Educational Development (GED) diploma (38.8%)
  - 9 -11 years of education (29.0)
  - Undergraduate college degree (9.6%)
  - Graduate college degree (7.4%)

- **SES**
  - Living below the poverty level (26.9%)
  - Living at or above the poverty level (17.6%)

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Tobacco Use in the U.S. for Pregnant and Post-partum Women

- Cigarette smoking increases the risk for infertility, preterm delivery, stillbirth, low birth weight, and sudden infant death syndrome (SIDS)

- An estimated 18% of pregnant women aged 15–44 years smoke cigarettes, compared with 30% of non-pregnant women of the same age
Major Federal Tobacco Initiatives

- DHHS Secretary’s Strategic Plan
  - Healthy People 2020
- The Family Smoking Prevention and Tobacco Control Act
- Other Tobacco Legislation
- Office on Women’s Health Program

DHHS Secretary’s Strategic Plan

- Develop and implement a Department-wide strategic action plan framed around four of the *Healthy People 2020* tobacco control objectives
  - Reduce tobacco use by adults and adolescents
  - Reduce the initiation of tobacco use among children, adolescents, and young adults
  - Increase successful cessation attempts by smokers
  - Reduce the proportion of nonsmokers exposed to secondhand smoke
DHHS Secretary’s Strategic Plan (cont.)

- ENDING THE TOBACCO EPIDEMIC: A Tobacco Control Strategic Action Plan for the U.S. Department of Health and Human Services
  1. Improve the Public’s Health
     - Strengthen the implementation of evidence-based tobacco control interventions and policies in states and communities
  2. Engage the Public
     - Change social norms around tobacco use
  3. Lead by Example
     - Leverage HHS systems and resources to create a society free of tobacco-related disease and death
  4. Advance Knowledge
     - Accelerate research to expand the science base and monitor progress

The Family Smoking Prevention and Tobacco Control Act

- Gives the Food and Drug Administration (FDA) the authority to regulate the manufacture, distribution, and marketing of tobacco products to protect public health
  - Became law on June 22, 2009
Tobacco Control Act (cont.)

- Restricts cigarettes and smokeless tobacco retail sales to youth
- Restricts tobacco product advertising and marketing to youth
- Prohibits "reduced harm" claims, and required industry to submit marketing research
- Requires bigger, bolder warning labels for cigarettes and smokeless tobacco products
- Gives FDA added authorities

Tobacco Control Act (cont.)

- Requires that cigarette packages and advertisements have larger and more visible graphic health warnings
Tobacco Control Act (cont.)

- State and local governments have the authority to
  - Impose specific bans or restrictions on time, place, and manner – but not content – of cigarette advertising
- State and local governments and Indian tribes have the authority to
  - Enforce requirements related to tobacco products that are in addition to, or more stringent than, the requirements of the Tobacco Control Act
  - Enforce fire safety standards for tobacco products

Tobacco Control Act (cont.)

- Tobacco Products Scientific Advisory Committee reported on March 18, 2011 that the availability of menthol cigarettes increases the number of children and African Americans who smoke

  Recommendation:
  "Removal of menthol cigarettes from the marketplace would benefit public health in the United States."
Other Tobacco Legislation

- The Affordable Care Act
  - Gave access to recommended preventive care, like tobacco use cessation, at no additional cost, in private and public health plans.
- The American Recovery and Reinvestment Act (ARRA)
  - Invested $225 million to support local, state and national efforts to promote comprehensive tobacco control and expand tobacco quitlines.
- The Prevent All Cigarette Trafficking Act (PACT)
  - Stopped the illegal sale of tobacco products over the Internet and through mail order, including the illegal sale to youth.
- The Children’s Health Insurance Program Reauthorization Act (CHIPRA)
  - Raised the federal cigarette tax by 62 cents per pack.
  - Raising the price of tobacco products is a proven way to reduce tobacco use.

Office on Women’s Health (OWH)

- Vision
  - Improve the health and sense of well-being of all U.S. women and girls.
- Activities
  - Leading and coordinating the efforts of all the HHS agencies and offices involved in women’s health.
  - Creating and sponsoring innovative programs that focus on the health of women and girls and educate physicians, dentists, researchers, therapists, nurses and other health professionals.
Office on Women’s Health (OWH) Program

- Intent
  - Reduce tobacco use among low socio-economic status (LSES) women of childbearing age and reduce the impact of tobacco use and exposure on their families and children

- Includes LSES women age 18-45
- Reasons for targeting LSES women of childbearing age
  - Population includes more tobacco users in proportion to other groups in the U.S. population
  - Enormous health benefits of quitting smoking early in life
  - Age group includes many pregnant and parenting women, so tobacco prevention or cessation also improves health outcomes for their children
OWH Program – Sponsors

- The Tobacco and Young, Low SES Women: Federal Collaboration to Make a Difference Committee
  - Led by Office on Women’s Health, DHHS
  - Conceived by the Federal Interagency Working Group on Women’s Health and the Environment

- Membership
  - Office on Women's Health, DHHS
  - Office of Research on Women’s Health, NIH
  - Tobacco Control Research Branch, NCI
  - Division of Cancer Control and Population Sciences, NCI
  - Indian Health Service
  - Office on Minority Health, HRSA
  - Federal Interagency Working Group on Women’s Health and the Environment
  - National Institute on Drug Abuse
  - Office on Smoking and Health, CDC
  - Centers for Medicare and Medicaid Services
  - Office of Minority Health, DHHS

OWH Program – Phases

- Phase 1 – Tobacco Clinical Collaborative Programs (TCCP)
  - Health Resources Services Administration (HRSA) and Indian Health Service (IHS) clinics

- Phase 2 – Expansion Planning
  - Lessons learned used to develop a “toolkit” of resources and to plan expansion to other populations of LSES women of childbearing age served through Federal healthcare dollars

- Phase 3 – Comprehensive and Sustainable Funded Projects
  - Program expansion through cooperative agreements
Phase 1 Update

Phase 1 – Program Requirements

- Implement, to the greatest extent possible, the Public Health Service’s *Treating Tobacco Use and Dependence: 2008 Update* in Federally-funded healthcare organizations and clinical practices that serve LSES women of childbearing age

Phase 1 – Populations Served

- **IHS** provides direct healthcare services to approximately 1.6 million American Indians and Alaska Natives (AI/AN) through a decentralized system of 12 area offices and 155 IHS, Tribal, and Urban (I/T/U) health care facilities.

- **HRSA** Bureau of Primary Health Care provides health care to approximately 17 million persons via Federally Qualified Health Centers (FQHCs) (community, migrant and rural):
  - Majority are pregnant women, mothers and children
  - Additional women receive services through the Maternal and Child Health Bureau Title V programs to the States, Healthy Start, and so forth.

Phase 1 – Participant Locations

- **HRSA**
- **IHS**
Phase 1 – Program Strategies

- Train providers and begin implementing tobacco interventions to
  - Ensure that providers, and other clinical staff, are familiar with evidence-based tobacco interventions set forth in the PHS Guideline
  - Make organizational changes to ensure sustainability of the interventions in clinical settings
  - Report barriers, useful strategies and resources, and other lessons learned from the experience

Phase 1 – Utility of the Program

- Set the stage for the next phase by identifying
  - Barriers and strategies for overcoming them
  - Tools and resources for providers, patients and clinic administrators
  - Lessons learned and promising practices
Evidence-Based Strategies

- Based on Clinical Practice Guideline
  - Determine and document tobacco use, readiness to change, and cessation interventions
  - Provide tobacco-related health education materials
  - Refer to quitlines or other cessation resources
  - Provide brief interventions and counseling, and facilitate social support
  - Provide NRT or other FDA approved medications to treat tobacco dependence, as appropriate
  - Provide incentives for tobacco cessation compliance
  - Provide culturally and linguistically appropriate interventions

Lessons Learned

- In brief, organizations need to create a culture of tobacco awareness and cessation in the clinic environment by
  - Successfully implementing tobacco cessation and prevention programs that include all aspects of the PHS Guideline
  - Successfully employing an Implementation Process Model of infrastructure changes that allows
    - The PHS Guideline to be integrated into normal clinical practice
    - The organization to be self-sufficient in sustaining Guideline implementation
Promising Practices – Delivering Interventions

- Approach tobacco use as a vital sign in clinical visits (just as providers approach weight and blood pressure)
  - Ask about tobacco use at every visit; for tobacco users, invoke the 5As (Ask, Advise, Assess, Assist, Arrange)
  - Use carbon monoxide (CO) monitors, or other verification tools, with every tobacco user

Promising Practices – Delivering Interventions (cont.)

- Increase productivity of providers for assessing tobacco use, follow-up, and documentation of treatments, services, and outcomes
  - Train existing staff, or hire a tobacco cessation certified health educator or behavioral specialist, to work with providers and patients to ensure tobacco cessation services and follow-up
  - Connect to tele-health certified tobacco cessation specialists if it is not possible to have a staff member on-site
Promising Practices – Delivering Interventions (cont.)

- Tobacco cessation dedicated staff should use motivational interviewing, employ brief interventions, and/or provide individual and/or group counseling, as appropriate, and provide follow-up with each patient who uses tobacco
  - If possible, the certified tobacco cessation staff member should have a comfortable and private office for further meeting, counseling, and follow-up

Promising Practices – Delivering Interventions (cont.)

- Obtain tobacco use information on the intake form, and have the clinical process seamlessly connect the patient with a certified tobacco cessation staff member during the visit
  - The certified tobacco cessation staff member should be immediately notified that a patient is a tobacco user, and meet the patient to offer further assistance
  - Meeting the patient can occur in the waiting room, in the exam room while waiting for the provider, or elsewhere during the visit
Promising Practices – Delivering Interventions (cont.)

- Provide evidence-based patient informational and educational materials, suited for specific population groups
- Provide clear and easy access to prescription tobacco-dependence medications and/or nicotine replacement therapies (NRT)
  - A certified tobacco cessation advocate or coordinator could serve in the role of providing information about what tobacco cessation medications are available, covered by various insurances, and so forth

Promising Practices – Delivering Interventions (cont.)

- Consider partnering with non-Federal organizations to provide incentives to sustain abstinence and avoid relapse
- Incorporate tobacco cessation with other services (for example pharmacy services, or weight reduction programs)
- Connect tobacco use to treatment for other chronic diseases and conditions, such as diabetes and cardiovascular disease (i.e., understand and address issues related to tobacco use)
Sustainability – Phase 3

- OWH will provide cooperative agreement funding to organizations that can partner with
  - HRSA and/or IHS/Tribal/Urban clinics and/or Medicaid providers
  - Other tobacco-focused non-Federal organizations
- Goals
  - Reduce tobacco use of LSES women of childbearing ages in Federally-funded healthcare settings
  - Implement as many aspects of the Guideline as possible given funding levels
  - Employ and test an Implementation Process Model that ensures
    - Sustainability of the model in clinical settings after grant funding ceases
    - Ability to be replicated in other Federally-funded healthcare settings

Team

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- IHS – CMDR Megan Wohr
Questions?