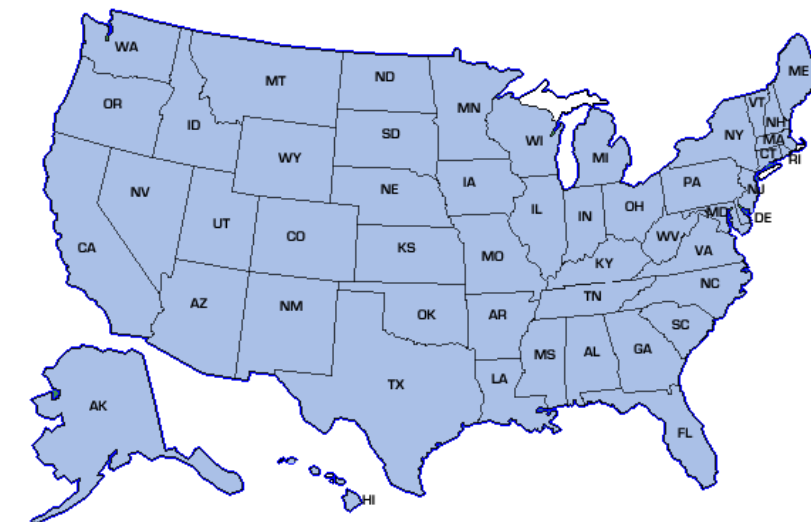


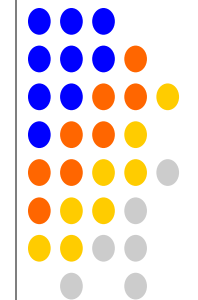
**ActionToQuit State Grant Program Guide**



**In this publication:**

- Learn about the A2Q State Grant Program
- Meet the 2010 A2Q State Grantees
- See the specifics of the state programs funded by A2Q

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## About the A2Q State Grant Program:

The purpose of the ActionToQuit State Grant Program is to implement innovative strategies to increase access to tobacco cessation treatments in states. The goal is to dramatically increase access to and use of proven tobacco cessation treatments. Funded by Pfizer Foundation and Pfizer Inc., the focus of the ActionToQuit program is policy and system change in tobacco cessation.

The 2010 ActionToQuit grants were awarded in April of 2010. The six grantees worked with representatives from various sectors including insurers, state health departments, quitlines, public health organizations, health systems, and employers to advance tobacco cessation. Specifically, grantees were required to develop state alliances for tobacco cessation, hold a summit meeting of committed leaders, and create a state tobacco cessation action plan.

The 2011 ActionToQuit State Grant Request for Proposal was released on October 15, 2010 and awardees will be announced on January 7, 2011.



**Region:** New England

**Project:** Tobacco Cessation Summit & Action Plan

**Target Audience:** State-level legislators, Medicaid beneficiaries.

**Background:** Massachusetts is currently the only state in New England that has a comprehensive Medicaid cessation benefit. As a result, 40% of all adult smokers on Medicaid have utilized the benefit since implementation, a statistic unparalleled elsewhere.

**Objectives:** Replicate Massachusetts' tobacco cessation coverage. Expand cessation treatment to all Medicaid recipients in New England by developing an action plan for each of the New England states. Secure comprehensive coverage of cessation counseling and pharmacotherapy for all Medicaid-covered individuals and funding for promotional activities to drive high utilization of benefits.

**Summit:** The New England regional summit was held in Massachusetts on October 19, 2010. Led by the American Lung Association in New England, the focus of the summit was the Massachusetts Medicaid benefit, which the other five New England states will attempt to replicate. Representatives from the American Lung Association in New England, the American Cancer Society, the American Heart Association, M+R Strategic Services and tobacco control organizations from each state in New England convened to: 1) hear from key individuals who were instrumental in the passage of the Massachusetts Medicaid cessation benefit; 2) share lesson learned, promising practices, and strategies related to Medicaid cessation policy advocacy; and 3) begin planning for statewide summits and crafting state-level advocacy plans. The statewide summits will be conducted beginning in early November with Vermont and ending in late February in Rhode Island. Although each state will have its own agenda, the common goals for all of the summits are to:

- Begin the development of a strategic plan of action.
- Make the smoking cessation benefit offered to Medicaid recipients widely known and utilized.
- Have a seamless access point for Medicaid recipients.
- Identify barriers that prevent Medicaid recipients from accessing cessation services.

The New England project is very ambitious, but it is timely and commendable given the number of Medicaid recipients who use tobacco. The final state plans will be available in the Spring of 2011.

**State:** Virginia

**Project:** Virginia Partnership for Tobacco Use Cessation

**Target Audience:** Insurers, mental health clinicians, healthcare providers, workplace human resources staff, safety net providers and community organizations.



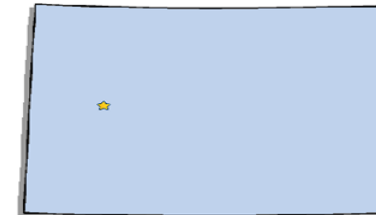
**Background:** The smoking rate in the adult population in Virginia is approximately 20.5%. Sixty percent of these smokers attempted to quit in the past year. The prevalence rate for the behavioral health population it is 2-4 times higher (40-80%).

**Objectives:** Convene mental health systems and professionals including homeless health centers, community service boards, rural health facilities, and residential mental health centers to create a plan to advance tobacco cessation.

**Summit:** Prevention Connections, a nonprofit organization committed to the prevention and reduction of tobacco use through education, intervention, policy development and community outreach, is the lead organization for the state grant program. Working with the American Cancer Society and the Alliance for the Prevention and Treatment of Nicotine Addiction, the Virginia summit was held in Richmond on September 21, 2010. Sixty-five participants from across the state came together to begin developing a strategic plan to increase access to tobacco cessation treatments.

Similarly to the other ActionToQuit summits, the introductory speakers provided information on the status of cessation activities in Virginia and the potential impact of health care reform on cessation treatment. Group discussions centered on: 1) expanding Medicaid coverage in Virginia for tobacco cessation; 2) working with hospitals and health centers to routinely identify and treat tobacco users; 3) urging all employers and private health plans to offer coverage; 4) securing additional funding for the Virginia telephone quitline; 5) convincing thought leaders and elected officials that cessation treatments are high value, saving lives and money; and 6) the need for expansion of cessation services to the behavioral health/mental health community. Preliminary recommendations for the strategic plan will be synthesized and summit attendees have been invited to participate in follow-up meetings in December to finalize the plan. Furthermore, Prevention Connections is working on a plan to bring together all employers/organizations funding the quitline in Virginia through separate agreements. The purpose will be to develop a collective strategy for the quitline in light of the growing evidence that a significant number of quitline callers have addictions and mental health disorders.

## State Grantees:



**COLORADO:**  
Cessation Coverage/Treatment for Colorado's Uninsured



**NEW YORK:**  
New York Access to Tobacco Use Treatment Strategic Planning Project



**FLORIDA:**  
Tobacco Cessation Summit and Action Plan



**VIRGINIA:**  
Virginia Partnership for Tobacco Use Cessation



**NEVADA:**  
Increasing Cessation Access for All Nevadans (I-CAAN)



**NEW ENGLAND:**  
Partnership for Smoking Cessation Policy

**State:** Colorado

**Project:** Cessation Coverage/Treatment for Colorado's Uninsured

**Target Audience:** Medical providers/professionals serving the uninsured, health plans, and employer organizations employing the uninsured.



**Background:** There are approximately 700,000 individuals who are uninsured in the state. The smoking rate is about 32% for this group, compared to the state average of 18%. Smoking related health costs for the state total \$1.3 billion annually, including \$300 million in Medicaid costs.

**Objectives:** Develop a baseline report assessing current coverage and gaps in tobacco cessation resources for Colorado's uninsured population and create a strategic plan for comprehensive treatment for Colorado's uninsured tobacco users, including infrastructure, costs, policies, and partnerships.

**Summit:** Led by the Colorado Tobacco Education and Prevention Alliance, Colorado's summit was held in Denver on October 20, 2010. Most summit participants were engaged prior to the summit through webinars and key informant interviews. The first webinar presented information on how tobacco users are currently covered (or not) and what will change in the future. The second focused on what is currently known about tobacco use and cessation. Interviews were held with people working with the uninsured.

This new alliance of organizations, including Colorado's State Tobacco Education and Prevention Partnership, Nation Jewish Health (quitline contractor), the Colorado Association on Health Plans, Colorado Community Managed Care Network, the National Hispanic Nurses Association, the Colorado Community Coalition for Health Equity, Action 22, Inc. and the Jefferson County Health Department, have all helped to make great strides in smoke-free air, tobacco tax, and insurance coverage for privately insured and Medicaid populations – assisting the uninsured population is now the top priority to drive down smoking prevalence.

At the summit, these target groups and attendees began developing a strategic plan to help Colorado reach its goal of being the best state in the U.S. for tobacco cessation treatments:

- Medical providers/professionals serving the uninsured;
- Mental health and substance abuse treatment providers and professionals;
- Advocacy/policy organizations and funders serving the uninsured;
- Cessation/addiction experts;
- Media professionals with knowledge of reaching low income populations (focus on increasing utilization);
- Uninsured Coloradoans;
- Health plans;
- Colorado health systems experts; and workforce/employee/employer organizations serving/employing the uninsured. Colorado plans to hold a post-summit webinar to disseminate a draft of the state plan and will hold regional meetings in February to finalize the plan.



**State:** New York

**Project:** New York State Access to Tobacco Use Treatment Strategic Planning Project

**Target Audience:** Employers, insurers, and healthcare organizations

**Background:** There are currently 2.7 million smokers in New York State. Each year, tobacco claims the lives of more than 25,000 New Yorkers. Annual smoking-related health care costs and lost productivity in New York total \$14.2 billion. For every dollar New York spends on providing tobacco cessation treatments, it has an average potential return on investment of \$1.34.

**Objectives:** Develop a strategic plan that will set the framework for 1) cessation treatment coverage to be provided as a core benefit with New York State health plans and 2) all commercial and Medicaid insured New York smokers to have access to cessation treatment.

**Summits:** Led by the New York State Smokers' Quitline, two regional summits have been held to date. The first summit was convened in Buffalo on September 28, 2010 and the second in Albany on October 5, 2010. A third summit will be held in New York City on December 1st. The New York State Smokers' Quitline's main partners for this project are the New York State Department of Health Tobacco Control Program and the American Cancer Society. The Executive Committee members consist of individuals and organizations working in tobacco control, including the Medical Society of the State of New York, the American Heart Association, New York Business Group on Health, and the BlueCross BlueShield of Northeastern New York.

The first two summits had similar agendas and brought together 100 stakeholders who are committed to increasing access to comprehensive tobacco treatments in the state of New York. The morning presentations provided an overview of tobacco cessation and its future, including the impact of health care reform on tobacco cessation. The panel presentations provided insights from businesses that encourage tobacco cessation among their employees by offering tobacco cessation benefits, incentive programs, and smoke-free campuses. The New York State Smokers' Quitline outlined for summit participants the services it provides.

Armed with the knowledge about gaps in cessation coverage in New York State and current ways that employers are working to encourage cessation, summit workgroup participants were tasked with identifying: 1) actions which will increase the percentage of smokers who made a quit attempt in the past 12 months; 2) actions to increase the percent of smokers with health insurance who report that their health plan provides coverage for tobacco dependence treatment; and 3) actions which will increase the number of smokers who receive tobacco use cessation services for the New York State Smokers' Quitline.

The recommendations from both summits are currently being analyzed to determine which top three action steps to increase access to tobacco cessation treatments can be accomplished in the next three years. The New York City summit next month will add to the strategic plan's recommendations, which will be available early next year. For more information on the New York summits: <http://www.nysmokefree.com/NYSAction/PublicPage1.aspx>.

**State:** Nevada

**Project:** Increasing Cessation Access for All Nevadans (I-CAAN)

**Target Audience:** Insurance providers, large employers, government agencies, hospitals and clinics, healthcare providers and organizations



**Background:** Nevada has a smoking prevalence rate of 21.5%. Of those smokers surveyed, 75% of them wish to quit. For every dollar Nevada spends on providing tobacco cessation treatments, it has an average potential return on investment of \$1.31.

**Objectives:** Sixty percent of those attending the I-CAAN summit will commit to engaging in further action toward identifying barriers and improving Nevadans' access to tobacco cessation, including promotion of the state strategic plan.

**Summit:** The American Lung Association in Nevada hosted the I-CAAN summit in Reno on October 21, 2010. Working closely with the Nevada Tobacco Prevention Coalition, the Nevada State Tobacco Prevention and Education Program and Renown Health, 66 leaders from businesses, employer groups, healthcare industry, insurance groups and nonprofit organizations were convened to engage in dialogue about expanding cessation coverage for all Nevadans, especially those disproportionately impacted by tobacco use.

The keynote speaker for the State Health Department set the realistic tone for the event with a discussion of cessation resources and gaps in Nevada. Presenters also informed participants about best practice for tobacco prevention and cessation and how health reform will impact cessation resources. Panelists at the summit each answered the following questions to help facilitate the formation of priority topics and inform the group strategic planning efforts: 1) Describe how your company or organization provides tobacco cessation services; 2) What impact has tobacco cessation had on your company, organization, or community?; 3) What are the barriers to people accessing tobacco cessation services?; 4) What other actions need to be taken to increase cessation in Nevada?; and 5) What do you think should be the priorities as we develop a statewide cessation plan for Nevada?

Following the presentations, participants at the summit prioritized areas and voted for the following workgroup topics: youth access, closing gaps in access, economic impact, educating officials, and expanding awareness of cessation. The attendees worked in these groups for the remainder of the afternoon and began to develop recommendations for the statewide plan. The draft recommendations are currently being circulated to those who attended the summit, as well as other tobacco control advocates across the state who were unable to attend, to receive edits and additional feedback. The final plan will be released early next year.

**State:** Florida

**Project:** Tobacco Cessation Summit & Action Plan

**Target Audience:** Employers and employer groups, insurers, healthcare providers, policy leaders



**Background:** Representing 17.5 percent of the population, 2.5 million adults in Florida smoke. Each year Florida suffers \$4.4 billion in workplace productivity losses related to tobacco; \$7.9 billion in costs of premature death; and \$7.3 billion in direct healthcare expenditures. For every \$1.00 spent on providing cessation treatments, Florida has the potential to see an average return of \$1.24.

**Objectives:** Use consensus group action steps created at the summit to develop a work plan for the state of Florida with measurable, low or no-cost strategies to increase access to cessation treatments that participants can implement within their own organizations.

**Summit:** Led by the American Lung Association in Florida, the Florida Tobacco Cessation Alliance held their tobacco cessation summit in Orlando, Florida on October 14, 2010. The Florida Tobacco Cessation Alliance is comprised of the Florida Department of Health, Tobacco Research and Intervention Program at H. Lee Moffitt Cancer Center, the American Cancer Society, the American Heart Association, and the Campaign for Tobacco-Free Kids, the Florida Association of Health Plans, Pfizer, Moore Consulting Group, the March of Dimes Foundation and the Area Health Education Centers.

The goal of the summit was to educate participants about the health and economic benefits of 1) treating nicotine addiction as a chronic relapsing disease and 2) providing comprehensive smoking cessation treatment consistent with the 2008 Public Health Service guideline. The summit brought together 65 organizational representatives, leaders, and advocates committed to saving lives and improving health through tobacco cessation. The Orlando event was unique in that about 190 participants from 27 remote locations across Florida participated in the summit virtually and, in off-site workgroups, to begin to develop a strategic plan for the state to increase access to tobacco cessation treatments.

The summit continued to take advantage of technology and social media throughout the day, encouraging participants to "tweet" updates from the summit and send in questions for presenters by email and text messages. On-site participants were polled on a variety of issues after each presentation using electronic polling keypads which allowed for the results to be displayed for the audience in seconds. These additional features of the Florida summit were definitely value-added and made for increased dialogue and participation. Summit participants were divided into workgroups to begin making recommendations for the following audiences to ensure that they receive or provide comprehensive tobacco cessation coverage in the state of Florida: 1) healthcare industry; 2) government employees; 3) Medicaid recipients; and 4) businesses. Florida's plan will be available in December and implementation will begin in early 2011 with additional support from the Partnership for Prevention/ActionToQuit.