Welcome to the New England Tobacco Town Hall

November 16, 2011

New England Town Hall Meeting: Federal Update

November 16, 2011

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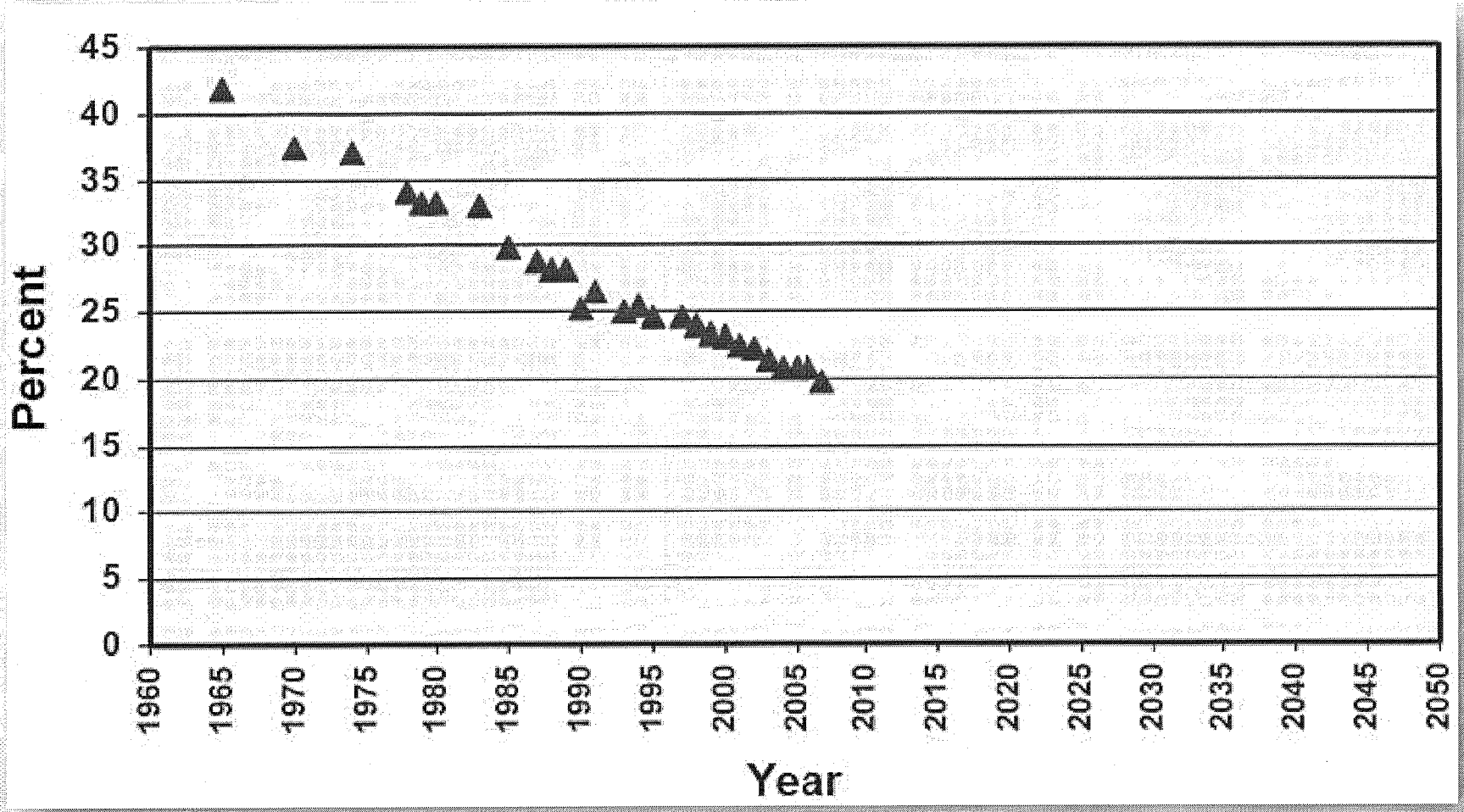
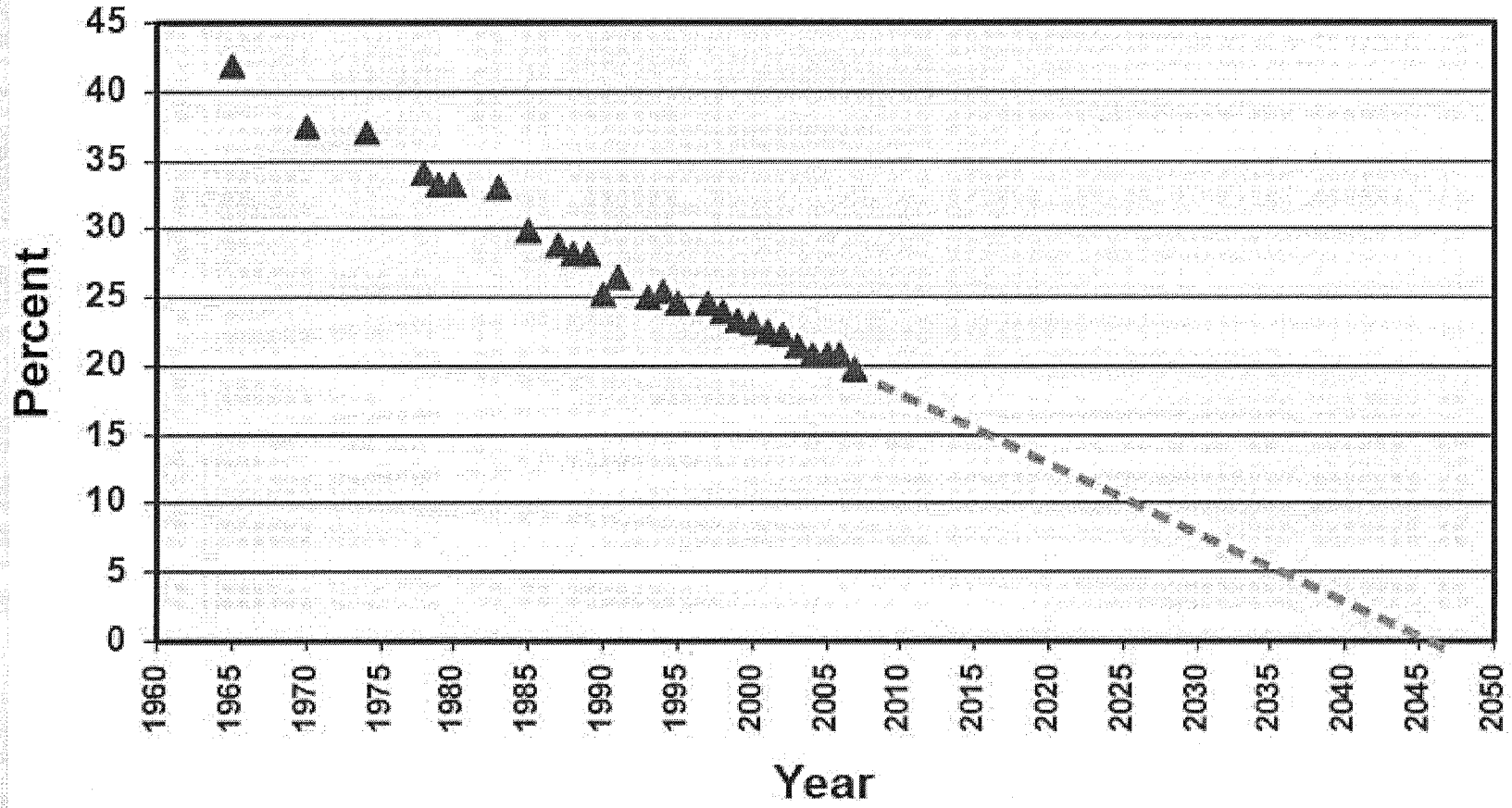
Director, Center for Tobacco Research & Intervention
UW School of Medicine & Public Health

Smoking Prevalence Among Adults 18 and Older, United States, 1965-2010



Source: NHIS

Smoking Prevalence Among Adults 18 & Older, United States, 1965-2010, with Projections



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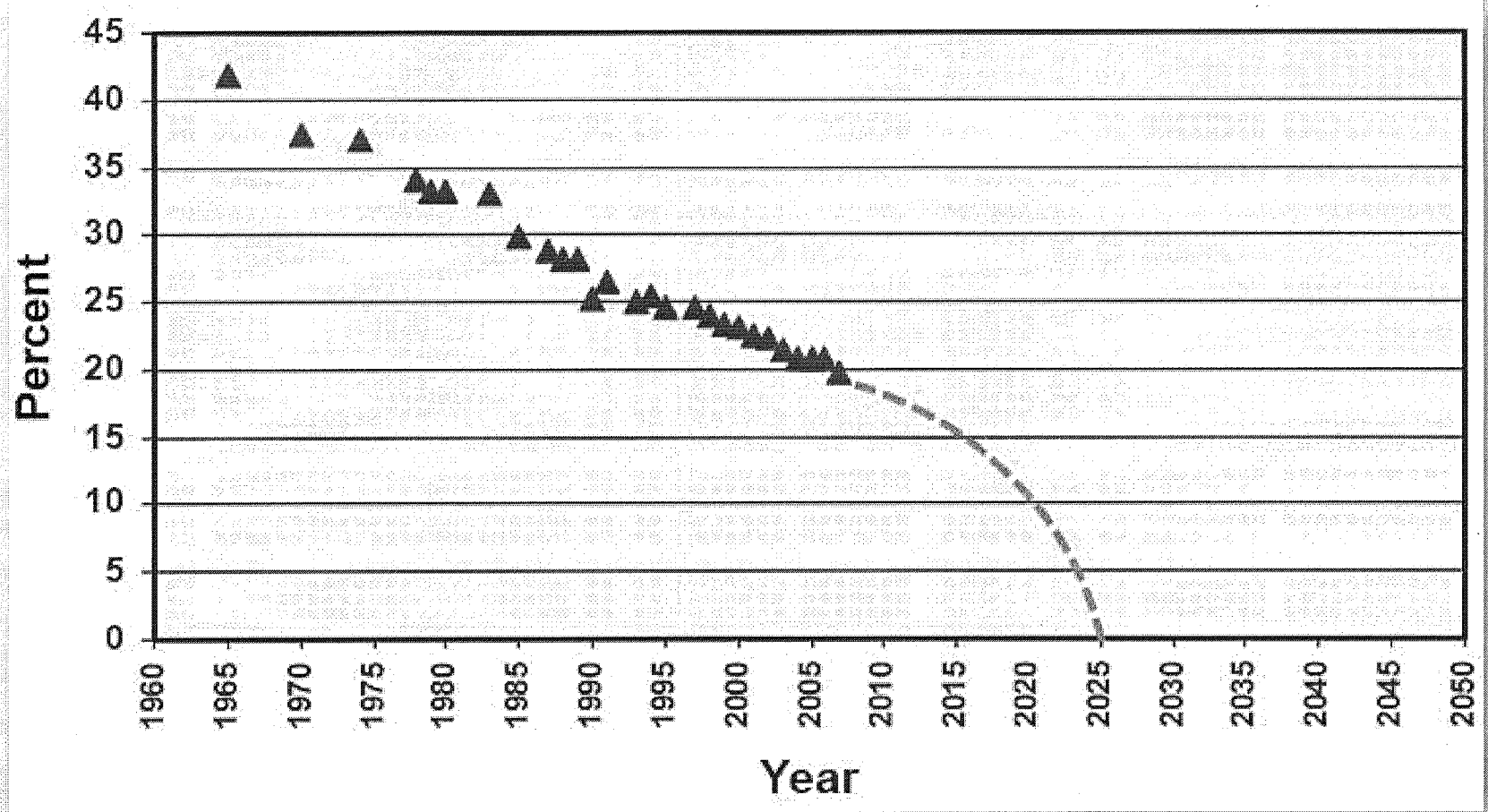


Three Populations in Particular Continue to Smoke at High Rates:

- The Poor
- The least educated
- Those with co-morbid mental health or addictive disorders

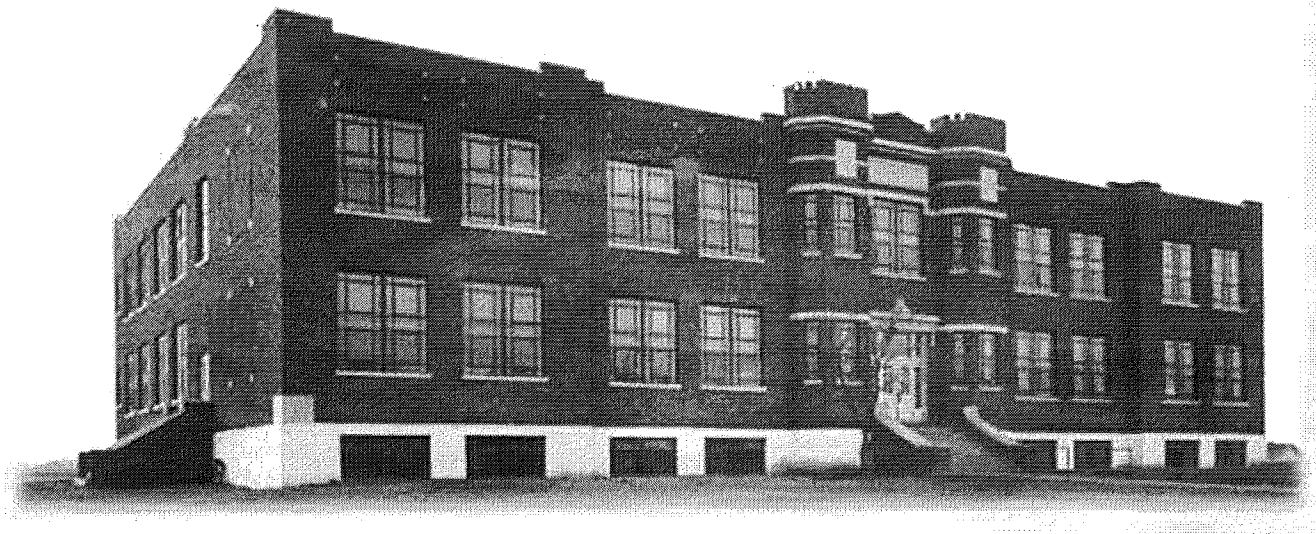
Among the 46 million smokers in America today...

There are an estimated 8.2 million smokers below the poverty level.

Source: CDC

There are an estimated 22.3 million smokers with a high school education or less.

Source: CDC

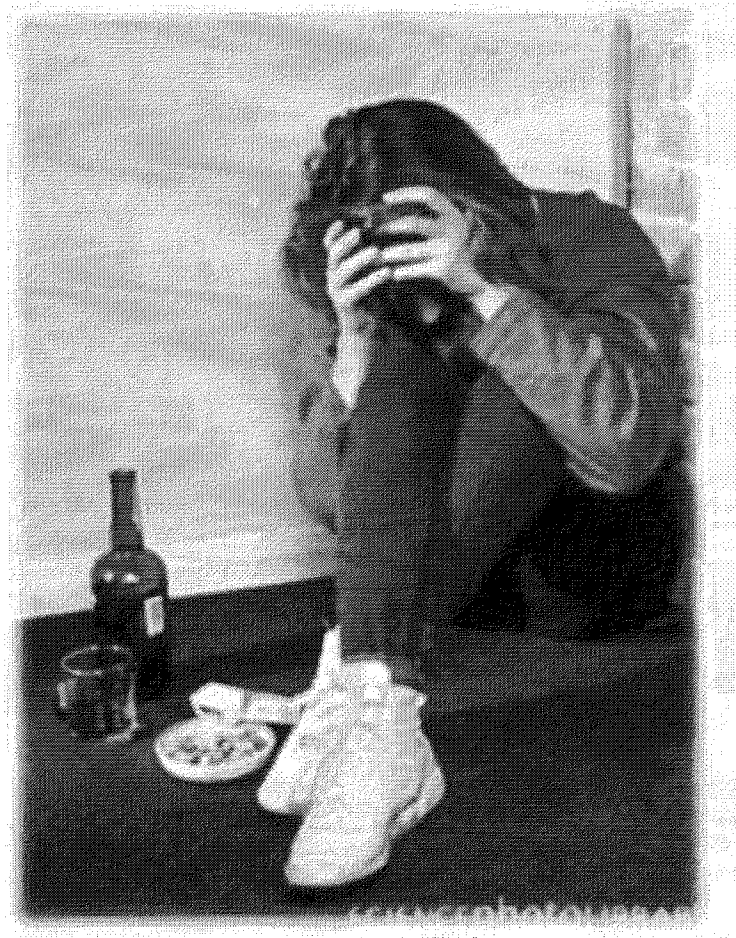


There are an estimated 4.6 million alcohol dependent smokers.

Source: CDC

There are an estimated 9.1 million smokers with serious psychological distress.

Source: CDC

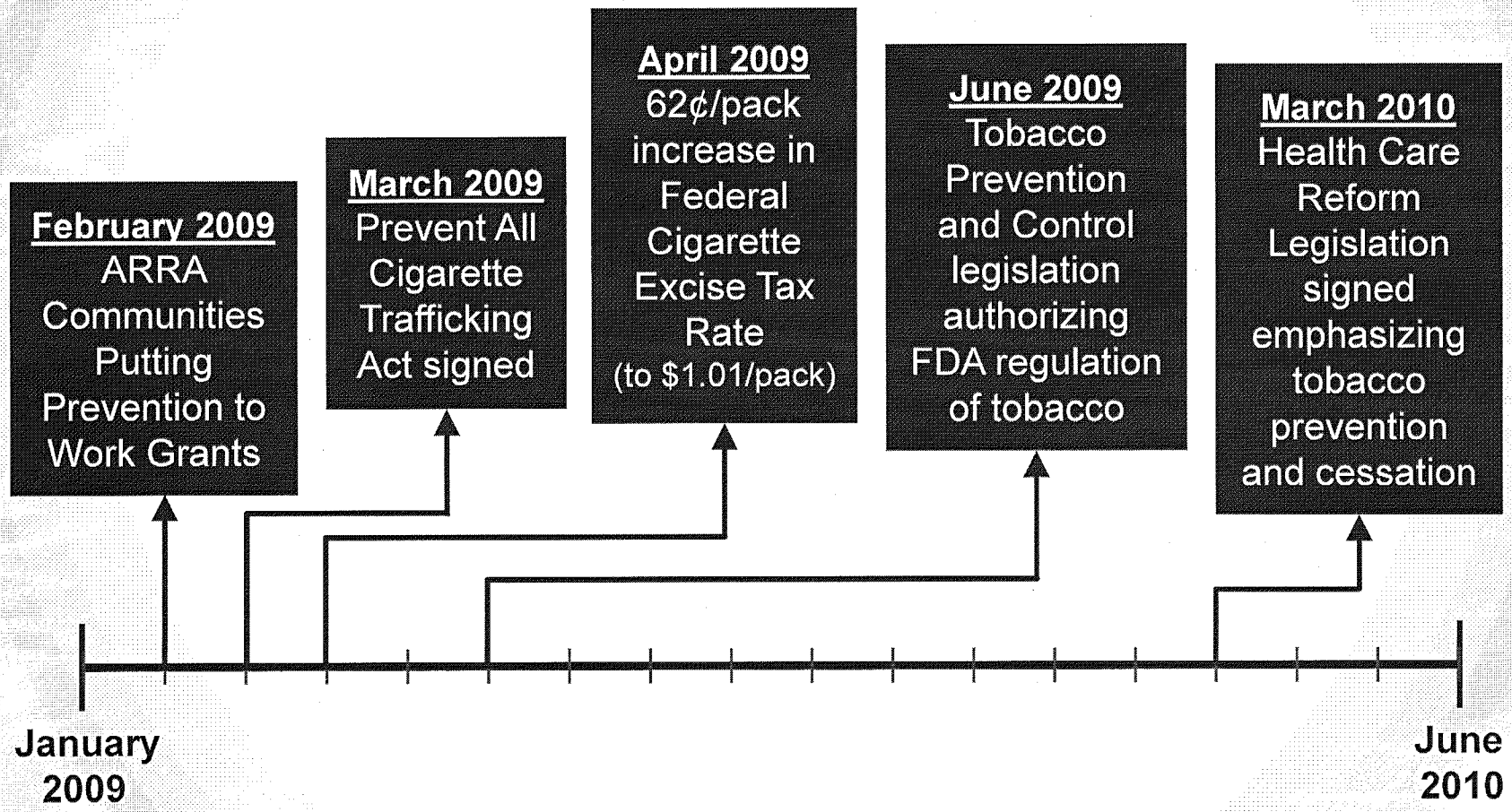


These Epidemiologic Findings Drive HHS Initiatives

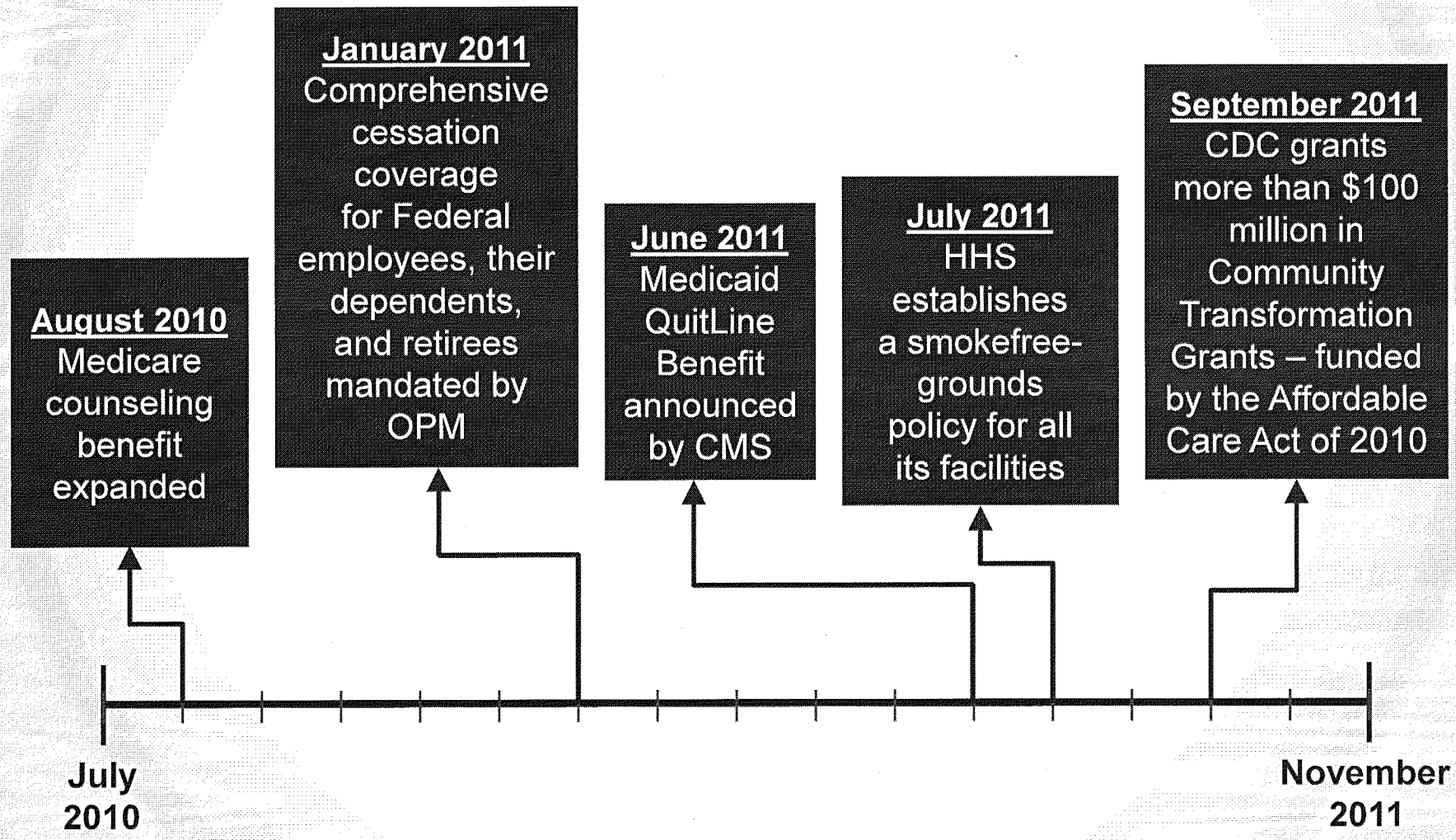
ENDING THE TOBACCO EPIDEMIC

A Tobacco Control Strategic Action Plan for the U.S. Department of Health and Human Services

HHS Initiatives 2009 to Present



HHS Initiatives 2009 to Present (cont.)



HHS Initiatives to Highlight Today

- Counseling for Medicare beneficiaries
- Comprehensive cessation treatment for federal employees, their dependents, and retirees
- Medicaid QuitLine coverage

Counseling for Medicare beneficiaries

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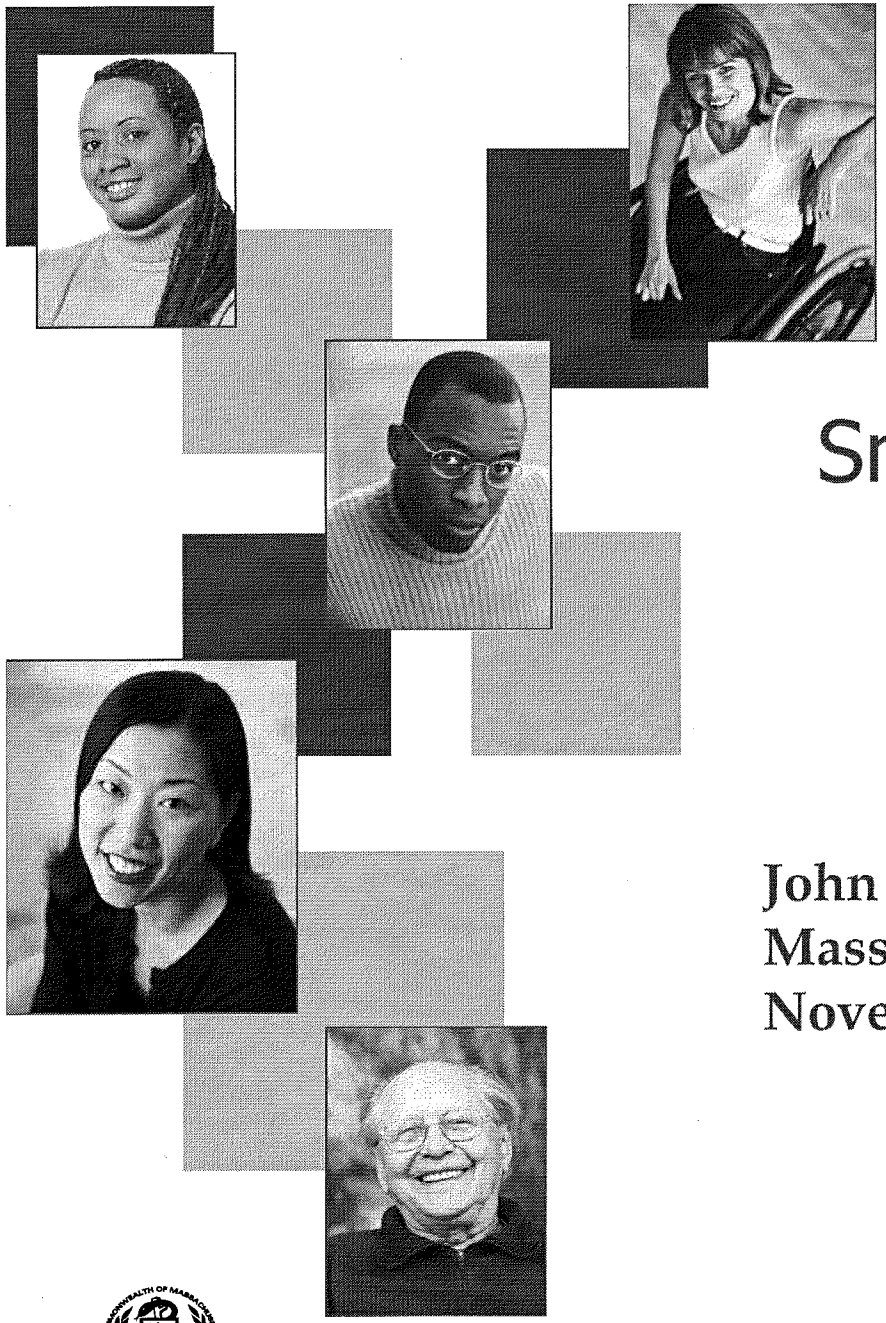
HHS Initiatives



Smoking Cessation Works: MassHealth Benefit

John Auerbach, Commissioner
Massachusetts Department of Public Health
November 16, 2011

Background

- Smoking-attributable diseases account for 10% of all health care costs in Massachusetts.
  - This amounts to a full $4.3 billion in excess health care expenditures each year.
- Massachusetts passed Health Care Reform
  - The landmark 2006 legislation mandated a smoking cessation benefit for all Medicaid (MassHealth) members.
  - MassHealth was mandated to set aside $7 million per year for the new cessation benefit.

Cessation Benefit Design

DPH's tobacco cessation and prevention program worked with MassHealth to design a comprehensive, low-barrier benefit:

- Access to all FDA-approved medications
  - 90-day supply twice per year
- Any combination
  - NRT, Chantix, Bupropion
- Up to 16 face-to-face counseling sessions
- Co-pays of $3 or less
- Did not require counseling for coverage of meds

Partnership approach: promotion

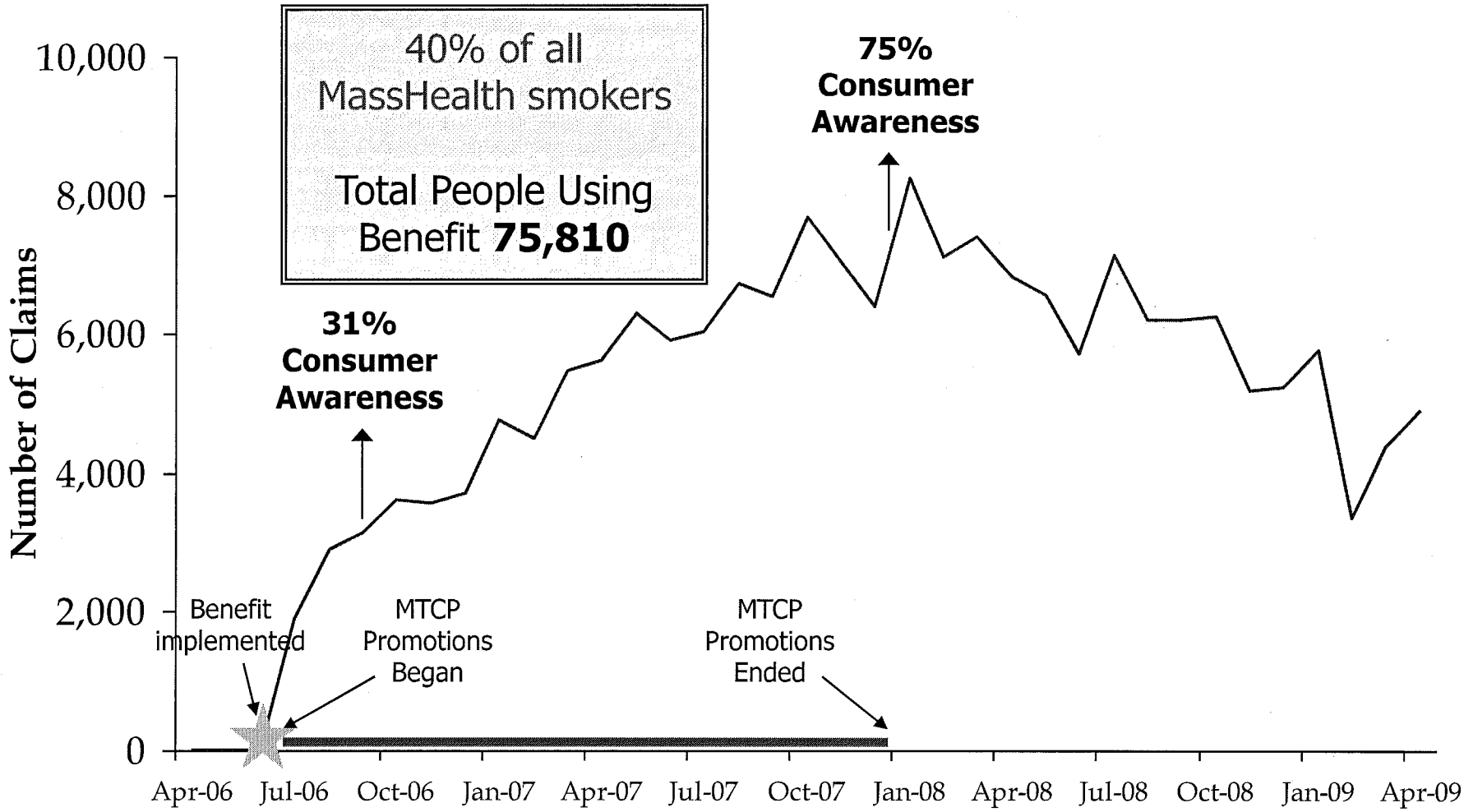
- DPH, ACS and coalition distributed consumer materials to 1,000 community agencies
- DPH ran *What's Your Story?* ad campaign
- DPH ran *Fight 4 Your Life* ad campaign
- MassHealth sent information to 20,000 providers
- DPH made press releases available and placed articles in health professional newsletters

Benefit addressed high need

Before implementation of the benefit:

- Smoking rate for MassHealth adults was 38%
- Smoking rate for general population was 16%
- This represented a growing health disparity: the smoking rate had remained flat over the prior decade, even while statewide rate had fallen.

Promotion and Utilization



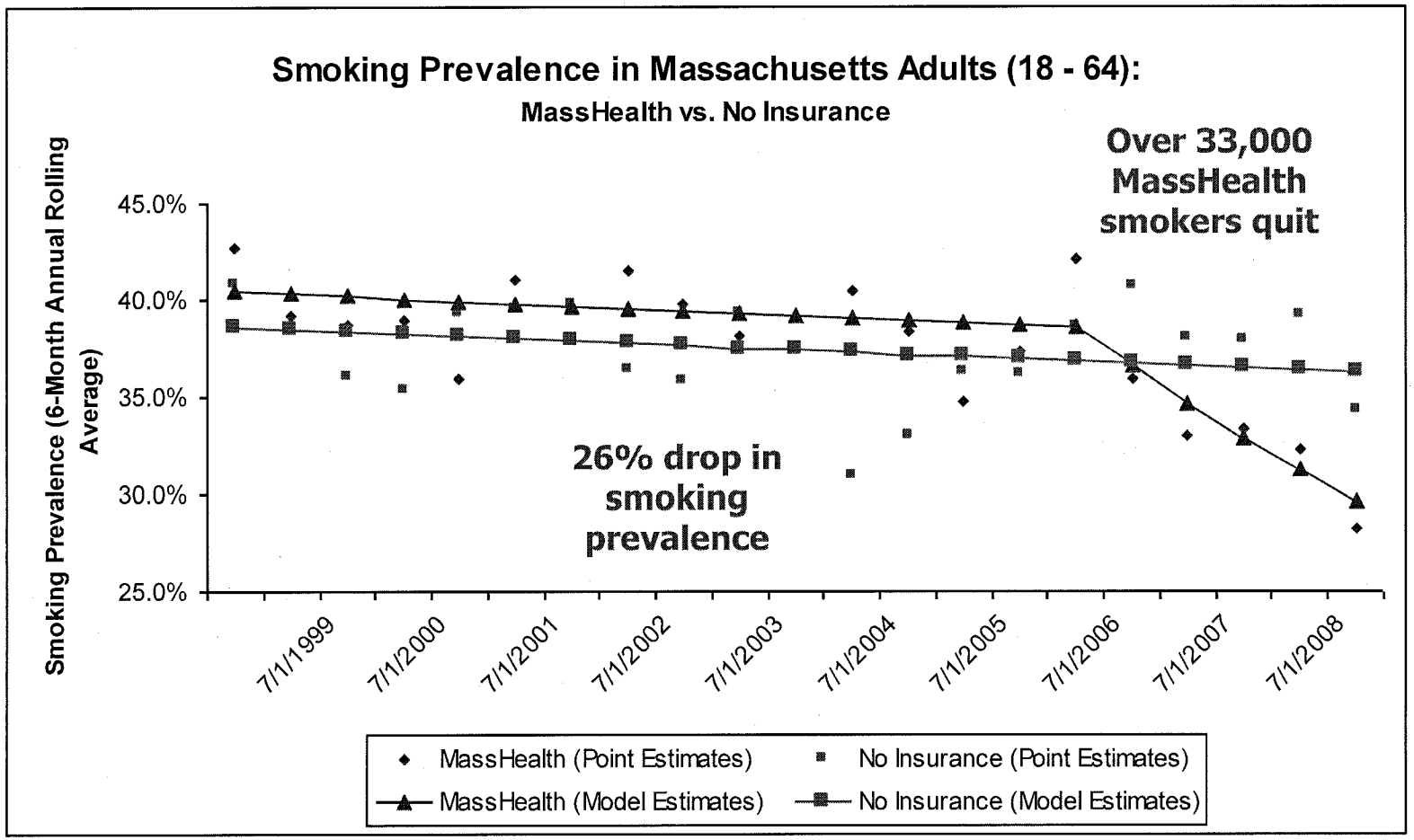
Announcement to 20,000 providers 6/06. Announcement to all MassHealth subscribers 6/06. Additional outreach to health centers, hospitals, community agencies, and providers beginning 8/06. Articles placed in over 15 professional and MCO newsletters beginning 9/06. MTCP radio and transit campaign 12/06 – 5/07. MassHealth wellness brochures 7/07. MTCP cessation television campaign 11/07 – 1/08. Consumer awareness surveyed by MTCP in 10/06 and by University of Massachusetts in 1/08.

Results: High use, high success

After implementation of the benefit:

- Smoking prevalence among MassHealth adults decreased to 28% in 2008.
- Over 33,000 MassHealth members quit smoking.
- Successful quit attempts increased significantly from 6.6% to 18.9%.

Declines in Smoking Prevalence



Annual percentage rate (APR) change for smoking prevalence among MassHealth uninsured adults in Massachusetts aged 18-64.

Source: Massachusetts Behavioral Risk Factor Surveillance System, 1998 to 2008

Near-term health impact

- Study finds health impact within one year
  - 46% decrease in probability of hospitalization for heart attack
  - 49% decrease in probability of hospitalization for acute coronary heart disease
  - Controlled for demographics, prior health risks, seasonality, statewide influenza rates, and the implementation date of the Massachusetts Smoke-Free Workplace Law

Actual costs of benefit

- Actual costs only exceeded $7 million allocation in one fiscal year
- Costs were primarily for medication; counseling had only a 1% utilization rate
- FY07 $3.9 million
- FY08 $7.023 million
- FY09 $5.9 million
- Costs decreased as use of Chantix decreased

Source: MassHealth encounter data

Return on Investment

- Studies of the MassHealth benefit found that a positive return on investment happens **within one year**.

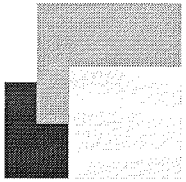
- A new study by George Washington University shows a **$2.21 net gain** for every $1.00 spent on the MassHealth smoking cessation benefit.

Building on the MassHealth experience

- Coverage for all FDA-approved medications
- Coverage for behavioral counseling
- Low co-pays
- Allow for repeated quit attempts
- Consistency of benefit across plans
- Promotion of available benefit

Make smoking history.

Massachusetts Department of Public Health, Tobacco Cessation and Prevention Program



HUD Smoke-Free Housing Update

Martin Nee
HUD Office of Healthy Homes and
Lead Hazard Control

HUD Supported Housing

Multifamily Housing

- 1.7 Million units
- Population of 2.3 million people
- Average personal income 6,000
- Managed by tens of thousands of separate owners/property managers

HUD Supported Housing

Public Housing

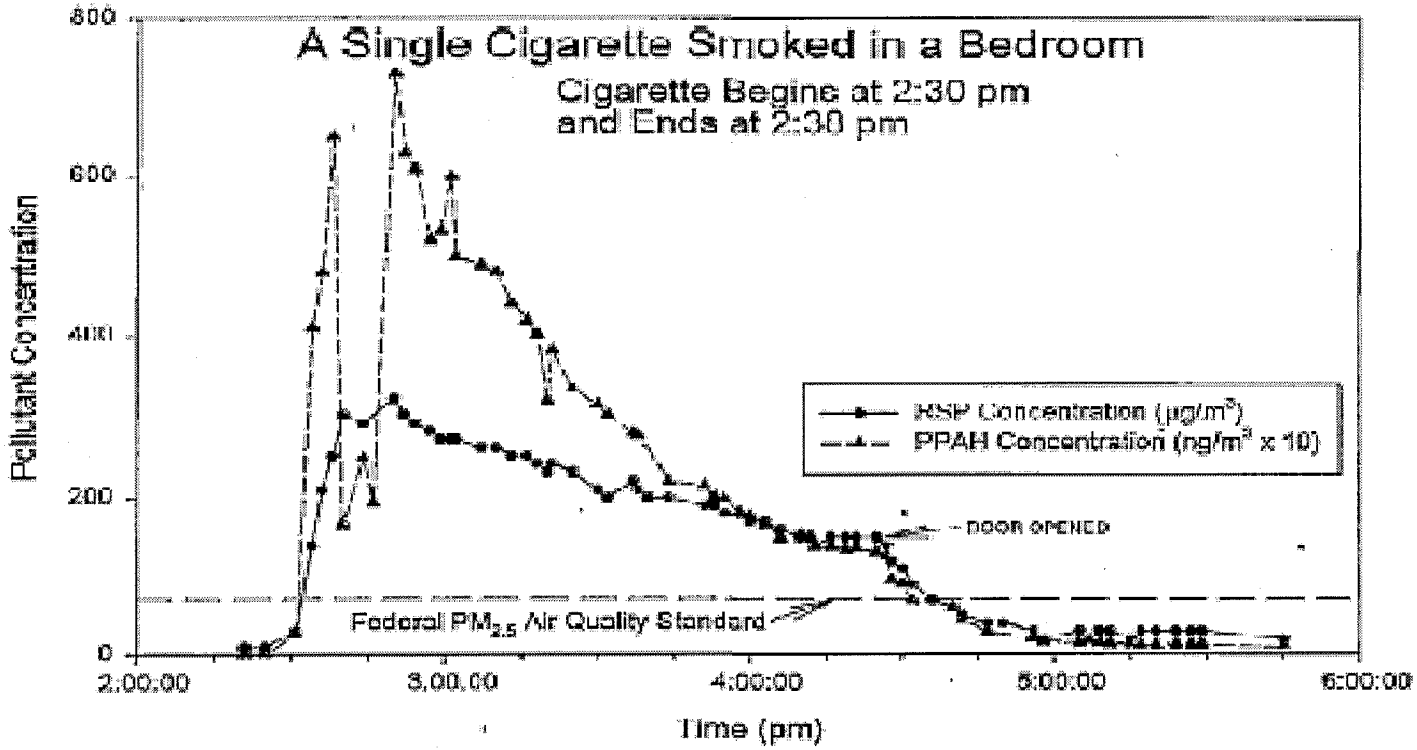
- 1.2 million units
- Population of 2.24 million people
- Average personal income 6,000
- Administered by 3,300 separate housing authorities

Smoking Rates in HUD Housing

	Public Housing and Rental Assistance	Non-Public, Non-Rental Assistance
Current Smoker	24.9%	13.3%
Current Asthma	23.1%	14.8%
High Blood Pressure	32.8%	22.1%
Diabetes	11%	4.4%

DATA SOURCE: Boston Behavioral Risk Factor Survey 2008, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission
DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Effect of a Single Cigarette on Indoor Air Quality



…it takes TWO hours for the air quality to return to minimum federal safety standard for levels of CO, fine particles and particulate aromatic hydrocarbons..

Ott et al. 2003. J. Air & Waste Manage. Asso

HUD Programs Promote Smoke-free Housing in Formal Notices

- July, 2009: HUD's Office of Public and Indian Housing issued a Notice that "strongly encourages Public Housing Authorities (PHAs) to implement non-smoking policies in some or all of their public housing units". Currently, 5-6% of PHAs (out of ~ 3,200) have announced smoke-free policies; Notice #: PIH-2009- 21 (HA)

- September, 2010: HUD's Office of Housing published an optional Notice for owners/managers or agents (O/As) of federally subsidized private housing encouraging the adoption of smoke-free policies in some or all of their properties; Notice #: H-2010-21

HUD's Office of Public and Indian Housing's Notice

- PHAs are strongly encouraged to implement smoke-free policy at their discretion, subject to state and local law
- PHAs <u>may</u>:
  - include grandfathering existing residents
  - include designated smoking areas until lease renewal or date established by PHA
  - prohibit smoking for new residents
- PHAs <u>should</u>:
  - update their PHA plans to include new rules
  - revise lease agreements
  - apply smoking restrictions consistently
  - consider no-smoking policies for newly constructed/ renovated properties

HUD's Office of Housing's Notice

- Optional: applies only to owners/agents (O/As) choosing to implement smoke-free policies
- Applies to several of Multifamily Housing's rental assistance programs (See Section III of Notice for list of programs); includes Project-based Section 8, Rent Supplement; and some programs for elderly and disabled persons
- O/As must update their House Rules and Policies and Procedures
- O/As are encouraged to establish smoke-free policies to their building, grounds and common areas, entry ways, building openings (windows) and playgrounds.
- O/As must implement policy in accordance with all applicable housing laws

HUD's Office of Housing's Notice, cont'd

- Policies must:
  - Address smoking in a tenant's unit, common areas, playgrounds, areas near doors and windows, and areas outside a unit
  - Designate specific smoking areas and identify these with clear signage unless the entire property is smoke-free

- O/As may <u>not</u> have policies that:
  - Deny occupancy to any individual who smokes and who is otherwise eligible for admission
  - Allow the O/A to ask at time of application whether applicant or any household members smoke

Smoke-free Housing, contd.

- The OHHLHC is developing smoke-free housing "toolkits" for property owners and resident organizations:
  - identify benefits
  - discuss legal issues
  - provide education/outreach and resident organizing materials
  - includes model lease language
  - identify sources of assistance.

- HUD management is exploring the possibly of a smoke-free housing requirement in public and other assisted housing by a specific date.

Thank You!

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or
rachel.m.riley@hud.gov

For a copy of the Notice(s), visit:

http://portal.hud.gov/portal/page/portal/HUD/program_offices/administration/hudclips/notices

Extending the Reach of Smoking Cessation Care to Veterans in the VA Health Care System

Kim Hamlett-Berry, PhD
Director, Public Health Policy and Prevention
Office of Public Health, Veterans Health Administration
Department of Veterans Affairs

VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

The Department of Veterans Affairs Health Care System

- VHA is a provider of care, delivering a full range of inpatient and outpatient care through 21 Veteran Integrated Service Networks (VISNs) that manage 152 medical centers, over 950 community-based outpatient clinics, 133 community living centers, 293 Vet Centers, and 48 domiciliaries.

- There are approximately 23.4 million Veterans in the U.S. and in 2010, VA provided health care to approximately 6 million Veterans.

- Veterans enrolled for care in VA represent 75% of all disabled and low-income Veterans nationally. Of the Veterans in care, 45% are 65 years or older and 41% earn below $21,000 per year. Veterans seen in VHA also have higher rates of medical and psychiatric co-morbidities.

Veterans and Tobacco Use

- Historically, Veterans have smoked at a higher rate than the general population. Some of this is tied to culture of tobacco use in the military. Up to 1/3 of those who smoke in the military report that they did not smoke prior to their military service.

- Approximately 32% of Active Service Members report smoking in the last 30 days, in contrast to the U.S. general population prevalence of about 19.3%.

- The prevalence of smoking among Veterans in care in the VA health care system has declined from 33% in 1999 to 19.7 % in 2008 and 2010.

Smoking Cessation Care in VA

- As an integrated health care system, smoking cessation care is built on the evidence base of what works to help smokers quit – counseling and FDA-approved smoking cessation medications.

- National VHA initiatives are also based on the health systems level interventions that have proven effective-
  - Tobacco user identification systems using electronic medical records
  - Provider education, resources, and feedback
  - Performance measures to increase rates of screening and offering evidence-based care
  - Use of clinical practice guidelines
  - Tailoring programs to meet the needs of targeted populations