



Experts Identify Ways to Increase Use of Evidence-Based Tobacco-Cessation Programs

Promoting multifunder collaboration to put evidence-based tobacco cessation into practice

SUMMARY

From 2002 to 2006, the Robert Wood Johnson Foundation (RWJF) supported two projects designed to promote the use of evidence-based tobacco-cessation treatments and services.

Key Results

- Staff at the [American Cancer Society](#) created the Center for Tobacco Cessation, which operated an online resource center (now defunct) to expand the use of evidence-based tobacco-cessation treatments. The center also:
 - Created the Policy Roundtable on Statewide Cessation Services to explore the issues of organizing, delivering and financing cessation services at the state level.
 - Produced and distributed a biweekly electronic newsletter, the *E-newsletter*, to some 3,000 subscribers.
- Staff at the [Academy for Educational Development](#) ran the [Consumer Demand Roundtable](#), a forum for tobacco-cessation experts to generate recommendations for increasing consumer demand for cessation products and services. Project staff:
 - Organized and convened three roundtable meetings in Washington and a national integrative conference.
 - Created a [Web site](#) that provides links to information about each of the three roundtables and upcoming events.

Key Recommendations

Recommendations (available [online](#)) from participants of the Center for Tobacco Cessation's Policy Roundtable on Statewide Cessation Services included:

- Identify and convene key cessation stakeholders, from both public and private sectors and public health and health care areas, to develop and advance a comprehensive cessation effort at the state level.
- Increase health insurance coverage, including by Medicare and Medicaid, of effective tobacco-dependence treatments.
- Establish high-quality "quitline" services in all states.
- Strengthen cessation surveillance capacity and evaluation measures at the individual program and statewide levels.

According to the project director, participants in the Consumer Demand Roundtable sought ways to increase dramatically the use of proven treatment products and services, especially among underserved, low-income and racial/ethnic minority populations.

They identified the following areas as having the most potential for increasing demand for evidence-based tobacco-cessation products and services:

- View smokers as consumers and take a fresh look at quitting from their perspectives.
- Design evidence-based products and services to meet consumers' needs and wants.
- Market cessation products and services in ways that will reach into smokers' lives, especially smokers who are members of underserved groups.
- Seize policy changes as opportunities for "breakthrough" increases in treatment use and quit rates.
- Systematically measure, track and report quitting efforts and treatment use—and their drivers and benefits—to identify successes and opportunities.

Funding

RWJF supported these projects with:

- Two *solicited* grants totaling \$858,675 to the American Cancer Society for the Center for Tobacco Cessation.
- Two *solicited* grants totaling \$213,329 to the Academy for Educational Development, which it used in part to run the Consumer Demand Roundtables.

THE PROBLEM

More than 70 percent of all current smokers want to quit, but only 3 percent to 4 percent of smokers are able to quit permanently without counseling or drugs.

This figure rises substantially when smokers receive counseling and/or medication. For example, 20 percent to 25 percent of smokers quit permanently when using the services of tobacco telephone helplines, called quitlines.

Although numerous, effective smoking-cessation treatments exist, many Americans do not have ready access to such treatments. For example:

- Data from the National Health Interview Study, conducted by the Centers for Disease Control and Prevention (CDC), suggest that about only one in five smokers who tried to quit used one or more types of cessation aids.
- Fewer than half of the patients who could benefit from brief primary care tobacco-dependence interventions receive them, despite the fact that such services are the single most effective and cost-effective of all clinical preventive services for adults, according to the [U.S. Preventive Services Task Force](#).
- In 1998, only four states mandated any health insurance coverage of effective tobacco-dependence treatments.
- Medicare does not cover tobacco-dependence counseling and medications in either its managed care or fee-for-service plans.

CONTEXT

Tobacco cessation is among the areas of tobacco control that RWJF has funded since the early 1990s. Projects and programs have focused on:

- Translating effective tobacco-cessation treatments into clinical practice and policies.
- Supporting health and health care policy changes to boost access to and use of treatments.
- Building consumer and market demand for effective quitting services and treatment.

For more information on RWJF's funding in this area, see the [Tobacco Popular Topic area](#) on the Web site and the Robert Wood Johnson *Anthology* chapter by C. Tracy Orleans and Joseph Alper.

THE PROJECT

From 2002 to 2006, RWJF supported two projects designed to promote the use of evidence-based tobacco-cessation treatments and services:

- Staff at the [American Cancer Society](#) created the Center for Tobacco Cessation, which operated an online resource center (now defunct) to expand the use of evidence-based tobacco-cessation treatments.

- Staff at the [Academy for Educational Development](#) ran the [Consumer Demand Roundtable](#), a forum for tobacco-cessation experts to generate recommendations for increasing consumer demand for cessation products and services.

Center for Tobacco Cessation (Grant ID#s 040101 and 048091)

In 2000, RWJF and the American Cancer Society agreed to co-fund the Center for Tobacco Cessation. Housed in the Washington office of the American Cancer Society, the center operated as a "virtual center," run by a small core staff linked with experts at a distance and performing much of its work online.

Center staff worked within the health care policy and delivery realms and with the media. The center staff also worked collaboratively with a broad range of other organizations committed to helping people quit smoking.

Activities

To advance its agenda, project staff:

- Established a 16-member Policy Roundtable on Statewide Cessation Services to explore the issues of organizing, delivering and financing cessation services at the state level. The roundtable met three times between 2002 and 2003. (See [Appendix 1](#) for a list of roundtable members.)
- The Policy Roundtable on Statewide Cessation Services produced a report, *From Challenge to Opportunity: Organizing, Financing and Delivering Statewide Tobacco Cessation Services and Activities*. The report (executive summary available [online](#)) provides case studies and a set of recommendations relating to state experiences. (See [Recommendations](#).)
- Produced and distributed a biweekly electronic newsletter, the E-newsletter, to some 3,000 subscribers. The newsletter included:
 - Selected research citations and related abstracts.
 - Tobacco-cessation program and policy updates.
 - Links to recent cessation-related stories in the media.
 - Listings of upcoming meetings and conferences.
- Launched a Web site ([www.ctcinfo.org](#), now defunct) that provided access to more than 50 evidence-based guidelines, best-practice models, toolkits and other resources to support tobacco-cessation efforts.
- Traffic to the site, which was active from 2002 to 2007, averaged 8,814 unique visits and 145,255 page requests per month.
- Conducted surveys, including:

- A survey on tobacco-cessation efforts within each state. Project staff contracted with [Battelle Centers for Public Health Research and Evaluation](#), a Baltimore-based health research and evaluation firm, to add questions about tobacco cessation to a survey it was already conducting on tobacco control. Findings are no longer available.
- A survey of state quitlines, whose findings project staff disseminated at conferences, online and as an advertisement in a *New York Times* special supplement on tobacco cessation. Findings are no longer available.
- "State snapshots" of tobacco-cessation status and activities (e.g., prevalence of smokers and Medicaid coverage for cessation treatment and services), which staff collected from available information. (The snapshots are included in the report of the Policy Roundtable on Statewide Cessation Services, available [online](#).)
- Established the Alliance for Tobacco Cessation, a coalition of some 20 Washington-based organizations, aimed at mobilizing support for institutionalizing evidence-based tobacco-dependence treatment as standard medical practice.

Member groups included:

- [American Cancer Society](#)
- [American Lung Association](#)
- [Campaign for Tobacco-Free Kids](#)
- [National Partnership to Help Pregnant Smokers Quit](#)
- The alliance, which met monthly in either face-to-face meetings or conference calls, functioned as a forum to monitor and address issues related to tobacco cessation among federal agencies and the legislative branch of the federal government.
- Worked collaboratively with various organizations to support tobacco-cessation efforts, including:
 - Worked with the examination committee in the [American Board of Preventive Medicine](#) and the University of Wisconsin's [Center for Tobacco Research and Intervention](#) in drafting proposed questions related to tobacco cessation for inclusion in the Preventive Medicine Board Exams.
 - Submitted comments to the [National Committee on Quality Assurance](#) to advocate for the inclusion of questions about tobacco cessation in its [Healthcare Effectiveness Data and Information Set \(HEDIS\)](#).

(HEDIS is a core set of measures by which employers can compare the quality of their health care plans across a variety of managed health care plans and HMOs.)

Challenges

- As a startup organization in a field dominated by big players, the Center for Tobacco Cessation struggled to define itself and build its reputation. Its insufficient standing occasionally resulted in unreturned phone calls and tepid collaborative efforts, according to the original project director.
- Building credibility was further hampered by confusion—both internal and external—about the center's relationship to the American Cancer Society. The lines between the center and the cancer society were not clearly drawn, and potential collaborators expressed concerns about conflicts of interest and responsibility, the project director said.

Consumer Demand Roundtable (Grant ID#s 051660 and 055723)

RWJF conceived the [Consumer Demand Roundtable](#) as a forum for tobacco-cessation experts to address a key piece of the tobacco-cessation puzzle:

- How to drive consumer demand for use of proven cessation treatments and services, especially in the populations with the highest rates of tobacco use and tobacco-caused death and disease.

RWJF initially tapped the Center for Tobacco Cessation to create and run the roundtable. However, after turnover in the center's leadership, RWJF transferred responsibility for the roundtable to the [Academy for Educational Development](#).

The Academy for Educational Development had already served (under RWJF grant ID# 051660) as the secretariat for two organizations composed of major tobacco-cessation funders:

- The [National Tobacco Cessation Collaborative](#).
- The [Youth Tobacco Cessation Collaborative](#). (For details about this collaborative, see [Program Results](#) on ID#s 035916, 037525, and 041053.)

With the change in sponsorship, the Consumer Demand Roundtable became the first major project of the National Tobacco Cessation Collaborative, under the continued administration of the Academy for Educational Development.

Funding

In addition to RWJF, the National Tobacco Cessation Collaborative and the Consumer Demand Roundtable were jointly supported by:

- American Cancer Society
- Centers for Disease Control and Prevention, jointly with the National Cancer Institute

- GlaxoSmithKline
- National Institute of Drug Abuse
- National Institutes of Health's Office of Behavioral and Social Sciences Research
- Pfizer
- Pinney & Associates

See [Appendix 3](#) for their funding amounts.

Activities

As secretariat for the Consumer Demand Roundtable, staff at the Academy for Educational Development:

- Organized and convened three roundtable meetings and a national integrative conference in Washington. Activities included:
 - Recruiting a multidisciplinary set of experts to participate on the roundtables.
 - Developing meeting agendas and conducting each meeting.
 - Recruiting experts to make presentations at each meeting.
 - Documenting the meetings through the roundtable's [Web site](#). (See the [Bibliography](#) for links to meeting summaries.) Meeting reports are also available on RWJF's Web site.
- Created a [Web site](#) that provides links to information about each of the three roundtables and upcoming events.

Roundtable discussions focused on the areas of policy, practice, research and development, surveillance, product design and research funding.

Organizations represented on the roundtable included federal agencies, academic and research institutions, professional groups, research organizations, pharmaceutical companies, tobacco-control advocacy groups and marketing firms.

(For a list of people who have served on the roundtable since its genesis, along with their representative organizations, see [Appendix 2](#).)

RWJF Funding of Both Projects

RWJF supported these projects with:

- Two *solicited* grants totaling \$858,675 to the American Cancer Society for the Center for Tobacco Cessation. The society matched RWJF funding.

- Two *solicited* grants totaling \$213,329 to the Academy for Educational Development, which it used in part to run the Consumer Demand Roundtables. (For a list of other funders, see [Appendix 3](#).)

RECOMMENDATIONS

Center for Tobacco Cessation

Participants in the Policy Roundtable on Statewide Cessation Services made recommendations (available [online](#)) in four areas, including:

1. Organizing comprehensive statewide cessation services and activities.

- Identify and convene key cessation stakeholders, from public and private sectors and public health and health care areas, to develop and advance a comprehensive cessation effort at the state level.
- Conduct statewide needs and resources assessments, including evaluation of existing capacity and inventory of available resources and services to inform strategy and program development.

2. Financing comprehensive statewide cessation services and activities.

- Increase health insurance coverage, including from Medicare and Medicaid, of effective tobacco-dependence treatments.
- Expand provider reimbursement for delivery of effective tobacco-dependence treatments. Both public and private payers should provide reimbursement.

3. Delivering comprehensive statewide cessation services and activities.

- Enhance partnerships between cessation stakeholders and tobacco-control advocates to promote sustained population-based tobacco-control activities to create an environment that encourages cessation.
- Establish high-quality quitline services in all states.

4. Evaluating comprehensive statewide cessation services and activities.

- Strengthen surveillance capacity and evaluation measures (in accordance with federal Office of Management and Budget regulations and directives) at the individual program and statewide levels.
- Analyze evaluation information collected at the individual program and statewide levels to measure impact and degree of integration.

Consumer Demand Roundtable and Conference

According to Project Director Todd M. Phillips, participants in the Consumer Demand Roundtables (held December 7–8, 2005, February 1–2, 2006, and June 7–8, 2006) identified a number of areas as having high potential for increasing demand for evidence-based tobacco-cessation products and services. The final Consumer Demand Roundtable report, *Innovations in Building Consumer Demand for Tobacco Cessation Products and Services: 6 Core Strategies for Increasing the Use of Evidence-Based Tobacco Cessation Treatment*, covers these six core strategies. The report is available [online](#).

- **Viewing smokers as consumers and taking a fresh look at quitting from their perspectives.** To build a deeper understanding of smokers, those wishing to boost consumer demand for proven treatments need insight not only into smokers' expressed needs and preferences, but also into their latent, unmet needs—needs that they often cannot articulate but that still have a powerful influence on their behaviors.

Such latent needs may include a need to try a product before committing to a full package or the desire to find cessation products that are aesthetically pleasing and compatible with smokers' lifestyles.

- **Redesigning evidence-based products and services to meet consumers' needs and wants.** Using consumer-centered design principles may help ensure that smokers find treatments appealing as well as effective. Among these principles are:
 - Allowing smokers to "kick the tires" by giving them an opportunity to test or experiment with a service/product before buying into it.
 - "Lowering the bar" to make the initial quit attempt less costly, both psychologically and financially.
 - Designing aesthetically pleasing products, tools and services that create a positive and compelling consumer experience for each smoker trying to quit.
 - Facilitating transitions to ensure that smokers get appropriate tools, as well as professional and social support, as they move from step to step through the stages and processes of smoking cessation.
- **Marketing and promoting cessation products and services in ways that will reach smokers—especially underserved smokers—where they are.**

Compared to cigarettes, cessation products/services are not widely promoted. Many smokers are not aware of quitline services, and many who are in health plans that offer and even subsidize proven treatments do not know that these treatments are available.

There are also widespread misconceptions about treatments that are not effective, especially among smokers with the least income and education.

Cessation media campaigns and direct-to-consumer marketing of quitting services and products can significantly boost quit attempts, treatment use and population quit rates.

- **Seizing policy changes as opportunities for "breakthrough" increases in treatment use and quit rates.**

The *CDC Guide for Community Preventive Services* recommends three tobacco-control policy interventions that increase cessation and treatment use and demand at the population level.

They are:

- Increasing tobacco prices/taxes.
- Reducing out-of-pocket cessation treatment costs through coverage expansions.
- Reaching smokers with mass media cessation campaigns.

In addition, there is growing evidence that smoking bans and restrictions may increase quit attempts, quitting and treatment use. Pairing these public health policy changes with efforts to improve treatment access holds great promise for major breakthroughs in treatment use and quit rates.

- **Systematically measuring, tracking, reporting and studying quitting and treatment use—and their drivers and benefits—to identify opportunities and successes.**

In the United States, tobacco use is monitored via a series of annual cross-sectional surveys. The cross-sectional surveys provide snapshots-pictures of the population at one point in time-and do not systematically track quitting efforts, methods and successes.

The single most basic need is to embed more quitting questions in major U.S. tobacco-use surveys so that quit attempts, methods and successes can be tracked systematically.

- **Combining and integrating as many of these strategies as possible for maximum impact.**

The best way to build consumer demand for use of tobacco-cessation products and services is to combine and integrate as many of these strategies as possible.

When this has been achieved-as in New York City's comprehensive strategy-real breakthroughs in treatment demand, delivery, reach and use have occurred, leading to substantial reductions in population-level smoking prevalence—and prevalence in targeted high-risk populations.

LESSONS LEARNED

Center for Tobacco Cessation

1. **Focus on building the trust and relationships with big players in the field; for a startup organization, this is the way to engender productive collaboration.** As a startup organization in a field dominated by big players, the Center for Tobacco Cessation was challenged in creating such relationships. (Project Director/Linda Bailey)
2. **Collaboration is both powerful and full of potential pitfalls.** Many rewards can come from good collaboration, such as shared resources, partnerships and increased momentum among the partnering organizations. However, collaboration often requires that parties compromise their original agendas for the greater good. (Project Director/Linda Bailey)
3. **The center faced a number of barriers to establishing collaborative relationships, including:**
 - Competition for limited resources among potential partners.
 - Inadequate time to nurture relationships.
 - Insufficient standing with potential partners to garner returned calls, participation and overall investment.

According to the project director, assistance from RWJF proved very helpful in presenting the Center for Tobacco Cessation with potential partnership opportunities to explore, initiating contact with potential collaborators and facilitating interaction at RWJF-funded meetings. (Project Director/Linda Bailey)

Moving together the work of the Center for Tobacco Cessation and the National Tobacco Cessation Collaborative, which was supported by most of the major U.S. tobacco control funders (e.g., American Cancer Society, CDC, Legacy Foundation, National Cancer Institute, National Institute on Drug Abuse, RWJF), directly addressed the need for collaboration. (RWJF Senior Scientist/C. Tracy Orleans)

Consumer Demand Roundtable

1. **When projects have the interest and support of many partners, carve out areas of interest for each partner.** For example, the Consumer Demand Roundtable project was complex enough to require the input from many types of experts (researchers, marketers, policy advocates, product marketers, service providers, etc.). The multifaceted nature of this project allowed each of the members to identify its own area of interest. (Project Director/Todd Phillips)

AFTERWARD

Center for Tobacco Cessation

- The Center for Tobacco Cessation ended operations at the close of Grant ID# 048091 in 2005.
- In 2004, former Center for Tobacco Cessation director Linda Bailey joined the [North American Quitline Consortium](#), which works to increase access to smoking quitlines. In 2006, RWJF awarded a two-year grant of \$399,925 (Grant ID# 058531) to the consortium to strengthen the linkages between quitlines and other tobacco-control policy efforts.
- This followed up on a second recommendation of the Policy Roundtable on Statewide Cessation Services and the Consumer Demand Roundtable (financing comprehensive statewide cessation services and activities).

Consumer Demand Roundtable

- Project staff from the Academy for Educational Development organized a national conference ("Innovations in Building Consumer Demand for Tobacco Cessation Products and Services Conference"), held in Washington on May 3–4, 2007. The conference was the last activity of the Consumer Demand Roundtable.
- The Academy for Educational Development received two additional grants from RWJF:
 - A one-year grant of \$99,453 (Grant ID# 056253) in 2005 to disseminate various projects coordinated through the members of the Youth Tobacco Cessation Collaborative.
 - An 18-month grant of \$387,102 (Grant ID# 057171) in 2006 to design innovations in tobacco-cessation products and services to boost treatment use and national quit rates in collaboration with one of the nation's leading consumer product design firms.

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APPENDIX 1

Policy Roundtable on Statewide Cessation Services Members

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

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APPENDIX 2

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APPENDIX 3

Consumer Demand Roundtable Funders

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

Direct Funding for the Consumer Demand Roundtables

- Free & Clear, \$2,500
- GlaxoSmithKline, \$5,000
- Office of Behavioral and Social Science Research (National Institutes of Health), \$20,000
- Pfizer, In-kind support
- Pinney & Associates, \$5,000
- Robert Wood Johnson Foundation, \$213,329

Funding for the National Tobacco Cessation Collaborative and the Youth Tobacco Cessation Collaborative

The funding covered the Academy for Educational Development's staff time to plan the roundtables, as well as many other national and youth collaborative activities conducted by the academy.

- American Legacy Foundation, \$100,000
- National Cancer Institute / Centers for Disease Control and Prevention, joint funding, \$550,000
- National Institute on Drug Abuse, \$80,000

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www.consumer-demand.org. The Consumer Demand Roundtable Web site includes meeting agendas and summary reports of the Consumer Demand Roundtable. Washington: Academy for Educational Development, 2006.