The Smoking Cessation Leadership Center
A Progress Report

INTRODUCTION

The Robert Wood Johnson Foundation (RWJF) launched the Smoking Cessation Leadership Center in 2003 to work with health professional organizations and institutions to increase their motivation and capability to assist smokers in quitting.

Steven A. Schroeder, MD, former RWJF president, directs the $10 million program, which is housed at the University of California, San Francisco. Additional funders are the American Legacy Foundation ($3 million), the Veterans Health Administration ($450,000), and the County of Los Angeles ($500,000).1

Over the last nine years, the program has worked with more than 80 health professional groups, created materials and tools to assist health providers in helping patients to quit smoking, and helped pave the way for organizations to take steps in two sectors that had been most resistant to tobacco cessation interventions—mental health and substance abuse.

WHAT PROBLEM IS THE PROGRAM ADDRESSING?

About 70 percent of smokers say they would like to quit. Yet only about 5 percent are able to do so without help. The advice of a health professional can increase the smoking cessation rate from about 4 percent to more than 10 percent. Yet only 20 percent of health professionals advise smokers how to quit.

More than 70 percent of U.S. smokers have at least one contact annually with a health professional, including doctors, nurses, dentists, dental hygienists, pharmacists, physical therapists, and clinical psychologists.

Statistics like these illustrate a startling truth—health professionals have an opportunity to make a big difference in helping their patients quit smoking, but many do not take advantage of it.

“The program started when RWJF was still heavily investing in tobacco control. We realized that one of the groups that wasn’t engaged as much as it could be or should be in

1 This was a sub-contract under the county’s grant from the Centers for Disease Control and Prevention.
terms of tobacco use was health professionals,” said Michelle Larkin, JD, RN, MS, RWJF assistant vice president. “This was really about how to engage those professionals who have contact with patients…and how to change the culture of their professions.”

At the time, Steven Schroeder, MD, was retiring as RWJF president and CEO. Tobacco control focused on preventing tobacco use through policy change had been a primary focus during his tenure at the Foundation. In considering where to focus next, Schroeder also saw that no one was working with health professionals on smoking cessation for their patients.

It was gap that needed to be filled. But it would not be easy.

“By and large, health professionals treat acute things, even acute aspects of chronic illness,” said Schroeder, who is the national program director of the Smoking Cessation Leadership Center (center). “They don’t like to change people’s health behavior…. They’re not good at things where they can’t write a prescription for a pill, order a test, or do an operation.

“And smokers have a low rate of quitting, and [health professionals] get bummed when what they try doesn’t work,” he continued. “There’s also a stigma. Most health professionals don’t smoke, and they think smokers are jerks for doing it.”

**HOW DOES THE PROGRAM WORK?**

The Smoking Cessation Leadership Center staff set out to work with the associations representing different groups of health professionals to improve the performance of their members in helping their patients quit smoking.

Rather than putting out requests for proposals, which is RWJF’s usual practice, the Foundation permitted center staff to negotiate separately with each potential partner. As a result, the center brought on many more groups than they anticipated with relatively small grants.

Associations that represent health professionals, such as dental hygienists and anesthesiologists, received seed grants of between $25,000 and $50,000 to convene a meeting. With guidance from center staff, the practitioners set an action agenda for tackling tobacco cessation.

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2 RWJF’s national program *Addressing Tobacco in Managed Care* (October 1996 to February 2009) evaluated the effectiveness of replicable organizational strategies that lead providers, practices, and health plans to adhere to the activities recommended in evidence-based smoking cessation guidelines. A collaboration among managed care organizations and academic researchers carried out 25 projects. See the [Program Results Report](#).

3 The American Dental Hygienists Association later received additional funding from the center.
“I like to call it guided discovery,” said Catherine Saucedo, deputy director for the Smoking Cessation Leadership Center. “We were trying to get them to own the process. We weren’t trying to force them in a specific direction.”

In this “guided discovery” process, the groups sought to answer four simple questions:

- Where are you now? (What percentage of your providers intervene with patients on tobacco cessation?)
- Where do you want to be? (What target do you want to reach by a certain year?)
- How will you get there? (Can anyone do these interventions? Can you have simultaneous efforts?)
- How will you know you are getting there? (How will you evaluate your efforts?)

To help associations reach their goals, the center provides additional grants and technical assistance, as well as information about tools that are proven to be effective, such as quitlines. It is up to each professional association, however, to create a tobacco cessation intervention that will work for their members, Saucedo said. Center staff also made clear that they expected the groups they worked with to employ strategies that they could sustain without additional RWJF funding.

In creating strategies, the program applies the basic marketing principle that simplicity sells. “Thirty seconds to save a life,” a slogan that Schroeder coined, has helped guide the creation of several simple, clear tools that busy health professionals can use to help their patients quit smoking. See What’s Been Accomplished to Date? for details.

The center’s approach to tobacco cessation is pragmatic. For example, unlike other tobacco control advocates, center staff members work with pharmaceutical companies to promote the use of cessation tools. (The center does not accept funds from the companies, however.)

National program staff members also take the position that “harm reduction”—smoking less rather than quitting altogether—is an important first step in helping certain groups of smokers move toward giving up cigarettes. That position is contrary to that of other tobacco control organizations.

The center has made good use of Schroeder’s high profile and connections to reach out to a broad array of provider groups and national and federal organizations focused on tobacco cessation. The national advisory committee also includes representatives of a variety of health professions that the program hopes to reach.

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4 The use of quitlines has been shown to double a person’s chances of quitting smoking.
“One of the things that was unique from the get go was representation of each of the major health professions,” said Mary Ellen Wewers, PhD, a professor at Ohio State University, Columbus, and member of the national advisory committee. “It was not just a medical or physician approach. It was nursing, dental hygienists, and health care administrators. [The center] was very inclusive. That is not always the case in how professions work.”

WHAT’S BEEN ACCOMPLISHED TO DATE?

Providing Easy-to-Use Messages and Tools for Health Professionals

When the center began, the accepted model for health professionals offering advice on quitting was the “Five As” (Ask, Advise, Assess, Assist, and Arrange\(^5\)), a clinical practice guideline put out by the U.S. Public Health Service. However, many health professionals had not heard about the model and, if they had, said that it was too time consuming.

The center and the dental hygienist association created a shortcut, called Ask, Advise and Refer: A health professional simply asks patients if they smoke, advises them to quit and then refers them to the national quitline number for further assistance.

Center staff found other ways to make it as easy as possible for health professionals to provide tobacco cessation advice. For example, center staff marketed the curriculum Rx for Change, developed by three pharmacists,\(^6\) to multiple health professional groups. The curriculum equips health professional students and clinicians with knowledge and skills to assist patients in quitting smoking.

As of January 2012, the Rx for Change curriculum had been downloaded 100,000 times from the Rx for Change website. The center also has produced more than 25 webinars (with CME and CEU continuing education credit offered); 34 newsletters; and four toolkits, two of which were revised for national audiences: one for mental health providers and one for use in correctional facilities (via the Break Free Alliance). Many of these resources also are available on the center’s website. The center also maintains two listservs as well as Facebook and Twitter accounts to share information and updates on tobacco cessation.

\(^5\) Ask—Systematically identify all tobacco users at every visit; Advise—Strongly urge all tobacco users to quit; Assess—Determine willingness to make a quit attempt; Assist—Aid the patient in quitting; Arrange--Schedule follow-up contact, in person or by telephone, preferably within the first week after the quit date. More information is available online.

\(^6\) Karen S. Hudmon, DrPH, MS, RPh; Lisa Kroon, DrPH; and Robin L. Corelli, DrPH.
“The center has done a really good job of making materials accessible to providers and advertising them,” Wewers said. “You have to develop a product that your provider is going to find beneficial, and that’s what they’ve done.”

“The messaging and provider tools are really easy for groups to co-opt and use,” Larkin added. “You can take them and tweak them to fit your membership group.”

“When people believe that a good thing can be done quickly, easily, and with readily available tools, they will do it without much, or any, financial incentive,” the center staff wrote in a report to RWJF.

**Expanding the Number of Health Professions Committed to Help Smokers Quit**

When the program began, the literature and tobacco cessation efforts among health professionals focused mainly on the role of primary care physicians, Schroeder said. The program has expanded that focus to include dental hygienists, respiratory therapists, anesthesiologists, mental health providers, addiction treatment counselors, pharmacists, psychiatric nurses, and others who have contact with patients.

As of March 2012, the program has partnered with more than 80 health professional groups.7 “We have broadened the base of health professionals who think they should do something about helping people quit,” Schroeder said.

While the center has made many inroads, enlisting health providers in tobacco cessation is still difficult, Schroeder said. “Most health professionals [still] don’t want to do this,” Schroeder said. “They think it will take too much time.”

The most difficult professional groups to engage have been dentists, internists, psychiatrists, and nurses, he said.

On the other hand, promoting the “quit smoking” message is a natural fit for other health professions, the center has found. One such group is dental hygienists.

“Hygienists are constantly fighting the perception by the public that they just clean teeth,” said Jeff Mitchell, director of communications for the American Dental Hygienists’ Association (ADHA). “A big part of their job is preventive education. This was one more way they could grab onto something that really affects the patient’s oral health but also affects their total health. That resonated with the dental hygienists.”

At a center-sponsored gathering, the ADHA set a goal of doubling the percentage of hygienists who intervene with their patients on tobacco use, from 25 to 50 percent, over

7 See the center’s website for a list of partner organizations.
three years. The ADHA set up a task force to work through tobacco cessation liaisons at each of its 50 state affiliate groups to reach out to some 130,000 dental hygienists.

Working with center staff, the ADHA designed the Ask, Advise, and Refer intervention and set a goal to persuade all hygienists to identify smoking or chewing patients and refer them to free telephone quitlines. The group also set up a website of tools and resources for patients.

ADHA secured corporate support from Glaxo-Smith-Kline and the Wrigley Corporation to provide hygienists with plastic cards with the look at feel of a credit card, containing the 1-800 Quit Now quitline number that they can give to patients.

The dental hygienists’ association also provided additional cessation training for hundreds of hygienists in regional settings.

In a follow-up survey of dental hygienists, 71 percent of respondents said that while they do not intervene with all clients, they focus on and provide interventions to “higher risk” clients. These include clients with tobacco related oral findings, child and adolescent tobacco users and pregnant women. Only about 15 percent of respondents had accessed the Ask, Advise, Refer website, but among those who had, almost 78 percent had incorporated cessation information from the site into their own practice.

**Finding Champions**

Program staff also said they quickly learned that the traditional approach of sending out calls for proposals and awarding grants would not work in their efforts to encourage health professionals to help their patients quit smoking. It was important that each group have a champion who was already passionate about and committed to the goal of smoking cessation, Schroeder said.

As a result, the center has identified champions for smoking cessation within the various health professions and given them the opportunity to magnify their message. These champions were eager for help to do this work and would often join with the center for small grants or simply technical assistance. Center staff has worked with champions in the fields of anesthesiology, psychiatric nursing, pharmacy, family medicine, emergency medicine, and psychology, among other fields.

A good example is David Warner, MD, an anesthesiologist working at Mayo Clinic,” Schroeder said. “We gave him a $25,000 grant to have a meeting with representatives from the national anesthesiology association. He convinced them to get involved, and they piloted Ask, Advise, and Refer at 14 hospitals. Now it’s official anesthesiology policy that when anesthesiologists are confronted with preoperative smokers they either counsel them or send them to a quitline.”
To emphasize the importance of health professionals taking the lead in tobacco cessation efforts, center staff has written or facilitated articles in an array of publications. These include the peer-reviewed *New England Journal of Medicine*, *Journal of the American Medical Association*, and *Annals of Internal Medicine*, as well as public health and tobacco control journals and newsletters. Of note, the December 2009 *Journal of the American Psychiatric Nurses Association* devoted several articles to nurses’ role in smoking cessation.

See publications page on the center’s website for a full list of publications.

**A Tougher Sell—Professionals Working in Mental Health and Substance Abuse**

Among the toughest to persuade about the importance of smoking cessation are professionals working in the mental health and substance abuse sectors. Many people struggling with mental illness, substance abuse or both, regard cigarettes as one of their last freedoms or substances. And health providers have long used cigarettes for behavior modification: If patients are doing well, they get cigarettes; if they aren’t, providers withhold them.

But in the mid-2000s, several studies appeared that shocked the mental health and substance abuse communities into reevaluating their common practices. Among the findings were that more than 44 percent of adults with serious mental illness are smokers, compared with about 20 percent of the general population. Studies also showed that people with serious mental illness die 25 years before the general population, often from smoking-related diseases.8

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At about the same time, the Smoking Cessation Leadership Center was beginning to make inroads with the mental health and substance abuse community. Robert Glover, PhD, executive director of the National Association of State Mental Health Program Directors (NASMHPD), asked for help in persuading state mental health directors of the importance of addressing tobacco cessation. State mental health directors oversee state mental health hospitals, almost all of which at that time allowed smoking.

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8 See *Morbidity and Mortality in People With Serious Mental Illness*, 2006 technical report of the National Association of State Mental Health Program Directors.
The center provided Glover’s group with a $30,000 grant in 2005 to conduct a study to find out how many of the state mental health hospitals were tobacco-free. The study found that just 20 percent banned smoking. At annual meetings of the state mental health directors, Schroeder and other center staff members drove home the importance of addressing smoking cessation in this vulnerable population.

The power of the study findings, the center staff members’ participation in meetings, and the research showing the devastating effect of smoking on people with mental illness helped catalyze the field to do something, Glover said.

In July 2006, NASMHPD approved a goal of making all state mental health hospitals smoke-free. Then, with the support of the center, the association developed a detailed toolkit for hospitals to do just that.

In 2007, the center launched the Behavioral Health Partnership for Wellness and Smoking Cessation. The membership included key mental health groups, such as the Depression and Bipolar Support Alliance, the American Psychiatric Nurses Association, and the National Alliance on Mental Illness. The partnership initiated work to make state mental health facilities smoke-free and, says Schroeder, “gave it legitimacy with the participating members.” The center subsequently worked with founding members and other organizations it enlisted in this cause.⁹

A 2011 follow-up study funded by the center found that considerable headway was made: some 79 percent of state mental health facilities were tobacco-free. Glover now serves on the center’s national advisory committee.

The accomplishments of the partnership also include the revision of its public policy platform by the National Alliance on Mental Illness (NAMI), an advocacy group representing consumers, to call for the creation of smoke-free environments within psychiatric treatment facilities and for physicians and health providers to help consumers reduce and stop smoking.

The center also worked with multiple public and private partners including the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and the Community Anti-Drug Coalitions of America (CADCA)¹⁰ to put smoking cessation on the front burner for people with substance use disorders. CADCA’s annual member survey in 2011, which was funded by the center, found that tobacco use was the third highest priority for members, behind alcohol and marijuana.

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⁹ In March 2007, the partnership and the center convened leaders in the field for the National Mental Health Summit in Lansdowne, Pa.—the first gathering of its kind.

¹⁰ For more information on the prior work of the anti-drug coalitions, see Program Results Report.
In 2011, the center organized five SAMHSA state health summits\textsuperscript{11} that brought together heads of various agencies in each state (tobacco control, mental health, substance abuse, alcohol, public health, and the state quitline and clinical leaders) to agree on a common goal of reducing smoking prevalence by a defined amount within a specified period. The summit members have created a set of strategies that they pledge to execute. Two more summits were added in 2012 (Texas and North Carolina).

“[It was a challenge to] try and convince leaders in the behavioral health field that folks with mental illness or substance abuse can and want to quit, that it’s not going to upset a person’s recovery,” Saucedo said. “We needed to go on one-on-one meetings with all the national leaders and convince them with the data.”

**WHAT DOES THE FUTURE HOLD?**

The Smoking Cessation Leadership Center, originally funded for five years and scheduled to end in 2008, has extended its work through careful budgeting and securing additional grants.

It received a third $1.5 million, three-year grant in 2012 from the Legacy Foundation. Grants from the Los Angeles County (via a subcontract on a grant from the CDC), SAMHSA, and the Community Anti-Drug Coalitions of America (CADCA) total $750,000. The center has enough funding to continue until at least 2015, Schroeder said.

“No group is off the table” to work with, Schroeder added. The center staff will focus some of their efforts on work with the federal Health Resources and Services Administration (HRSA), which runs federally qualified health centers (FQHCs). In the fall of 2011, HRSA required that tobacco use and counseling be made an official performance measurement criterion for FQHCs. The center is collaborating with clinical leaders to provide technical assistance to help FQHCs implement strategies to meet this performance measurement.

Center staff also plans to continue their state summits with SAMHSA and other organizations and their work with CADCA, which is addressing smoking cessation for the first time within its 5,000 community coalitions. CADCA’s annual member survey in 2011, which was funded by the center, had tobacco use as the third highest priority for its members. CADCA also has received funding from RWJF\textsuperscript{12} and the CDC to address smoking cessation.

Program staff also plans to work more with some of the earliest champions, such as the dental hygienists and anesthesiologists, to help solidify and continue their gains.

\textsuperscript{11} The 2011 summits were held in New York, Arizona, Maryland, Oklahoma, and North Carolina.

\textsuperscript{12} Grant ID# 69568.
Staff also plans on working to better integrate primary care and behavioral health care in helping people quit smoking, Saucedo said. For example, staff will collaborate with the American Academy of Family Physicians to help primary care physicians tailor smoking cessation messages to patients with mental health or substance abuse issues. Program staff also hope to work with FQHCs to help primary care and behavioral health providers work together to encourage patients with behavioral health issues to quit smoking.

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APPENDIX

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