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Georgia Tobacco Quit Line Supplemental Sustainability Plan Georgia Department of Public Health DP 14-141002CONT15

July 31, 2015

Program Overview:

The Georgia Tobacco Quit Line (GTQL) offers tobacco cessation services 24 hours a day, including weekends and holidays. These services included telephone and web-based tobacco cessation counseling services, specialty counseling programs for youth and pregnant / post-partum women, and FDA approved Nicotine Replacement Therapies (NRT). Any Georgia resident, 13 years of age or older can call the GTQL, including tobacco users, family members and friends of tobacco users but only tobacco users 18 years of age and older are eligible to receive NRT. The GTQL is also available to healthcare providers, employers, and school staff to refer tobacco users to the quit line. It receives about 20,000 total calls per year in Georgia. From July 1, 2014 to June 30, 2015, 5,537 tobacco users enrolled with the GTQL, 5,362 NRT patches and 960 NRT gum was shipped to tobacco users.

The GTQL is an important factor in helping tobacco users quit by providing callers with counseling, practical information on how to quit, referral to local cessation resources, and FDA-approved cessation medications (eligible adults only). The GTQL has a broad reach, is effective with diverse populations and increases quit rates. Furthermore, the GTQL is highly cost-effective relative to other commonly used disease prevention interventions.

The Georgia Tobacco Use Prevention Program Team (GTUPP) is working to decrease tobacco use among adults aged 18-44 and increase quit rates among adult tobacco users in Georgia. Through partnerships and collaborations within the Department of Public Health (DPH), health systems and health associations and with the GTUPP Advisory Board and Coalitions, DPH will sustain and expand cessation efforts through the use of the quit line as outlined in *Figure 1*. Efforts to better serve tobacco users across the State include continuing the contractual agreement with the Department of Community Health (DCH); collaborating closely with partners on efforts to request additional funding from the state legislature; and utilizing various free/low cost methods to promote the GTQL throughout the State to build awareness of the services.



Partnerships:

Current Partnerships

The Tobacco Cessation Coordinator will continue to engage the quit line vendor (Alere Wellbeing, Inc.) as well as various health systems and health association partners including Georgia Department of Community Health's Medicaid Division (DCH – Medicaid); Georgia Medical Care Foundation (GMCF); CVS Caremark Pharmacy; Georgia Association of Primary Health Care (GAPHC); Georgia OB/GYN Society; Georgia Maternal Child Health; American Heart Association; American Lung Association; American Cancer Society; Georgia Hospital Association; 18 Georgia Public Health District; and Americans for Non-Smokers' Rights.

Future Partnerships

The team will continue efforts to engage partnerships with groups like the University System of Georgia, Georgians for a Health Future, Accountable Care Organizations and other partners and groups not targeted in past funding periods. The GTUPP Advisory Board and Coalition will continue to aid in suggesting and making connections to better serve our population.

Communication:

DPH's communication team along with the Tobacco Cessation Coordinator will continue to market the quit line through leveraging the Centers for Disease Control and Prevention's (CDC) Tip's from Former Smokers Campaign, through DPH's Ready to Quit webpage, Facebook and Twitter accounts, and PH Week newsletter.

Community awareness will be built though the 18 health districts efforts of promoting the quit line. The Tobacco Cessation Coordinator will continue to distribute brochures and posters in local health departments and at community events and health fairs.

Patients advised to quit use of tobacco products by their health care providers are more likely to quit. The Georgia cAARds activity— Ask, Advise, and Refer—will continue to serve as a means of building provider awareness and increasing referrals to the GTQL. It is free and allows providers to spend 5 minutes or less providing brief cessation counseling and then referring to the GTQL.

In tobacco-free and smoke-free initiatives, supporting quit attempts by staff or visitors to the locations is often a major concern for property owners and public health officials; GTUPP will continue to utilize these opportunities to communicate about the GTQL. Tobacco use is also a consideration across Georgia's oral health program activities and asthma program activities and

those programs will serve as a conduit for further dissemination regarding the value of the GTQL.

Additional communication efforts through the GTUPP Advisory Board and Coalition will strengthen the message of the importance of the quit line and these partners will continue to advocate on behalf of the quit line and support funding information provided to the State legislature.

Evaluation:

The Program Evaluator will continue efforts to evaluate the quit line through both process and outcome evaluations. The process evaluation will involve measuring outputs that directly result from implemented activities. Outputs can generally be seen immediately and monitored. By closely monitoring progress toward achieving expected outputs of the GTQL, strengths and challenges of the program can be identified and remedied. Outcome evaluation will examine short-term, intermediate and long term effects of the program.

Current Funding Sources:

Master Settlement Agreement

One source of funding for the Georgia Tobacco Quit Line is the Tobacco Master Settlement Agreement dollars appropriated from the Georgia State Legislature to the Georgia Department of Public Health.

Quit Line Supplemental

The Georgia Tobacco Quit Line is also funded through the CDC funding opportunity announcement (FOA) number DP14-141002PPHF15, entitled Tobacco Use Prevention – Public Health Approaches for Ensuring Quitline Capacity.

Medicaid Match Project

DPH and DCH entered a Memorandum of Understanding (MOU) to assist with the cost of Medicaid member's participation in the quit line. Both agencies agreed to collaborate through a partnership where DCH reimburses DPH 50 percent for GTQL services for eligible Medicaid participants. There are currently 90,000 Medicaid participants in Georgia and within this population, 26 percent of adults use tobacco – a rate that outpaces the general population's tobacco use at 18 percent.

DPH and DCH entered into the second year of their partnership in July 2015 and will keep the momentum of quit line services through ongoing match opportunities. DPH will provide DCH

with tools to promote the GTQL to their providers and also quit line reports to show the members are successfully quitting and staying quit. GTUPP will also continue to carry out the information listed in the Georgia Medicaid Project Communication Plan deliverables.

Potential Funding Source(s):

The Tobacco Cessation Coordinator and the Health Systems Director will search for additional funding sources to sustain the quit line. One such source includes creating a match program with employers similar to the DCH Medicaid match. Through our partnerships with groups like EmployersLikeMe, the GTUPP team will encourage employers to enter in similar contractual agreements where by a match is provided for each employee who participate in quit line cessation services. Private grants and arrangements with major insurers will also be explored as a potential source of funding for the Quitline.

