

# Tobacco Prevention and Cessation Initiative

2013 Evaluation Report



July 2014

*Prepared for:*  
Missouri Foundation for Health

*Prepared by:*  
Center for Public Health Systems Science  
Washington University in St. Louis

Funding provided by

**MFH**  
MISSOURI FOUNDATION FOR HEALTH



# ACKNOWLEDGEMENTS

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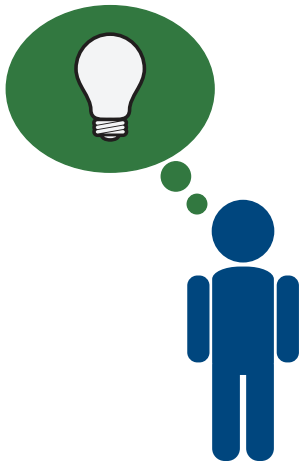
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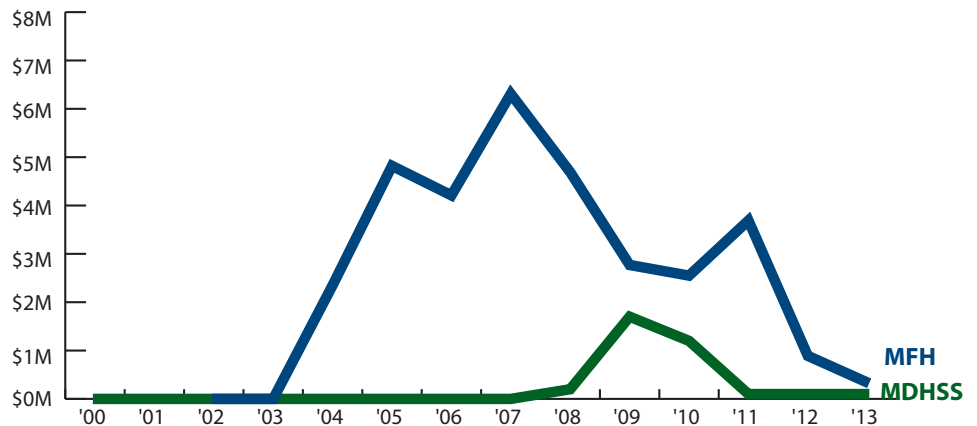
# TOBACCO PREVENTION AND CESSATION INITIATIVE



In 2004, Missouri Foundation for Health’s (MFH) Board of Directors committed 40 million dollars over nine years to support comprehensive tobacco control in Missouri. This effort became known as the Tobacco Prevention and Cessation Initiative (TPCI). TPCI has addressed tobacco control using a variety of unique activities: capacity building, tobacco policy changes, tobacco use cessation, youth education and advocacy, and eliminating tobacco-related disparities.

This report summarizes the findings of TPCI from 2005 to 2013, while highlighting activities specific to 2013. For additional information on the methods used in the evaluation of TPCI, see previous TPCI evaluation reports which can be found at: <http://cphss.wustl.edu/Projects/Pages/TPCIEvaluationProducts.aspx>.

Between 2004 and 2013, MFH was the primary funder of tobacco control efforts in Missouri, spending **32.6 million dollars**.



## OUTCOMES ACHIEVED

Lifetime medical care savings to society **→ \$107,024,031**

Quality Adjusted Life Years (QALYs) gained **→ 16,831**

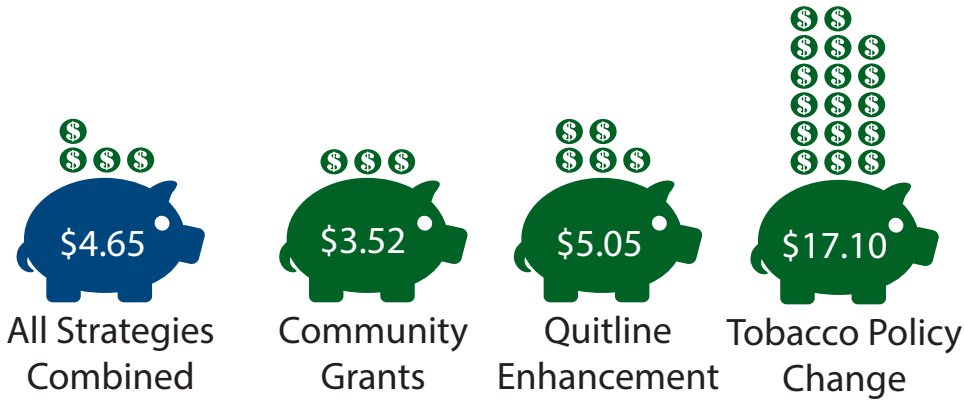
Estimated number of adults who quit **→ 10,219**

Estimated number of youth who will not start smoking **→ 201**

From 2007 to 2013, TPCI achieved public health outcomes through the community grants, tobacco policy changes, and the quitline enhancement.

# LIFETIME MEDICAL CARE SAVINGS

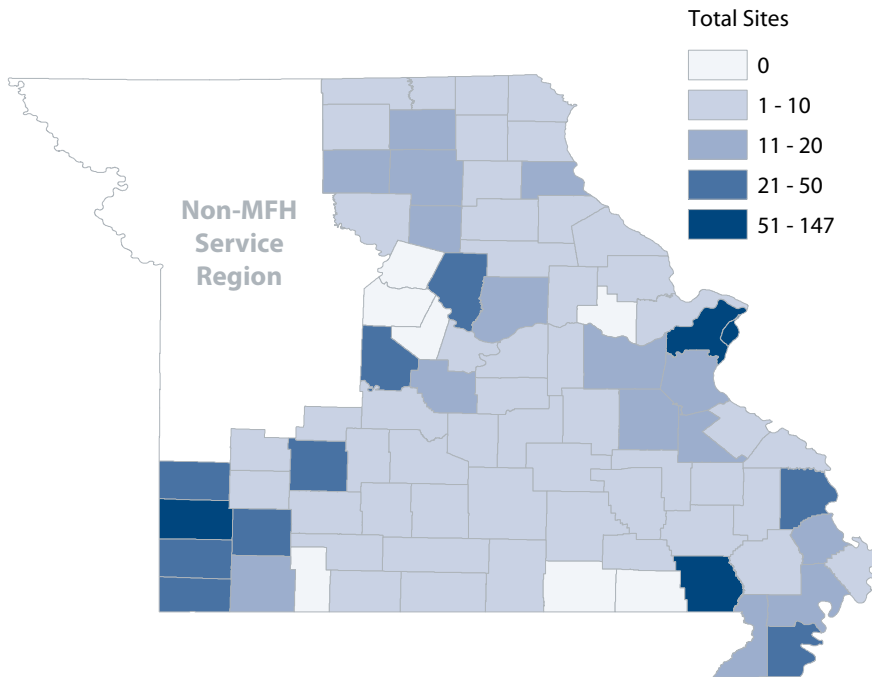
For every **\$1** spent on TPCI, it resulted in **\$4.65** of lifetime medical care savings.



The savings varied by TPCI strategy. The **tobacco policy change strategy resulted in the greatest lifetime medical care savings** compared to the other strategies.

# REACH

## Active Grantee Sites, 2005-2013



Between 2005 and 2013, MFH covered **91.8%** of their service region (78 out of 84 counties and the City of St. Louis) with at least one active TPCI grantee site.

[In 2013: 55% (47 out of 84 counties and the City of St. Louis)]

## Grantee Activities

Over the course of TPCI, grantees' work was classified into one of four categories: advocacy, capacity building, cessation, and education. Of those four categories, capacity building was the leading grantee activity type with **95.2% of grantees reporting they conducted capacity building activities.**



# TOBACCO POLICY CHANGES

From 2007 to 2013, grantees worked to pass **196** smokefree policies. Although the policies varied in strength and reach, they resulted in an **estimated 6,565 adults who quit**.

## Policy Types

The policies were categorized as community, worksite, or school. Of the 196 policies passed, over three-fourths were worksite policies.



**77.0%** were worksite policies  
(151 out of 196)

[In 2013: 82.8% (24 out of 29)]



**14.8%** were school policies  
(29 out of 196)

[In 2013: 3.4% (1 out of 29)]

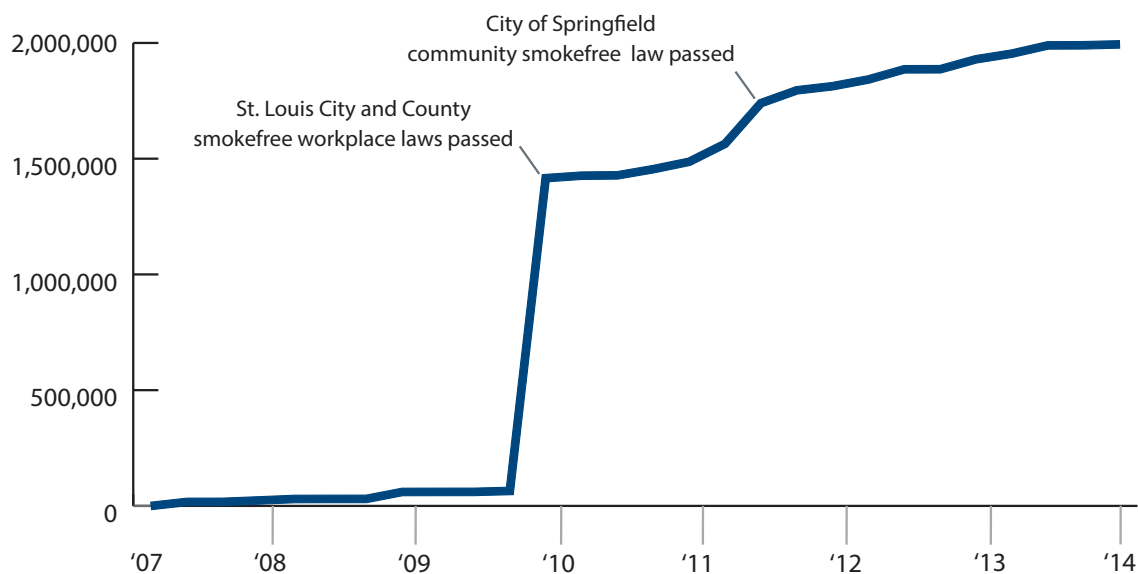


**8.2%** were community policies  
(16 out of 196)

[In 2013: 13.8% (4 out of 29)]

## Policy Coverage

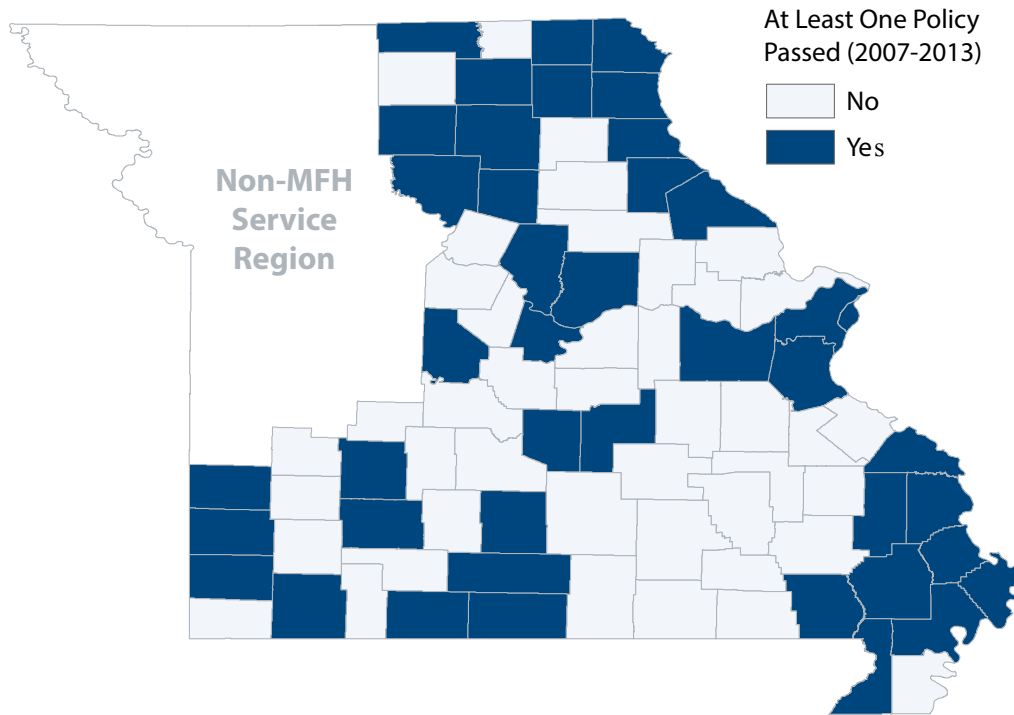
By the end of 2013, **1.9 million Missourians were covered** by policies that TPCI grantees helped to pass.





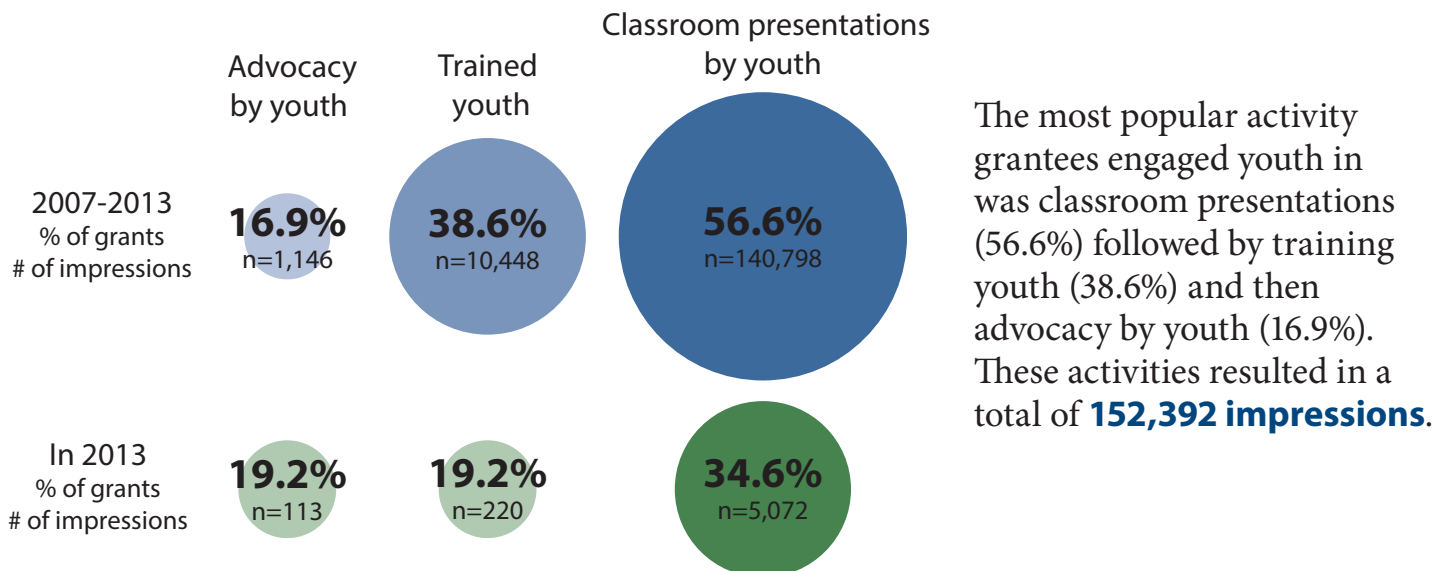
## Policy Locations

The 196 tobacco control policies were passed across MFH's service region.



## YOUTH EDUCATION & ADVOCACY

Youth are an active component of TPCI activities. Over the years, **52 grants have involved youth** in their program activities. These activities ranged from advocacy to peer education.

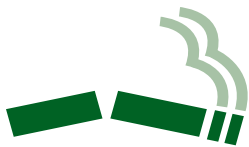


# TOBACCO USE CESSATION

## In-Person Cessation Services

Between 2008 and 2013, there were **5,337 individuals who attended at least one TPCI funded cessation class**. Of these, **85.2% completed an entire cessation program**.

[In 2013: 926 individuals and 76.6% completion rate]

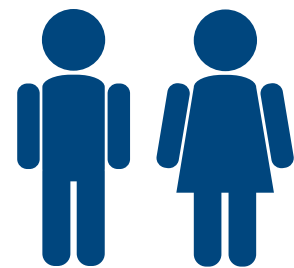


The six month cumulative conservative quit rate was **28.5%** from 2007 to 2013 for TPCI grantees offering in-person cessation programming.

[In 2013: 29.4% quit rate]

An estimated **2,072** people have quit after using in-person cessation services from 2007 to 2013.

[In 2013: 154 people]



## Systems Changes Enacted

Systems strategies aim to ensure systematic assessment and treatment of tobacco use. Grantees were **successful in passing 8 cessation systems changes from 2011-2013**.

[In 2013: 2 cessation systems changes]

Description of Systems Changes Passed, 2011-2013			
Grantee	Year	Description	
Ozark Center	2011	1) Dedicate staff to provide tobacco dependence treatment 2) Provide education, resources, and feedback to promote health care provider intervention	
Phoenix Programs	2011	Provide education, resources, and feedback to promote health care provider intervention	
SEMO Health Network	2011	Implement hospital/clinic policy that supports and provides inpatient tobacco dependence services, supports and provides inpatient tobacco dependence services	
Douglas County Health Department	2012	Implement hospital/clinic-wide tobacco user identification system	
Jordan Valley Community Health Center	2012	Provide education, resources, and feedback to promote health care provider intervention	
Columbia-Boone	2013	Provide education, resources, and feedback to promote health care provider intervention	
Columbia-Boone	2013	Dedicate staff to provide tobacco dependence treatment	

## Quitline Services

Between January 2008 and May 2010, TPCI provided supplemental funding for the Missouri Tobacco Quitline. During this timeframe, **23,042 tobacco users called** to request cessation interventions.



An estimated **1,582** people have quit as a result of MFH's effort to expand the Missouri Tobacco Quitline.

## TOBACCO-RELATED DISPARITIES

MFH funded six grants to address populations disproportionately affected by tobacco use. The tobacco-related disparities grants were conducted in three phases: assessment, planning, and implementation. Each phase was funded separately. The assessment phase helped grantees conduct a needs assessment in their target populations. The planning phase helped grantees plan for and tailor activities to their populations. The implementation phase allowed grantees to pilot tailored interventions.

<i>Grants funded for disparities phases, 2007-2013</i>			
Population	Assessment	Planning	Implementation
LGBT Missourians	•	•	•
Mental health and substance abuse patients	•	•	•
Pregnant and parenting women	•	•	
Bosnian immigrants	•		
African-American youth	•		
Smoking parents	•		

MFH funded **6** grants for the assessment phase, **3** continued to the planning phase, and **2** of those were funded for the implementation phase.

# CONCLUSION

When MFH created the Tobacco Prevention and Cessation Initiative ten years ago, the Foundation embarked on a unique and courageous journey to address tobacco control in their service region. As a result of these efforts, TPCI made an impact on tobacco control as demonstrated in this report. TPCI generated over 107 million dollars in lifetime medical care savings to society, resulted in 16,831 quality adjusted life years gained, prevented an estimated 201 youth from starting to smoke, and resulted in an estimated 10,219 adults who quit. TPCI grantees helped pass 196 policies, worked to pass eight cessation systems changes, and achieved a 28.5% six month cumulative conservative quit rate.

TPCI has achieved numerous outcomes in tobacco control. However as TPCI comes to an end, attention needs to be focused on sustaining these accomplishments.

# APPENDIX: EVALUATION METHODS

## OUTCOMES ACHIEVED

*Community Grants* included funding for grants dedicated to increasing access to cessation services, advocating for smokefree environments, educating students, and promoting youth advocating for policy change.

*Tobacco Policy Changes* included funding to support short-term activities conducted to advance policy change at the local level.

*Quitline Enhancement* included support for the expansion of the Missouri Quitline, a hotline that provides services to assist callers to quit using tobacco.

*Lifetime Medical Care Savings to Society* are decreases in the amount paid by society to treat tobacco-related diseases over a person's lifetime as a result of interventions that aim to reduce tobacco use.

*Quality-Adjusted Life Years Gained (QALYs)* were calculated based on the number of adults who quit and the number of youth prevented from smoking. Quality-adjusted life years take into account both the quantity and quality of life gained by an intervention.

*Estimated number of adults who quit smoking* was calculated for two of the TPCI interventions: 1) the smokefree policy changes and 2) cessation services, including in-person and Quitline services. For the smokefree policy changes, estimates were calculated based on a procedure described in Ong and Glantz (2005)<sup>1</sup>. For the cessation services, estimates were calculated based on quit rate data collected for the programs.

*Estimated number of youth prevented from smoking* was calculated for the TPCI intervention known as the youth education effort. The youth education effort of TPCI was made up of three different programs. Two out of the three programs primarily focused on training middle and high school youth to educate their peers and conduct advocacy-related activities. For these two programs, only the students directly trained by grantees were counted as affected by the program, and not the peers these students reached. For the third program, the students trained and the youth involved in classroom activities were both counted because a large portion of this program involved lessons and activities conducted in the classroom. The number of youth prevented from smoking due to their involvement in the programs was calculated based on an estimated rate of decrease in initiation for such programs in the Institute of Medicine's Ending the Tobacco Problem: A Blueprint for a Nation.<sup>2</sup>

## **REACH**

***TPCI Grantee Site*** is defined as active when the site had at least one activity in advocacy, capacity building, education or cessation for a minimum of a month.

***Advocacy*** activities center on building awareness and endorsement for policy changes. Examples of these activities include material distribution, presentations, collecting endorsements, organizing and attending events, communicating with decision makers, involving youth in advocacy, and holding coalition meetings.

***Capacity Building*** activities create awareness about a program and develop staff and volunteer ability to perform program activities. Examples of these activities include providing funding, information, trainings, technical assistance to sites, as well as marketing and distributing program products and results.

***Education*** activities provide individuals with information about the harms of tobacco and ways to prevent initiation of use or quit using tobacco. Examples of these activities include distributing materials, conducting presentations, organizing events, and communicating with decision makers.

***Cessation*** activities promote and support tobacco cessation among individuals. Activities include distributing materials, referring employees to outside services, providing free and subsidized NRT, conducting cessation classes and carbon monoxide tests, and pursuing cessation-related systems changes.

## **TOBACCO POLICY CHANGES**

***Tobacco Policies*** reduce exposure to secondhand smoke, promote tobacco cessation by preventing people from using tobacco at facilities, and/or promote access to cessation services.

***Community Policies*** included community-wide smokefree policy changes. They may or may not be comprehensive.

***Worksite Policies*** included smokefree or tobacco-free policy changes at individual worksites. Some policies also included provisions for cessation-related assistance from the employer (e.g., allowing employees time to attend cessation classes).

***School Policies*** included smokefree or tobacco-free policy changes at schools. Some policies also prohibit sponsorships from tobacco companies or identify cessation services to staff and/or students.

## YOUTH EDUCATION & ADVOCACY

*Impressions* reflect the total number of times an individual participated in or was reached by an activity, and they include duplicate counts in some cases. For example, if the same youth gave two classroom presentations, he or she would be counted twice.

## TOBACCO USE CESSATION

An individual is considered to have *completed an entire cessation program* if they attended all of the sessions offered during the cessation program.

*Quit Rate* is the intent-to-treat rate, which assumes those not reached for follow-up are tobacco users. It is a conservative estimate.

## REFERENCES

1. Ong MK, Glantz SA. (2005). Free nicotine replacement therapy programs vs implementing smoke-free workplaces: A cost-effectiveness comparison. *American Journal of Public Health*, 95, 969-975.
2. Institute of Medicine. (2007). *Ending the tobacco problem: A blueprint for the nation*. Washington, DC: The National Academies Press.





Funding provided by



MISSOURI FOUNDATION FOR HEALTH

Funding for this project was provided in whole by the Missouri Foundation for Health. The Missouri Foundation for Health is a philanthropic organization whose vision is to improve the health of the people in the communities it serves.