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From: **Terry Music, Chief Mission Delivery Officer, The American Cancer Society**
Tim Kilgallon, CEO and President, Free & Clear, Inc.

Date: **March 9, 2009**

Subject: **Stimulus Funds for Tobacco Cessation**

The American Cancer Society and Free & Clear, Inc. have collaborated to provide recommendations to the Centers for Disease Control (CDC) for the disbursement of federal funds directed toward tobacco cessation in the event such funds become available. Our organizations have industry-leading experience in tobacco cessation counseling and research and together employ hundreds of trained personnel providing tobacco cessation services to 30 state quit lines, as well as to many corporations and health plans.

We understand that significant new federal funds may be directed to stimulate the U.S. economy by creating new jobs while simultaneously helping to measurably reduce societal health burdens. An outstanding opportunity to achieve these objectives, and demonstrate near term results, is available by supporting the efforts of existing state-managed tobacco cessation quit lines.

Partly due to the CDC's historical efforts, every state now operates a 1-800 quit line staffed by trained tobacco cessation professionals providing evidence-based, easily accessible services to those trying to quit. The state quit line infrastructure serves as a model for healthcare reform because it achieves effective preventative care outcomes at extraordinarily low cost while reaching and serving a wide array of citizens, particularly the disadvantaged. Unfortunately, current funding constraints restrict state quit lines to provide service to an average of just 1% of total tobacco users each year, well below the CDC's target of 8%; far less than the 70% of users who would like to become free from nicotine addiction. Providing additional federal funding to existing state quit lines would generate new jobs, provide training, and produce measurable and lasting benefit for U.S. citizens.

To the extent that funds are provided to supplement the existing state quit line infrastructure (the "Funds), the disbursement should be structured to meet the following objectives:

- Uphold service levels and avoid over-burdening existing service infrastructure
- Demonstrate accountability and return on investment with acceptable outcome reporting
- Facilitate sustained state funding of quit lines over the long term

Based on the above objectives, we recommend the CDC disburse funds according to the following principles and methods:

1. State responsibility. Following execution of a brief agreement[1], states should be granted responsibility for deploying the Funds toward quit line services, promotion, evaluation and reporting.[2]
2. Evidence-based treatment. States should agree to use Funds for evidence-based tobacco cessation according to CDC guidelines.[3]
3. Matching funds. Fund allocations to each state should be calculated based on a fixed multiple of current fiscal year quit line budgets.[4]
4. Multi-year disbursement. Assuming Fund levels are adequate and states remain in compliance with their agreements, the CDC should disburse Funds to states in equal installments over three years.[5]
5. Monthly reporting. States should agree to provide monthly reporting of key service metrics.[6]
6. Program evaluation. States should agree to spend 10% of Funds for data evaluation and agree to specific evaluation criteria.[7]

Please contact us if you need additional information or support. We look forward to working with you to demonstrate the impact the funding can make on new jobs and reducing tobacco prevalence.

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[1] States should execute a brief contract agreeing to a) use Funds for evidence based tobacco cessation treatment, b) provide evidence of executed vendor service agreement (or amendment to existing agreement, or memorandum of understanding), c) comply with specified reporting and evaluation requirements, and d) return unused Funds.

[2] An alternative structure might be to create or empower a nationally managed servicing bureau. We do not recommend such an approach as it would conflict with, rather than reinforce, existing state quit line efforts during its temporary existence.

[3] The CDC's guidelines prescribe an evidence-based approach to tobacco cessation involving trained counseling sessions combined with specific medications, Centers for Disease Control and Prevention *Telephone Quitlines: A Resource for Development, Implementation, and Evaluation*. Atlanta, GA: U.S. Department of Heath and Human services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, Final Edition, September 2004.

[4] Apportioning the Funds based on each state's current spending levels a) is easily calculated, b) spreads funds equally over existing service infrastructure reducing the potential for over-burdening and adversely affecting service levels, and c) encourages ongoing state funding. Other potential methods of apportionment (e.g., pro-rata, census, or tobacco use population) present problems in each of the above areas.

[5] Assuming Funds are adequate, disbursing over multiple years is superior to a single year allocation as it maintains newly created jobs and increases the likelihood that alternative funding sources (particularly states) will sustain the growth achieved. Disbursing equal amounts over three years has advantages over both a tiered-up approach (near term benefits will be optimized), and tiered-down approach (permits time for alternative funding sources to materialize before reducing support).

[6] States should export reporting data monthly to the CDC, including: net new staff hired, total calls, total calls answered, tobacco users and type of services received, NRT distribution, gender, race, ethnicity, education, age, medical coverage, how participant learned about the quit line services, and tobacco use at time of registration.

[7] States should be required to retain a qualified evaluation vendor capable of following MDS and NAQC recommendations for measuring quit rates and satisfaction 7-months post registration.