

**Centers for Disease Control and Prevention Supplemental Cooperative Agreement
Patient Protection and Affordable Care Act
Funding Opportunity Number: CDC-RFA- DP09-9010201PPHF11**

Project Narrative:
I. Executive Summary

The Massachusetts Tobacco Cessation and Prevention Program (MTCP) proposes to use Affordable Care Act supplemental funds to increase awareness and utilization of quitline services among populations with a disproportionate burden of tobacco use. MTCP will expand a four-month promotion in spring 2011 to veterans and their family members into a program for the 2012 fiscal year. The program will provide brief screening, supportive counseling, and, if they choose, nicotine replacement therapy (NRT) patches purchased with state funds. This promotion will be publicized through a limited paid media campaign and an earned media campaign developed in partnership with the Massachusetts Department of Veterans Services. The impact of this project on awareness and utilization of services by veterans and their family members will be closely monitored, evaluated and reported in accordance with standard protocols for quitlines and state tobacco control programs. This plan is based upon strong evidence that media campaigns are an effective means to help smokers quit¹, and that increased access to treatment resources leads to increased numbers of evidence-based quit attempts. These increased quit attempts should lead, ultimately, to increased quits and declining tobacco use prevalence in the state.

This project to expand and enhance quitline operations for populations experiencing disparities related to tobacco use is consistent with the Affordable Care Act goals of increasing the number of tobacco users who quit each year, reducing the morbidity and mortality from tobacco use, and reducing health care costs.

II. Program Infrastructure: Staffing, Program Management, and Support

MTCP staff and contractors will provide the infrastructure to support the projects outlined in this proposal. MTCP staff will be responsible for project planning and oversight and reporting to the Centers for Disease Control and Prevention (CDC). Contracts with vendors will be expanded in accordance with project plans.

MTCP's Cessation Projects Manager and contract manager for the MA Quitline, Anna Landau, will oversee the projects proposed for this funding. Ms. Landau earned a Master's of Public Health (MPH) at John Hopkins University and has six years of experience in tobacco control. She will work closely with Dr. Lois Keithly, the MTCP Program Manager, on this effort to expand availability of cessation services to populations experiencing disparities in access to and use of tobacco cessation services. The resume of the project manager is included in Appendix A.

MTCP's Research Analyst and Database Analyst will lead the evaluation efforts for the proposed projects. Mark Paskowsky, a Research Analyst with a Master of Public Policy degree from University of Michigan, will analyze and interpret the service delivery data and the six month follow-up survey data for this project. Tim Gorin, a Database Analyst with a Master of Public Health from Boston University, will provide the major support for this project by compiling process measures data regularly from the quitline service database. Gwendolyn Stewart, MTCP's Director of Communications, will coordinate all of the media efforts for these projects and will be the primary contact for the communications vendor. Ms. Stewart is responsible for all coordination with the Department of Public Health's Communications Office.

Two vendors will be needed to complete this work. First, the quitline service provider for Massachusetts, John Snow Inc., will conduct all call intakes (i.e. screeners) and counseling sessions for this project. To meet additional call volume, JSI may increase its staffing with a

part-time counselor or may contract for this position. The quitline's web-based database can accommodate counseling staff at any location with an internet connection. Second, one of MTCP's communications vendors will adapt and place the small online media campaign associated with this project.

MTCP will complete these projects within the 12-month funding timeframe. MTCP will contract with proven vendors and partners to accomplish these projects while maintaining the planning and reporting functions at the state level with experienced project managers.

III. Fiscal Management

To ensure compliance with the Affordable Care Act, MTCP will work jointly with the Massachusetts Department of Public Health Budget, Purchase of Service and Accounting Offices under the general guidance of Comptroller's office when establishing grants in MMARS, (Massachusetts Management Accounting and Reporting System). This will include reports that support the distribution, monitoring and performance verification of Affordable Care Act dollars for both the department and any subcontractors. Fiscal management is overseen by Lois Keithly, Program Manager, in concert with fiscal staff, Dazlee Alvarado and Jenna Roberts.

MDPH staff will document all decisions as they relate to the disbursement of funds. These records must support procurement and contracting, accounting and reporting efforts and document that the decision-making process was fair and made in good faith, that targeted and measurable goals were established, and that funds are fiscally accountable, and - if needed - a recoupment process is in place. These records must be filed and be maintained in a way that will allow for easy retrieval so that they can be reviewed for the purposes of oversight and audit.

IV. Proactive Quitline Services

The goal of the proposed project is to use Affordable Care Act supplemental funds to increase awareness and utilization of quitline services in populations with a disproportionate burden of tobacco. Affordable Care Act funds will expand the operations of the quitline to serve an additional 400-500 veterans or family members of veterans. Thirty percent of the funds will be used to run a limited, cessation-focused media campaign encouraging use of the quitline by veterans and their families. All callers and online visitors for this veterans promotion will be offered free supportive counseling and NRT, based upon medical eligibility, and will receive follow-up evaluation calls six months from their use of the service. It is estimated that this project will result in 100 quitters among the pool of 500 clients served—assuming a 20% quit rate. Project workplan with timeline is attached as Appendix B.

Veterans and their families were chosen as a priority population for this project because, while they are not considered underserved, the veteran population in Massachusetts increasingly comprises other populations that the state aims to reach, including: persons with disabilities, persons affected by substance abuse, persons affected by mental illness, racial and ethnic minorities, persons with lower education levels, and low-income persons. Veterans' applications for housing, food, medical, and fuel benefits have surged in the last year in Massachusetts due to the economic recession and high unemployment.² The last recorded prevalence of tobacco use for veterans was 24% on the 2007 MA BRFSS, while the statewide tobacco use prevalence that year was 18%.

Launching one month prior to Veteran's Day, the online media campaign will utilize creative from a previous successful campaign and will use motivational messages to encourage smokers to use proven methods to quit. Emphasis will be placed on using FDA-approved

cessation medicines and supportive counseling to increase the likelihood of having a sustained quit. The campaign will consist of the online media supported by an earned media component that will be driven by MTCP-funded local programs. The combination of paid and earned media will amplify and reinforce the message and contribute to cost-effectiveness of media spending.

Other community-based activities to promote the program will be led by both the Department of Veterans Services and the local MTCP-funded Community Partnership program. The eight funded Community Partnerships draw upon an extensive local network of tobacco prevention and cessation stakeholders and advocates in health care, public health, social services, education and other fields. Local veteran's service organization partners will facilitate earned media coverage of the campaign.

Based on a sample media buy during the 8 months of this grant (beginning in November 2011), MTCP expects an estimated 555-700 click-throughs per day with Google Ad Words and 54,000 ad views for the Facebook ads, for the target audience of Adults aged 21 and over. Sample media plan and description is attached as Appendix C.

V. Health Care Policy and Systems Changes

MTCP does not propose any strategies intended to change health care policy and systems with these funds.

VI. Use of Policy

MTCP does not propose any strategies intended to change public policy with these funds.

VII. Monitoring and Evaluation

MTCP collects and is able to report the information required for Affordable Care Act funding, and will be able to do so according to the schedule provided. These data are easily culled and reported from a secure, online database with 24-hour access by three MTCP staff.

The evaluation of this project relies on the infrastructure that MTCP has developed. The quitline database system (called Tobacco Web) is MTCP's secure, web-based survey database. The system allows MTCP to design customized protocol entry screens, standardized reports and customized reports. The Tobacco Web system provides an interface for our quitline contractor and qualified personnel to enter intake and follow-up data on any internet-ready computer.

An evaluation plan with process and outcome measures has been drafted and will continue to be developed more comprehensively through collaboration with the Massachusetts Department of Veterans Services, the MTCP-funded Community Partnerships, and other stakeholders. This initial plan is attached as Appendix D. It is consistent with the CDC Framework for Evaluation and includes the elements of stakeholder involvement, logic model, process and outcome evaluation questions, data collection methods and sources, indicators, analysis and report strategies. The plan describes what process measures will be collected, such as web site statistics, to measure the reach and effectiveness of the online media campaign. Baseline data for outcome measures will be captured through QuitWorks interview protocols and the Tobacco Web data system. Process measures will also be captured through this data source. For example, quitline callers will be asked where they heard about the availability of NRT and counseling services as a measure of the media campaign's reach. We will measure the percentage of people who complete the first counseling session, subsequent counseling sessions, and the effect on the quit rate.

The first outcome indicator is the percentage of clients who receive counseling. Of people who called the quitline between 7/1/2009 and 4/10/2011, 30% completed the 1st counseling call to set a quit date. The second indicator is the percentage of clients who complete more than one counseling call. Clients may respond to subsequent calls – on their quit date, 3 days after their quit date, 1 week after their quit date, 2 weeks after their quit date, and a final call. The response percentages will be reported for participants and compared to baseline data.

In addition to the outcome measures described above, the Quitline system routinely collects information on quit status, caller satisfaction, and quit methods used during the quit attempt by the type and amount of service received and client demographic characteristics. The information from these standardized data reports will be incorporated into both the semi-annual report and the final evaluation report on this project. The MTCP Director, Dr. Lois Keithly, is committed to using evaluation data throughout programmatic activities to ensure that deliverables are being met or that course corrections can be made if necessary.

MTCP staff will attend the CDC surveillance and evaluation annual meeting and will participate in CDC technical assistance webinars, both to improve our analytic capabilities and to inform CDC of project outcomes. MTCP does adhere to the *Best Practice Guidelines* of 2007 in allocating at least 10% of program budget to evaluation and surveillance.³

MTCP will participate in the National Quitline Data Warehouse.

VIII. Participate in CDC Training Activities

MTCP will pay for travel for up to 2 employees to attend the CDC-sponsored training meetings during the funding period. It is expected that the Massachusetts Tobacco Cessation and

Prevention Program Manager, Dr. Keithly, will attend the CDC trainings along with Anna Landau. MTCP will provide funds for staff to participate in peer-to-peer learning opportunities.

IX. Budget

See separate attachment.

Attachments:

Appendix A. Project Manager Resume

Appendix B. Workplan and Timeline

Appendix C. Sample media plan

Appendix D. Evaluation Plan

¹ Bala M, et al. Mass media interventions for smoking cessation in adults. *Cochrane Database Syst Rev.* 2008 Jan 23;(1):CD004704.

² MassLive, Western Mass News website- downloaded 4/14/11 from http://www.masslive.com/news/index.ssf/2010/12/western_massachusetts_veterans_agents_report_surge_veterans_benefits_applications.html

³ Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs—2007.* Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; October 2007.