

Innovative Approaches and Proven Strategies for Maximizing Reach: Case Studies to Highlight Promising and Best Practices

OVERVIEW

In South Dakota, the Department of Health (DOH) is the lead agency for the statewide management of tobacco use prevention and cessation efforts. The Tobacco Control Program (TCP) works to reduce the morbidity and mortality caused by tobacco use, and focuses efforts in three goal areas:

- Reduce the number of young people who start using tobacco;
- Increase the number of people who quit using tobacco; and
- Reduce the number of nonsmokers exposed to secondhand smoke.

While the program goals are intended to address tobacco use for all populations, special emphasis is placed on those populations with disparate tobacco use.

South Dakota’s comprehensive framework includes:

- **Community Programming**
TCP provides funding to 20 community coalitions and the activities funded by these grants must link to one of the four goals of the TCP.
- **Linkage to Chronic Disease Programs**
Addressing tobacco prevention in conjunction with chronic disease programs ensures wider dissemination of information. For example, the TCP provides cessation and secondhand smoke information through the Diabetes Prevention and Control Program, the Comprehensive Cancer Control Programs, the Worksite Wellness Program and to all WIC participants in the state.
- **School Programming**
TCP works collaboratively with

the SD Department of Education to reduce initiation of tobacco use and exposure to second hand tobacco use and exposure to second hand smoke with their K-12 schools.

- **Linkage to Enforcement of Tobacco Control Policies**
The TCP works to support tobacco-free policies as a means of reducing negative role modeling to children and protecting nonsmokers from secondhand smoke. Support includes supplying educational materials, signage about existing policies and state law, and sample policies for organizations interested in voluntary smoke-free and tobacco-free policies.
- **Counter Marketing**
The TCP conducts a variety of media campaigns to counter pro-tobacco influences.
 - Be Tobacco-Free South Dakota secondhand smoke campaign (November 2008-February 2009)—The TCP launched a new website www.BeFreeSD.com featuring smoke-free and tobacco-free businesses, organizations, and schools in South Dakota. Ran TV, radio, and print ads to promote the website.
 - American Indian tobacco prevention and cessation campaign (May 2009) - Ran ads featuring American Indian from South Dakota on radio stations in tribal communities.
 - Rethink Tobacco Campaign (May 2009-August 2009)—A TV, radio and print

campaign produced for the TCP focusing on the disgusting habits of tobacco users and alerting smokers and nonsmokers of the harmful chemicals inside cigarette smoke.

- Rethink Tobacco Pregnant and Young mothers campaign (August 2009-September 2009)—ran print advertising targeting young mothers and pregnant women on the harmful effects cigarette smoke has on them and their developing baby.

The heart of the state’s cessation efforts is the South Dakota QuitLine (SD-QL). The QuitLine provides statewide access to toll-free, telephone cessation counseling and offers free nicotine replacement patches, nicotine replacement gum, or prescription medication to participants. As of March 31, 2010 the QuitLine has provided cessation services to 53,738 individuals since it started in January 2002 and served over 10,208 tobacco users in calendar year 2009 alone!

The SD-QL receives incoming calls Monday through Friday from 7AM to 11PM and on Saturday from 8AM to 5PM. Live proactive counseling is offered from 8 AM to 8 PM Monday through Friday and from 10AM to 2 PM on Saturdays. Voicemail is available 24 hours a day with a return call guaranteed within 24 hours.

Those participants who have previously used the SD-QL but have relapsed may call up to a total of three times in their lifetime and a person is eligible again three months after their last date of service with

the QuitLine.

The SD-QL offers up to eight weeks of the nicotine patch or gum or up to 12 weeks of Bupropion or Chantix to South Dakota residents who enroll in the program and participate in tobacco cessation coaching sessions (“no counseling, no meds”).

South Dakota residents who choose the patch or gum use the following protocol:

The participant receives a letter explaining how to pick up the NRT at a local participating pharmacy that also includes a member ID number. These participants are able to pick up two weeks of NRT at a time and their coach approves all future NRT in two week increments.

South Dakota residents who choose Zyban or Chantix use the following protocol:

Once enrolled in the counseling program the participant goes to their healthcare provider and that provider determines if the medication is safe and appropriate. The provider then faxes a quitline prescription form to the South Dakota Central Pharmacy (a separate vendor from their quitline service provider). The quitline coach sends the Central Pharmacy notification of completion of the first, third and fifth coaching sessions in order for the participant to receive the full 12-weeks of medication. The medication is sent directly to the participant’s home address.

STRATEGIES TO MAXIMIZE REACH

Media focused on those impacted most

South Dakota has the funding to provide a sustained campaign with TV, radio and print media and while they are currently experimenting with limited on-line media, they focus most of their media attention on their identified populations for tobacco related health disparities:

- Pregnant women: *I will keep you safe* media campaign
- Youth and young adults: *You target us, we target you* media campaign
- Low SES/Medicaid: *Little lungs*

South Dakota Quitline Services

Callers Ready to Quit Within 30 Days	Callers Already Quit
Quit coaching in English (other languages available through translators) plus free quit materials	Relapse prevention coaching and support materials
Up to 8 weeks of patch or gum to SD residents enrolled in counseling; up to 12 weeks of Zyban or Chantix	
Up to eight proactive counseling sessions	
Callers Not Ready to Quit Within 30 Days	Web-Based Services
Brief ‘5 R’s’ coaching and support materials	Web-based services will be provided starting in FY 2011

- *need clean air too* campaign
- American Indians: *Find your power. Find a way to quit* media campaign
- Smokeless tobacco users: *Cacoughany* media campaign

Leveraging linkages

In 2008 TCP partnered with the South Dakota State Medical Association (SDSMA) to provide training on the 5-A’s and fax referrals to the SD-QL. This resulted in a 100% + increase in the number of physician referrals to the SD-QL.

In February 2009, the South Dakota State Medical Association produced a special edition of *South Dakota Medicine*, titled "The Next Vital Sign". This special issue was devoted entirely to the topics of tobacco abuse and secondhand smoke and the effects on the health of the population.

The publication is distributed to over two thousand healthcare professionals in the state. The TCP also mailed information regarding QuitLine expansion to over 1,800

healthcare professionals (i.e., physicians, physician assistants, nurse practitioners, and dentists). This successful partnership with the SDSMA resulted in a 20% increase in referrals coming from healthcare providers when comparing 2007 and 2008 referral rates. In 2007, only 934 referrals were from providers and in 2008 that number jumped to 4,211.

Chantix drives reach

In July 2008 funding from the increased state tobacco excise tax funneled to TCP and South Dakota could afford to make free Chantix available to all residents who enroll in counseling through the QuitLine. (This \$5,000,000 of new funding was from the \$1.00 increase in state tobacco excise tax and earmarked for tobacco prevention and control.) When reviewing utilization data, reach began to improve and expand at the very point that Chantix became available. The increase in funding resulting from the tax increase also provided the necessary funding for a sustained media campaign which

increased awareness of the dangers of tobacco use.

KEY ELEMENTS OF SUCCESS

Smart Policy

Having funds resulting from the state tobacco excise tax earmarked for tobacco prevention and control is quite a win for South Dakota. Much of this increased funding was dedicated to expand services the existing quitline had been unable to offer. These dollars finally established adequate and sustained annual funding and provided the ability to improve tobacco prevalence rates.

Use media when you need to

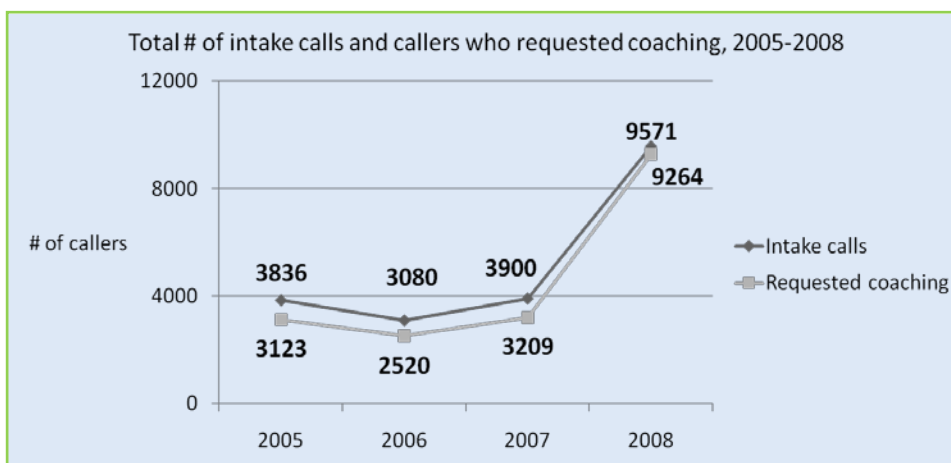
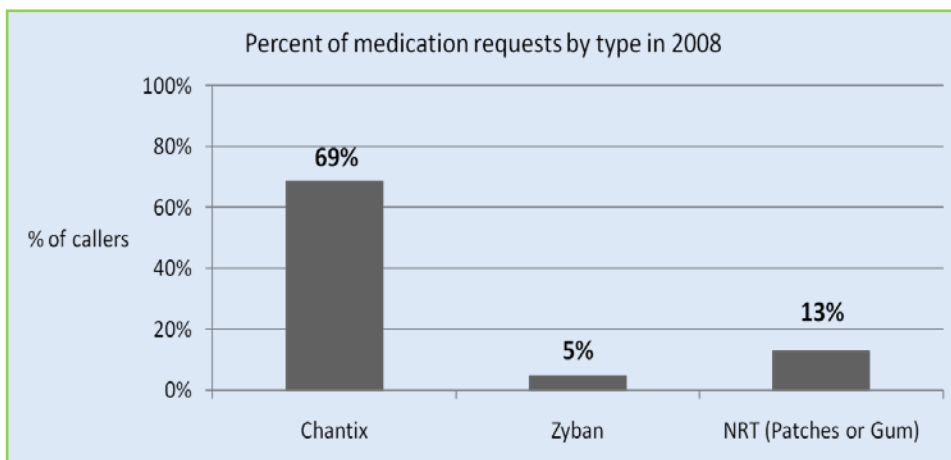
South Dakota has found that having a sustained media campaign that focuses on exposure to second hand smoke and reducing initiation of tobacco use also drives calls to the SD-QL and does so in a manageable way. It seems that their SD-QL specific advertising has proven to be so effective that they do not use the ads on a sustained basis but have them available if call volume is too low.

Link with chronic disease programs

The TCP works closely with chronic disease programs such as the Heart Disease and Stroke Prevention Program, Diabetes Prevention and Control Program, *All Women Count!* Breast and Cervical Cancer Control and Chronic Disease Screening Programs, Comprehensive Cancer Control, and Healthy SD (healthy lifestyles through physical activity and nutrition). The TCP is the backbone of the tobacco prevention workgroup of the South Dakota Comprehensive Cancer Control Program. The TCP provides tobacco prevention efforts to the Heart Disease and Stroke Advisory Council and has incorporated state-added questions to the MDS to be better able to connect South Dakotans with other available chronic disease resources.

Fund at CDC-recommended levels

South Dakota firmly believes that you get what you pay for. If you want a high quality, effective quitline with sufficient reach you need to fund at or near the CDC recommended levels!



VALUABLE LESSONS LEARNED

Team commitment

South Dakota TCP had to create a system to manage the distribution of medications, train our SD-QL service provider and implement a media campaign within a very short period of time. The response from tobacco users wanting to quit was much greater than anticipated, which strained this new system, processes and the service provider! The biggest challenge was ensuring capacity to handle the increased call volume. The Department of Health leadership team worked diligently and creatively to find solutions to challenges stemming from the massive spike in calls. Having a consistent go to person from each organization, and keeping an open line of communication was crucial to

successfully overcoming these challenges.

Pay attention to policy

Increase the state tobacco excise tax! This strategy works to drive cessation and if properly structured can provide the funding needed to enhance services provided via the quitline. Building expanded QuitLine services upon increased state tobacco excise taxes provides a stable and sustainable funding source for state funded QuitLines in addition to funding statewide tobacco prevention and control activities.

Medication works...when combined with counseling

Offer free tobacco cessation medications combined with cessation coaching. For South Dakota it was critical to offer full courses of

nicotine replacement and cessation medications and to place limited requirements for eligibility. TCP believes that requiring a link between counseling and the free medications is essential to good quit rates and to good practice. The evidence shows that combining tobacco cessation medications (NRT) with cessation counseling doubles the likelihood of a successful quit attempt. SD-QL's 13-month quit rates more than doubled again by adding the 12 weeks of Chantix - what quitline doesn't to achieve this?

When you offer a product that smokers want (free Chantix) and tie it to participation in telephone-based tobacco cessation counseling your reach will quickly approach CDC recommended levels. 🌸

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CONTEXT

Utilization reach, calculated using 2008 NAQC Annual Survey data, is based on the total number of unique tobacco users calling the quitline. Please note this is not NAQC's standard calculation of treatment reach, counting only those who receive at least some evidence-based treatment, but rather is based on the number of unique smokers calling the quitline divided by the total number of smokers in each state.