Tobacco, Cancer, & Health Care Systems: Partnership Strategies for Equity

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Power in Unity: Achieving Racial & Health Equity in the COVID Era
APPEAL & ADEPT Equity Collaborative
My Story

• Tobacco control – global
  • APPEAL leadership fellow

• Community-based participatory research for Asian Americans
  • APPEAL team leader

• Health systems and tobacco
  • APPEAL policy research
  • SPARC advisor
Medicaid Plans

Medi-Cal Incentives to Quit Smoking (MIQS) Project (2011-2016):

Incentivizing Medi-Cal members who smoke to call a quitline
MIQS Statewide Outreach

*All-Household Mailings: Nicotine Patch Only
Tailored Materials with Community Partners:
Native American, African American, Pacific Islander, LGBTQ

Pacific Islander Partnership for Health (Jane Ka'alakahikina Pang)
# Table 1. Characteristics of Asian American Pacific Islander Medi-Cal Helpline Callers, March 2012 to July 2015 (N=4,306)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Asian-speaking Asian American, n (%) (n=1,605)</th>
<th>English-speaking Asian American, n (%) (n=1,897)</th>
<th>English-speaking Pacific Islander, n (%) (n=382)</th>
<th>English-speaking Asian American Pacific Islander NOS, n (%) (n=422)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral source</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friend or family</td>
<td>196 (12.6)</td>
<td>214 (11.6)</td>
<td>44 (11.9)</td>
<td>27 (6.5)</td>
</tr>
<tr>
<td>Insurance</td>
<td>203 (13.0)</td>
<td>444 (24.0)</td>
<td>84 (22.6)</td>
<td>63 (15.3)</td>
</tr>
<tr>
<td>Provider</td>
<td>243 (15.6)</td>
<td>615 (33.2)</td>
<td>120 (32.3)</td>
<td>104 (25.2)</td>
</tr>
<tr>
<td>Media</td>
<td>769 (49.4)</td>
<td>319 (17.2)</td>
<td>75 (20.2)</td>
<td>46 (11.2)</td>
</tr>
<tr>
<td>Non-profit organization or school</td>
<td>34 (2.2)</td>
<td>71 (3.8)</td>
<td>16 (4.3)</td>
<td>8 (1.9)</td>
</tr>
<tr>
<td>Other/don’t know</td>
<td>112 (7.2)</td>
<td>187 (10.1)</td>
<td>32 (8.6)</td>
<td>164 (39.8)</td>
</tr>
</tbody>
</table>

*Asian-speaking Asians (n): Cantonese Chinese (166), Mandarin Chinese (245), Korean (452), Vietnamese (742). English-speaking Asians: 68 Asian Indian (151), Cambodian (68), Chinese (172), Filipino (797), Hmong (58), Japanese (248), Korean (179), Laotian (40), Pakistani (28), Thai (34), Vietnamese (122). Pacific Islander: Fijian (41), Guamanian (72), Hawaiian (153), Maori (4), Samoan (97), Tahitian (1), Tongan (14). Asian American Pacific Islander NOS (422).
Consider Health Literacy: 6th Grade Level
Consider Health Education Teams: Threshold Languages
Health Care Systems

CA Quits (2018-2023):

*Health systems change with providers, plans, public health*

Funded by the California Tobacco Control Program: #17-10594 and Tobacco-Related Disease Research Program #28CP-0039
Learning Collaboratives & Workgroups

Public Health COORDINATION

Plans BENEFITS

Providers PATIENT

Community Health Status Report
Sacramento 2014

CA QUILTS

Every smoker, Every encounter.

California Smokers' Helpline 1-800-NO-BUTTS
CA Quits - Partners

• Providers
  • Safety net hospital clinics
  • Community clinics

• Plans
  • 26 Medi-Cal managed care plans with Health Education teams

• Public Health Partners
  • 58 County Tobacco Education Programs
    • Grantees of the California Tobacco Control Program
  • Other sectors
    • Oral health, maternal child health, substance use disorder, behavioral health
Partnerships: Quitline, Research, Partners
Partnership: Asian Smokers Quitline and SPARC
3 Reasons to Quit: Tobacco and COVID

1) Smoking increases the risk of respiratory infections
2) Smoking worsens getting sick/dying from COVID
3) Vaping may be associated with lung injury +/- COVID

Cancer Centers

National Cancer Institute Cancer Center Cessation Initiative (2017-present):

Integrating tobacco treatment into cancer care

Funded by the National Cancer Institute P30CA093373−15S
Addressing a Core Gap in Cancer Care — The NCI Moonshot Program to Help Oncology Patients Stop Smoking

Robert T. Croyle, Ph.D., Glen D. Morgan, Ph.D., and Michael C. Fiore, M.D., M.P.H., M.B.A.

Despite making great progress in caring for people with cancer, the oncology community has often neglected to capitalize on a potentially powerful approach to improve cancer outcomes: addressing tobacco use in oncology patients. A survey of 243 comprehensive cancer centers in the United States revealed that 21% offered no tobacco-use treatment services, only 62% routinely assessed smoking status, and only 44% provided smoking cessation treatment services.
Cancer Center Cessation Initiative (C3I): Funded Centers

Cohort 1
1. Baylor College of Medicine
2. Case Western Reserve University
3. Duke University
4. Georgetown University
5. Indiana University
6. Medical University of South Carolina
7. New York University
8. University of California Davis
9. University of Chicago
10. University of Colorado
11. University of Iowa
12. University of Kansas
13. University of Kentucky
14. University of Minnesota
15. University of New Mexico
16. University of North Carolina at Chapel Hill
17. University of Pennsylvania
18. University of Utah
19. University of Virginia
20. Vanderbilt University
21. Washington University
22. Yale University

Cohort 2
1. Columbia University
2. Dana-Farber
3. Dartmouth College
4. Emory University
5. Mayo Clinic
6. Memorial Sloan Kettering
7. Moffitt
8. Mount Sinai
9. Northwestern University
10. Oregon Health and Sciences University
11. Roswell Park
12. Stanford University
13. Wake Forest University
14. University of Arizona
15. University of California San Francisco
16. University of Michigan
17. University of Texas Southwestern
18. UPMC Hillman
19. Virginia Commonwealth University
20. Wayne State University

Cohort 3
1. City of Hope
2. University of California San Diego
3. University of Southern California
4. Fox Chase Cancer Center
5. Rutgers University
6. Thomas Jefferson University
7. University of Alabama at Birmingham
8. University of Maryland
9. University of Texas
10. University of Washington
Integrating Tobacco Treatment into Cancer Clinics

**Before:** Provider-Based
Reach = 4%

- E-referrals
- Quitline, Classes

**After:** Team-Based Model
Reach = 33%

- Core Team plus TTS, MA, RN, Social Workers, Dietitians
- MA Assessments and Pended Referrals
- Staff Inservices
- E-referrals, Quitline, Classes
- Medication Follow-up
- Patient Materials & Website
Consider Partnerships:
Office of Community Outreach and Engagement
City Council approves ban on sale of flavored tobacco products

April 2019

THE E-CIGARETTE AEROSOL THAT USERS BREATHE FROM THE DEVICE AND EXHALE CAN CONTAIN HARMFUL AND POTENTIALLY HARMFUL SUBSTANCES:

- Volatile Organic Compounds
- Ultraviolet Particles
- Cancer-Causing Chemicals
- Heavy Metals such as Nickel, Tin, and Lead
- Flavoring such as Diacetyl, a chemical linked to a serious lung disease

It is difficult for consumers to know what e-cigarette products contain. For example, some e-cigarettes marketed as containing zero percent nicotine have been found to contain nicotine.
Summary: Partnership Strategies for Equity

- Medicaid Plans
  - Reach and target diverse, vulnerable individuals in communities

- Health care systems
  - Share across providers, plans, public health and health sector topics

- NCI Comprehensive Cancer Centers
  - Conduct community outreach & engagement from cancer prevention/treatment to policy

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