

Finding New Financing for Tobacco Cessation Efforts with Behavioral Health Populations

Wednesday, October 11th, 2017, 3:00pm EDT

Presented by:
Bill Blatt, MPH
Melinda Crosby



National Behavioral Health Network
For Tobacco & Cancer Control



Welcome!



Dawn A. Randolph, MPA

- DIR Consulting Group, LLC
- Health Financing Consultant, National Behavioral Health Network for Tobacco & Cancer Control



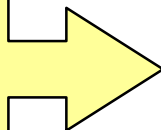
Lea Simms

- Project Coordination, Policy & Practice Improvement
- Coordinator, National Behavioral Health Network for Tobacco & Cancer Control
- National Council for Behavioral Health
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Housekeeping

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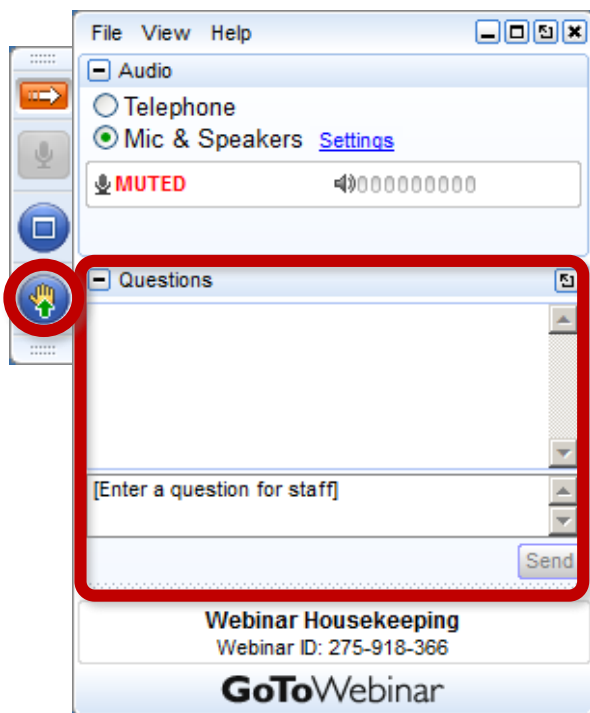
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National Behavioral Health Network

For Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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Today's Agenda

- Addressing tobacco use with behavioral health populations
- Current funding landscape
- Challenges & opportunities for tobacco cessation funding
- Resources
- Moderated Q&A



Guest Speaker #1

Bill Blatt, MPH



- National Director of Tobacco Programs, American Lung Association (ALA)
- Responsible for all of ALA's health education programs, activities and messages related to tobacco prevention and cessation.
- Accomplishments at ALA include the creation and release of new editions of their flagship smoking cessation program Freedom From Smoking® and the new Freedom From Smoking® Plus.

Finding new financing for Tobacco cessation and cancer prevention efforts



National Behavioral Health Network

For Tobacco & Cancer Control

Bill Blatt, MPH

National Director of Tobacco Programs

American Lung Association

October 11, 2017

Impact of Tobacco Use

Impact of Tobacco Use

Smoking is the leading cause of preventable disease and death in the United States

- 480,000 premature deaths per year
- \$300 billion in direct health care expenditures and lost productivity annually
- Since 1964, 20 million deaths due to smoking
- Cigarette smoking causes about one in five deaths in the United States each year

Secondhand smoke is harmful to children and adults

- No risk-free level of exposure to secondhand smoke
- Since 1964, 2.5 million deaths due to secondhand smoke
- During 2011-2012, about 58 million nonsmokers in the United States were exposed to secondhand smoke

Incredible Progress over 50 Years

In 1964:

- Adult smoking rate was 42%
- Smoking was socially acceptable almost everywhere
- Smokefree air laws were virtually nonexistent

In 2014:

- Adult smoking rate was 16.8%
- Smoking is less and less acceptable
- Smoking is not allowed on planes, in hospitals, in theaters or in most workplaces

But...

- 36.5 million adults and nearly 4 million high school and middle school students smoke
- Over 16 million Americans are living with a disease caused by smoking
- If current rates continue, 5.6 million Americans alive now and under the age of 18 will die prematurely from a smoking-related illness

Tobacco Use Rates and Tobacco Disparities

Who Smokes in America?



CDC says...

CIGARETTE SMOKING OVERALL AMONG ADULTS IN THE U.S. IS DOWN.

YET CIGARETTE SMOKING REMAINS HIGH AMONG CERTAIN POPULATIONS.



LOW
EDUCATION



MALES



YOUNG
ADULTS



SOUTH AND
MIDWEST



LESBIANS,
GAYS, AND
BISEXUALS



BELOW
POVERTY
LEVEL



DISABLED



CERTAIN
RACES/
ETHNICITIES

WE CAN PUT AN END TO TOBACCO USE.



IMPLEMENT
SMOKE FREE
LAWS



RAISE
TOBACCO
PRICES



INCREASE FUNDING
FOR TOBACCO
CONTROL PROGRAMS

Adult Smoking Rate in the United States by Age

	18 -24	25-44	45-64	65+	TOTAL
Males	15.0%	19.8%	17.9%	9.7%	16.7%
Females	11.0%	15.8%	16.1%	7.3%	13.6%
All	13.0%	17.7%	17.0%	8.4%	15.1%

Source: National Health Interview Survey, 2015

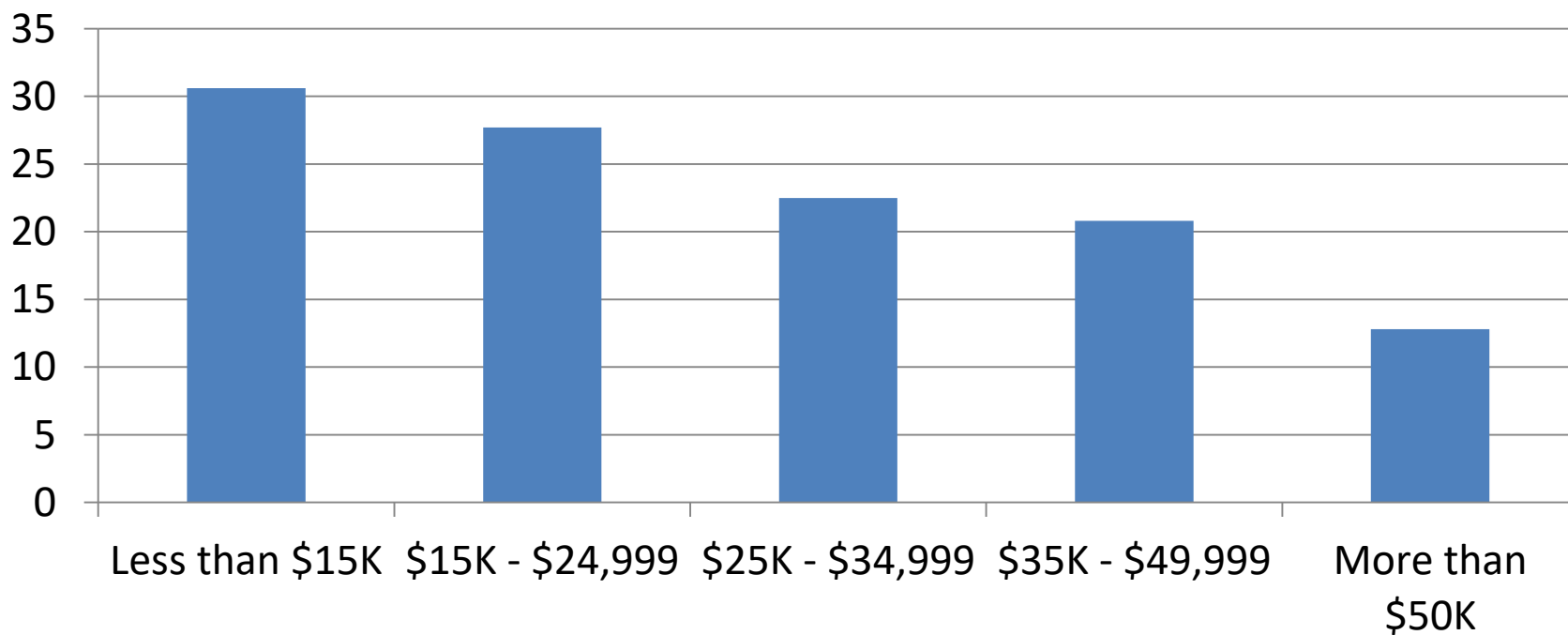
Adult Smoking Rate by Race/Ethnicity

	Male	Female	TOTAL
White*	17.2%	16.0%	16.6%
Black*	20.9%	13.3%	16.7%
Hispanic	13.1%	7.1%	10.1%
American Indian / Alaska Native*	19.0%	24.0%	21.9%
Asian*	12.0%	2.6%	7.0%
Multiple race*	23.0%	17.7%	20.2%

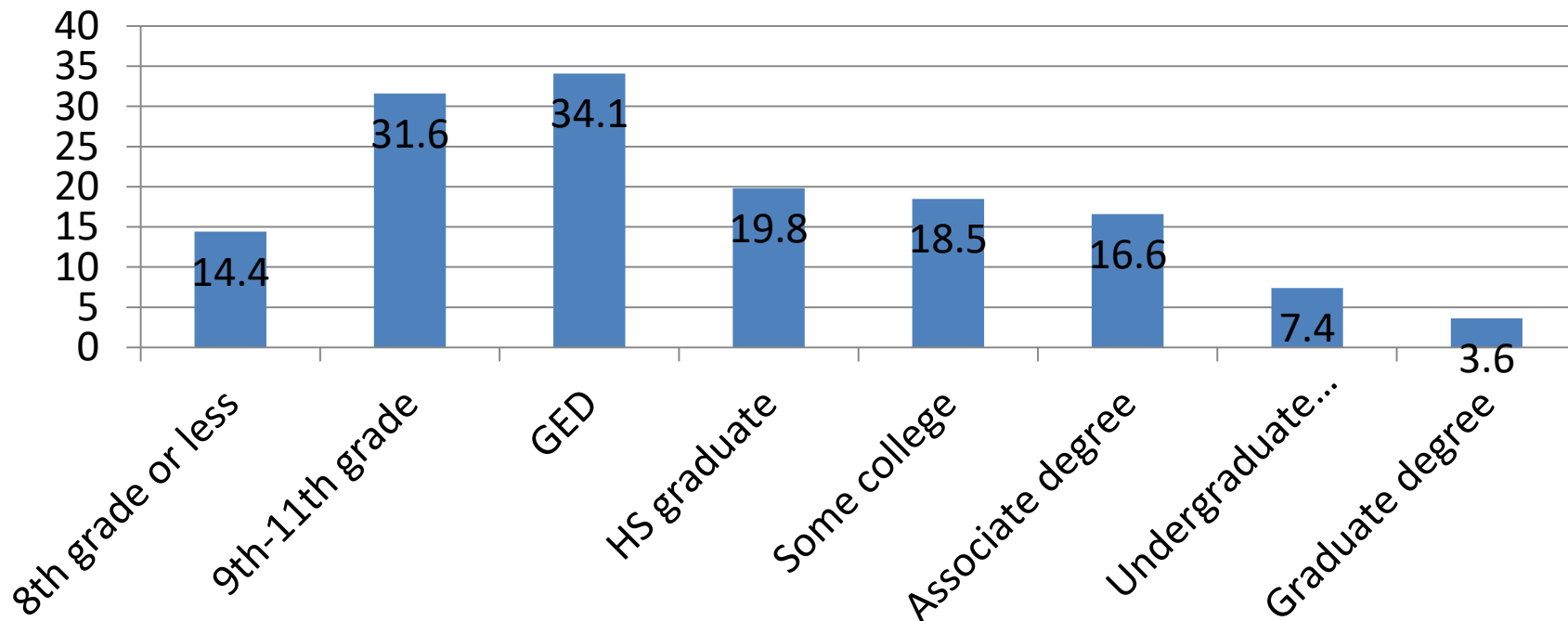
* Non-Hispanic

Source: National Health Interview Survey, 2015

Adult Smoking Rate by Income

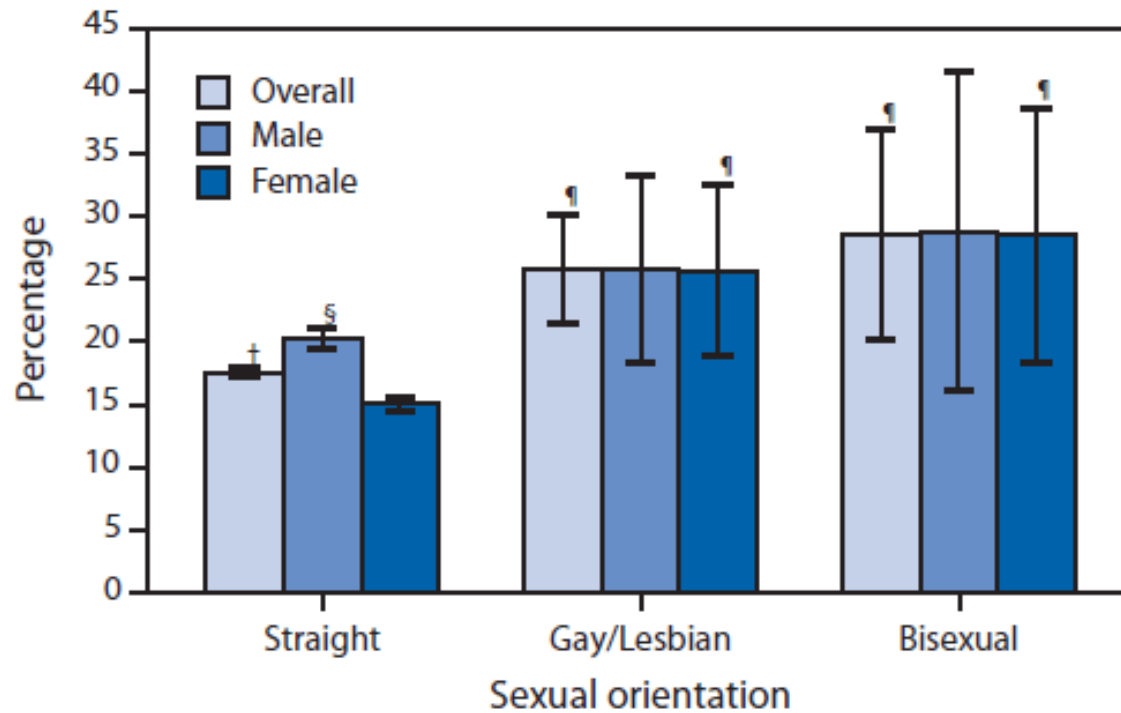


Adult Smoking Rate by Education



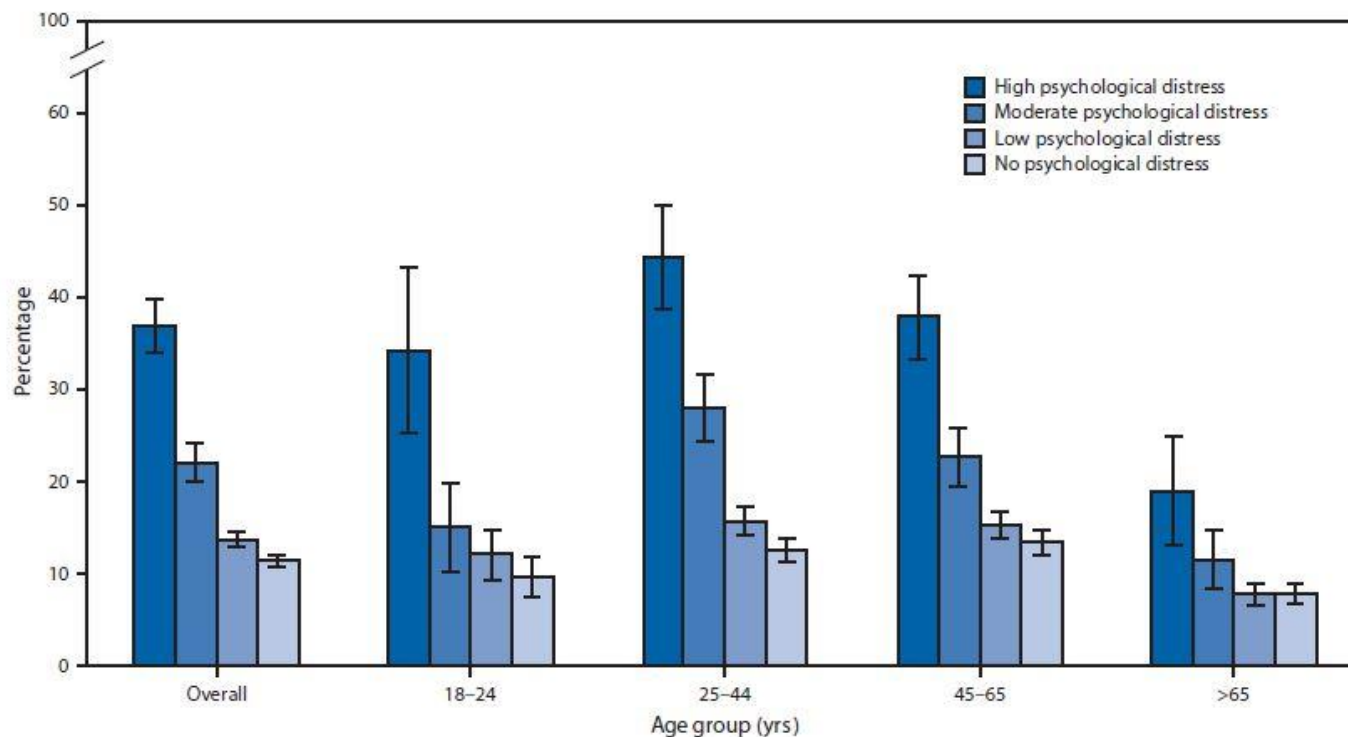
Source: National Health Interview Survey, 2015

Adult Smoking Rate by Sex and Sexual Orientation



Adult Smoking Rate by Degree of Psychological Distress and Age

FIGURE 2. Current cigarette smoking* among adults, by degree of psychological distress† and age group§ — National Health Interview Survey, United States, 2015



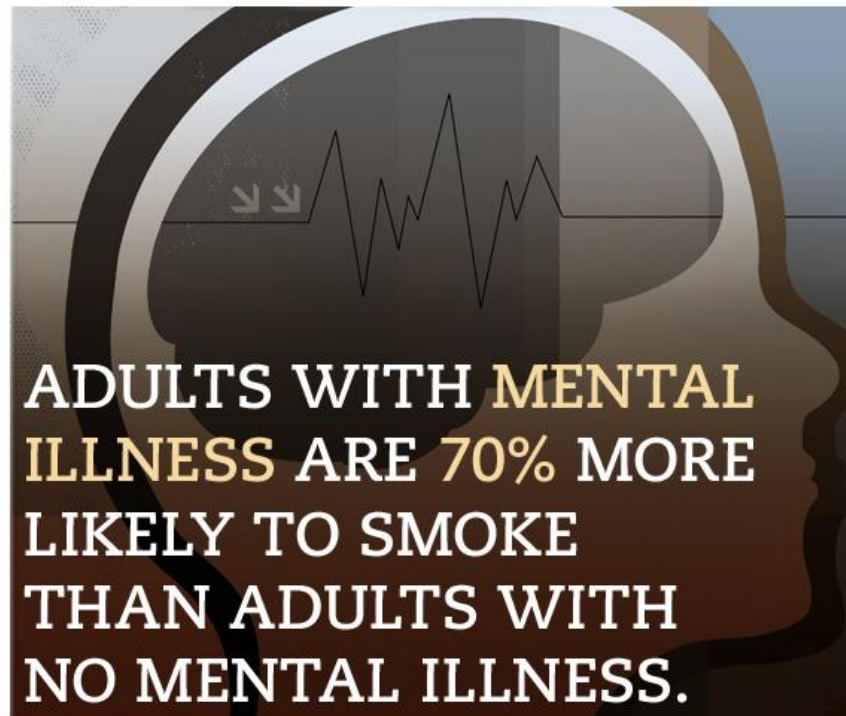
Tobacco Use in the Behavioral Health Community

Tobacco Use in the Behavioral Health Community

Myths about the Behavioral Health Community Smoking and Quitting

- Smoking is self-medication.
- Smoking relieves anxiety.
- They will feel worse if they stop smoking.
- **They don't want to quit.**
 - One study found that cessation counseling was provided 12% of the time during visits with a psychiatrist.

Tobacco Use in the Behavioral Health Community



Vital^{CDC}**signs**TM
www.cdc.gov/vitalsigns

Tobacco Use in the Behavioral Health Community

Adult Smoking

Focusing on People with
Mental Illness*

1 in 3 

More than 1 in 3 adults (36%) with a mental illness smoke cigarettes, compared with about 1 in 5 adults (21%) with no mental illness.

 **3 in 10**

About 3 of every 10 cigarettes (31%) smoked by adults are smoked by adults with mental illness.

1 in 5 

Nearly 1 in 5 adults (or 45.7 million adults) have some form of mental illness.

*Mental illness is defined as a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance abuse disorder.

Source: CDC Vital Signs, February 2013 | www.cdc.gov/vitalsigns

Tobacco Use in the Behavioral Health Community

The PROBLEM



68%

of adults with a mental illness have one or more chronic physical conditions

more than

1 in 5

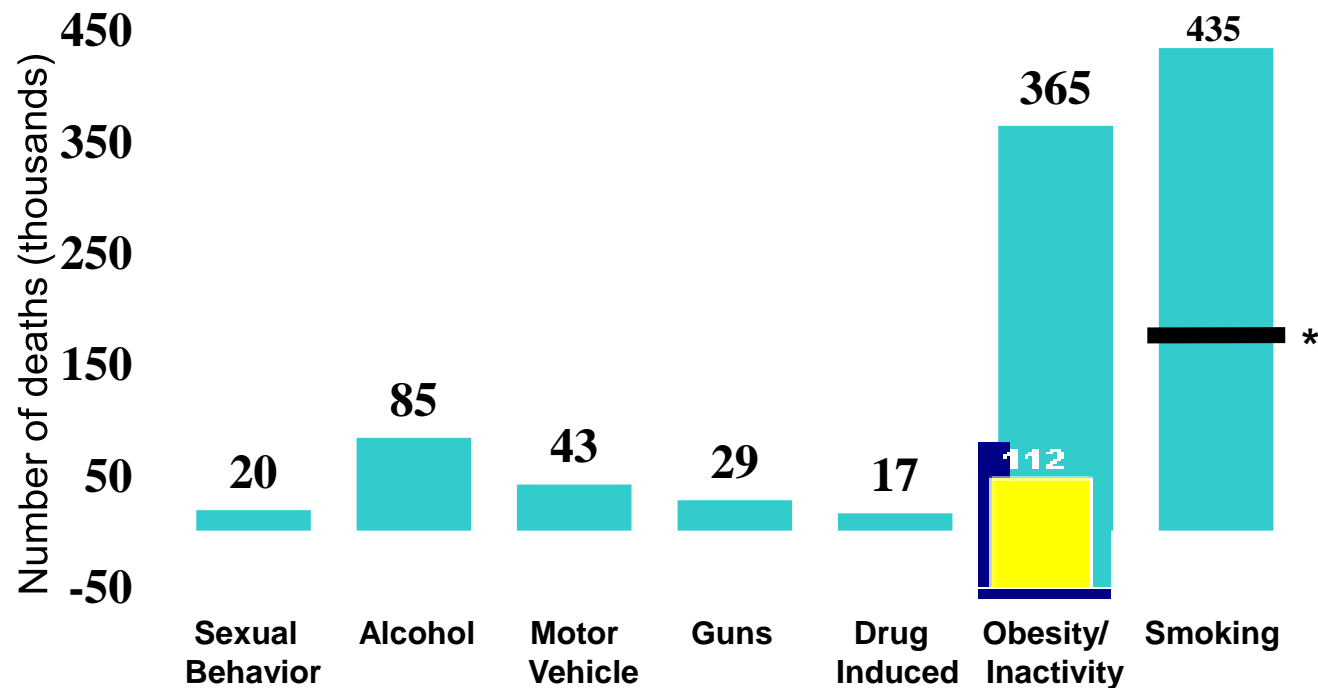
adults with mental illness have a co-occurring substance use disorder

SAMHSA-HRSA CIHS, 2014

Tobacco Use in the Behavioral Health Community

- People with serious mental illness die 25 years younger than the general population, *largely due to conditions caused or worsened by smoking.*
- People with mental illness are at risk for other problems like not seeking medical care, having financial difficulties, unemployment, unstable housing, poor nutrition, lack of emotional support, and/or coping problems, which exacerbates the smoking problem further.
- Heavy smokers have more severe psychiatric symptoms, poorer overall general wellbeing, and greater functional impairment as compared to light smokers and nonsmokers.

Behavioral Causes of Annual Deaths in the United States



* Also suffer from mental illness and/or substance abuse

Mokdad et al, JAMA 2004; 291:1238-1245. Mokdad et al; JAMA. 2005; 293:293

Smoking Prevalence by Mental Health Diagnosis

2007 NHIS data

- Schizophrenia
59.1%
- Bipolar disorder
46.4%
- ADD/ADHD
37.2%

Current smoking:

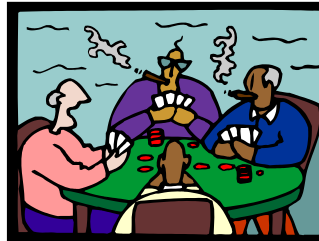
- 1 Mental Health Diagnosis
31.9%
- 2 Mental Health Diagnoses
41.8%
- 3+ Mental Health Diagnoses
61.4%

Grant et al 2004, Lasser et al 2000

- Major depression

Unintended Consequences of Addiction Treatment

- ⌘ In most cases, if a person has not started smoking by age 20, it is unlikely they will ever smoke.
- ⌘ However, a significant number of adults start smoking while in treatment/recovery, suggesting the treatment climate is conducive to smoking.*
- ⌘ Aren't all hospitals tobacco-free? Not by a long shot...
- ⌘ It is the responsibility and duty of facilities to address tobacco use in order to ensure optimal treatment and recovery.



** Friend & Pagano, 2004*

This Population is a Major Market for the Tobacco Industry

- 44% to 46% of cigarettes sold in the U.S. are consumed by smokers with psychiatric or addictive disorders (*Lasser, 2000; Grant, 2002*)
- 175 billion cigarettes and \$39 billion in annual tobacco sales (*USDA, 2004*)
- Why? Tobacco industry targeting
- How do we know? Their own secret documents (*Prochaska et al, 2007*)

This Population is a Major Market for the Tobacco Industry

The tobacco industry monitored or directly funded research supporting the idea that individuals with schizophrenia:

- Were less susceptible to the harms of tobacco
- Needed tobacco as self-medication

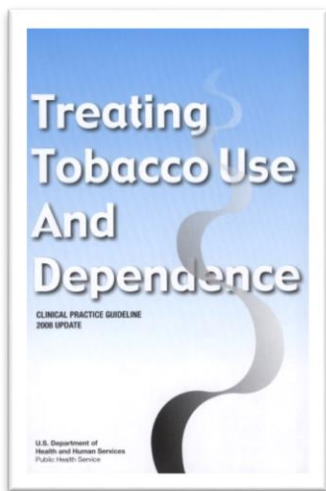
The tobacco industry promoted tobacco use in psychiatric settings by:

- Providing cigarettes
- Supporting efforts to block smokefree air policies in hospitals

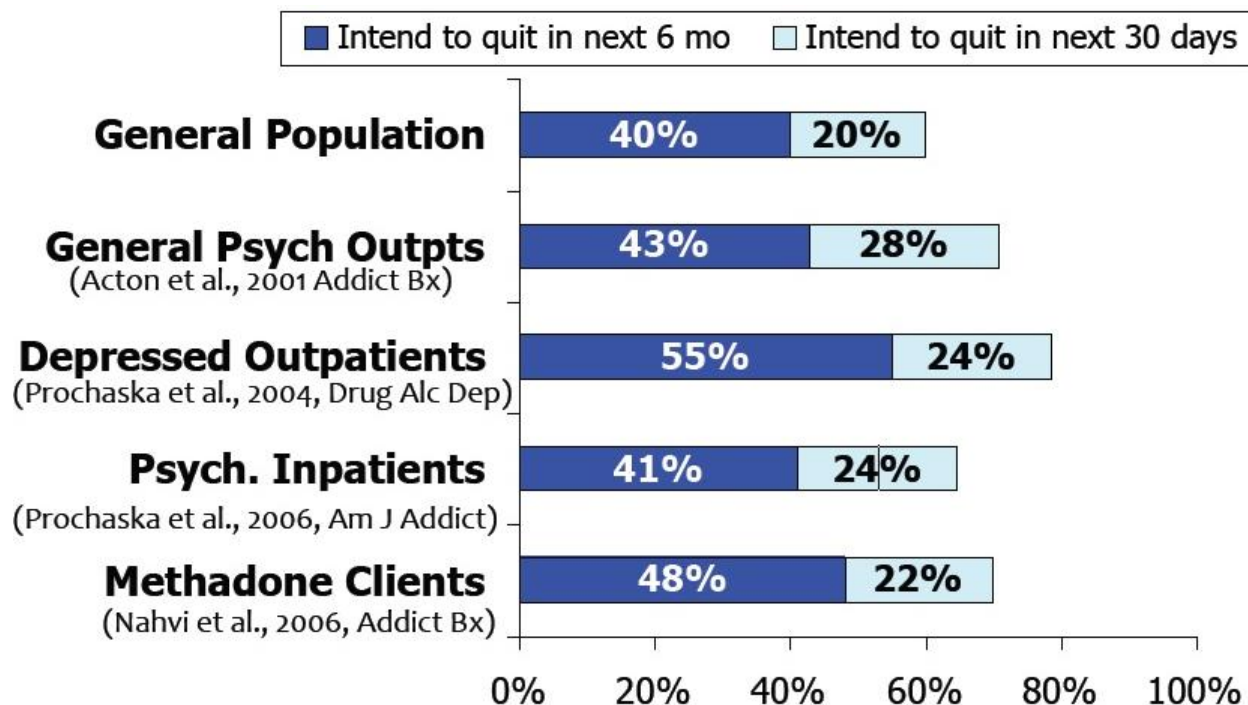
2008 Clinical Practice Guideline Treating Tobacco Use and Dependence

“All smokers with psychiatric disorders, including substance use disorders, should be offered tobacco dependence treatment, and clinicians must overcome their reluctance to treat this population.”

(Fiore et al., 2008, p. 154)



Just as Ready to Quit Smoking as the General Population



Need for Smoking Intervention

- ⌘ Tobacco treatment needs to be a higher priority for behavioral health.
- ⌘ While focusing on addictions and mental health, clinicians sometimes miss this more deadly condition.
- ⌘ Addressing tobacco use can improve health, ease pain, and save lives.



Health Plan Coverage for Tobacco Cessation

Health Plan Coverage for Tobacco Cessation

Coverage Requirements:

Standard Medicaid

- > All 7 FDA-approved medications (OTC and RX)
- > Counseling coverage varies
- > Barriers to care exist

Medicaid Expansion and Most Private Plans

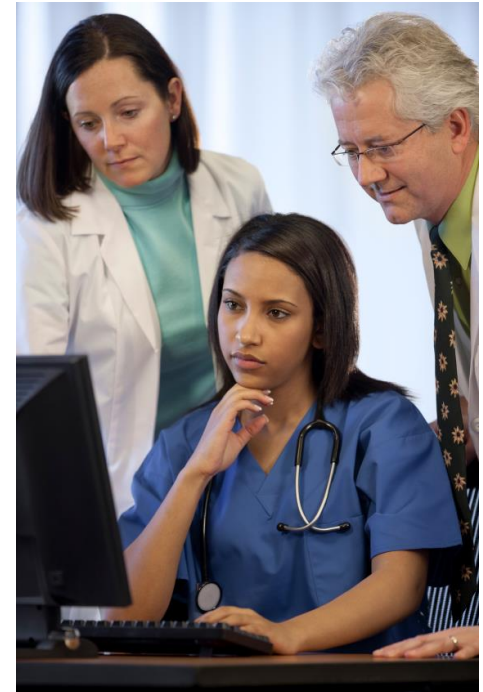
- > Plans must cover tobacco cessation as a preventive service
- > All 3 forms of counseling
- > All 7 FDA-approved medications (OTC and RX)
- > 2 quit attempts per year
- > No cost-sharing or prior authorization



Health Plan Coverage for Tobacco Cessation

What does it mean?

- Utilization of tobacco cessation treatment is low – only 10 percent of Medicaid patients that smoke receive a prescription
- Studies have suggested that many private plans in the exchanges are not covering all cessation treatments and in some cases are imposing cost-sharing and other barriers
- Information on coverage is often conflicting and confusing
- Some states are reaching out to large private employers to improve coverage
- Some states have contacted their Insurance Commissioner regarding a bulletin or consumer alert clarifying what needs to be covered



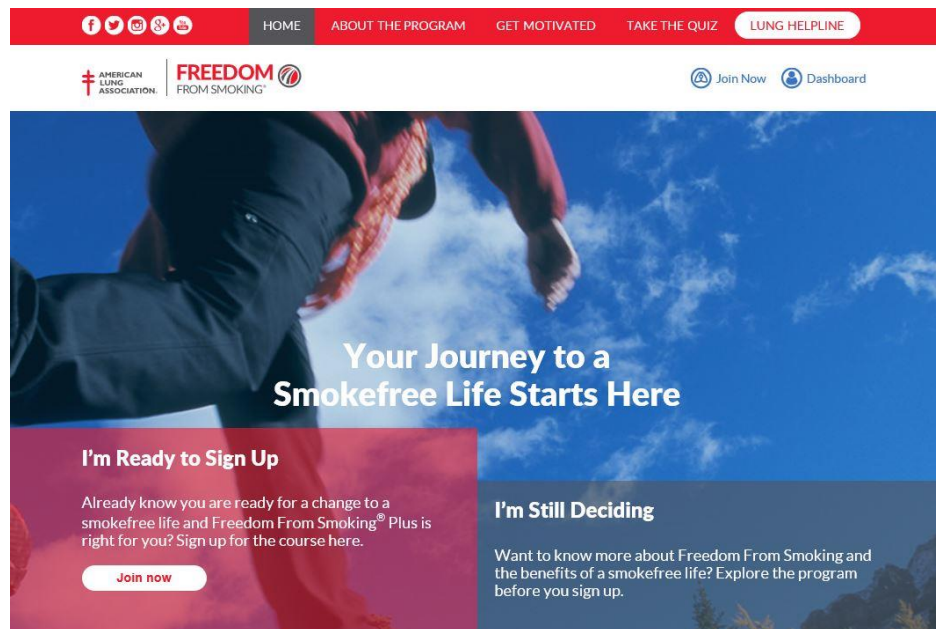
What Can Be Done? Addressing Tobacco Use in Priority Populations



American Lung Association Cessation Resources

Freedom From Smoking®

- Voluntary, interactive and supportive
- Addiction-based model with behavior change focus
- Support NRT and other cessation medications
- Multiple delivery options:
 - FFS in-person group clinic
 - FFS Plus (includes Helpline)
 - FFS self-help guide
- Clinic, Helpline and self-help guide available in Spanish



Addressing Tobacco Use in Priority Populations

- 2016 project funded by the Anthem Foundation
- Focus in Kentucky was the behavioral health population
- Local Lung staff worked with experienced community partners
 - Behavioral health providers
 - Quit Now Kentucky (state tobacco quitline)
 - Insurance companies
- Dramatically surpassed project goals
- Behavioral health providers are continuing to offer Freedom From Smoking this year



Addressing Tobacco Use in Priority Populations



Why was this project so successful?

- Statewide coalition participated in a Leadership Institute conducted by Smoking Cessation Leadership Center just before the project began
- Automatic referral to and registration with state quitline to provide continued coaching and additional nicotine replacement therapy after the eight Freedom From Smoking sessions
- NRT partnership with local pharmacy:
 - Participants received a voucher for nicotine replacement therapy from their facilitator
 - Pharmacist provided the requested form of medication and billed the Lung Association

Addressing Tobacco Use in Priority Populations

Other population-specific additions and factors:

- Larger focus on relaxation and coping strategies, including meditation and a labyrinth walk
- “Healthy substitutions” bag containing stress balls, cinnamon toothpicks, sugar-free candy and gum, adult coloring kits, stickers and more
- “Quit and Win” incentive: \$50 Cracker Barrel gift card for stopping smoking by last session
- Participants voiced how important the group setting and buddy system were to them

AMERICAN LUNG ASSOCIATION. **FREEDOM FROM SMOKING™**

Start your quit smoking journey with the organization that has helped thousands become smokefree.
IT'S FREE!

Tuesday, February 21, 2017
from 5:30 pm to 7:00 pm

Kentucky CancerLink
2425 Regency Road, Suite B
Lexington, KY 40503

In partnership with **Kentucky CancerLink**, **Anthem**, and **HEALTH**

CALL 859.309.1700 TO REGISTER!

For More Information



Freedom From Smoking®

- Voluntary, interactive and supportive
- Addiction-based model with behavior change focus
- Supports use of cessation medications
- Multiple options available:
 - Freedom From Smoking in-person group clinic *
 - Freedom From Smoking Plus
 - Lung HelpLine *
 - Freedom From Smoking self-help guide *

* Available in Spanish

FreedomFromSmoking.org



Behavioral Health and Tobacco Control Resources

- **Smoking Cessation Leadership Center (UCSF)**
<http://smokingcessationleadership.ucsf.edu>
877-509-3786
- **National Behavioral Health Network for Tobacco & Cancer Control**
www.bhthechange.org
- **National Council for Behavioral Health**
www.thenationalcouncil.org
- **National Association of State Mental Health Program Directors**
www.nasmhpd.org
- **National Alliance on Mental Illness**
www.nami.org

Any questions?

To find our smoking cessation and coverage resources:

- Lung.org/ffs
- FreedomFromSmoking.org
- Lung.org/cessationta

To reach your local American Lung Association office:

- Lung.org
- 800-LUNG-USA

To reach me:

- bill.blatt@lung.org
- 202-785-3355

Thank you!





Guest Speaker #2



Melinda Crosby

- Assistant Director of Development, Community Catalyst
- Responsible for identifying funding opportunities, stewarding the grant proposal and report process and facilitating relationships between Community Catalyst and foundations.

Foundation Funding

MELINDA CROSBY

ASSISTANT DIRECTOR OF DEVELOPMENT



October 2017

Community Catalyst

- ⌘ National health care consumer advocacy organization
- ⌘ Founded in 1998
- ⌘ Partners with organizations across over 40 states
- ⌘ Almost all funding from foundation grants
- ⌘ Small development shop

Challenges

With Foundations

 Funder fatigue post-ACA





 More specific focus

 2016 election results

Internally

 Time

Opportunities

-  New ways to partner
-  New funders
-  Stronger existing funder relationships
-  Rethink our approach internally

Tips to Finding Foundation Funders - Databases






- 🔗 Foundation Directory Online – Quick Start (free)
- 🔗 Foundation Directory (paid)
- 🔗 Foundation Search (paid)
- 🔗 Grantwatch.com (limited free access)
- 🔗 Community Foundation Locator (Council on Foundations) (free)
- 🔗 Nonprofit Explorer (free from ProPublica)
- 🔗 The Grantsmanship Center (some free information from GrantDomain funder database)
- 🔗 Chronicle of Philanthropy (paid)

Tips to Finding Foundation Funders – Search Engines

Google and beyond!

- > Google advanced search
 - http://www.google.com/advanced_search
- > Other search engines
 - Bing
 - Gigablast
 - DuckDuckGo

Tips to Finding Foundation Funders – News Sources

-  Chronicle of Philanthropy (limited free access)
-  Inside Philanthropy (limited free access)
-  Philanthropy News Digest (free)
-  Non-Profit Quarterly – free daily news
-  Google Alerts - free

Tips to Finding Foundation Funders

What are they funding?

- > Websites
- > Annual reports
- > 990s
- > News search
- > Google alerts

Tips to Finding Foundation Funders

Making connections

- > Staff (theirs and yours)
- > Board of directors (theirs and yours)
- > Grants to others
- > LinkedIn
- > Give them a call!

Thank You







Council on Foundations

<https://www.cof.org>

➤ Donor Advised Funds

- Donor advised funds (DAFs) are a unique philanthropic tool that allow donors to establish charitable accounts at institutions, such as community foundations, and remain involved in supporting the issues and causes they care about. - Council on Foundations

➤ National Impact of Community Foundation Donor Advised Funds

- COLORADO

“We have a donor who established a fund to address concerns about the safety of individuals and families ... who find themselves in mental health or substance abuse crises and cannot afford treatment.”

➤ Community Foundations Locator - <https://www.cof.org/community-foundation-locator>



The Chronicle of Philanthropy

➤ [How to Tap Into Donor Advised Funds](#)

- October 26, 2017 at 2pm EDT
- Price: Early Bird \$79, after October 19 \$99
- <https://www.philanthropy.com/webinars/detail/1173?CID=WEBINARS1173SNLN1>

Wealthy donors who establish donor-advised funds get immediate tax benefits but can postpone decisions about which charities receive a gift. Many nonprofits worry about the rising popularity of these funds because many donors use them to make anonymous gifts, making it difficult or impossible to build ties with the donors.

To increase your chances of attracting these dollars, join *The Chronicle of Philanthropy* and community foundation executives for advice on building ties with wealth advisors who counsel donors when they create or augment advised funds. You'll get tips for raising awareness of your nonprofit among estate lawyers, financial planners, wealth advisers, and people at your local or regional community foundations who help donors find nonprofits to support.



Banks - Trustee of family charitable funds

Example: *Bank of America*

Bank of America, N.A. is proud to serve as trustee or co-trustee of a wide variety of discretionary charitable foundations. As steward of these charitable funds, we work to award meaningful grants in accordance with the philanthropic mission of each donor. Our Philanthropic Solutions group is committed to fulfilling the charitable intent of each and every donor and to providing useful information for the nonprofit community.

<https://www.bankofamerica.com/philanthropic/grantmaking.go>

Using the search feature on this page you can obtain detailed information about the grantmaking focus of more than 150 foundations. These foundations' donors granted sole or co-discretion to Bank of America to design their grantmaking programs and carry out their philanthropic missions. We are pleased to share details about these foundations including their missions, guidelines, application procedures, proposal deadlines and contact information.



Questions?



To ask a question, type it into the Q&A box in your webinar window.



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Additional Opportunities

October 17th 2pm ET: Making Cents of Cancer
Coverage: How Providers Can Support Behavioral
Health Clients in Financing Cancer Care

Register at Bhthechange.org under the events page.



Thank you for joining us!

*As you exit the webinar, please do not forget to
complete the evaluation survey.*

Questions? Please contact Lea Simms at LeaS@thenationalcouncil.org