

Partnering for Health Promotion: A collaboration between state tobacco cessation and diabetes programs



Karin Omark, EdM
Tami MacAller, MPH, CHES
California Diabetes Program

APHA Annual Meeting
November 7, 2007

Providing Leadership, Promoting Quality, and Taking Action.

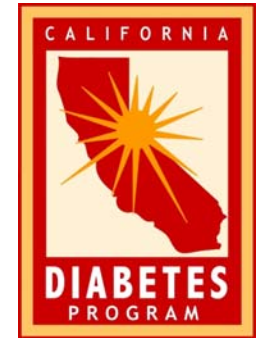
Agenda



- Tobacco and diabetes in California
- Bringing state programs together
- Strategies
- Results
- Lessons learned
- Replication

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The Burden of Tobacco Use in California



- Smoking prevalence was 13.3% of adults in California in 2006¹
- Over 2 million people in California have diabetes
 - 13.6% are smokers ²
- Despite increased risks, the rate of smoking among people with diabetes is similar to that of people without diabetes.³

1. California Adult Tobacco Survey, 2006.

2. California Health Interview Survey, 2005.

3. Ford, Mokdad, and Gregg, *Preventive Medicine*, 2004.

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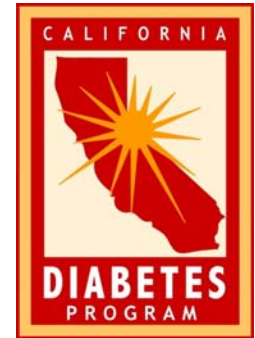
Smoking Exacerbates Diabetes



- Increased insulin resistance
- Worse diabetes control
- Increased diabetes-related complications
 - vascular disease, kidney disease, retinopathy, and neuropathy
- Growing evidence that smoking is an independent risk factor for Type 2 Diabetes¹

1. Will, et al, *International Journal of Epidemiology*, 2001.

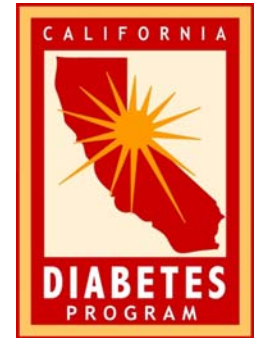
Addressing Tobacco and Diabetes



- Impetus for project: CDC funding to California Smokers' Helpline for collaborative effort to enhance the state's quitline
 - Didn't need more staff
 - Needed more outreach to health care providers
 - Wanted to collaborate with new partners
- Helpline partnered with:
 - California Department of Public Health
 - California Diabetes Program
 - Tobacco Control Section

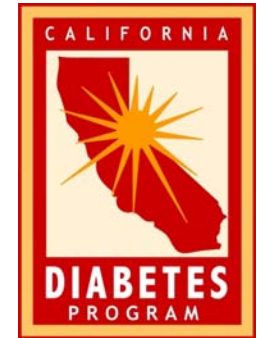
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Project Goals



- Increase health care providers' awareness and willingness to ask patients with diabetes if they smoke, advise them to quit, and refer them to the California Smokers' Helpline.
- Increase use of Helpline by people with diabetes.
- Time period: October 2004 – June 2008

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Collaboration Structure

- Project Lead
- Committees: Standing and Ad Hoc
 - Steering Committee
 - Evaluation Committee
 - Sub-project committees
- Budget: \$258,000/year
- Staffing:
 - Helpline: counselor, admin, outreach
 - CA Diabetes Program: 1 FTE
 - Tobacco Control Section: admin
 - Consultants: graphic design, evaluation, PR

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Collaboration Strategies



- Health Care Providers
 - Presentations
 - Tool Kit
 - Fact Sheets
 - Media outreach
- Diabetes Educators
 - **Do you cAARd?** campaign
- Fax Referral Pilots
 - San Diego Council Community Clinics
 - Indian Health Services Health Centers

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Other Effects



- Integrated tobacco messages into diabetes program
 - Encouraged health care providers to Ask, Advice, Refer at all patient encounters
- Added question about diabetes to Helpline intake questionnaire
- Health care providers learned about what the Helpline does for patients

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Results – Referrals to Helpline



January through June 2007:

- 1700 people with diabetes provided self-help materials
- 1359 received smoking cessation counseling
- People with diabetes were **10.2%** of all callers
 - Higher than state diabetes prevalence rate

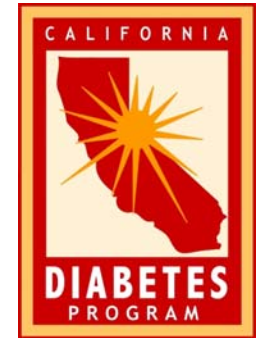
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Results – Health Care Providers



- People with diabetes more likely to be referred by their health care provider
 - People without diabetes more likely to cite “media” as their referral source
- 45,000 providers reached through presentations, conferences, events
 - Primary care providers, pharmacists, etc.
- 500,000 media impressions in 10 publications
- 4,000 downloads of provider tool kit

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Results – Diabetes Educators

- Created tool kit for diabetes educators
- Gave training presentations to 6 of 12 chapters in state
 - 80 diabetes educators
- Increased referral rate to Helpline from 44% to 53% of diabetes educators (mid-implementation survey)

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Results - Collaboration

- Sustainable effort
 - All partners support integration of tobacco and chronic diseases
 - Health care providers are a sustainable, less costly referral source than media
- Topics of diabetes/tobacco incorporated into each program

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Lessons Learned

- Establish a clear project lead from the beginning, with clear authority and responsibility lines for all partners
- Develop evaluation at the beginning, during program planning, to have clear baseline against which to measure collaboration effects
- Consultants can bring needed skills and efficiencies to project without burdening staff

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Lessons Learned, cont'd

- Frequent communication is a must; face-to-face communication should occur whenever possible
- Allow time for bureaucracies and budget processes
- Consider carefully new opportunities: fit with workplan, how to evaluate, who to undertake
- Budget for dissemination

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Replicable Collaboration



- Could be replicated for other chronic diseases
 - Cardiovascular disease/stroke
 - Asthma
 - Cancer
 - Mental health
 - Dental health
 - Substance abuse
- Conditions for replication:
 - Designated health care providers
 - High prevalence of condition

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For More Information



DIRC Diabetes Information Resource Center

www.caldiabetes.org

Karin Omark karinomark@gmail.com

Tami MacAller tami.macaller@cdph.ca.gov

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