

DP15-1509/DP14-1410

Final Evaluation Report

DP15-1509 Grant #: 6NU58DP005994-05

DP14-1410 Grant #: 6NU58DP005345-04-05

Maryland Department of Health Center for Tobacco Prevention and Control

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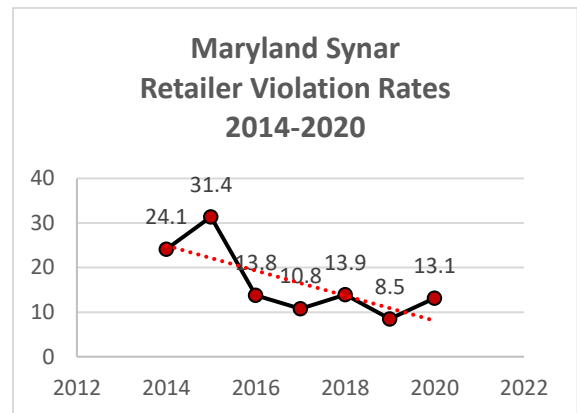
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Executive Summary

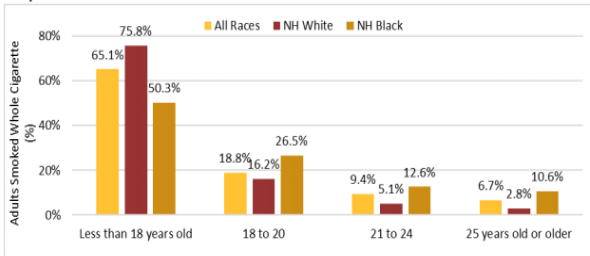
The Center for Tobacco Prevention and Control (CTPC) at the Maryland Department of Health (MDH) is submitting the final evaluation reports for DP15-1509 and DP14-1410, highlighting program successes and key findings throughout the grant period of March 2015 through June 2020. The main focus areas will demonstrate activities around reducing youth access to tobacco products via the retail environment, enhancing the Maryland Tobacco Quitline to reach more residents, integrating tobacco treatment services within health systems, and implementing targeted and nuanced mass-reach health communications campaigns.

Reducing youth initiation of tobacco by increasing retailer compliance with youth access laws

State Synar inspection data revealed that retailers were illegally selling tobacco to kids, which in turn increases youth access and initiation of tobacco products and deters cessation. To reverse this trend, Maryland launched the comprehensive Responsible Tobacco Retailer Initiative in 2014 bringing together state and local partners to provide retailer education and increase retailer enforcement. In just two years after the launch, the rate of illegal tobacco sales to minors dropped to 11% – 65% reduction from 2014 – and rates have continued to remain below 20%, the Synar threshold of allowable retailer violations.



Age Current Adult Smokers Say They Smoked First Whole Cigarette, By Race/Ethnicity, Maryland 2018 BRFSS



Several policies and laws were also enacted during the grant period, including Tobacco 21. Similar to national trends, findings from the Maryland 2018 Behavioral Risk Factor Surveillance System (BRFSS) indicate that initiation of cigarette smoking predominately begins prior to age 21. These trends underscore the importance of Tobacco 21 policies.

Enhanced Maryland Tobacco Quitline Services to Increase Access to Care

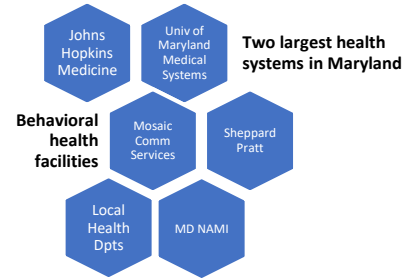
CTPC enhanced its Maryland Tobacco Quitline services to increase access to care and provide specialized services to populations that have higher tobacco use rates and experience more health disparities. Services include: counselors available 24/7; an incentive-based pregnancy support; behavioral health support protocol; online Web Coach® support offering NRT; a text to enroll option; Text2Quit® support; 5-call protocol for youth ages 13-17; and up to 12 weeks of NRT (patch, gum, and/or lozenge) have been implemented during the grant period. CTPC has also maintained the Medicaid 50% administrative match for the Quitline.

Since 2014, past year smoking quit attempts among current and former Maryland adult smokers have increased by 1.3 percent. Additionally, 39 percent of Maryland adults had a timeframe in mind for quitting, and many of them (90 percent) planned to quit within the next year.



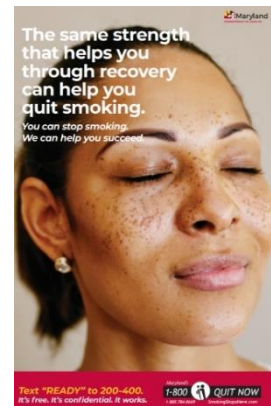
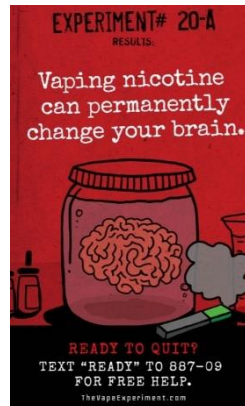
Integrating Tobacco Treatment into Health Systems

CTPC has established and strengthened relationships with healthcare systems and key stakeholders in the healthcare sector. CTPC supported several health systems throughout the grant period to incorporate tobacco treatment into routine clinical care and develop electronic referrals to the Maryland Tobacco Quitline via electronic health record systems. At the local-level, CTPC funds cessation activities for all 24 local health department tobacco control programs across the state.



Mass Reach Health Communications Campaigns

CTPC maintains a substantial mass-reach health communication strategy, reaching millions of Maryland residents every year with tobacco prevention and cessation messages. The campaigns are extensive, involve contracted expertise of an ad agency, and reflect the evolving landscape of tobacco use in Maryland.



Informing Next Steps

Maryland was successful in implementing comprehensive and evidence-based programming during the grant period. Youth use of combustible tobacco products has greatly declined; however, the high use of e-cigarettes remains a major focus. Overall smoking rates have declined, yet there continue to be vulnerable populations disproportionately and negatively impacted by tobacco use – most notably the behavioral health population, residents of lower socioeconomic status, LGBT communities, residents with disabilities, and those who have experienced Adverse Childhood Experiences. Looking ahead, CTPC will take lessons learned and focus efforts on these populations to increase prevention and cessation resources within communities. CTPC will also continue efforts to address the youth vaping epidemic and misperceptions and attitudes towards these tobacco products.

IV. The Maryland Department of Health Center for Tobacco Prevention and Control Grant # 6 NU58DP005994-05, DP15-1509 Final Evaluation Report

a. Background and Evaluation Priorities

Maryland's (MD) comprehensive tobacco control program has been in place since 2000 and is modeled on CDC Best Practices to prevent initiation of tobacco use, promote quitting among youth and adults, eliminate exposure to secondhand smoke, and identify and eliminate health disparities. The program is managed by the Center for Tobacco Prevention and Control (CTPC) at the MD Department of Health (MDH), with an MSA-funded mandate in the Governor's annual budget that includes focused tobacco control programs; cancer prevention, education, screening, and research programs; and a strong network of local programs and partners.

MD's 24 Local Health Departments (LHDs) receive state MSA dollars through the Cigarette Restitution Fund (CRF) to implement cessation, community interventions/coalition building, enforcement and school-based initiatives. CTPC also funds two statewide tobacco use prevention and cessation resource centers – the Legal Resource Center for Public Health Policy at the University of Maryland, School of Law (LRC) and the Maryland Resource Center for Quitting Use and Initiation of Tobacco (MDQuit) at the University of Maryland Baltimore County – to coordinate resources, provide technical assistance, and increase collaboration. CTPC works collaboratively with the MDQuit State Tobacco Control Advisory Board, as well as the Maryland Tobacco Control Coalition to identify and address key tobacco control issues within the state. CTPC partners with the MDH Center for Cancer Prevention and Control and the Cancer Collaborative to implement the Maryland Comprehensive Cancer Control Plan, which CTPC utilizes as a strategic plan to drive the development and sustainability of program efforts. As of 2017, CTPC has been working with a media contractor, Red House Communications (Red House), for media development, production, and placement.

CTPC and its partners have successfully implemented and sustained several policy, system and environmental strategies that have economic and regulatory impacts, are comprehensive and have a wide reach. The statewide tobacco control program has implemented successful evidence-based strategies over the past 20 years such as cigarette excise tax increases, raising the minimum legal sales age for tobacco from 18 to 21, and smoke-free indoor policies and local tobacco-free laws. CTPC has reduced barriers to accessing free tobacco treatment by funding a robust tobacco quitline service with free NRT and specialized programs for target populations and working with providers and health systems to incorporate cessation and quitline services into routine clinical care. Targeted and nuanced health communications efforts have been integral in promoting free tobacco treatment services; educating residents and policymakers on the dangers of youth tobacco use (including ESDs); preventing youth access to tobacco products in the retail environment; and reaching populations experiencing health disparities, such as those with behavioral health conditions.

In addition to health systems initiatives, a major statewide focus over the past five years has been reducing youth access to tobacco products in the retail environment. As a condition of the SAMHSA Substance Abuse Prevention and Treatment Block Grant (SABG), states must comply with the federal Synar Amendment to enact and enforce laws prohibiting the sale or distribution of tobacco products to minors. To comply with this amendment, random unannounced inspections of tobacco retail outlets and vending machines must occur annually to ensure adherence to Maryland's prohibition on the sale of tobacco products to minors. States have historically been required to maintain a retailer violation rate (RVR) of 20 percent or less to avoid penalization. Such penalization would include losing up to 40 percent of SABG funds, or more than \$13M for Maryland. Maryland's RVR was 24.1 percent in FFY 2014

and 31.4 percent in FFY 2015, exceeding the 20 percent allowable threshold. SAMHSA offered Maryland an alternative penalty; if Maryland allocated new, additional state funds for retailer education and enforcement activities in both SFY 2015 and 2016 (over \$5M combined), full SABG funding would be maintained. CTPC and its partners implemented a comprehensive Responsible Tobacco Retailer Initiative approach to reduce youth access including community interventions, active retailer education and enforcement, strengthening of state and local policies, and implementing a health communications campaign. Maryland retailers have been back in compliance with the Synar Amendment since FFY 2016 with the most recent RVR derived from MDH compliance checks for FFY 2020 at 13.1 percent.

Additional efforts to reduce youth access to tobacco products include enacting state and federal Tobacco 21 laws, along with banning flavored pod-based systems, and prohibiting the sale of disposable pod-based systems in MD. Retailer educational materials are regularly updated – including updates to MDH’s “21 or None” campaign to align with Tobacco 21 laws – and retailer educational toolkits are distributed annually.

This report will focus on the following key questions:

1. Did the Synar non-compliance rates decrease (from 24% in FFY14 and 31% in FFY15) and to what extent did compliance with tobacco control policies related to youth access increase? [Outcome, Goal 1]
2. To what extent has CTPC and its partners increased the demand for tobacco cessation and increased quit attempts? [Outcome, Goals 1, 2, 4]
3. To what extent has CTPC increased health communication interventions and messages reaching the general population and populations with negative disparities in the use of tobacco products and tobacco-related death and disease (racial/ethnic groups, low SES, Medicaid, Behavioral Health, LGBTQ, & youth)? [Outcome/Process, Cross-cutting goals]

Goal 1 = Prevent Initiation of tobacco among youth and young adults, Goal 2 = Promote quitting among adults and youth, Goal 3 = Eliminate exposure to secondhand smoke, Goal 4 = Identify and eliminate tobacco-related disparities among population groups.

Note: The evaluation plan submitted to CDC included two questions that contained the limited timeframe of 2013-2015. The current evaluation report eliminated “2013-2015” from these research questions to continue to make observations about trends into the present. These changes do not impact the key questions noted above.

CTPC and its partners were successful with increasing retailer compliance with youth access laws, increasing access to services through incorporating tobacco treatment into health systems, and implementing mass-reach health communications strategies to promote free resources, educate about the dangers of youth tobacco use, reach disparate populations, and educate retailers and the community on reducing youth access to tobacco products. Maryland must continue to build on its successes to reach populations experiencing health disparities and address the youth electronic smoking device (ESD) epidemic and the addiction that results from using these products.

Additional evaluation documents for program infrastructure and local programs may be found at: <https://phpa.health.maryland.gov/ohpetup/pages/Evaluation.aspx>. Statewide data reports may be found at: https://phpa.health.maryland.gov/ohpetup/Pages/tob_reports.aspx.

b. Evaluation Findings and Successes

Subsection A: Evaluation Findings

Evaluation Question	Did the Synar non-compliance rates decrease (from 24% in FFY14 and 31% in FFY15) and to what extent did compliance with tobacco control policies related to youth access increase?
Strategy	Restrict and enforce minors’ access to tobacco products; Disseminate and use surveillance data to inform planning and program implementation
Population Group(s)	Youth, Decision-makers, Retailers
Related NTCP Goal Area	Goal 1: Prevent Initiation of tobacco among youth and young adults; Goal 4: Identify and eliminate tobacco-related disparities among population groups
Evaluation Design and Data Sources	Document review, Focus groups with retailers, impression data, Pre/Post policy implementation survey, Synar protocols and reports; Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS)
Answer to Evaluation Question	
<p>Among 12th graders in Maryland, there was a decrease in initiation over time. In the 2014-15 Maryland YRBS/YTS, 13.1% of 12th graders reported trying or using tobacco products the first time during the 12 months prior, whereas in 2018-19, the 12th grade youth initiation rate dropped to 7.7%, nearly a 42% decrease.</p> <p>Policy Implementation – Laws and policies were established to restrict and reduce youth access to tobacco: civil money penalties for underage sales of tobacco products; criminalizing the distribution of tobacco products, including ESDs; establishing a licensing framework for the sale of ESDs; and implementing Tobacco 21 (T21) in Maryland. The T21 law raised the minimum legal sales age for tobacco products from 18 to 21, broadened the definition of a tobacco product to include electronic smoking devices (ESDs), required signage in retail establishments, removed ‘purchase, use and possession’ laws for youth, and included an exemption for active duty military. The Comptroller’s Field Enforcement Division issued a directive to prioritize enforcement actions against unauthorized products most widely used by youth – specifically, cartridge-based and disposable ESDs with flavors other than tobacco or menthol. This policy was implemented just prior to the COVID-19 outbreak impact in Maryland, and as such, no data is currently available on this policy’s impact. However, the intention of this policy is designed to close loopholes that may allow Maryland youth to access these products.</p> <p>MDH implemented a pre/post Tobacco 21 policy implementation evaluation to examine the perception, awareness, and expected ease of compliance with Tobacco 21 among Maryland tobacco retailers. Surveys were conducted in September 2019, prior to the Tobacco 21 law going into effect, with a post-policy implementation survey conducted in June 2020. This pre/post Tobacco 21 retailer survey provided an opportunity for CTPC to provide additional support to retailers in their efforts to comply with T21 and other tobacco sales laws. The survey results indicated that most retailers supported T21 and the new law has encouraged them to increase ID checks.</p> <p>Increase awareness of retailers, policymakers and the community on reducing youth access to tobacco products – Trends in state data on youth initiation of smoking cigarettes and cigars, along with reductions in tobacco retailer non-compliance rates, suggests tobacco retailer resources are appropriately allocated, developed, and distributed to partners through a comprehensive and collaborative approach: (1) media campaigns targeting retailers with messaging on how to comply with youth access laws, with ads placed on transit mediums, Gas Station TV, LinkedIn and other targeted publications (2) a comprehensive array of</p>	

resources to support the Responsible Tobacco Retailer Initiative, including a website (www.NoTobaccoSalesToMinors.com) with an interactive online training component, downloadable materials such as a guidebook, quick reference guide, ancillary materials to be placed in stores (window clings, stickers, magnets, and posters) – all updated to “21 or None” in 2019 to align with the new T21 law (3) ongoing technical assistance and regular trainings provided by CTPC and its LRC resource center for LHDs and inspectors conducting inspections, and (4) community based organizations and LHDs providing one-on-one education directly with retailers in their community. CTPC distributed toolkits to all 6,000+ licensed tobacco retailers annually since 2015. The campaign creative and materials were reviewed in focus groups comprised of Maryland retailers to identify elements of the retailer media campaign that would best reach their staff and alert customers of these policies.

Increased Enforcement Efforts - CTPC works collaboratively with LHDs, law enforcement, and the Comptroller to enforce existing laws, educate retailers, and sanction repeat violators of the law through hearings with the Comptroller. CTPC provides retailer outreach, education, and training, and funds local inspections through LHDs. LHDs work with community partners, youth, law enforcement (when applicable), and district courts to conduct compliance checks and cite retailers that violate tobacco sales laws. Statewide technical assistance training webinars were held in 2018, 2019, and 2020. Local compliance data: (1) FY19, 6,430 routine tobacco sales compliance checks were conducted compared to 2,236 sales compliance checks in FY14. (2) In FY19, 479 tobacco sales citations were issued compared to 255 citations in FY14. (3) In FY19, 143 tobacco sale outlets were referred to the Office of the Comptroller because of multiple affirmed violations for illegal sales of tobacco to youth compared to zero tobacco sales outlets in FY14.

Youth Access of Tobacco Products – Maryland has achieved significant success with reducing its Synar-related tobacco retailer non-compliance rates from a high of 31.4% in FFY15 to 13.1% in FFY20, well below the national target of 20%. Despite the increase in Synar compliance, youth still report on the YRBS/YTS that they are not asked for ID or are sold tobacco underage. This data demonstrates the importance of continued education and enforcement.

Impact related to Logic Model Outcomes

Program contribution to DP15-1509 logic model outcomes:

Short-term outcome 1: Increased public and decision-maker knowledge about the dangers of tobacco use, tobacco-related disparities and effective interventions: The T21 law was enacted in 2019.

Implementation of the Responsible Tobacco Retailer Initiative was successful in educating the public, decision-makers, and retailers about the dangers of tobacco use, why restricting youth access for those under 21 is important for reducing tobacco use, and how to comply with all youth access laws.

Short-term outcome 2: Increased access to tobacco cessation and prevention resources for state and local partners, including for targeted groups: The Responsible Tobacco Retailer Initiative was successful in providing tobacco cessation and prevention resources to state, local, and community-based organizations. The state provided a toolkit to assist retailers in understanding the tobacco sales laws and providing tips for how to best abide by the tobacco sales laws. CTPC developed and continues to update the campaign website, www.NoTobaccoSalesToMinors.com. Quitline information is included on all materials.

Short-term outcome 3: Increased tobacco retailer compliance rates (decreased Synar non-compliance rates). Decreased access and availability of products to youth: In 2013 and 2014, Maryland Synar inspectors found 24% and 31% of retailers sold tobacco to minors (respectively). In just two years after the launch, the rate of illegal tobacco sales to minors dropped to 11% - a 65% reduction from 2014.

Intermediate outcome: Increased compliance with tobacco control policies: In response to Maryland being out of compliance, CTPC developed the Responsible Tobacco Retailer Initiative, which brought together local, community, and State partners to educate retailers on youth tobacco sales laws and

increase enforcement of these laws. The initiative has proven successful, with retailer violation rates staying below the 20 percent maximum for five subsequent years, through FFY20.
Impact on Tobacco-related Disparities
With the implementation of the T21 law in Maryland, the sale of tobacco products, including ESDs, to individuals under age 21 is prohibited. A notable addition to the law was the provision to remove ‘purchase, use and possession’ (PUP) laws for youth. Youth PUP laws have not been shown to be effective in reducing youth access and may unfairly target minority groups. These T21 policies aim to reduce youth initiation and access to tobacco use. Moving forward, we will continue to work with Maryland’s Minority Outreach and Technical Assistance and other community-based organizations to educate retailers and communities about preventing youth access to tobacco.
Implications for Future Work
Kong & King’s (2020) “Boosting the Tobacco Control Vaccine: recognizing the role of the retail environment in addressing tobacco use and disparities,” noted key elements that align with the current CTPC program and provide additional considerations for future work around retailer related efforts.
<ol style="list-style-type: none"> 1) As emphasized by Kong & King (2020), compliance and equitable enforcement are critical to tobacco control strategies. CTPC will continue collecting data on violation rates and other information collected during store assessments and will continue to share with partners and enforcement agencies to support compliance. 2) CTPC will continue to implement hard-hitting media campaigns to increase use and awareness of the Responsible Tobacco Retailer Initiative materials and compliance with youth access laws to prevent initiation. 3) Continuous updates to the Responsible Tobacco Retailer Initiative materials will be completed and provided to retailers, LHDs, and partners. 4) CTPC will continue to monitor rates of youth tobacco use and means of youth access to tobacco.

Evaluation Question	To what extent has CTPC and its partners increased the demand for tobacco cessation and increased quit attempts?
Strategy	Implement evidence-based, mass-reach health communication interventions to prevent initiation and promote cessation; Use data to identify disparate populations and inform public health action; Provide on-going training and technical assistance to incorporate evidence-based cessation and prevention messages into routine clinical care; Maintain capacity for the Maryland Tobacco Quitline (QL)
Population Group(s)	General population, including youth, young adults, and adults; Behavioral Health Populations, Medicaid populations
Related NTCP Goal Area	Goal 2: Promote quitting among adults and youth, Goal 4: Identify and eliminate tobacco-related disparities among population groups
Evaluation Design and Data Sources	Document and Data Reviews; Interviews; BRFSS, YRBS/YTS, QL data
Answer to Evaluation Question	
CTPC has made great progress on decreasing youth and adult tobacco use. However, youth e-cigarette use remains concerning.	
Key outcomes:	
<ul style="list-style-type: none"> • The prevalence of cigarette smoking in adults was 12.5% in 2018, down from 14.6% in 2014. • In FY18, 23.5% of former smokers had quit compared to 22.5% in FY14. • In 2018, 42.7% of MD adults reported using a cessation method in their last smoking quit attempt. • Since 2011, past year smoking quit attempts among current and former MD adult smokers have increased by 10.4%. 	

- In 2018, 68.2% of current and former adult smokers in MD attempted to quit.
- In 2018, 64% of adults reported never taking up smoking; the highest prevalence of 'never smokers' ever reported.
- In 2018, 51.7% of tobacco users recalled being advised by a doctor, dentist, nurse, or other healthcare professional to quit smoking cigarettes or another tobacco product.
- Despite the positive trends in quitting, in the 2018-19 school year, 11.9% of MD high school youth completely quit using tobacco products, a 71.4% decrease from the last survey year. This significant decrease in quitting tobacco products could be due to the high rates of high school youth ESD use.

CTPC has utilized a comprehensive approach to increase awareness of the QL and access to services, leading to increased quit attempts. Initiatives include: (1) Placing novel mass reach health communications campaigns (2) Enhancing QL services, including those reaching target populations, such as youth, pregnant smokers, and behavioral health populations (see also 14-1410) (3) Supporting at least five health systems to incorporate cessation and tobacco treatment into routine clinical care, including two of the largest hospital systems – Johns Hopkins Health System and the University of Maryland Medical System (4) Supporting community based organizations and LHD programs to reach pregnant smokers and women of child-bearing age (5) Providing trainings for providers, including with the state-funded MDQuit Resource Center, and (6) Maintaining the 50% Medicaid administrative match for the QL.

Enhanced Maryland Tobacco Quitline Services: CTPC began a Tobacco Cessation Behavioral Health pilot program, which launched December 31, 2018. The pilot program provides additional support for adults with mental health conditions and is provided by a dedicated team of Quit Coaches. Participants receive high intensity behavioral and pharmacological support – seven scheduled calls during planning and relapse prevention phases; 12-weeks of combination nicotine replacement therapy (NRT), i.e. patch, gum, and/or lozenge, and a letter sent to their treatment provider. Since its launch, 2,222 participants have enrolled in the program. The QL also implemented a pregnancy rewards program through the QL to encourage pregnant smokers to quit. Refer to 14-1410 for description of other enhancements.

Health Systems/Quitline Referrals/Provider Trainings: CTPC has successfully implemented and sustained at least five health systems grants each year that incorporate cessation and tobacco treatment into routine clinical care: Johns Hopkins Health System (Hopkins) and the University of Maryland Medical System (UMMS) implemented electronic referrals into their electronic health record system. Hopkins continues to train their providers to provide patients in-house tobacco cessation interventions along with referrals to the QL. Also, behavioral health systems were funded to provide tobacco prevention/cessation to their patients/clients, including Mosaic Community Services, Sheppard Pratt, and Maryland NAMI. Mosaic Community Services and Sheppard Pratt both incorporate tobacco cessation into programs that help adults with mental health conditions. Cecil County Health Department worked to incorporate tobacco cessation and referrals for patients at two local urgent care centers. To date, there have been over 105,000 provider referrals to the QL and about 1,500 provider trainings. MDQuit Resource Center oversees a Fax-to-Assist program and has trained over 2,060 registered providers in MD. Other LHDs work within local systems to provide resources to pregnant smokers and women of child bearing age to increase access to services that will help them quit.

MDQuit also developed the training, 'Breaking the Habit in Behavioral Health (BH2): New Hope for Clients Who Smoke.' The BH2 format provides trainees with the skills to modify the intervention to meet the population needs and time constrictions.

Maryland was one of the first states to implement the Medicaid 50% administrative match for QL callers who are Medicaid participants – and provides training to Medicaid providers on guiding discussions with patients on tobacco cessation. During the grant period, \$901,744 in Medicaid match dollars was reallocated back to the program, allowing for support of enhanced QL services.

Impact Related to Logic Model Outcomes

CTPC contribution to DP15-1509 logic model outcomes:

Short-term outcome 1: Increased the number of health systems incorporating QL and cessation into routine clinical care: CTPC has been successful in instituting and then sustaining tobacco treatment programs within health systems, including those that reach residents experiencing health disparities. Establishing tobacco cessation and QL referrals into electronic health records, especially of the two largest health systems in Maryland, reaches thousands of residents and can start the conversation between patient and providers on tobacco use and evidence-based approaches to quitting.

Short-term outcome 2: Increased access to tobacco cessation and prevention resources for state and local partners, including for targeted groups (e.g. pregnant women, retailers, property owners/managers, behavioral health populations, youth): CTPC has been successful in maintaining the robust QL with specialized services targeting youth, those with behavioral health conditions, pregnant women, and Medicaid populations. Participants may call, text and/or use web-based services, and free NRT is available for those over 18 – up to 12 weeks of combination therapy. Incorporating cessation into health systems and promoting services, especially during the COVID-19 pandemic, helps to increase access and use of these important services. CTPC continues to maintain a partnership with Maryland Medicaid for a 50% administrative match for callers who identify as Medicaid participants.

Impact on Tobacco-related Disparities

CTPC’s enhanced QL services provide better support to individuals with mental health conditions through the Tobacco Cessation Behavioral Health program. CTPC will continue to monitor the enrollment and participation rates for this program and will continue to examine additional efforts to reach the behavioral health population. Maintaining the Medicaid match allows for CTPC to provide additional support for this population and provide other specialized programs for all callers. Sustaining a robust free cessation service such as the QL, allows for increased access to cessation services for all Marylanders.

Implications for Future Work

- 1) Data collected through QL assessments will continue to be shared with partners to support cessation.
- 2) In order to motivate Maryland tobacco users to quit smoking and expand access to evidence-based cessation interventions and treatment, services should continue to be offered at every visit regardless of type or location (e.g. dental, emergency room, primary care, urgent care).
- 3) CTPC will continue to monitor rates of tobacco use.
- 4) CTPC will continue to monitor the rates of ESD use and impact of youth focused tobacco cessation tools.

Evaluation Question	To what extent has CTPC increased health communication interventions and messages reaching the general population and populations with negative tobacco related health disparities?
Strategy	Implement evidence-based, mass-reach health communication interventions to reduce and eliminate tobacco related disparities among population groups; Provide on-going training and technical assistance to incorporate evidence-based cessation and prevention messages into routine clinical care, including facilities that serve behavioral health, Medicaid, and pregnant populations

Population Group(s)	Individuals with Behavioral Health Conditions; LGBTQ Communities; Medicaid Participants; Pregnant and post-partum populations, Youth/young adults
Related NTCP Goal Area	Cross-cutting – all goals
Evaluation Design and Data Sources	Data and document review, qualitative research of campaign messages, health communications metrics, # of campaign materials developed and distributed. Data Sources: BRFSS data; YRBS/YTS data
Answer to Evaluation Question	
<p>CTPC has primarily focused its media initiatives to promoting the QL to priority populations, including LGBTQ communities, Behavioral Health populations, pregnant smokers, and youth/young adults. Given the rise in youth ESD use, CTPC also focused efforts on development of a vape prevention campaign.</p> <p><u>Maryland Tobacco Quitline</u>: New ads were developed and placed throughout 2019/2020 – “Make This the Quit that Sticks” TV testimonials (over 11.8 million impressions), PSAs in health care provider offices and hospitals (over 2.9 million impressions), transit “Resolve to Quit” (an estimated 29 million impressions) and “Ready to Quit” ads (over 34 million impressions). In 2020, ads were also placed on MDH Facebook and Instagram accounts. CTPC continued a strong web presence at www.SmokingStopsHere.com; residents and health care providers can order free materials (including brochures, wallet cards, and posters) from the website to promote the availability of the QL and to warn of the dangers of secondhand smoke.</p> <p><u>Behavioral Health</u>: CTPC developed, tested, and distributed a behavioral health campaign “Continue the Good” to support tobacco treatment among Marylanders with behavioral health conditions. The campaign includes a print and digital provider toolkit with information as to why it is important to incorporate tobacco treatment into overall recovery plans. Materials to distribute to patients on quitting tobacco and the QL, a dedicated webpage on the QL website, and testimonial style video ads from MD health care providers and persons living with behavioral health conditions were also included. In 2018 and 2019, the campaign materials were tested extensively in focus groups with behavioral health providers, patients, and caregivers/family members, and reviewed by national and state behavioral health experts, including the CDC funded National Council for Behavioral Health and partners at Sheppard Pratt and MDQuit. The provider toolkits were distributed to over 1,100 providers in June 2020. The toolkit materials are available on the webpage: https://smokingstopshere.com/provider-resources/. The provider webpage went live on June 4, 2020. By June 30, 2020, there were 170 unique page views. From June 22 through July 26, 2020, CTPC ran a 53 second video across healthcare provider office TV screens. This video featured Joann, a real Marylander who discussed her desire to quit tobacco, as well as her experience as a person with a behavioral health condition. These videos earned approximately 633,000 impressions.</p> <p><u>LGBTQ Communities</u>: In 2017, CTPC conducted qualitative research through focus groups among LGBTQ communities in the Baltimore metro area and Maryland/DC Capitol region. Participants discussed cognitive and emotional associations with tobacco use, important health concerns impacting LGBTQ communities, social and identity context of tobacco use, outcome/benefit salience of tobacco cessation, information seeking about tobacco use and smoking cessation, and tobacco prevention advertisements. In SFY18 and SFY19, CTPC placed geo-filters on Snapchat to promote a smoke-free life during LGBTQ Pride celebrations across the state. In 2018, the Snapchat geo-filters were targeted to Pride events occurring in Baltimore City and Frederick. In 2019, the geo-filters were targeted to Pride events occurring in Baltimore City, Frederick, Howard County, Annapolis, the Lower Eastern Shore Region, and the Mid-Shore Region. These campaign efforts earned over 28,000 impressions in SFY18 (June 15, 2018 and June 24, 2018) and 44,000 impressions in SFY19 (May 2, 2019 to June 29, 2019). From May-June 2019, CTPC also placed “Because</p>	

Me/Him/Her/Us” ads on Google Display Network, shared by CDC-funded Networking2Save organization, the National LGBT Cancer Network.

Youth/Young Adults: CTPC and Red House created, developed, tested, produced and launched an integrated Vape prevention media campaign, “The Vape Experiment,” to debunk common myths and misconceptions about ESDs. The campaign is entirely digital as it was designed to reach youth and young adult audiences. This campaign includes a landing page, www.TheVapeExperiment.com. In 2018, placements for this campaign were mostly digital, focusing on Instagram and native advertising, as well as other streaming options. The campaign was later reassessed and in September 2019, focus groups were conducted with youth and young adults (ages 16-23) to determine what messages around ESD prevention and cessation resonated most and were considered most effective for this age group. Participants reviewed updated creative concepts for “The Vape Experiment” and provided feedback for expanded executions which were developed and finalized by June 2020. CTPC will continue to expand the digital placement options and some iterations include information for “This Is Quitting” cessation services.

Secondhand Smoke (SHS) Prevention: In 2018, CTPC celebrated the 10th anniversary of the state Clean Indoor Air Act. CTPC implemented a robust campaign, “Breathing Easier, Breathing Cleaner,” featuring digital media and high-impact community outreach. Over 75 bars and restaurants, reaching an estimated 50,000 residents, displayed campaign materials including coasters, pens, table tents, window adhesives, posters, and postcards, as well as wallet cards for the QL. CTPC used this opportunity to celebrate Maryland’s first ‘smoke-free generation’, noting that those aged 10 and younger have never been exposed to SHS in in any Maryland restaurant during their lifetime. The campaign achieved more than four million impressions through digital billboards and close to seven million impressions through juke box advertising. An additional 18,000 residents were directly reached at community events, including the State Fair, where residents shared stories about their own quit journeys.

CTPC placed smoke-free multi-unit housing campaign ads on 251 Baltimore City buses, light rail interiors and bus shelters in SFY15, and placed 340 ads on Baltimore City buses, light rail interiors and bus shelters in SFY17, where it earned approximately 19 million impressions. The Legal Resource Center maintains the www.MDSmokeFreeLiving.org website with resources on smoke-free housing.

Point of Care: CTPC implemented 'Point of Care' media campaigns targeting pregnant, post-partum, and women of child-bearing age and Medicaid participants. Pregnancy Incentive posters with “take-one displays” were placed in OB/GYN, pediatric, and family practice offices throughout Maryland. “Ready to Quit” posters with “take-one displays” promoting the QL were placed in primary care practices who accept Medicaid throughout Maryland. The total combined impressions was 1.4 million annually.

Impact related to Logic Model Outcomes

The increased health communication interventions and messages impacted the following DP15-1509 logic model outcomes:

Short-term outcome 1: Increased public and decision-maker knowledge about the dangers of tobacco use, SHS, and tobacco-related disparities and effective interventions. CTPC was successful in implementing multiple media campaigns each year, maintaining awareness of resources and the importance of preventing tobacco use and helping those who are using tobacco to quit. While a majority of the media brought awareness to the Maryland Tobacco Quitline, additional media efforts included the Responsible Tobacco Retailer “21 or None” campaign, “The Vape Experiment” campaign, “Because Me” LGBTQ focused ads, “No Tobacco Litter,” and “Breathing Easier, Breathing Cleaner.” Ads were strategically placed in mediums to reach target audiences, as well as to match up with other observances. 1) CTPC

placed several web ads on Google Display/Video Network promoting the QL. In FY19, “Real Marylanders Testimonial” ads aired in February to coincide with National Healthy Heart Month; “No Tobacco Litter” ads aired in April/May 2019 to coincide with Earth Month; and modified versions the National LGBT Cancer Network’s “Because Me” ads aired in May/June 2019 to coincide with LGBTQ Pride month 2) Implementation of the Responsible Tobacco Retailer Initiative was successful in educating the public, decision-makers, and retailers about the dangers of tobacco use, particularly for youth under the minimum legal sales age. CTPC worked with Red House to develop and distribute resource materials to assist decision-makers and retailers in understanding the tobacco sales laws and providing tips for how to best abide by the tobacco sales laws. 3) “The Vape Experiment” ads were placed on digital mediums including PulsePoint, Instagram, Spotify, Xbox, AMI Jukebox, and YouTube in SFY18 and SFY19. 4) “Breathing Easier, Breathing Cleaner” commemorating the 10th anniversary of Maryland’s Clean Indoor Air law, were placed on outdoor digital billboards as well as digital jukeboxes in restaurants and bars across the state. CTPC celebrated the anniversary at a local restaurant, which included stakeholders, partners, LHDs, and youth from Maryland’s first ‘smoke-free generation.’

Short-term outcome 2: Increased access to tobacco cessation and prevention resources for state and local partners, including for targeted groups (e.g. pregnant women, retailers, property owners/managers, behavioral health populations, and youth). CTPC was successful in increasing awareness of various cessation and prevention services and resources through targeted media campaigns and partner outreach – including health systems, schools, and local health departments. All materials and creative developed can be downloaded or shipped at no cost to help further a consistent message.

Impact on Tobacco-related Disparities

Although Maryland has been successful in reducing overall tobacco initiation and use, specific geographic areas and population groups in Maryland remain disproportionately affected by tobacco use, and experience significant tobacco-related health disparities. CTPC will continue to review data and work with its partners to provide targeted outreach in an effective manner.

Implications for Future Work

CTPC findings have the following implications for future work:

- 1) CTPC will explore more targeted approaches to reach facilities and organizations that serve populations experiencing disparities.
- 2) CTPC will continue to collect data on communities experiencing health disparities in relation to ACEs and tobacco use.
- 3) CTPC will continue to monitor rates of tobacco use.
- 4) CTPC will continue to monitor the rates of ESD use and impact of youth focused tobacco cessation tools.

Subsection B: Successes

Logic Model Outcomes	Policy, Systems, Environmental, and Behavioral Changes	Description of how program strategies contributed to outcome
Short-Term		
Increased health systems changes to promote and support cessation	The two largest health systems in the state have incorporated electronic referrals to the QL as part of their electronic medical record systems. Five to six	<ul style="list-style-type: none"> • Leveraged stated funds to support health systems to develop and implement EHR e-referral protocols to the QL • Provided regular online and in-person trainings to assist providers with

	<p>health systems, including three behavioral health systems, incorporated tobacco treatment as part of their patient/client care, and have developed trainings for their providers on addressing tobacco use during every patient visit. To date, there have been over 105,000 provider referrals to the Quitline and about 1,500 provider trainings.</p>	<p>referring patients and clients to cessation services</p> <ul style="list-style-type: none"> • Conducted outreach and disseminated educational materials to Behavioral Health providers and their patients on the importance of incorporating tobacco treatment into overall recovery plans • Implemented programs through LHDs to address tobacco use cessation among pregnant smokers and women of child-bearing age
<p>Increased implementation and enforcement of evidence-based interventions</p>	<p>In 2013 and 2014, Maryland Synar inspectors found 24% and 31% of retailers illegally sold tobacco to minors. To reduce youth access to tobacco in the retail environment, CTPC worked to change retailer behaviors to increase ID checks and to reinforce that retailers must comply with youth access laws and not sell to those underage.</p> <p>In just two years after the launch of the Responsible Tobacco Retailer Initiative, the rate of illegal tobacco sales to minors dropped to 11% - a 65% reduction from 2014. The Retailer Violation Rate has remained below the 20% Synar threshold since 2015. Local and State policies (including T21) were also enacted to prevent youth access.</p>	<ul style="list-style-type: none"> • Spearheaded a largescale, multi-component and comprehensive Responsible Tobacco Retailer Initiative that included mass-reach health communications, community-based outreach, increased enforcement/ compliance checks, the development of retailer educational materials and supplies, trainings for LHDs and inspectors, and partnerships with state, local, community and retailer entities. • The Responsible Tobacco Retailer Initiative media component included educational materials (including translated versions), and a corresponding website with materials order form and online training (NoTobaccoSalesToMinors.com) and mass-reach health communications campaigns to educate retailer and the community about preventing youth initiation. All materials were updated to “21 or None” creative to reflect the new T21 law.
Intermediate		
<p>Increased quit attempts among current tobacco users</p>	<p>QL enhancements, incorporating tobacco treatment into health systems and routine care, and</p>	<ul style="list-style-type: none"> • Leveraged state and federal funds to enhance QL services and availability • Supported health systems to incorporate e-referrals to the QL as

	<p>promotion of free tobacco treatment services, provides awareness and opportunities to assist residents who use tobacco to quit:</p> <ul style="list-style-type: none"> • In 2018, 68.2% of current and former adult smokers in MD attempted to quit • Since 2011, past year smoking quit attempts among current and former MD adult smokers have increased by 10.4% • In 2018, 39.3% of MD adults had a timeframe in mind for quitting, and many of them (89.6%) planned to quit within the next year • Nearly two-fifths of participants learned about the QL through TV ads (36%); other callers learned of the QL through a health professional (25%), family or friends (16%), a website (3%) or brochure/ newsletter/flyer (3%). 	<p>part of the electronic medical record system</p> <ul style="list-style-type: none"> • Provided trainings and TA with its resource center to providers on incorporating the QL and evidence-based cessation treatment into routine clinical practice • Promoted the QL services through various media and outreach campaigns using targeted mediums and messages including to LGBTQ communities; “Point of Care” campaigns targeting pregnant, post-partum, and women of child-bearing age and Medicaid participants; “Continue the Good” behavioral health outreach campaign to providers and patients • Partnered with Truth Initiative to tailor and launch “This is Quitting” youth ESD cessation program • Supported LHD programs through state funds to promote the QL and hold local cessation programs • Data show that youth quit attempts actually decreased, likely due to the high rates of ESD use. This indicates an area of focus for ongoing initiatives.
<p>Increased implementation of evidence-based strategies that address vulnerable and underserved populations</p>	<p>Increased awareness and access to tobacco cessation treatment services through media outreach tailored to target populations and enhanced QL services assist with reaching vulnerable populations. CTPC garnered insight via focus group/qualitative methods from specific population members to determine effective messaging, and worked with partners and coalitions to educate on effective policies addressing</p>	<ul style="list-style-type: none"> • Maintained a partnership with the Maryland Medicaid Office for a 50% administrative match for callers who identify as Medicaid participants • Partnered with LHDs, stakeholders, and providers to increase enrollment in the QL • Supported the pregnancy rewards incentive and promoted this program through media campaigns • Worked with coalitions and partners to educate on price increases, flavor bans, and increasing the minimum legal sales age for tobacco to 21 • Conducted focus groups with LGBTQ communities, behavioral health providers/patients/family members,

	price, flavors and access of tobacco products.	and youth/young adults to ensure effective and consistent messaging
Decreased susceptibility to experimentation with tobacco products	<p>Through a coordinated effort, MDH has been in compliance with the Synar Amendment since FFY 2016. The most recent RVR calculated for FFY 2020 was 13.1 percent.</p> <p>In FY19, 6,430 routine tobacco sales compliance checks were conducted compared to 2,236 sales compliance checks in FY14.</p> <p>Health communications messaging implemented on the dangers of tobacco use, including vaping, to reach youth/young adults, as well as teachers, parents and healthcare providers.</p>	<ul style="list-style-type: none"> • Developed and distributed the Responsible Tobacco Retailer Initiative materials to improve retailer knowledge of youth access laws and responsible tobacco retailing practices • CTPC, LHDs, and law enforcement conducted compliance checks to ensure responsible retailing of tobacco products among Maryland retailers • Developed and presented on the dangers of youth vaping to LHDs, schools, PTAs, teachers, nurses, etc • Ensured cessation and prevention messaging was relayed during EVALI and COVID outbreaks
Increased innovative and/or promising practices that contribute to the evidence-base	<ul style="list-style-type: none"> • Gender identity question was added to YRBS/YTS Survey promoting inclusive survey data collection; Maryland served as a pilot state • Additional tobacco/disparity related questions were included in the BRFSS surveys, including: secondhand smoke, adult tobacco initiation, other tobacco products (including cigars), ESD use, lung cancer screening, smoking cessation, and LGBT status • Strong partnerships among state and local entities to address youth access in the retail environment • Worked with health systems to incorporate e-referrals to the QL through EHRs. 	<ul style="list-style-type: none"> • Collected and monitored PHA smoke-free policies, PRAMS data, Maryland birth certificate data, Behavioral Health Outcome Measurement System data, Medicaid encounter data, and QL data to identify tobacco use disparities across population groups • Implemented the Responsible Tobacco Retailer Initiative • Established partnerships with health systems in MD

Long-Term		
<p>Decreased initiation of tobacco use among youth and young adults</p>	<ul style="list-style-type: none"> • Strengthened foundation for reducing youth access in retail environments – including implementation of T21 policies • Continued consistent messaging on the dangers of youth tobacco use, including ESDs, through health communications, outreach, and partnerships • Established partnerships with the MD State Department of Education to include prevention strategies in health education curriculum and provide alternatives to suspension for those found using tobacco • In the 2014-15 MD YRBS/YTS, 13.1% of 12th graders reported trying/using tobacco products the 1st time during the past 12 months; in 2018-19, the 12th grade youth initiation rate dropped to 7.7%, nearly a 42% decrease. 	<ul style="list-style-type: none"> • Mobilized statewide coalition to support policies that reduce youth access to tobacco products, including strong laws in the retail environment, prohibiting flavors from all tobacco products and increasing the price for all tobacco products • Effective October 1, 2019, ‘Tobacco 21’ raised the minimum legal sales age for tobacco products from 18 to 21 and broadened the definition of a tobacco product to include ESDs, and removed purchase, use and possession laws for youth • The Vape Experiment (www.TheVapeExperiment.com) — a youth-focused ESD prevention campaign — was created by CTPC to expose the common myths and misconceptions about ESDs; CTPC placed multiple digital mass media campaigns to directly reach youth and young adults with vape prevention messaging • CTPC placed multiple mass media campaigns targeting retailers to encourage responsible tobacco retailing and reduce youth access to tobacco products
<p>Decreased tobacco use among adults and youth</p>	<ul style="list-style-type: none"> • The adult smoking rate from the 2018 BRFSS is 12.5%, showing a decrease from 2011 rates of 19.1%. • Youth tobacco use rates (including ESDs) increased from 21.6% 2016-17 to 27.4% 2018-19. Youth tobacco use rates (without ESDs) <i>decreased</i> from 14.4% in 2016-17 to 10.4% in 2018-19 • QL evaluation results from a 2017-18 evaluation indicated that the 30-day 	<ul style="list-style-type: none"> • Promoted the QL through mass media campaigns and works closely with partners to promote access to the QL. MDQuit provides outreach and trainings to healthcare providers to incorporate the QL and evidence-based cessation treatment into routine clinical practice • Provided tailored messaging and outreach to promote specialized cessation resources, such as those specifically for pregnant women and Medicaid participants, LGBTQ, and those experiencing behavioral health conditions

	<p>quit rate for QL participants was 32.7% in the multi-call program and 26.0% in the web only program. The national state quitline target rate is 30%; Maryland's multi-call program exceeded this target. The 30-day quit rate for both the web-only program and the multi-call program was approximately three to five times higher than the quit rate for quitting "cold turkey," which was about seven to eight percent, suggesting that the QL improves tobacco cessation</p>	<ul style="list-style-type: none"> CTPC will expand youth outreach and programming to reverse the rising use of ESDs
<p>Decreased exposure to Secondhand Smoke (SHS)</p>	<ul style="list-style-type: none"> In 2018, 10 years after the Clean Indoor Air Law was passed, 87.5% of MD adults reported not being exposed to SHS indoors at work during the past week During the 2018-19 school year, 84.1% of middle school students and 75.4% of high school youth reported not being exposed to SHS indoors, a 59.0% increase among middle school youth and a 101.1% increase among high school youth since 2000-01 MD high school youth have continued to report a steady increase in smoking bans inside their homes, regardless of whether they live with a resident adult smoker; the 2018-19 YRBS/YTS shows 82.1% of Maryland high school youth (63.6% of high school youth with a resident smoker and 90.2% of high school youth without a resident smoker) 	<ul style="list-style-type: none"> In 2018, MD celebrated the 10-year anniversary of the Clean Indoor Air law, signifying the State's first smoke-free generation; no elementary age student in MD has been exposed to SHS in restaurants in their lifetime On July 30, 2018, the US Department of Housing and Urban Development made public housing smoke-free indoors, protecting two million public housing residents from the health consequences of SHS exposure; MD continues to engage owners and managers of multi-unit housing developments to implement a similar smoke-free housing policy CTPC and its Resource Centers continue to provide technical assistance to LHDs, community-based organizations, and other entities and stakeholders on the legality of and best practices for implementing policies establishing tobacco-free public outdoor areas (smoke-free parks, smoke-free beaches, smoke-free state, county and municipal properties, smoke-free campuses, etc)

	<p>report smoking never being allowed in their home</p> <p><i>NOTE: Data beginning in 2016-17 are not comparable to previous years due to the change in answer choices for the survey question</i></p>	<ul style="list-style-type: none"> CTPC continues to support the Smoke-Free Holy Grounds Initiative, a faith-based effort to involve LHDs and faith leaders in tobacco control and clean air practices and policies
Decreased tobacco-related disparities	<ul style="list-style-type: none"> The percent of African American youth who currently smoke cigarettes was 3.3% in FY18, down from 29.7% in FY14 The percent of Hispanic youth who currently smoke cigarettes was 6.0% in FY18, down from 10.2% in FY14 The percent of African American adults who currently smoke cigarettes was 13.7% in FY18, down from 16.8% in FY14 The percent of Hispanic adults who currently smoke cigarettes was 6.8% in FY18, down from 8.2% in FY14 The QL evaluation detailed the relationship between tobacco cessation and mental health conditions (MHCs). Many QL participants reported one or more MHCs, with 51.5% of participants in the multi-call program and 43% of participants in the web-only program reporting at least one MHC. 30-day quit rates were higher for participants that did not report a MHC 	<ul style="list-style-type: none"> Launched a behavioral health cessation pilot program through the QL Implemented a behavioral health mass media campaign to reach behavioral health providers, as well as individuals with behavioral health conditions Provided QL and Responsible Tobacco Retailer materials in translated languages, including Spanish, Chinese, Arabic, and additional languages Conducted focus groups and placed media to promote the QL to LGBTQ communities While tobacco use rates decreased among African American adults and rates are similar to White adults, tobacco-attributed cancer rates for Black/African American Maryland adults are at nearly the same rates as White residents. This indicates additional programs are needed to increase access to care

c. Lessons Learned

Lessons Learned
<ul style="list-style-type: none"> <u>Find “early adopters” and champions to leverage resources and facilitate implementation:</u> CTPC contracted with the Counter Tools POST system to provide LHDs and law enforcement with historical and real-time data on retailer enforcement efforts streamlining FDA, Synar, LHD, and local law

enforcement inspection surveillance data into one system. Many LHDs were initially hesitant to engage with this new online system. Providing consistent and ongoing technical assistance and finding LHDs willing to act as early adopters was key to getting the rest of the LHDs more comfortable with using the program. This has also been true of implementing e-referrals into electronic medical records. Finding initial champions for the effort, providing ongoing technical assistance and troubleshooting helped make this successful. With UMMS, Hopkins and others modeling successful implementation, additional health systems independently implemented e-referrals into their records without MDH grant funding.

- **Testing, testing, testing:** CTPC ensures all media campaigns are tested prior to implementation. While “The Vape Experiment” campaign had been tested prior to finalizing the creative, the campaign imagery was subsequently modified in an effort to expand inclusivity. Despite a thorough state approval process and overall positive feedback after its launch, the creative received some criticism and was terminated. CTPC reviewed the campaign creative, looked at next steps and conducted more extensive testing of campaign materials. Both formal focus group testing and informal feedback with youth/young adult partners was conducted. Formal focus group testing can be costly, however, CTPC found alternate ways to test creative at multiple stages and ensure the message are effective.
- **Flexibility:** The tobacco environment is ever changing and working with partners is key to adjusting quickly as needed. During the grant period, e-cigarette use among youth rose drastically, various laws impacting the retail environment were enacted, and programs to reach populations at most need, such as those experiencing behavioral health conditions, all required shifting efforts and resources. The EVALI breakout and COVID-19 pandemic required CTPC to react and ensure messaging aligned with prevention of these illnesses and its ties to tobacco use, especially vaping, and promote free resources like the QL to help people quit using tobacco. CTPC continually reviews data and continues to strengthen partnerships to address the needs of Maryland residents.

Challenges

- Through the concerted efforts of national, state, and local agencies, CBOs, healthcare providers, and concerned and engaged citizens, including youth, the Maryland T21 bill passed during the 2019 General Assembly Legislative Session and went into effect on October 1, 2019. Despite being a comprehensive law, in order to gain support for passage, the MD T21 law included an exemption for active military ages 18 to 20. To address this exemption, CTPC and Red House worked closely with the Legal Resource Center, the MDH Assistant Attorney General’s office, retailers and military organizations to ensure all materials provided accurate information. To support retailers and ensure they have the tools they need to comply with the new law, CTPC continuously updates the Responsible Tobacco Retailer campaign materials, including the frequently asked questions document, promotional and educational materials, and the campaign website, www.NoTobaccoSalesToMinors.com. Once the federal T21 law passed without a military exemption, CTPC quickly updated materials and signs already printed.
- The COVID-19 pandemic greatly impacted Maryland programs. Beginning in March 2020, the level of enforcement and education activities were hindered by COVID-19 shutdowns and state and LHD staff deployment to address COVID-19 response activities. CTPC continues to provide messaging linking COVID and tobacco use and has made a concerted effort to promote the QL as a free resource to residents. CTPC is working with its partners to find nuanced strategies for reaching residents online and ‘where they are at’, including providing educational materials at COVID testing sites.

Promising Practices

- Maryland launched the Responsible Tobacco Retailer Initiative in 2014, and in just two years after the launch, the rate of illegal tobacco sales to minors dropped to 11% – a 65% reduction from 2014, and has continued to stay below the Synar mandated threshold of 20% in the following years. Partnerships between CTPC, the Comptroller’s office, LHDs, MDH leadership, statewide resource centers, community organizations, and the retail community were critical to the success of this initiative.

Recognizing the need for program sustainability, CTPC was able to leverage additional funding through a permanent line item allocated by the Governor for additional state dollars to continue the program and ensure retailer compliance remains high. CTPC will continue to fund LHDs to expand partnerships, educate retailers, and conduct compliance checks; fund resource centers to provide training and technical assistance; develop and distribute materials to retailers; place media; and utilize an online tracking tool to efficiently manage compliance and enforcement data. Maintaining a presence in the retail community while reinforcing responsible tobacco retailer messaging will encourage retailer compliance with youth access laws. CTPC will continue to provide direct outreach to retailers and update the website, www.NoTobaccoSalesToMinors.com, to continue to provide relevant materials for retailers and the public to reduce youth access to tobacco products.

- Working within health systems, including Medicaid, increases access to services, reaches more residents, and increases awareness among providers that overcoming nicotine addiction is just as critical as overcoming other addictions and important to overall recovery for those with behavioral health conditions. Incorporating tobacco use dependence treatment into routine clinical care sustains programs such as the QL and provides additional support to residents.

Disparities

- MD was a pilot state incorporating gender identity into the 2016 MD YRBS/YTS. As a result, CTPC identified disparities experienced by transgender youth and provided data to partners to help guide programming and outreach. CTPC will continue to include this question in all YRBS/YTS surveys.
- In 2017, CTPC conducted focus groups with current/former smokers who identify as members of the LGBTQ communities. This qualitative research provided guidance for CTPC media planning and development. CTPC collaborated with LGBTQ community centers in Maryland to discuss ways to support their efforts and address community needs. Since 2018, CTPC has placed Pride Month ads. The ads for Google were provided by the National LGBT Cancer Network, a CDC funded organization. CTPC will seek more opportunities to engage with LGBT communities and entities that support these communities and continue data collection to support these efforts and initiatives.
- In collaboration with MDQuit, Optum, Red House, LHDs, and health systems, CTPC targeted individuals with behavioral health conditions and health care providers working with this population around the importance of tobacco cessation during recovery. CTPC enhanced QL services to better support individuals with MHCs through a Tobacco Cessation Behavioral Health pilot program. CTPC supports health systems, including Hopkins, Mosaic Community Services, and Sheppard Pratt, as well as LHDs to incorporate tobacco cessation programs that address adults with MHCs. MDQuit developed the training, “Breaking the Habit in Behavioral Health (BH2): New Hope for Clients Who Smoke.” CTPC developed, tested, and distributed a behavioral health media campaign which included a printed and digital toolkit, a dedicated webpage on Smoking Stops Here, the QL website, and testimonial video ads from actual healthcare providers and persons living with behavioral health conditions. CTPC will continue the Tobacco Cessation Behavioral Health program for QL callers and will increase enrollments and engagement by distributing toolkits and placing media targeting behavioral health providers.

Value for Money

- Retailers illegally selling tobacco products over the 20% Synar threshold jeopardized MD of losing up to \$13M in federal block grant funding for treating and preventing substance use. As part of an alternate penalty structure, MD allocated over \$5M in state funds to increase retailer enforcement and education. Since SFY17, the Governor allocated \$2M of state funds annually to continue the Responsible Tobacco Retailer Initiative. By investing these dollars as well as federal dollars to educate retailers on the importance of following youth access laws, the federal block grant funds remain intact and the enforcement program is sustained. Synar rates have remained well below 20% since 2015.

- Incorporating tobacco use dependence treatment into routine clinical care, e-referrals to the QL integrated into electronic health records, and providing ongoing provider training, helps to institute and sustain tobacco treatment with other entities contributing to the cost for care so the burden does not fall solely on the health department.
- The 50% Medicaid administrative match provides vital funding to the QL to help support services for a population with high tobacco use rates. Over \$900,000 has been put back into the program, increasing the services CTPC can provide through the QL.

d. Dissemination, Recommendations, and Use

Dissemination of Plan
<ul style="list-style-type: none"> • Audience: Statewide Maryland Tobacco Control Coalition and MDQuit Advisory Board. Goals: Keeping members energized and obtaining buy-in and support for future work, including addressing challenges and program gaps. Key Findings to be Shared: Key program successes, include those that were facilitated by members, such as passage of T21. Program challenges, barriers, and areas where progress was slower and could benefit from additional work from the coalition will also be shared. • Audience: Local Health Departments (LHDs) Goals: Keeping LHDs informed of current activities, updates, media campaigns and communications, and priorities for the year ahead so there is one shared goal and message statewide. Key Findings to be Shared: State program successes, including those that were facilitated by LHDs, such as reducing tobacco use rates among youth and adults, as well as to share resources for more information and TA. Updates to resources on state websites will continue to be shared. • Audience: Maryland Department of Health leadership Goals: Show the impact and accomplishments achieved by the tobacco control program and the effectiveness of funding on reducing youth tobacco use. Key Findings to be Shared: Overview of key program successes, such as reduced youth and adult tobacco use rates, as well as the barriers and challenges experienced by CTPC such as youth ESD use. • The information for all audience groups will be shared via in-person/virtual meetings, dedicated listserves, sharing success stories and stakeholder reports from completed projects (e.g. T21 Retailer survey results), partner profiles, YRBS/YTS data, BRFSS Data, and Annual Report Data/Summary Reports. Due to COVID, CTPC will likely share most of the information via virtual meetings, such as at the MDQuit Best Practices Conferences, held each January, or the annual Maryland Tobacco Control Conference, held in late Spring.
Recommendations and Use
<p>CTPC plans to work with its resource centers, funded health systems partners, Behavioral Health Administration, and other community organizations to further create “recovery-friendly places.” Our early findings show success with our efforts in reaching providers and those with behavioral health conditions who wish to quit tobacco use. By continuing and expanding upon these efforts, there will likely be an increased impact that can be shown in the data. An environmental policy approach would boost this impact through a collaborative approach utilizing our resource centers, media contractor,</p>

partners, and stakeholders. An environmental policy change, such as smoke/tobacco-free behavioral health facilities, would help Maryland achieve our goal of addressing tobacco-related disparities among those within this population. CTPC plans to translate these recommendations into action in the next ten months by conducting an assessment of tobacco free policies among MD behavioral health facilities. CTPC will expand upon previous media efforts to place 'quit journey' testimonial ads which feature residents with behavioral health conditions. Additionally, CTPC will fund CBOs to provide targeted outreach to behavioral health providers and patients.

CTPC will collaborate with youth and young adult serving organizations to best address the youth vaping epidemic. Additionally, CTPC will continue and enhance current prevention and cessation resources to address youth/youth adult vaping. CTPC will work closely with Optum to incorporate a youth/young adult-focused QL digital and texting program. CTPC will continue to promote and track use of the Truth Initiative's texting program, "This is Quitting," tailored for MD. CTPC will enhance the vape prevention/cessation media campaign, "The Vape Experiment." CTPC will engage youth, young adults, school systems, LHDs, and other youth serving entities to engage stakeholders, decision-makers, and providers to collectively address youth use of emerging tobacco products. CTPC plans to translate these recommendations into action in the next ten months by working collaboratively with youth serving organizations to provide outreach and training to youth for peer support for quitting.

V. The Maryland Department of Health Center for Tobacco Prevention and Control Grant # 6 NU58DP005345-04-05, DP14-1410 Final Evaluation Report

a. Background and Evaluation Priorities

The DP14-1410 grant provided CTPC with the necessary support to maintain Maryland's Quitline and implement evidence-based strategies to prevent and reduce tobacco use in order to protect the health of Marylanders.

CTPC has been at the forefront of implementing evidence-based strategies to prevent and reduce tobacco use in order to protect the health of Marylanders. CTPC has maintained the Maryland Tobacco Quit Line (QL), 1-800-QUIT-NOW, since 2006, increasing access to tobacco dependence treatment services. CTPC provides even more robust, proactive phone counseling for Maryland (MD) residents in English, Spanish, and other languages, along with a free supply of Nicotine Replacement Therapy (NRT). Callers can also be referred to their Local Health Department (LHD) for in-person cessation counseling. Residents have the option of brief single call interventions or multiple call counseling sessions, with mailed support materials. The QL transfers residents directly to their insurance plans for additional benefits, and, as appropriate, to the Asian Smokers' QL (ASQ), the Spanish language QL – 1-855-DEJELO-YA, and veteran's focused QL – Smoke-free Vet. CTPC ensured funding (state and federal) availability to support a contract with the QL vendor, Optum, enhancing services, including: counselors available 24/7; an incentive-based pregnancy support; behavioral health support protocol; online Web Coach® support offering NRT; a text to enroll option; Text2Quit® support; 5-call protocol for youth ages 13-17; and up to 12 weeks of NRT (patch, gum, and/or lozenge). Maryland was one of the first states to implement the Medicaid 50% administrative match and continued to work with the State Medicaid Program to promote the QL and cessation benefits to participants and providers. Participants can also utilize their Medicaid prescription benefit to have tobacco treatment medications shipped directly to their home eliminating any travel and there are no copays. The QL contractor, Optum, is a recognized Medicaid pharmacy provider and bills the Medicaid program directly.

Pregnant and post-partum women receive a series of 10 calls compared to the four offered to the general public, that address benefits of quitting for both the mother and the child, effects of secondhand smoke and relapse after the baby is born. In order to participate in the incentive program, the pregnant caller can call the QL and register for services. For each group of three calls, a pregnant woman can earn a \$25 gift card (maximum two gift cards for six calls) and an additional gift card for each postpartum call (maximum two gift cards for two calls). The caller can make postpartum calls up to 6 months. A total reward of \$100 in gift cards is available for completing all the calls.

On December 31, 2018, CTPC launched an intensive behavioral health QL protocol for those reporting behavioral health conditions. The program is conducted by a dedicated team of Quit Coaches who receive extensive training on mental health conditions and tobacco treatment. The program includes high intensity behavioral and pharmacological support – seven scheduled calls during the planning and relapse prevention phases, 12 weeks of combination NRT, and a letter sent to the treatment provider.

The state-funded MDQuit Resource Center provided the Fax-To-Assist Program, as well as specialized training for Medicaid and behavioral health providers. CTPC and Optum also provided a series of online provider trainings.

A major focus for CTPC during the grant term was to establish and implement health systems change initiatives to incorporate cessation into routine client/patient visits and target populations with disparate tobacco use. CTPC was successful in moving these initiatives forward. Utilizing state funds, CTPC funded healthcare facilities aimed to increase the number of patients receiving tobacco cessation counseling via e-referrals and to incorporate motivational interviewing and referrals to the QL during visits to increase quit attempts. Johns Hopkins Health System (Hopkins) integrated e-referrals to the QL through the electronic health record (EPIC) in all sites in 2016, resulting in over 5,000 electronic referrals to the QL during the project period. CTPC also supported the University of Maryland Medical System (UMMS) that implemented e-referrals in 2018, with over 2,500 electronic referrals during the project period.

Hopkins also integrated an intensive one-to-one training program for providers to: 1) counsel patients at every visit and refer to QL, 2) learn how to increase the proportion of smokers who engage with the QL after referral, and 3) teach providers to use feedback from the QL to develop a comprehensive plan for smoking cessation. At UMMS, the Tobacco Health and Treatment (THAT) clinic received e-referrals from the UMMS system in order to serve patients who prefer in-person consultation about tobacco, risks for tobacco-related conditions, and treatment of tobacco dependence. UMMS also worked with its University Maryland Midtown Pulmonary Clinic and provided in person treatment for patients who needed additional support beyond the QL. Their team partnered with the lung cancer screening group at UMMS to include lung cancer screening in their Clinical Decision Support tool. Patients were assessed for tobacco cessation and patients who had not been referred to the QL were identified and offered resources.

These efforts furthered the implementation of similar programs in other health systems, including Mosaic Community Services (Mosaic) and Sheppard Pratt. Mosaic screened all behavioral health patients for tobacco use and provided cessation services in six psychiatric rehabilitation programs. In the last year of the project period, Mosaic focused its resources on one site in Baltimore City in an effort to produce greater outcomes in that location, providing tobacco cessation services and prevention to adults enrolled into the psychiatric rehabilitation program who have severe mental illness. Program components include screening all clients at intake and monthly intervals, weekly smoking cessation sessions, weekly individual interventions with staff, NRT, and QL information. Sheppard Pratt delivers tobacco dependence services to behavioral health patients through group and/or individual tobacco cessation counseling across all 11 inpatient units and two day-hospitals. Sheppard Pratt has extended the program to families of hospitalized patients, e-referrals to the QL, monthly program utilization tracking, and enforcement of smoke-free grounds.

The following evaluation priorities were used to guide the work during the project period:

1. To what extent has CTPC increased the awareness of the QL to Medicaid participants and pregnant women?
2. To what extent has CTPC increased cessation among tobacco users in Maryland thus improving public health by ensuring adequate infrastructure for the evidence based QL?
3. To what extent has CTPC developed and/or implemented public-private partnerships or other strategies to sustain long-term QL capacity?

b. Evaluation Findings and Successes

Subsection A: Evaluation Findings

Evaluation Question 1	To what extent has CTPC increased the awareness of the QL to Medicaid participants and pregnant women?
Strategy	Implement evidence-based, mass-reach health communication interventions to increase cessation and/or promote the QL; Place targeted campaigns to reach Medicaid participants and pregnant women; Provide trainings to providers, develop and promote clear messages about cessation coverage to Medicaid participants; Maintain QL website and continue to distribute materials: www.SmokingStopsHere.com
Population Group(s)	Statewide; Medicaid Participants and Pregnant Women
Evaluation Design and Data Sources	QL evaluations, monthly and quarterly QL reports, document reviews, and impressions achieved for each media campaign, website tracking and materials shipped from www.SmokingStopsHere.com .
Answer to Evaluation Question	<p>CTPC continued to promote Medicaid benefits to providers and residents and worked to incorporate QL services into existing systems to reach vulnerable populations. CTPC fostered new partnerships with various sectors in order to sustain QL capacity and expand overall reach and access to Maryland residents. Working with CTPC’s ad agency, Red House, “Point of Care” campaigns and TV ad placements were supported using funds from DP14-1410. See media efforts outlined in DP15-1509 that also promoted the QL to MD residents and providers. The QL has provided comprehensive cessation services to 18,712 Medicaid participants and 813 pregnant women during the project period.</p> <p>Point of Care Campaigns: The campaign included posters, distribution of brochures and videos in waiting rooms on wall-mounted video flat screens targeting offices treating pregnant/post-partum women (OB/GYN, pediatric, and family practice offices) and Medicaid beneficiaries. Materials encouraged patients to call the QL and visit the website – www.SmokingStopsHere.com. English and Spanish language brochures were distributed in Hispanic communities and in locations serving Spanish-speaking and bilingual patients. Media was placed within low income zip codes and doctors’ offices and pharmacies that accept Medicaid to target Medicaid beneficiaries. Videos were placed on wall-mounted video flat screens in 370 health care provider and hospital waiting rooms across the state. Of the 370 placements, 31 were OB/GYN providers and 197 were Medicaid providers. Over 2.9 million impressions were achieved annually. Of the 166 total placements of printed materials, 68 were OB/GYN providers and 98 were Medicaid providers. Over 1.4 million impressions were achieved annually.</p> <p>New Year’s TV Campaign: QL ads were developed for a new campaign “Make This the Quit that Sticks” with a “Resolve to Quit” message to coincide with New Year’s Eve/”quitting season”. In 2019/2020, these ads were placed on several local TV stations with a total of 7,990 placements and earning over 11.8 million impressions.</p> <p>Website – www.SmokingStopsHere.com: The website is updated on an ongoing basis and provides an online ordering system to distribute brochures, wallet cards</p>

	and other materials for free. Nearly 50,000 pieces of collateral has been shipped each year. On average, the website has over 19,000 unique visitors annually. The highest trafficked month has been June with approximately 5,900 unique visitors on average.
Impact related to Logic Model Outcomes	Outcome 1: Media campaigns were successful in increasing reach for pregnant women, with the number of pregnant women accessing QL services increasing during the project period. Outcome 2: Quit rates of pregnant women were higher than standard services. Standard quit rates increased from 30% for 2015/2016 to 33% for 2017/2018. Evaluations showed a 46% 30 day quit rate for 2015/16 and 39% quit rate in 2017/2018. Though overall quit rates were higher among pregnant women, these rates did decrease, indicating further outreach and engagement is needed.
Impact on Tobacco-related Disparities	CTPC implemented media campaigns to reach out to these target populations to increase reach and QL engagement. The QL has a 10-call program with incentives for pregnant women to increase engagement. CTPC worked with Medicaid for an administrative match to leverage additional funding for increased reach and opened up benefits for Medicaid participants to get free medications mailed to their homes.
Implications for Future Work	Implications for Future Work: 1) Increase media and other outreach to Medicaid Participants as they make up a significant portion of QL participants. 2) Increase outreach to pregnant women, women of child-bearing age, and provider to expand reach and increase quit rates. Quit rates have decreased from one evaluation to another so additional opportunities will be explored.

Evaluation Question 2	To what extent has CTPC increased cessation among tobacco users in Maryland thus improving public health by ensuring adequate infrastructure for the evidence based QL?
Strategy	Ensure adequate infrastructure for the QL; execute evidence-based strategies to increase the awareness of the QL, particularly to decrease tobacco-related disparities among Medicaid participants and women who are pregnant. Data collection and Quit and Satisfaction Evaluations performed yearly; disseminate reports with local health departments and partners to provide them with cessation data for their jurisdictions.
Population Group(s)	Statewide; all
Evaluation Design and Data Sources	CTPC reviews QL evaluations, monthly and quarterly QL reports, Document reviews, and Medicaid Administrative match amount.
Answer to Evaluation Question	As described in the Background section, CTPC implemented several new enhancements to QL services and expanded programs within five health systems, including two of the largest systems in Maryland. These efforts have shown to be effective with overall quit rates increasing during the grant period. Funding has been available to continue to support robust services for Maryland residents. Quit/Satisfaction Rates (general): 2013/2014: 30-day quit rates were at 27% for phone and 30% for web. Quit rates for Medicaid participants were 31%.

	<p>Satisfaction rates were 93% for each service option. <u>2015/2016</u>: 30-day quit rates were 27% for each service option. Satisfaction rates were highest for phone at 94% and 84% for web services. <u>2017/2018</u>: 30-day quit rates increased to 33% for phone services and 28% for web services. Satisfaction rates were 93% for phone and 83% for web services. The 2019/2020 evaluation report is currently in progress and will be delivered in 2021. While there was slight fluctuation over the three evaluation periods, 30-day quit rates have increased, and high satisfaction rates remained consistent.</p> <p>Quit/Satisfaction Rate (pregnant women): <u>2015/2016</u>: 7-day quit rates were 52% and 30-day quit rates were 46% with a 94% satisfaction rate. <u>2017/2018</u>: 7-day and 30-day quit rates decreased to 44% and 39% and 86% satisfaction rate, respectively, indicating more continued focus is needed.</p> <p>Medicaid Populations: The QL consistently provided services to at least 40% of its participants enrolled in the Medicaid program. CTPC and the State Medicaid Office maintained the 50% Medicaid administrative match and during this project period, the total claims submitted totaled \$901,744.27.</p> <p>Residents Served: The QL has provided comprehensive cessation services to 50,628 Maryland residents, including 18,712 Medicaid Participants, and 813 pregnant women over the last five years.</p>
Impact related to Logic Model Outcomes	<p>Outcome 1: New services have been added to meet residents ‘where they are’ and increase access to these services.</p> <p>Outcome 2: CTPC closely monitors all services, ensuring evidence-based programs are running at a high-quality level of service.</p>
Impact on Tobacco-related Disparities	Increased access and specialized programs, such as the pregnancy reward program, Medicaid population focus, and behavioral health protocols support quit attempts among populations that have higher tobacco use rates.
Implications for Future Work	<p>Implications for Future Work:</p> <ol style="list-style-type: none"> 1) CTPC will continue to execute evidence-based strategies to increase the awareness of the QL in order to decrease tobacco-related disparities. 2) Continue data review of yearly evaluation and satisfaction surveys to inform the direction of programs to effectively reach target populations who have higher rates of tobacco use resulting in tobacco related death and disease. 3) Expand health systems change work with various healthcare entities to incorporate cessation into routine client/patient visits.

Evaluation Question 3	To what extent has CTPC developed and/or implemented public-private partnerships, health system initiatives or other strategies to sustain long-term QL capacity?
Strategy	Develop and/or implement public-private partnerships (PPP), health system initiatives or other strategies to sustain long-term QL capacity. Increase and monitor utilization of evidence-based cessation services.
Population Group(s)	Statewide; All; Providers; Health Systems

Evaluation Design and Data Sources	Participation in monthly North American QL Consortium (NAQC) PPP calls to discuss strategies to sustain long-term QL capacity. Funding health systems and deliverables outlined/met; Sources: document review, QL evaluations, health system grantee reports, meeting notes.
Answer to Evaluation Question	<p>CTPC continued to participate in the CDC supported NAQC PPP initiative. CTPC developed many additional partnerships to integrate the QL into existing programs, helping to sustain capacity and diversify funding sources. CTPC utilized both federal and state dollars to support QL services.</p> <p>CTPC worked with its vast partner network to improve QL infrastructure to streamline intake, enhance QL services, absorb increases in demand, continue to accept e-referrals, maintain partnerships with Medicaid for reimbursement, expand implementation and reach of evidence-based tobacco use dependence treatment services, evaluate and monitor the services delivered (including digital-based technologies and submitting data to the National QL Data Warehouse); and promote efforts to increase awareness of quit support services.</p> <p>In partnership with Optum and Maryland Medicaid, CTPC expanded its QL services to reduce barriers to receiving cessation medications for Medicaid participants. Through the QL, participants can utilize their Medicaid medication prescription benefit to have tobacco treatment medications shipped directly to their home without copays, eliminating the travel barrier to receive prescriptions. Optum directly bills Maryland Medicaid, as they were required to be a recognized Medicaid pharmacy provider in Maryland as part of our QL RFP.</p> <p>CTPC has worked extensively with several health systems throughout Maryland. As described in the Background section, Johns Hopkins Health System and University of Maryland Medical System instituted electronic health record referrals to directly connect patients to the QL. Collectively, they referred over 7,500 patients to the QL. Sheppard Pratt Health System and Mosaic Community Services also provide in-house tobacco cessation treatment to adults with mental health disorders.</p>
Impact related to Logic Model Outcomes	<p>Outcome 1: Many public-private partnerships have been instituted to sustain long-term QL capacity.</p> <p>Outcome 2: QL referrals and services offered within health systems increase reach and access to tobacco cessation services among residents, including those experiencing tobacco-related health disparities.</p>
Impact on Tobacco-related Disparities	QL provided comprehensive cessation services to 50,628 Maryland residents, including 18,712 Medicaid Participants, and 813 pregnant women over the last five years. Instituting PPP expands reach of services, including to populations who have limited access to care and may have higher tobacco use rates and related health concerns.
Implications for Future Work	<p>Implications of future work:</p> <ol style="list-style-type: none"> 1) Continue to participate in monthly NAQC PPP calls to discuss public-private partnerships and other strategies to sustain long-term QL capacity.

	<p>2) Maintain a strong partnership with the Maryland Medicaid Office to receive 50% administrative match for callers who identify as Medicaid participants to support long-term QL capacity.</p> <p>3) Continue to expand health systems change efforts to increase reach and availability of services to residents.</p>
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Subsection B: Successes

Logic Model Outcomes	Policy, Systems, Environmental, and Behavioral Changes	Description of how program strategies contributed to outcome
Short-Term		
<p>Increased referrals to the QL from healthcare providers</p>	<p>Johns Hopkins Health System integrated e-referrals to the QL through the electronic health record (EPIC) in all sites in 2016, resulting in over 5,000 electronic referrals to the QL during the project period. The University of Maryland Medical System (UMMS) implemented e-referrals into its EHR in 2018, with over 2,500 electronic referrals during the project period.</p> <p>Mosaic Community Services continued to support its tobacco prevention program through screening all behavioral health patients, documenting smoking reduction by 20% in some of their clinics. For the first four years during the project period, Mosaic provided services across all six psychiatric rehabilitation programs across Maryland, servicing 700 clients. The last year of the project period, Mosaic focused on one site in Baltimore City rather than spreading out resources through all six locations to produce greater outcomes in that location.</p> <p>Sheppard Pratt developed a robust tobacco cessation program during the project period that continues delivering tobacco dependence services to approximately 170-225 behavioral health patients each month. Patients received group and/or individual tobacco cessation counseling across all 11 inpatient units and two day-hospitals.</p>	<p>Health systems change efforts incorporated cessation into routine client/patient visits and target populations with disparate tobacco use. Health Systems adopted electronic referrals, tobacco cessation services, NRT and referrals to the QL on discharge. They directly engage tobacco health disparate populations. These actions resulted in greater referrals to the QL and increased reach and engagement of tobacco cessation services.</p>

<p>Increased number of tobacco users receiving counseling and/or cessation medication via QL</p>	<p>The QL provided comprehensive cessation services to 50,628 Maryland residents, including 18,712 Medicaid Participants, and 813 pregnant women over the last five years.</p>	<p>CTPC competitively procured and maintained a five year QL contract with Optum. Optum implemented a QL evaluation plan as part of the established contract to measure quit and satisfaction rates. CTPC managed day-to-day operations of the QL contract to ensure services are provided and sufficient support is available particularly during times of increased demand. CTPC monitored deliverables and invoices and provides on-time quarterly submissions of intake and service data to the QL Data Warehouse.</p>
<p>Intermediate</p>		
<p>Increased public and private partnerships to ensure availability of high quality quitline services</p>	<p>The QL consistently provided services to at least 40% of its participants enrolled in the Medicaid program. CTPC and the Maryland Medicaid maintained the 50% Medicaid administrative match and during this project period, the total claims submitted totaled \$901,744.27.</p> <p>CTPC expanded its QL services to reduce barriers for Medicaid participants to receive cessation medications. Through the QL, participants can utilize their medication prescription benefit to have medications shipped directly to their home, eliminating any travel to receive prescriptions and there are no copays. Optum bills the Maryland Medicaid directly, as they are required to be a recognized Medicaid pharmacy provider in Maryland.</p>	<p>CTPC maintained a number of sustainability efforts in place with Medicaid and health systems.</p>
<p>Long-Term</p>		
<p>Decreased tobacco-related disparities</p>	<p>The QL provided comprehensive cessation services to 50,628 Maryland residents, including 18,712 Medicaid Participants, and 813 pregnant women over the last five years. Behavioral Health protocol served 2,222 residents with mental health disorders. Health systems have sent over 5,000 electronic health records and</p>	<p>CTPC implemented a Behavioral Health protocol, Pregnancy protocol, Pregnancy and media campaigns and health system initiatives and maintained strong partnerships with Maryland Medicaid.</p>

	provided training to their providers to provide tobacco cessation interventions to patients.	
Increased cessation among current tobacco users	The QL reached 33% for participants who were able to quit smoking 7 months after receiving their phone treatment, surpassing the goal of 30%. About half of the participants were reported to have a chronic health or behavioral health condition.	CTPC competitively procured and maintained a five year QL contract with Optum. CTPC approved the statement of work for services and evaluation efforts to be conducted during the project period. Optum implemented a QL evaluation plan as part of the established QL contract to measure quit and satisfaction rates. CTPC managed day-to-day operations of the QL contract to ensure services are provided and sufficient support is available particularly during times of increased demand. CTPC monitored deliverables and invoices and provides on-time quarterly submissions of intake and service data to the QL Data Warehouse. CTPC worked with several health systems including Hopkins, UMMS, Sheppard Pratt and Mosaic to bring tobacco cessation interventions to disparate populations.
Other		
Describe any enhancements to QL infrastructure and operations	CTPC worked with its QL service provider, Optum, and partners with healthcare systems to enhance services, including accepting e-referrals. CTPC enhanced existing web-based tools and developed focused digital-based treatment services, including for electronic smoking devices, to increase usability of the QL, particularly for younger populations.	
Describe any expansion of the number and type of cessation services provided	The QL provided comprehensive and evidence-based cessation services, including 10 call protocol for pregnant/post-partum women; five call protocol for youth under 18; up to 12 weeks of NRT (patch and/or gum) and enhanced services such as web and text-based options. Implemented a seven call Behavioral Health Protocol with up to 12 weeks of NRT (patch and/or gum) and provider engagement. CTPC ensured that project funding allowed access to the QL for all Marylanders, including those with tobacco-related health disparities.	
Describe how the program supported	CTPC worked with its ad agency and partners to increase awareness of QL services among disparate populations, including use of existing MD ads, CDC	

and leveraged the CDC's Tips From Former Smokers®	Tips ads and materials from other national targeted programs. During times of high demand, including that generated by national media campaigns such as CDC's Tips From Former Smokers®, protocols are in place to guarantee all callers to the QL are offered at least one coaching call, either immediately upon calling or with a call-back within one business day.
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c. Lessons Learned

Lessons Learned			
Lessons Learned	Background and Context	Use of Information to inform TCP Efforts	Population Groups (If Applicable)
Challenges			
Reduction in Airing of Tips Campaign	The QL saw a dramatic decrease in call volume in 2017 and 2018, likely due to reduced TIPS campaigns, resulting in 24% lower call volumes than when the campaign ran the full length. During 2019, the TIPS campaign ran for extended length, resulting in a 36% increase in call volume that year. This data shows that TIPS campaigns are an asset for State QLs, making up a significant portion of QL callers.	These campaigns allow the States to allocate funds to additional strategies to broaden reach and scope of services to their residents. Additional efforts toward media campaigns may be necessary depending on length of TIPS campaign.	All
Medicaid Benefit	CTPC worked with Maryland Medicaid for an Administrative Match of 50% for tobacco cessation counseling calls. CTPC has leveraged this match for several years, allowing funding to be available to provide services to additional residents. CTPC worked with Optum to increase access to Medicaid pharmacy benefits. When callers call the QL, they can be transferred to OptumRx, a Maryland approved Medicaid Pharmacy, which allows residents access to free NRT medications to help with their quit attempts. The primary challenge is getting residents to access the benefit. Currently, few residents make the transfer/call	CTPC is developing an educational outreach campaign to professional associations (physicians, dentists, nurses, NPs, PAs, pharmacists, Maryland Hospital Association, medical societies) to educate them about QL referral services, materials to reduce barriers for their patients, and training. CPTC will explore and/or enhance partnerships to promote the QL to local health departments, FQHCs and MQHCs, existing health systems partners which serve Medicaid populations to encourage use of the QL by Medicaid participants who smoke.	Medicaid

	OptumRx to take advantage of the benefit.		
State employee health benefits	CTPC worked closely with the MD Department of Budget and Management to promote available cessation services as part of state employee health benefits. State employees have access to \$0 cost tobacco treatment medications as well as counselling.	Combining additional insurance services with available QL support will assist with diversifying tobacco treatment options and sustaining QL capacity. CTPC also participated on several workgroups and advisory boards to help promote e QL services and the benefits of incorporating services into existing systems.	State employees
Disparities			
CTPC worked extensively with target health systems that serve populations experiencing tobacco-related disparities.	<p>Sheppard Pratt Health System is the largest provider for behavioral health patients in Baltimore and has conducted a tobacco cessation program for the last five years with support from CTPC. Tobacco dependence services are delivered to an average of 170-225 behavioral health patients each month across all inpatient and hospital units.</p> <p>Other health systems include Johns Hopkins and UMMS, two of the largest providers to Maryland residents. Combined, these health systems cover all geographic locations of Maryland, providing services to many populations, including those suffering from tobacco related disparities.</p> <p>CTPC is a partner in the Maryland Cancer Collaborative (MCC) and CTPC staff participate on an MCC workgroup to educate providers about services and incorporating tobacco cessation into routine care.</p>	<p>Sheppard Pratt continues to expand upon its services with new initiatives, which include extending the program to families of hospitalized patients, e-referrals to the QL, monthly program utilization tracking, and enforcement of smoke-free grounds.</p> <p>These systems have implemented electronic referrals into their Electronic Medical Records to quickly, and efficiently, refer their patients after providing in-person tobacco cessation interventions. They continue to train their providers in effective ways to provide services to their patients and are developing a training that demonstrates the connection and risks between smoking and COVID-19 to both patients and providers, as well as for providers to provide effective intervention over telehealth technology. These systems are referring several thousand</p>	Disparate Populations; Behavioral Health; Providers

		patients to the QL each year (see above).	
MD QL intensive behavioral health protocol for individuals reporting behavioral health disorders.	The program provides additional support by a dedicated team of Quit Coaches who receive extensive training on mental health conditions and tobacco treatment.	Services include high-intensity behavioral and pharmacological support, seven scheduled calls during the planning and relapse prevention phases, 12 weeks of combination Nicotine Replacement Therapy (NRT), and a letter sent to the treatment provider. Since its launch, this program has served 2,222 Maryland residents with behavioral health disorders.	Behavioral Health
Value for Money			
QL; cost effective tobacco cessation service	The QL proves to be cost effective, as \$1.75 was saved in Maryland in medical expenditures, lost productivity and other costs for every \$1 spent on QL services and tobacco cessation media. \$2.2 million was spent on phone and Web-only program operations and cessation media, where \$3.8 million was saved on medical expenses, lost productivity, workers compensation and secondhand smoke, with a return on investment of \$1.75 million.	CTPC competitively procured and maintained a five year QL Contract with Optum, to continue providing evidence based tobacco cessation treatment in a cost efficient way for the State of Maryland.	Statewide

d. Dissemination, Recommendations, and Use

Dissemination Plan			
Audience	Goal	Key Findings to be Shared	Product/Channel
Administration leadership and policymakers	To regularly share the positive impacts of the QL in helping MD residents to quit.	Annual QL evaluation results, quit rates, successes and challenges, and ROI.	Reports via website and via formal chains to state legislators.
Health Providers and Health Professionals	To disseminate up-to-date tobacco cessation news, updates, legislation, and	Evaluation results, quit rates, impacts and outreach to various	Annual Conference, website, media

	best practices to Maryland health providers and health professionals.	populations, newest enhancements.	
States; North American Quitline Consortium	Share information on Maryland's Medicaid Match	Case study serves as a guidance for other states and has resulted in requests for technical assistance.	Reports, website
Health Providers and Health Professionals	Achieve buy-in from leadership and physicians, patient motivation	"Electronic Referrals to the Tobacco QL: Implementation strategies in a large health system to optimize delivery of tobacco cessation to patients" in which CTPC staff, Sara Wolfe, is one of the authors. The article outlines the results of UMMS work and validates that e-referral process is an efficient method for tobacco users to receive a cessation referral from clinicians.	The Journal of Translational Behavioral Medicine

Recommendations and Use of Findings		
Recommendation	Rationale	Planned Steps to Use Findings
Continue to provide tobacco use treatment interventions for Maryland residents, including Medicaid, pregnant, behavioral health, and youth populations, as well as other populations who have limited access to services.	Disparate populations such as Medicaid participants and the behavioral health population may need additional support and higher prevalence of smoking.	Continue to incorporate QL/Tobacco Treatment health communication activities into multi-year media contract; develop annual and long term work plans with selected vendor.
Continue to enhance QL sustainability by increasing partnerships to diversify funding and working with private/public partners to provide or reimburse the cost of barrier-free quit support services.	MD has seen great success with working with Medicaid and health systems and will expand on efforts to continue to serve additional residents.	Continue to implement public-private partnerships or other strategies continuing to participate in CDC supported NAQC public-private partnership initiatives.