



Panel III: Changing the Environment to Support Health (“upstream”)
Models for Population Health Improvement by Health Care Systems and Partners: Tensions and Promise on the Path Upstream; A Workshop

September 19, 2019

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Vice President, Cancer Prevention and Population Sciences

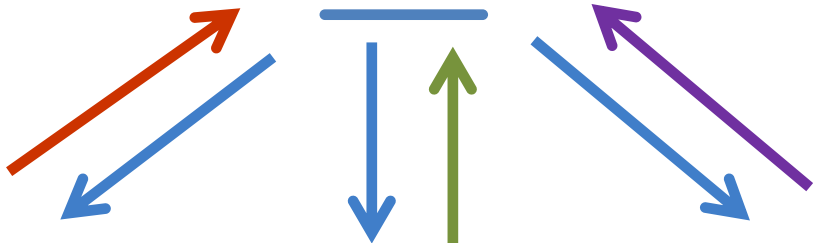
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Director, EndTobacco Program and Cancer Prevention Policy

MD Anderson: 4 Mission Areas



RESEARCH



CLINICAL CARE
Individuals

EDUCATION & TRAINING
Future generations

PREVENTION & CONTROL
Communities

MD Anderson's Definition of Cancer Control

2

Evidence-based actions to affect meaningful, measureable, and lasting improvements at the population level through:

Policy

Inform, impact & implement worksite, gov't & public policies & related activities

Education – public & professional

Develop & deliver school-based programs, media campaigns & counter-marketing programs. Improve health professional knowledge through CME programs & telementoring activities

Services beyond MD Anderson's walls

Improve professional practice & delivery of community-based screening & early detection, counseling, immunization, & prevention services

Tobacco is an MD Anderson Priority

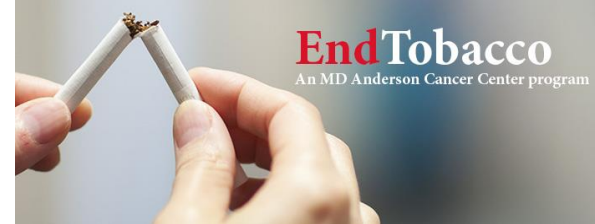
Tobacco remains the leading preventable cause of death & disability

- ~30% of cancer deaths, ~20% of all deaths
- Linked to ≥ 15 cancer sites
- 14% prevalence in adults, 7.6% in high-schoolers
- Costs >\$332 billion ANNUALLY (direct health care costs & lost productivity)

It's a MODIFIABLE risk factor that can be controlled with increased resources & funding

- Tobacco control at federal & state levels is sub-optimal
- No state is funding tobacco control at or above the CDC-recommended level

MD Anderson's EndTobacco Program



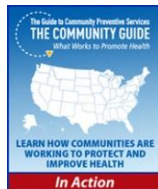
An unprecedented & sustained institutional commitment to advance evidence-based tobacco control as a core element of our mission through leadership, investment, and collaboration.

Goal 1: Reduce the prevalence of the use of cigarettes by children, adolescents & adults

Goal 2: Reduce the proportion of non-smokers exposed to second-hand smoke (SHS)

Goal 3: Increase quit attempts by adult & teen smokers, increase cessation counseling in ambulatory care settings

Evidence-Based



Population-Level Focus



Institutional



Local/Regional/
State



National/
International

EndTobacco®

An MD Anderson Cancer Center Program

The University of Texas MD Anderson Cancer Center's EndTobacco initiative is a sustained institutional commitment to advance evidence-based tobacco control to:

- reduce the prevalence of tobacco use
- reduce second-hand smoke
- increase cessation success

The EndTobacco program collaborates with many national and state partners to enhance our mission to end tobacco-related cancers.



THE UNIVERSITY OF TEXAS SYSTEM
New Universities. Six Health Institutions. Unlimited Possibilities.



TEXAS
Department of
State Health Services



American
Heart
Association
life is why™



AMERICANS for
NONSMOKERS' RIGHTS



truth initiative
INSPIRING TOBACCO-FREE LIVES



Established the only accredited
Certified Tobacco Treatment Training
Program in Texas and surrounding
states

357 Providers trained

through 12 courses from 2017 – 2019



Reduced second-hand exposure and promoted tobacco control actions across the **14** institutions of the UT System & **62** other colleges & universities around Texas and the US. Held **2** replication Summits in NJ & VA.

Population for faculty, staff and students

~1.6M

Served as an educational resource to the Texas Tobacco 21 coalition. Texas became the 15th state in the U.S. to increase the legal age for sale of tobacco products and e-cigarettes to 21 years old.



Population
under 18

~6M



Engaged in Texas Tobacco21

- Aligned goals with the EndTobacco plan to reduce smoking among youth
- Role of MD Anderson in Texas Tobacco21 was non-lobbying, educational resource, coalition administrative support
- Approving/endorsing bodies:
 - MD Anderson leadership, including President, Governmental Relations, Compliance and Ethics Division
 - The University of Texas System: Board of Regents, Governmental Relations, Ethics
 - MD Anderson's Board of Visitors:
 - Government Relations Committee
 - Cancer Prevention and Control Advisory Committee

MD Anderson Governmental Relations and EndTobacco teams helped establish statewide coalition:

- State Context: Conservative state reluctant to promote government intervention in personal behavior and market place required broad coalition of supporting organizations
- Statewide coalition grew from 13 in 2017 to over 100 members in 2019
- MD Anderson leadership and influential Board of Visitors recruited highly regarded conservative leaders in House and Senate to champion legislation
 - » Texas Lt. Governor Dan Patrick adopted as a priority for the Senate: Senate Bill 21
 - » Senate Author: Sen. Joan Huffman, Chair, State Affairs Committee
 - » House Author: Rep. John Zerwas, M.D., Chair, House Appropriations
- Legislation considered over two legislative session before passing (4 years)

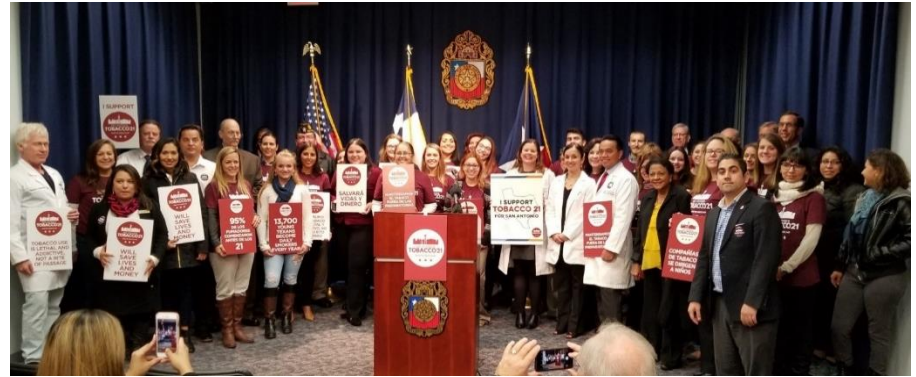
Bill passed and signed by Texas Governor Greg Abbott in 2019

- Includes military exemption and phase in (current 18 year olds effected when turn 21)
- E-cigarettes included and may be removed from law in future if FDA approves as cessation device
- Now 18 states and over 450 municipalities in 28 states adopted this policy across the nation

Engagement Examples: Town Halls, Press Conference, Provided Testimony to Legislative Committee, Calls to Action*



Pictured above: Kellyn Kruk, youth advocate for SayWhat! and Campaign for Tobacco Free Kids; along with bill sponsors and members of the Texas Legislature with medical physicians



Members of the San Antonio T21 Coalition: students, physicians, public health, faith-based, civic clubs

TEXAS21
RAISE THE TOBACCO AGE

Texas Tobacco 21 update
February 5, 2019

The Texas Tobacco21 coalition is currently made up of 73 supporting organizations from across Texas. Check out the full list below. Our website includes updated resources, fact sheets, resolutions and supporter forms. Please direct groups, colleagues, networks and members to sign up for the newsletter and join the coalition: texas21.org.
Legislative Highlights from January:

Weekly legislative updates and calls to action were sent by advocacy partners

**Actions varied by tax status of entities*

Public Health Advocacy Groups:



Children's Health Groups:



Health Systems



Medical Societies/Associations



Health Coalitions & Nonprofits



TEXAS IS
BEST WHEN
TEXANS ARE
HEALTHY



The
Cooper Institute[®]
WELL. INTO THE FUTURE.

alzheimer's 
association[®]



WillCo
Wellness
Alliance



**Sixty
& BETTER**
Where Healthy Aging Begins

CANCER ALLIANCE
OF TEXAS




Healthy Futures
of Texas



Business Groups:



THE TEXAS STATE CHAMBER

Breathing
Center of Houston


PARADIGM
FAMILY HEALTH

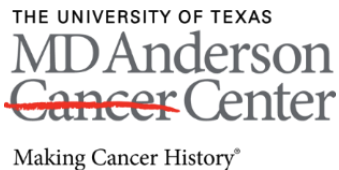
Cancer Research:



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

TEXAS21
RAISE THE TOBACCO AGE

Institutes of Higher Education:



School Districts:



Local Health Departments



Drug & Alcohol Coalitions



Mental Health/ Substance Abuse



Challenges:

- Working through legislative process:
 - Push back from opponents
- Working with:
 - Legislative champions throughout process with partners and evolving policy language
 - Achieving consensus with broad steering committee partners to agree upon policy language, intent and implementation

Federal Programs to Stimulate Population Health Actions by Hospitals/Academic Medical Centers

501(c)(3) Tax-Exempt Status Requirements

To qualify as an organization described in Section 501(c)(3), a hospital must:

- Demonstrate that it provides benefits to a class of persons that is broad enough to benefit the community, and
- Operate to serve a public rather than a private interest. --*IRS Charitable Hospitals - General Requirements for Tax-Exemption Under Section 501(c)(3)*

Affordable Care Act's (ACA) Community Health Needs Assessment

"Section 501(r)(3)(A) requires a hospital organization to conduct a community health needs assessment (CHNA) every three years and to adopt an implementation strategy to meet the community health needs identified through the CHNA." --*IRS Requirements for 501(c)(3) Hospitals Under the Affordable Care Act – Section 501(r)*

NCI's Cancer Center Support Grant (CCSG) Community Outreach & Engagement (COE) criteria

"In Community Outreach and Engagement, the applicant should describe the aspects in which the Center and its research engages its catchment area, and how the center extends its reach beyond the catchment area." --*CCSG Funding Opportunity Announcement*

Clinical Translational Science Award (CTSA) Community Engagement Criteria

"Applicants should describe how community engagement will be integrated into the translational science spectrum, and specifically how community engagement will be integrated into leadership, research, communication, and dissemination and implementation strategies at their hub." --*CTSA Funding Opportunity Announcement*