



# Building Blocks for a Successful Partnerships: Tobacco Cessation Program for People Living with HIV/AIDS

AIDS Healthcare Foundation and Alere Wellbeing

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## Background

AIDS Healthcare Foundation (AHF) is a global organization providing health care services and advocacy to people living with HIV/AIDS (PLWHA). Nationwide, AHF healthcare centers offer specialized primary care for HIV positive clients/patients at 27 sites. Five health plans (Medicare and Medicaid) manage medical and pharmacy benefits for more than 2000 plan members.



## Partnership

Partnerships are effective for implementing change at the organization or system level, particularly if the subject matter expertise is not held by the organization. In 2012, AHF initiated its partnership with Alere Wellbeing to launch the Quit for Life® program as part of its health improvement activities. Quit for Life is a low-literacy, evidenced based program that uses a multi-media approach to support tobacco cessation. The Program uses a combination of physical, psychological and behavioral strategies to empower consumers to change their behavior.

As partners, Alere and AHF share complementary values and organizational strengths. Alere Wellbeing brings its history of leadership in the wellness industry, health management solutions, and evidence-based programs for behavior change. AHF contributes its 25 years of knowledge working with HIV/AIDS, care management and specialized personnel (including case coordination staff and primary care providers).

The Program supports multiple AHF initiatives:

- Health Improvement: improve overall health for individuals living with HIV/AIDS to by reducing health risks associated with tobacco use.
- Preventive Health Services: condition-specific preventive health for specific health care coverage programs (e.g., Medicare, Medicaid, and Ryan White).
- Million Hearts Initiative: intervention to prevent one million heart attacks and strokes over the next five years among Medicare beneficiaries.

## Project Description

The CDC estimates that 45.3 million adults in the United States currently use tobacco. Cigarette smoking is the leading preventable cause of death accounting for 443,000 deaths annually. Among PLWHA, tobacco is a contributing factor for co-morbidities including cancer, heart disease and stroke, among others. AHF clients use tobacco at a much higher rate than the general population. Twenty-seven percent (27%) of AHF California Medicare members and 28% of AHF Florida Medicare members use tobacco as compared with 19% of the general U.S. population. Nationwide, more than 70% of current smokers report that they would like to quit smoking; however, only 5% are successful on their own. Although 78% of AHF Medicare beneficiaries in California and 84% in Florida report that their health care provider advised them to quit smoking in the past year, most continue to use tobacco.

In working with Alere, AHF developed a project plan to ensure the successful launch of Quit for Life for PLWHA, which is based on **four essential practices**:

1. Quit at own pace.
2. Conquer urge to smoke.
3. Use quit medications so they really work.
4. Don't just quit, become a nonsmoker.

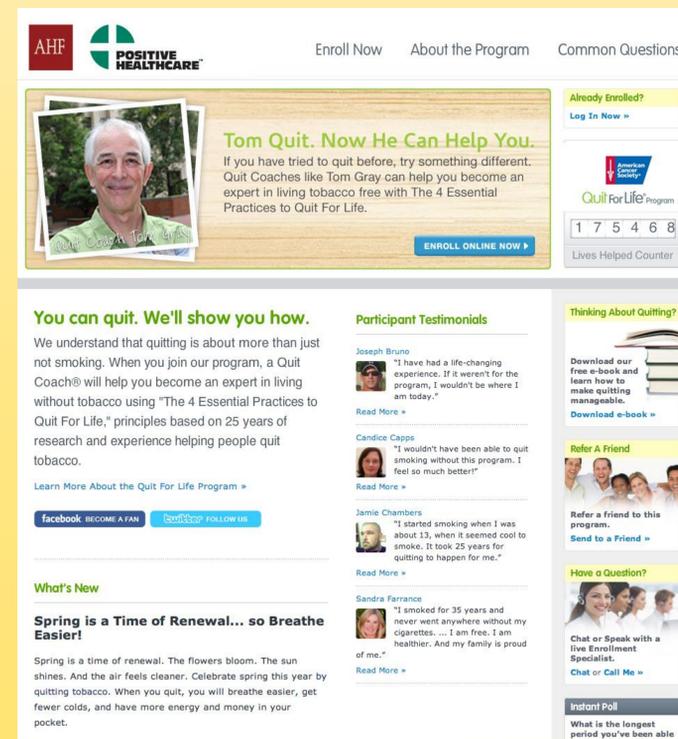
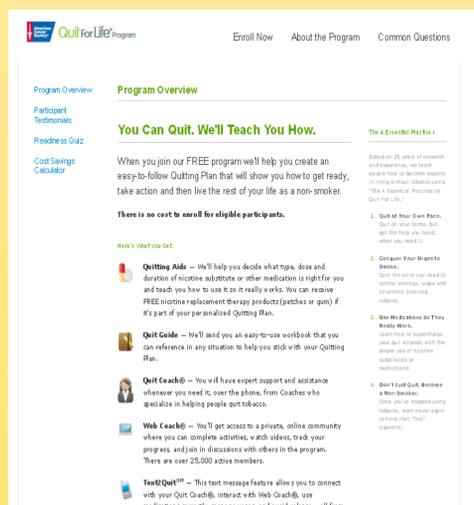


Project activities included population analysis, determining program eligibility, educating internal stakeholders (e.g., physicians, clinic staff, health plan staff, pharmacy), customizing Program materials, deploying the consumer tools (e.g., web portal), and establishing approach to measuring success and program effectiveness (e.g. enrollment, quit rates). Literacy is an important consideration as Program elements include a combination of phone calls, text messages, quit coaches, individualized website, and nicotine replacement therapy. All written materials are produced for low-literacy populations and are available in English and Spanish. The Quit Guide, which is the cornerstone of the education arm of the program, is written at the 4<sup>th</sup> grade reading level. Phone support from Quit Coaches is available in 10 languages.

Program effectiveness is measured by expected outcomes that 10% of smokers will enroll in the program and 45% will quit by 6 months (as measured by not using tobacco in the last 30 days).

## Target Population

People living with HIV/AIDS who use tobacco and are enrolled in an AHF managed care plan or receive health care services from primary care specialists in AHF healthcare centers nationwide.



## Policy Implications

Collaborative partnerships are an effective and efficient mechanism to develop and implement an evidence-based health improvement program. Low-literacy programs that use multiple channels of communication are successful in supporting tobacco cessation.

