
Changing
PRACTICE

Changing
SYSTEMS



Changing LIVES

UW-CTRI
UNIVERSITY OF WISCONSIN

Center for Tobacco
Research & Intervention

Changing LIVES



Former Smoking Buddies Quit

Patrick Cantwell and his daughter, Courtney, were smoking buddies. With fewer family and friends smoking, Pat and Courtney were the ones to go outside to smoke. Pat began to feel he was missing more than he was gaining, so, he volunteered for the Wisconsin Smokers' Health Study being conducted in Madison.

He called in March, began the study in May and quit in June.

Then, Courtney knew it was her turn. She was apprehensive about the study, but seeing how well her dad did gave her assurance that she could quit. And, she did. In December.

"The study kept me accountable," said Courtney. Every week she had her carbon monoxide tested and talked with her counselor. Even carrying the ED (electronic diary) was helpful. "It felt good to be able to press 'zero' when ED asked how many cigarettes I had smoked."

As an ex-smoker, Courtney feels and looks better. She's exercising and she's getting compliments on her skin and brighter eyes.

Kramer, the family's Westie, is happier as well, because now, no one in the family smells like smoke.

Changing PRACTICE, Changing SYSTEMS, Changing LIVES

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FROM THE DIRECTOR

TRANSLATING TOBACCO TREATMENT RESEARCH INTO PRACTICE IS ALWAYS OUR GOAL. WHEN THIS TRANSFERENCE OCCURS SUCCESSFULLY, THE RESULTS CAN BE AMAZING. AN EXAMPLE OF EFFECTIVE RESEARCH TRANSLATION IS THE DISSEMINATION OF THE U.S. PUBLIC HEALTH SERVICE CLINICAL PRACTICE GUIDELINES ON SMOKING CESSATION, REGARDED AS THE GOLD STANDARD FOR TREATING TOBACCO DEPENDENCE.

STARTING WITH THE FIRST GUIDELINE, PUBLISHED IN 1996, EFFORTS WERE UNDERTAKEN TO DISSEMINATE THE RECOMMENDATIONS. THESE EFFORTS WERE ACCELERATED IN 2000 WITH THE PUBLICATION OF THE UPDATED GUIDELINE, *TREATING TOBACCO USE AND DEPENDENCE*.

THE NEXT STEP, CREATING A MODEL PROGRAM FOR INTEGRATING TOBACCO TREATMENT INTO THE STANDARD OF CARE, CAME IN 2001 WITH DEVELOPMENT OF THE UW-CTRI EDUCATION AND OUTREACH PROGRAMS.

THIS REPORT HIGHLIGHTS THIS PROGRESS OVER THE PAST TEN YEARS AND OFFERS A GLIMPSE OF NEW RESEARCH AT OUR CENTER. WE BELIEVE THESE NEW RESEARCH EFFORTS WILL PRESENT AN OPPORTUNITY FOR FURTHER TRANSLATION AND DISSEMINATION AS WE MOVE TOWARD OUR COMMON GOAL—HELPING MORE SMOKERS TO QUIT.

MICHAEL C. FIORE



*Michael C. Fiore
Director, UW Center for Tobacco
Research and Intervention*

“CURRENT TREATMENTS FOR TOBACCO DEPENDENCE OFFER CLINICIANS THEIR GREATEST SINGLE OPPORTUNITY TO STAUNCH THE LOSS OF LIFE, HEALTH AND HAPPINESS CAUSED BY THIS CHRONIC CONDITION. IT IS IMPERATIVE, THEREFORE, THAT CLINICIANS ACTIVELY ASSESS AND TREAT TOBACCO USE.”

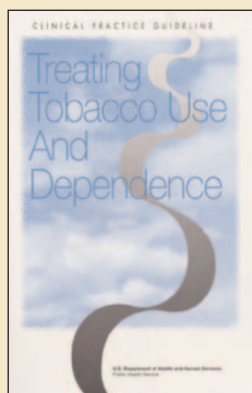
— U. S. PUBLIC HEALTH SERVICE CLINICAL PRACTICE GUIDELINE:
TREATING TOBACCO USE AND DEPENDENCE.



THE CLINICAL PRACTICE GUIDELINE

Research and Recommendations

The year, 2006, marks the tenth anniversary of a major achievement—the publication of the *Smoking Cessation Clinical Practice Guideline* by the United States Agency for Healthcare Research and Quality. Led by Michael Fiore, MD, UW-CTRI Director, and Timothy Baker, PhD, UW-CTRI Associate Director, a panel of researchers compiled and analyzed research that led to effective strategies to help smokers who want to quit. In 2000, the same panel updated the 1996 guideline and gave healthcare



providers a roadmap for smoking cessation treatment.

This roadmap included the 5 A's, an effective method for healthcare providers to help smokers quit by *asking* all patients about tobacco use, *advising* smokers to

quit, *assessing* willingness to quit, *assisting* with a quit attempt and *arranging* for follow up.

The updated guideline, *Treating Tobacco Use and Dependence*, analyzed the effectiveness of quit smoking counseling and medications and

encouraged clinicians to use these proven treatments to help their patients quit tobacco use. The guideline also encouraged system changes that integrate smoking cessation treatment into the healthcare setting.

“The GUIDELINE PANEL is OPTIMISTIC that this UPDATED GUIDELINE is a HARBINGER of a NEW and VERY PROMISING ERA in the treatment of tobacco use and dependence...

THIS NEW STANDARD OF CARE provides clinicians and health care delivery systems with their GREATEST OPPORTUNITY to IMPROVE the CURRENT and FUTURE health of their patients by ASSISTING THOSE ADDICTED TO TOBACCO. Tobacco users and their families DESERVE NO LESS.”

– U. S. PUBLIC HEALTH SERVICE CLINICAL PRACTICE GUIDELINE: *TREATING TOBACCO USE AND DEPENDENCE*.



PART TWO

GUIDELINE DISSEMINATION

Around the World

Guidelines must be implemented to be effective. So, a strong dissemination effort was begun with the first guideline and accelerated with the second. UW-CTRI and the United States Agency for Healthcare Research and Quality (AHRQ) have worked together to create and disseminate close to five million pieces of literature about the guideline. The 1996 and 2000 guidelines were translated into Chinese, Korean, Vietnamese, Cambodian and Spanish.

In the past 10 years, close to five million copies of guideline materials have been disseminated all over the world. Below are a few examples of what has been distributed. As a result, clinical practice has changed and tobacco treatment has become more widespread.

GUIDELINE MATERIALS DISTRIBUTED

145,000	CLINICAL PRACTICE GUIDELINES
1,671,000	PHYSICIAN'S QUICK REFERENCE GUIDES
2,751,500	PATIENT GUIDES (ENGLISH)
279,000	PATIENT GUIDES (SPANISH)

What is even more important, the number of healthcare providers treating patients has greatly increased. According to a study published in the August 2005 issue of the *American Journal of Preventive Medicine*:

SMOKERS AT HEALTHCARE VISITS

90%	WERE ASKED ABOUT SMOKING
71%	WERE ADVISED TO QUIT
56%	WERE ASSESSED FOR THEIR WILLINGNESS TO QUIT
49%	WERE GIVEN ASSISTANCE IN QUITTING.

OTHER NATIONAL RESULTS

Addressing Tobacco in Managed Care

An outgrowth of guideline recommendations was the Addressing Tobacco In Managed Care Program (ATMC). In 1997, funded by the Robert Wood Johnson Foundation, UW-CTRI, along with Dr. Susan Curry of the University of Illinois at Chicago, became the national office for this program, which was intended to promote the integration of effective smoking cessation



treatments into healthcare provided by managed care organizations (MCO). These systems changes are required to most effectively implement tobacco treatment into healthcare settings.

The program provides grants to evaluate the effectiveness of systems-level, tobacco dependence treatment interventions developed by MCOs.

The program also encourages the sharing of this information through conferences and its website. In 2005, ATMC enhanced its emphasis to include healthcare delivery systems more broadly and is now a network for sharing systems information.

National Action Plan for Tobacco Cessation

A further extension of the guideline came on February 11, 2003, when Dr. Fiore presented to then Health and Human Services Secretary Tommy Thompson a bold, new plan to promote smoking cessation, reduce smoking prevalence and prevent millions from starting to smoke. These United States Interagency Committee on Smoking and Health (ICSH) recommendations were published in the *American Journal of Public Health* (AJPH) and unveiled at a press conference at the National Press Club in Washington, D.C.

The plan and the article in AJPH resulted from deliberations of a subcommittee on smoking cessation that Secretary Thompson had asked Dr. Fiore to chair. The subcommittee's report is a comprehensive plan that recommends both government programs and public/private partnerships. The response of the full ICSH committee, chaired by Surgeon General Carmona, and the public was overwhelmingly positive.

**1-800
QUITNOW**
NATIONAL TOBACCO QUIT LINE

Results include:

A national quit line network (1-800-QUIT-NOW), one of the plan's recommendations, is now operational and helping smokers' quit.

Centers for Medicare & Medicaid Services now provides new coverage allowing certain Medicare beneficiaries who smoke to receive tobacco cessation counseling services and medications, another plan recommendation.



PART THREE

*Dr. Michael Kretz, retired physician
and smoking cessation advocate*

WISCONSIN

Implements the Guideline

Wisconsin has served as a laboratory for implementing the U.S. Public Health Service Clinical Practice Guideline: *Treating Tobacco Use and Dependence* in three ways—through the UW-CTRI Smoking Prevention and Cessation Clinic, through an outreach program to Wisconsin healthcare providers and through a population-based intervention, the Wisconsin Tobacco Quit Line.

CHANGING LIVES THROUGH THE UW-CTRI CESSATION CLINIC

In 2005, the UW-CTRI Cessation Clinic continued its tradition of helping patients quit through state-of-the-art outpatient care. Clinic staff – physicians, psychologists and others – also provide inpatient cessation services for University of Wisconsin Hospital patients. They take guideline recommendations and put them into practice. They help smokers understand the physical and psychological aspects of tobacco dependence and offer a variety of quitting treatments. This includes individual and group counseling as well as FDA-approved medications. Since its inception, the clinic has helped over 1000 smokers quit.



*“I found coming to the GROUP
COUNSELING SESSIONS VERY
HELPFUL—the MEMBERS
of THE GROUP REINFORCE
your SUCCESSES and have GOOD
SUGGESTIONS for DEALING
with those TIMES when YOU
WANT TO SMOKE.”*

— BRIAN SHAH OF MADISON

WISCONSIN'S OUTREACH PROGRAM: CHANGING PRACTICE & SYSTEMS

UW-CTRI's outreach program is a nationally recognized model for implementing the Clinical Practice Guideline. UW-CTRI outreach staff assist healthcare providers across the state to treat tobacco users by providing onsite training on the guideline's 5 A's and providing the latest scientific research on tobacco dependence. They also counsel healthcare systems on strategies for making tobacco dependence treatment an integral part of everyday care. Located in cities within the state's five major health regions – Eau Claire, Rhinelander, Green Bay, Milwaukee and Madison – UW-CTRI outreach specialists provide ongoing technical assistance to clinics, hospitals, managed care organizations, and insurers statewide.

Changing Practice— Clinician Behavior

UW-CTRI outreach specialists work with individual doctors, nurses, dentists, pharmacists and other healthcare providers to help them more effectively assist their patients in quitting.

OUTREACH NUMBERS

24,000 INTERACTIONS WITH HEALTHCARE
PROFESSIONALS (TRAINING AND
TECHNICAL ASSISTANCE SINCE 2001)

800 INTERACTIONS EACH MONTH

Using an academic detailing model, UW-CTRI outreach professionals provide on-site training to change the way healthcare providers deliver brief interventions with tobacco users. This training includes: use and dosage information for stop-smoking medications, motivational interviewing and counseling techniques, free guides and materials to make interventions faster and easier, cost-effectiveness data, and emerging research on best practices. They also provide information on how to implement a Fax to Quit program to seamlessly connect patients to the Wisconsin Tobacco Quit Line. Outreach specialists follow up with technical assistance to ensure ongoing guideline implementation.



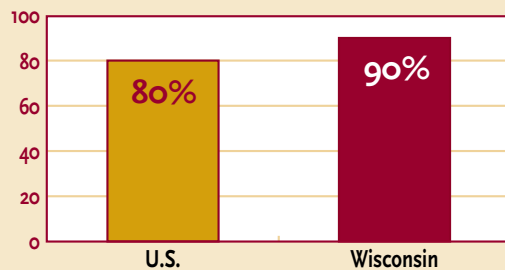
*Outreach staff members
Phabian Barrett, Rob Adsit,
Tricia Brein and Sandy
Keller discuss program
evaluation.*

Changing Practice—Hospitals

In 2004, UW-CTRI partnered with the Wisconsin Hospital Association (WHA) to provide training manuals, on-site training and in-person technical assistance to 55 hospitals (serving 866,000 patients).

In 2005, it paid dividends. According to new data from WHA, Wisconsin is above the national average in terms of the number of patients treated for tobacco use; while the national average is under 80 percent, the Wisconsin average is almost 90 percent.

Percentage of Hospital Patients Treated for Tobacco Use



Changing Systems

Since 2001, UW-CTRI outreach specialists have worked with hundreds of healthcare systems and insurers in Wisconsin – including all of the major managed care organizations in the state – to treat thousands of tobacco users. The outreach specialists provide best practices from the Clinical Practice Guideline as well as the latest research. They work to change the systems of healthcare delivery to make tobacco treatment a standard part of care.

The Clinical Practice Guideline recommends six systems-level strategies to support tobacco use treatment: education and resources for providers; dedicated healthcare staff to coordinate the tobacco treatment efforts; insurance coverage for medications to help tobacco users quit; clinician reimbursement; clear hospital policies that support these strategies; and tracking and evaluating the delivery of tobacco dependence treatments. The outreach specialists help systems

implement these recommendations by instituting tobacco use as a vital sign, training providers and quality improvement staff, developing clinician reminders, installing Fax to Quit systems, working with treatment champions to bring everyone on board and collaborating with quality improvement professionals to assess results.



“We STARTED using a VITAL SIGN STAMP for TOBACCO USE.

Then we used a STICKER to MAKE IT MEASURABLE to see WHETHER we were REACHING AND ASSESSING TOBACCO USE at EVERY VISIT. And now we’re USING FAX TO QUIT.

We get a MONTHLY REPORT on OUR PROGRESS from UW-CTRI, which is REALLY HELPFUL.”

—MICHELLE SHERLEY, RN, HUDSON PHYSICIANS

OUTREACH NUMBERS

1,200 HEALTHCARE DELIVERY ORGANIZATIONS SERVED SINCE 2001

Examples of UW-CTRI systems collaborations:

- *Worked extensively with the Marshfield Clinic System* (serving over 350,000 patients) to implement their tobacco intervention program in all their clinics.
- *Helped Holy Family Memorial network in Manitowoc* – which has a quarter-million patient visits each year at 10 locations – to fully integrate tobacco assessment and intervention into every patient visit.
- *Brought together clinicians from Bellin Health, Prevea Clinic and Aurora Health Care* to discuss the burden of tobacco in Brown County, which results in direct healthcare costs of \$66.8 million a year.
- *Trained clinical staff within the Aurora, Covenant and Columbia-St. Mary's systems* in Milwaukee County to provide quit smoking services. Together, these systems serve over half-a-million patients.

Special Programs

UW-CTRI is dedicated to reducing tobacco-related disparities through targeted outreach initiatives. Examples include:

- *Helping Ethnic Populations Quit:*
We continue to work with tribal representatives throughout Wisconsin to obtain and implement their recommendations to reduce commercial tobacco use among Native Americans.

UW-CTRI expanded its efforts in 2005 by awarding mini-grants to the Wisconsin Tobacco Prevention and Poverty Network as well as the state Asian, Hispanic/Latino and African American networks. These grants will provide funding for the networks to conduct research and present recommendations on how best to improve quit smoking services for these communities.

- *Helping Pregnant Smokers Quit:* UW-CTRI works closely with *First Breath*, a program of the Wisconsin Women's Health Foundation, to help pregnant women quit smoking. UW-CTRI outreach specialists assist in training *First Breath* counselors, deliver technical assistance to *First Breath's* 122 sites and offer post-partum cessation support through the Quit Line.
- *Changing Mental Health and Correctional Facilities:* UW-CTRI counseled and trained representatives from state mental health and correctional facilities to help them prepare for transitions to smoke-free environments. Outreach specialists discussed medications and counseling that could help thousands of employees and patients in these systems quit.



Tricia Brein, Southern Region Outreach Specialist, conducts a webcast for staff at Wisconsin mental health facilities prior to implementation of smoke-free policies.

CHANGING LIVES THROUGH THE WISCONSIN TOBACCO QUIT LINE

The Wisconsin Tobacco Quit Line, a free cessation service, offers individualized counseling and support to any Wisconsin resident who is ready to quit tobacco use. In 2005, the Quit Line provided services to more than 7,000 individuals – 91 percent were tobacco users.

Quit Line counselors create a personalized program for each caller to provide optimum advice and support. The Quit Line can provide proactive phone calls to tobacco users during a quit attempt, offering callers a choice of a one- or four-call plan.

The Quit Line is a good option for low-income smokers. Currently 15 percent of Quit Line callers are uninsured. A similar number receive Medicaid coverage. Callers who are insured are encouraged to check whether smoking cessation medications are covered by their insurers.

QUIT LINE NUMBERS

7,363 TOBACCO USERS CALLED THE QUIT LINE IN 2005

46,000 PEOPLE HAVE CALLED THE QUIT LINE SINCE 2001

CALLERS ARE 4 TIMES MORE LIKELY TO QUIT.

Fax to Quit

This program links healthcare providers to Wisconsin Tobacco Quit Line services. Fax to Quit allows Quit Line coaches to initiate calls to patients who have begun the quitting process with the help of their physician. Fax to Quit now accounts for more than 35 percent of the overall Quit Line participation and has referred more than 9,000 people to the Quit Line since 2003. Sites using Fax to Quit include stand-alone clinics, managed care organizations and *First Breath* Program sites.



Wisconsin Tobacco Quit Line coaches help callers by offering practical, individualized advice on quitting smoking or chewing tobacco.



WISCONSIN TOBACCO QuitLine

"UW-CTRI has been INSTRUMENTAL in providing FRANCISCAN SKEMP PHYSICIANS and NURSING STAFF with the TOOLS NEEDED to participate in the FAX TO QUIT PROGRAM. Offering the SERVICE to PATIENTS at the point of care is EXTREMELY IMPORTANT to the overall SUCCESS."

—DORIS DOHERTY, BSN, RN, PATIENT/FAMILY EDUCATION COORDINATOR, FRANCISCAN SKEMP MAYO HEALTH SYSTEM

FAX TO QUIT NUMBERS

576 FAX TO QUIT SITES EXIST THROUGHOUT WISCONSIN

9,000 PEOPLE REFERRED TO THE QUIT LINE THROUGH FAX TO QUIT SINCE 2003



RESEARCH

Paves the way

Changes made in clinical practice and health-care systems are best generated by scientific research. The 2000 U.S. Public Health Service Clinical Practice Guideline recommendations were the result of an analysis of over 6000 scientific articles published in peer-reviewed journals. At this moment, new research is being conducted that will have far-reaching consequences for future treatment of tobacco dependence. UW-CTRI is at the forefront of that valuable research.

DEPENDENCE, WITHDRAWAL, GENETICS AND RELAPSE: RESULTS FROM TRANS-DISCIPLINARY RESEARCH

(TTURC 1)

In 1999, UW-CTRI was selected to embark upon a five-year relapse prevention research program by the National Institutes of Health as one of the seven original Transdisciplinary Tobacco Use Research Centers (TTURC 1). This research was designed to improve our understanding of tobacco dependence and to find ways of preventing relapse. Findings from TTURC 1 research include:

- A new measure of tobacco dependence, the Wisconsin Index of Smoking Dependence Motives questionnaire (the WISDM). This questionnaire assesses a number of facets of dependence based on physical, psychological, social and environmental influences. A shorter version is being developed for use by clinicians.



Cathlyn Leitzke, Madison research coordinator, explains study requirements.

- *New information about withdrawal*—that it is highly individual and that it persists longer than previously thought, for example.
- *Greater understanding of how treatments work.* Data gained from immediate feedback from research participants is showing when and how medications affect withdrawal symptoms.
- *Data on the effectiveness of web-based interventions.*
- *New evidence of genetic associations* with smoking and tobacco dependence.

Further analysis of TTURC 1 data should have great relevance to the treatment of tobacco dependence. The research should improve the assessment of dependence, identify those at greatest risk for relapse, reveal how treatments work and provide additional insights into the factors that cause relapse.

NEW RESEARCH: TREATMENT AND OUTCOMES (TTURC 2)

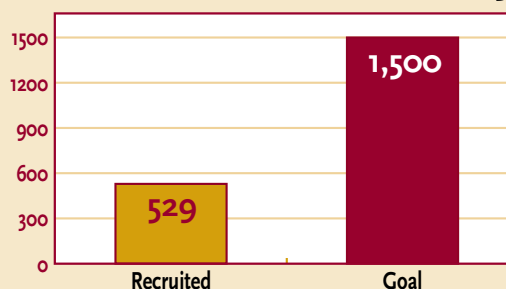
Researchers currently have little data from head-to-head comparisons of various medications designed to help people quit smoking. We know little about which treatments work best with particular groups of smokers or how well treatments work in “real-world” settings.

A new round of National Institutes of Health Transdisciplinary Tobacco research, Tobacco Dependence: Treatment and Outcomes (TTURC 2), has the ambitious goal of addressing gaps in our current knowledge about the treatment of tobacco use and the health and economic effects of smoking and quitting. TTURC 2 research, begun in late 2004, will also attempt to gain new information on genetics and smoking as well as healthcare costs of smoking versus not smoking.

The new TTURC research is comprised of two groups of studies—clinical trials in Madison and Milwaukee and research on similar treatments in primary care settings in eastern Wisconsin.



One-Third Enrolled in 2005



Wisconsin Smokers' Health Study: The Clinical Trial

The Wisconsin Smokers' Health Study focuses on a head-to-head comparison of five tobacco dependence treatments. This research will examine how treatments work and construct a guide for future medication use by suggesting ways to match smokers and treatments.

The second goal of the study is to assess the effect of smoking and quitting on mental and physical health, diet, exercise and social relationships after one, two and three years. Bringing together an outstanding group of researchers – experts in cardiology, psychology, nutrition, exercise and various addictions, to name a few, UW-CTRI researchers hope to break new ground in terms of seeing and treating the tobacco user as a whole person and over time.



“I had almost given up trying to quit but when I saw the ad for the study, I thought this might work. And it did. I’m so happy to be smoke free.”
—Sandy Rick, Madison



Adam Fiebelkorn and Erica Owen from the Milwaukee research office discuss procedures for the Wisconsin Smokers' Health Study.

Treatment and Costs in the Real World: Research in a Primary Care Setting

This second group of TTURC 2 research looks at real world tobacco treatment and its effects on healthcare usage. The first of these studies addresses the effectiveness of the same treatments studied in the Wisconsin Smokers' Health Study but in a primary care setting—at various Aurora Health Care clinics in eastern Wisconsin. The research will assess patients' willingness to participate in cessation treatment and evaluate treatment recruitment and delivery. After treatment, participant smoking status will be followed for one year.

Using information from participants in the research described above, this study will contribute new data on the impact of cessation on healthcare usage and costs. The study will compare healthcare usage and the cost of that care among quitters versus continuing smokers by obtaining long-term data from the group of 1,300 smokers participating in the primary care treatment study and from a sample of 600 continuing smokers. This research should

provide valuable information on the cost-effectiveness of quitting smoking by assessing the impact of quitting on future use of healthcare services.



Sarah Cunitz and Megan Feyen train medical assistants as part of the primary care study which will recruit 1300 smokers in Eastern Wisconsin.



“THIS STUDY is POISED to make several UNIQUE CONTRIBUTIONS to knowledge about the IMPACT OF SMOKING CESSATION on HEALTH CARE COSTS and USAGE. Because smokers are recruited at ROUTINE CLINICAL VISITS, we will have data on HEALTH STATUS, use of HEALTH CARE, and HEALTH CARE COSTS from a broad range of smokers. We can also COMPARE the usage and costs of QUITTERS to CONTINUING SMOKERS with the same HEALTH CONDITIONS”.

– SUE CURRY, PhD, UNIVERSITY OF ILLINOIS-CHICAGO, TTURC2 COLLABORATOR



Donna Muehlenbruch checks the medication in a clinical trial of a new medication for quitting smoking.

ADDITIONAL RESEARCH

Medication Clinical Trials

UW-CTRI conducts clinical trials for new medications on a regular basis. Recent trials include three experimental drugs for smoking cessation: rimonabant, varenicline and a nicotine vaccine. Rimonabant, a new drug, developed by Sanofi-Aventis, works to reduce or eliminate the weight gain traditionally associated with quitting.

Varenicline, a new medication from Pfizer, acts to promote quitting in two ways – reducing the rewarding effects of nicotine and reducing nicotine withdrawal symptoms.

Along with the Universities of Minnesota and Nebraska, UW-CTRI conducted a clinical trial to determine the safety of a vaccine against nicotine being developed by Nabi. The vaccine is designed to attach to nicotine molecules and prevent their absorption by the brain.

Other research

The Robert Wood Johnson Foundation funds two related studies at UW-CTRI as part of the UW-TTURC Policy Research program. Both studies examine different dimensions of insurance coverage for tobacco cessation treatment for state employees.

The Wisconsin Behavioral Health Survey (WBHS), initiated in 2004, will allow UW-CTRI researchers to assess how health care quality and other individual circumstances affect Wisconsin smokers in their quest to quit. Researchers are exploring: how easy or hard it is for smokers to get the medication and counseling they need; whether insurance covers that treatment; and how much time doctors, dentists and other providers take to help them quit. They'll also look at the lives of individual smokers to determine level of addiction, motivation to quit, personality, socioeconomic status and environmental factors. UW-CTRI researchers hope this information will help them to better understand the major influences on tobacco quit attempts, success and relapse.



Rachel Bocek surveys smokers for the Wisconsin Behavioral Health Survey.

NUMBER OF PARTICIPANTS

400 INCLUDED IN THE WISCONSIN BEHAVIORAL HEALTH SURVEY

150 SECOND, IN-DEPTH INTERVIEWS COMPLETED IN 2005 FOR SURVEY

MISSION

THE MISSION OF UW-CTRI IS TO EXPAND OUR UNDERSTANDING OF TOBACCO DEPENDENCE AND ITS TREATMENT AND TO USE THIS KNOWLEDGE TO DESIGN AND IMPLEMENT INTERVENTIONS THAT WILL SIGNIFICANTLY REDUCE TOBACCO USE IN WISCONSIN, IN THE NATION AND BEYOND.

THE CENTER

The University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI) was established in 1992 by the University of Wisconsin-Madison as the lead campus agency addressing tobacco use in our society. It is a nationally recognized authority on tobacco dependence and treatment.

CENTER ORGANIZATION

The Center for Tobacco Research and Intervention is organized within the University of Wisconsin School of Medicine and Public Health. The founder and Director of UW-CTRI is Michael C. Fiore, M.D., M.P.H., Professor of Medicine, and the Associate Director is Timothy B. Baker, Ph.D., Professor in the Department of Psychology.

UW-CTRI STAFF

At the end of 2005, UW-CTRI had 87 employees in multiple sites: 48 faculty and staff, three graduate students and 36 undergraduates. UW-CTRI has a statewide reach through six outreach staff located in five regions of the state and additional research capabilities through a clinical office in downtown Milwaukee.

DIRECTORS

Michael Fiore
Director

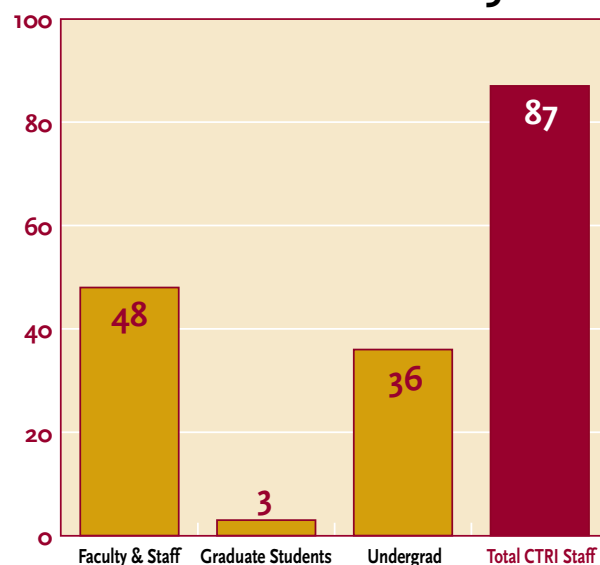
Timothy Baker
*Associate Director
and Director of Research*

David Fraser
*Assistant Director
for Research Administration*

Lezli Redmond
*Assistant Director
for Intervention Programs*

Lisa Rogers
Assistant Director for Finance

UW-CTRI Staff 2005



RESEARCH

Timothy Baker, Director of Research.

FACULTY & STAFF

Timothy Baker, Amy Albanese, Rosemary Brothers, Camille Brown, Jennifer Brown, Leigh Brown, Luke Brown, Katrina Bundy, Marguerite Burns, Sarah Cunitz, Angie Danielski, Meg Feyen, Adam Fiebelkorn, Natalie Ganas-Schultz, Nicole Haase, Douglas Jorenby, Paula Keller, Rebekah Kopec-Farrell, Daniel Lawrence, Rhianan Lewis-Smith, Cathlyn Leitzke, Maribel Marquez, Stephen Melka, Donna Muehlenbruch, Dan Nalepinski, David Ohrmund, Megan Piper, Celia Powell, Maureen O'Reilly, Christine Ripley, John Saharsky, Patricia Scheuettke, Carrie Schneider, Scott Siegesmund, Tammy Sims, Stevens Smith, Yvonne Ternes, Wendy Theobald, Heather Vaughn, Patti Weston, Mark Zehner.

GRADUATE STUDENTS

Rebecca Gloria, Sandra Japuntich, Su-Young Kim, Danielle McCarthy.

INTERVENTION

Lezli Redmond, UW-CTRI Assistant Director for Education and Outreach, Douglas Jorenby, Director of Clinical Services.

STAFF

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Laurie Groskopf, Kristine Hayden, Doug Jorenby, Sandy Keller, George McPhail, Robin Perry, Tyler Roberts, Evelyn Snowden, Wendy Theobald.

ADMINISTRATION

David Fraser, Assistant Director for Research Administration and Lisa Rogers, Assistant Director for Finance.

STAFF

Barbara Beinborn, Katrina Bundy, Chris Hollenback, Audra Keith, Linda Kurowski, Marie Larson, Gloria Meyer, Andy Tappa, Jim Terasa.

UNDERGRADUATE STUDENTS

Julia Alexander, Brandon Anderson, Finnoh Bangura, Rachel Bocek, Elizabeth Burke, Abby Christianson, Adam Clements, Lisa Connor, Holly Davis, Beth Degner, Bailey Driver, Torrean Edwards, Megan Felling, Mary Flynn, Lisa Foerster, Michael Gavin, Melisa Girgen, Alyssa Glanzman, Desiree Godar, Colleen Gosa, Elizabeth Grace, Mikki Guerra, Paul Heideman, Charity Jahnke, Lauryn Jelenchick, Janet Johnson, Andrea Jones, Michael Knous, Ryan Koller, Kalsea Koss, Steven Kroener, Amanda Leisgang, Brandy Lewis, Mary Leigl, Karla Loftus, Yaohua Lu, Billy Margolis, Eric Mellott, Mike O'Connor, Jake Ostrowski, Erica Owen, Jesse Pacheco, Adam Prust, Emily Rusch, Allison Schenk, Jordan Sheran, Kristin Shnowske, Amanda Skeff, Mollie Sprouse, Gwen Stohs-Krause, Jill Urbanek, Jessi Wahlig, Kristen Whitson, Sara Wolfgram, Stefanie Wood.



UW-CTRI's OPERATING BUDGET IN 2005 WAS \$5.5 MILLION. FUNDING FOR UW-CTRI RESEARCH AND ACTIVITIES COMES FROM A VARIETY OF SOURCES – FEDERAL GOVERNMENT GRANTS, STATE TOBACCO CONTROL FUNDS, NONPROFIT ORGANIZATIONS, PHARMACEUTICAL COMPANY RESEARCH AND THE UNIVERSITY OF WISCONSIN. THE CENTER IS COMMITTED TO MAINTAINING A DIVERSIFIED FUNDING PORTFOLIO. UW-CTRI DOES NOT ACCEPT TOBACCO-INDUSTRY FUNDING BECAUSE THIS WOULD BE INCONSISTENT WITH UW-CTRI'S MISSION.

RESEARCH

THE NATIONAL INSTITUTES OF HEALTH (NIH) \$1.9 MILLION

In 2004, UW-CTRI was awarded a second five-year TTURC grant from the National Institute on Drug Abuse for a total of \$8.5 million to continue vital research on treating tobacco dependence. UW-CTRI also continued to receive a \$175,000-per-year TTURC research supplement for under-represented minorities from the National Cancer Institute.

THE ROBERT WOOD JOHNSON FOUNDATION \$850,000

In 1997, UW-CTRI was designated as the national program office for Addressing Tobacco in Managed Care, an eight-year grant for \$6.7 million. In 2000, RWJF awarded UW-CTRI a five-year, \$100,000-per-year communications supplement and a five-year, \$150,000-per-year policy research supplement to the NIH-funded TTURC award. These supplements continued in 2005 and a quit line evaluation grant was added.

PHARMACEUTICAL FUNDING \$400,000

UW-CTRI conducts a number of clinical trials of new medications for smoking cessation. In 2005, these included trials of three new medications: varenicline, rimonabant and NicVax.

INTERVENTION

STATE OF WISCONSIN \$1.8 MILLION

In 2005, UW-CTRI received funding for two statewide programs designed to reduce smoking – the Wisconsin Tobacco Quit Line and the Education and Outreach Programs.

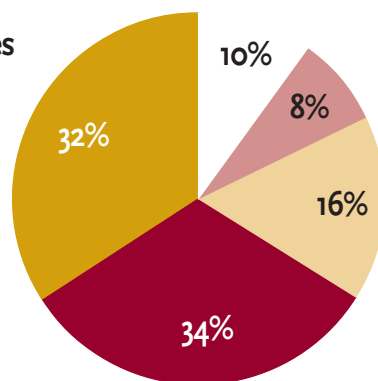
BOTH RESEARCH AND INTERVENTION

THE UNIVERSITY OF WISCONSIN \$550,000

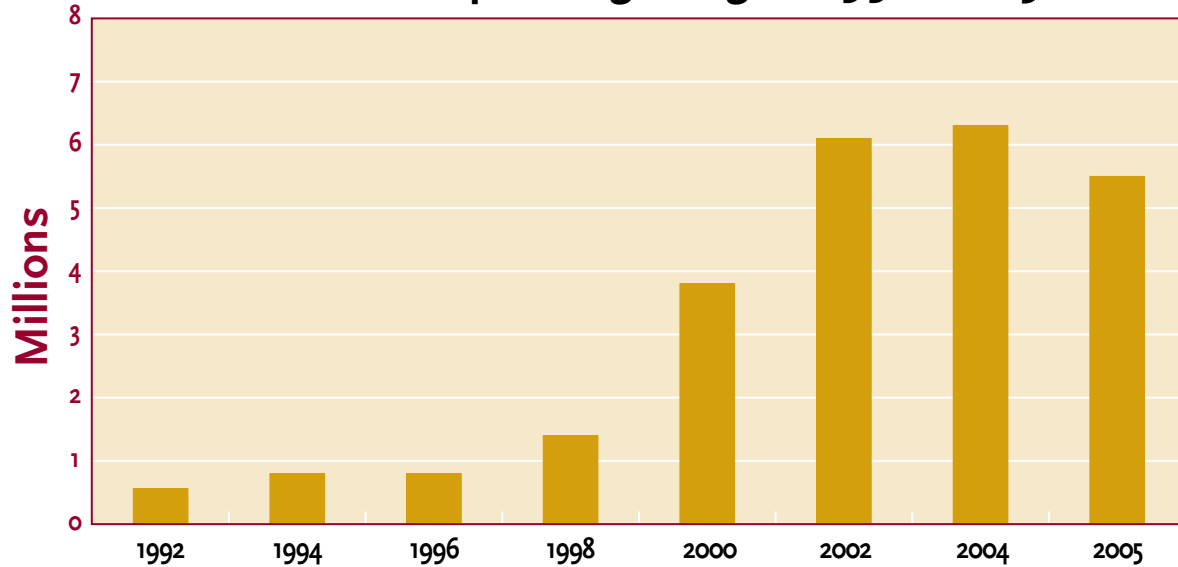
The University of Wisconsin continues to support UW-CTRI through a variety of funding mechanisms.

2005 Funding Sources

- Federal
- State
- Non-Profit Foundation
- Pharmaceutical Trials
- University of Wisconsin



UW-CTRI Operating Budgets 1992–2005

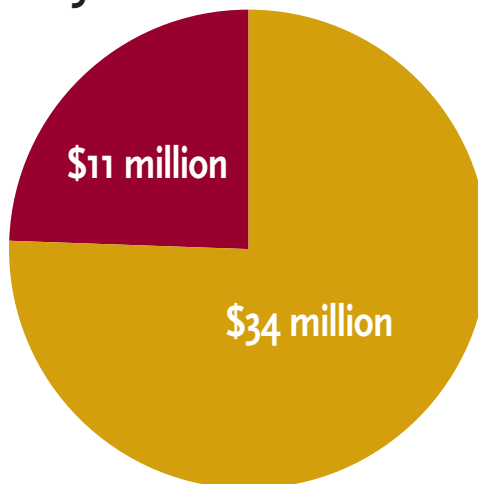


BRINGING FUNDING TO WISCONSIN

UW-CTRI HAS BEEN VERY SUCCESSFUL IN BRINGING FUNDING FROM OUTSIDE WISCONSIN INTO THE STATE—FROM THE FEDERAL GOVERNMENT, FOUNDATIONS AND THE PHARMACEUTICAL INDUSTRY. MORE THAN 75 PERCENT OF UW-CTRI FUNDING HAS COME FROM OUTSIDE THE STATE, FUNNELING MORE THAN \$34 MILLION INTO THE STATE'S ECONOMY OVER THE PAST 14 YEARS.

Total Income 1992–2005 \$45 Million

- State of Wisconsin funding
- Outside funding brought into Wisconsin



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