

APPENDIX C

National Quitline Data Warehouse

Summary of Public Comments and CDC Response

Federal Register Notice: A 60-day Notice was published in the *Federal Register* on March 1, 2010, Vol. 75, No. 39, pp. 9224-9225.

CDC received 3 public comments in response to the Federal Register Notice

Public Comment #1

From: jean public [mailto:usacitizen1@live.com]

Sent: Monday, March 01, 2010 6:21 PM

To: OMB-Comments (CDC); americanvoices@mail.house.gov; comments@whitehouse.gov; info@taxpayer.net

Cc: media@cagw.org; info@starmagazine.com

Subject: public comment on federal register

this project is a complete waste of tax dollars. this entire project shuodl be shut down. the smokers are smoking because they want to smoke. they dont need more inforamtion or anything else. they can buy anti smoking drugs if they want them. these funds should go to autism research. those kids didnt do anything to be born with problems, and that is a far better way to use these tax dollars.

what a waste bureaucracyin skanky corrupt washington dc brings about. smoking is legal and i see no reason tow aste the tax dollars of all of usi in this program.

jean public 15 elm st florham park nj 07932

[Federal Register: March 1, 2010 (Volume 75, Number 39)]

[Notices]

[Page 9224-9225]

From the Federal Register Online via GPO Access [wais.access.gpo.gov]

[DOCID:fr01mr10-88]

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

[60Day-10-10BT]

CDC Response to Public Comment #1

CDC provided a courtesy acknowledgement.

Public Comment #2

From: Holdridge, Elaine [mailto:ElaineHoldridge@oasas.state.ny.us]

Sent: Tuesday, March 02, 2010 11:45 AM

To: OMB-Comments (CDC)

Subject: Federal Register/Vol. 75, No. 39/Monday, March 1, 2010/Notices National Quitline Data Warehouse-New

Hi,

I am attaching a notice from the Federal Register for the proposed project: National Quitline Data Warehouse-New

Is there a data collection package available for review?

Thank you for your assistance.

Elaine

Elaine Holdridge

Grants Administrator 1

Grants Management and Federal Policy

NYS OASAS

1450 Western Avenue

Albany, NY 12203

Telephone: (518) 485-0510 Fax: (518) 485-5228

Grant and Funding Opportunities please visit:

<http://www.oasas.state.ny.us/hps/grants/grants.cfm>

CDC Response to Public Comment #2

CDC provided draft copies of the Information Collection Request and information collection instruments.

Public Comment #3

See Attachment.

CDC Response to Public Comment #3

CDC acknowledges the value of these two questions. Because all the questions on the Intake Questionnaire are based on NAQC's MDS that leaders and experts in the fields of tobacco use cessation and quitline intervention agreed upon and tested, no changes were made to the NQDW intake questions. However, CDC is aware that NAQC has formed a workgroup of experts in mental health and addiction to begin formulating ideas on how these issues can be addressed by guidelines including potentially assessing these topics in questionnaires. CDC will continue to track the progress and outcomes of this workgroup and if needed revise the Intake Questionnaire. In addition, states have the option of adding their own questions as appropriate. For example, currently 27 states are already collecting information on chronic disease status at intake. If a state's target populations are those with mental health and/or other chronic conditions, they likely will add questions to assess these groups.

April 5, 2010

Ms. Maryam I. Daneshvar
Centers for Disease Control and Prevention
Acting Reports Clearance Officer
1600 Clifton Road
MS-D74
Atlanta GA 30333

Dear Ms. Daneshvar:

Re: Comments on the Proposed Collection of Information for a National Quitline Data Warehouse (Federal Register/Vol. 75, No. 39 on Monday, March 1, 2010)

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) plans and monitors services throughout New York, in partnership with local, State and Federal entities, to: prevent substance abuse and/or substance use disorders (SUDs); provide treatment where indicated; and support the recovery of individuals, families and communities. OASAS oversees more than 1,550 prevention, treatment and recovery service programs; on any given day, approximately 110,000 New Yorkers receive services from OASAS approved programs (including 12 inpatient treatment centers that OASAS itself operates). We are committed to assuring that New Yorkers know that recovery is real and to advancing a recovery oriented system of care.

New York is making history as all OASAS-certified and/or funded programs implement tobacco-free policies (i.e., no tobacco use in any facility or on facility grounds that are under provider control or vehicles owned, leased or operated by an OASAS-approved program); tobacco free policies apply to employees, patients, volunteers and visitors. Under New York's regulations, programs that are part of the OASAS system of care must integrate the treatment of tobacco dependence into treatment for all other addictive disorders. A host of resources was developed to assist providers with this cultural transformation, including a comprehensive OASAS Tobacco Independence website with information and resources, free tobacco training through an OASAS training series, access to OASAS staff and mentors who have provided answers to questions, guidance on policy development and information about nicotine replacement therapy (NRT). Additionally, OASAS worked closely with the New York State Department of Health that provided initial funding to assist with provider training and free NRT. Local trainers now assist programs with staff training and on-going support.

OASAS' comments on the CDC's proposed data collection package focus on topic area "(c) – ways to enhance the quality, utility, and clarity of the information to be collected":

(1). The following question should be added to the Minimum Data Set/Intake Questionnaire which asks each caller (those who are calling for themselves): 'Are you being treated for a mental health and/or substance use disorder?'

Part of the CDC's stated justification for the National Quitline Data Warehouse is to determine the reach of quitlines to high-risk populations (e.g., racial and ethnic minorities and the medically

underserved) As the definition of high risk populations should include persons with mental health and/or substance use disorders, the addition of this question will help CDC to obtain more expansive and appropriate data.

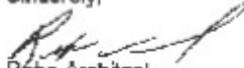
For example, while the smoking rate in New York State is 18.2 percent, it is as high as 92 percent among the 1.8 million New Yorkers who are dealing with alcoholism and drug addiction. Tobacco-related disease kills more people each year than all other addictive substances combined. Evidence also shows that tobacco negatively impacts recovery rates from other substances because craving for nicotine increases craving for other drugs. Over 50 percent of the deaths for individuals with SUDs are due to tobacco-related diseases -- more than the combined total of deaths caused by HIV, homicides, suicides, fires, automobile accidents, alcohol, heroin and cocaine.

(2). The following question should be added to the Minimum Data Set/Intake Questionnaire which asks each caller (those who are calling for themselves): "Is part of the reason you are calling because a healthcare giver gave you a diagnosis that occurred due to smoking?"

This question can help determine whether healthcare provider efforts and campaigns have been effective in encouraging smokers to quit and may provide insight into the motivation of smokers who choose to access the quitline.

Thank you for the opportunity to comment. Should you have questions, please contact Mr. Terry Jackson (by phone at 518/485-2410 or by e-mail at Terry.Jackson@oasas.state.ny.us).

Sincerely,



Reba Architzel

Director

Grants Management and Federal Policy

cc: Steven S. Kipnis, MD, FACP, FASAM, OASAS Medical Director
Peggy Bonneau, OASAS Director of Health and Wellness