

**November 9, 2007**  
**QUITCENTER MEETING**  
**MINUTES**

**Present:** UMDNJ-TDC/New Brunswick-, Donna Richardson, Amy Schmelzer, Kurt Bopp & Jose Cruz. NJ DHSS Ed Kazimir. SBBH- Connie Green. Virtua Health-Cynthia Grant. UMDNJ/SPH-TSERP-Dan Gunderson. Somerset Medical Center-Chris Kotsen. Mercer County Quitcenter- Marc Steinberg. UMDNJ-TDC/Newark- Heather Jordan. St. Francis Med CTR- Saeed Zaidi & Connie Wilson. (n=13)

**I. Quitcenter Meeting Minutes are posted on [Tobaccoprogram.org](http://Tobaccoprogram.org).**

**II. American Cancer Society Presentation-**One hour training on the topic of advocacy for tobacco treatment (how to influence you local influential people). Hand Out provided.

**What is Advocacy?**

**Why do we advocate?**

**What is the Process?**

To Advocate effectively, know what you are talking about (do your homework).

Know your issues, organization and your legislator. There are three levels of government: Federal, State and Local. Know how legislation is passed. Letter and E-mails are more important than petitions and always include you name, address phone, and e-mail address.

Tips for advocating can be found at:

[http://www.cancer.org/docroot/ADV/Content/ADV\\_1\\_1\\_What\\_You\\_Can\\_Do.asp](http://www.cancer.org/docroot/ADV/Content/ADV_1_1_What_You_Can_Do.asp)

**EK-** The Quitcenters do not lobby, we educate by presenting the need/problem and give a solution.

**III. NJ DHSS- news from CTCP (EK)**

Advertising campaign idea with emphasis on what's your excuse, humorous but getting the point across that people are postponing action about quitting smoking for reason that may not be valid. Advertising will be done on radio & bus etc..., (not main stream TV).

Site visits are going well; the last one is in December. A question that comes up is how do you get more clients to come in? You have to be visible in the community and hospitals to develop a network of referral sources to refer to the QC on a consistent basis.

**IV. Billing**

New tobacco CTP codes starting January 1, 2008.

**CK-**looking at behavioral health codes through Magellan. People drop out of treatment because high deductibles. Continue to have challenging systems problems.

**DR** – We have no contracts with insurance companies. We bill patients' insurances, and charge directly for NRT products.

**V. Other Business-**

**DR/UMDNJ- New Brunswick**

The client population shifted somewhat from people coming at night for group because of work and family to people wanting to come in during the day. We also have sicker people who prefer coming in during the day. Our most populated group is people with mental illness. Our 6 week Tuesday night group has very low attendance; we use to have 30 people sign up and know only 8. We are pushing very hard to do outreach. We are getting more referrals from the hospital because we are in the hospital more because of the Dr. Steinberg study.

**JC/UMDNJ-NB/Proyecto Vida**

Strengthening our relationship with Rutgers-next week we have a little segment in RU TV in the morning. This is interview on what we do in the clinic and should reach a lot of students. It breaks into programs and is broadcast on NB, Newark and Camden Campuses. We are also trying to do a commercial on RU TV. We have a booth in the student center on November 15, for Smoke out, and have students going out to bring students to our table which will strengthen our ambassador program. Also during the residents life programs, I would like to speak to the group while they are already meeting and not just speak to them about quitting but let them know what they can do to help the cause.

**HJ/UMDNJ-Newark**

NJPR's offsite group out 75% of their employees who smoke only half of the people showed up for the first group. Also our goal is to eventually treat their patients. Asked to start lecturing 3rd year medical students on how to help patients quit smoking.

**MS/UMDNJ-Mercer**

People are interested in group so we were able to set up at local substance abuse program Nic-A meeting. Also, trying to get fax to quit system off the ground. We are doing outreach one of our counselor goes to the local soup kitchen in Trenton to offer our services. In the process of hiring a bilingual counselor.

**CG/Virtua –**

Virtua is going tobacco free

Sent out questionnaire on the hospital's email system

**CG/SBBH**

Hired a consultant and is monitoring hours used for face to face treatment & marketing and she's paying more for marketing than treating patients. Continue to have issues around getting people to show up for their appointments. Every direction ends being disappointing. Offered off site groups and the employers don't advertise the groups well. The QC has to walk companies through advertising the cessation group to their employees.

**NEXT QUITCENTER MEETING IN NEW BRUNSWICK WILL BE 9.30-11.30am, FRIDAY December 21, 2007.**

**Please send items for the agenda to Lisa Underwood: [lisa.underwood@umdnj.edu](mailto:lisa.underwood@umdnj.edu)**

**From now on the minutes will be recorded and posted on [www.tobaccoprogram.org](http://www.tobaccoprogram.org)**