

2011 OHIP Work Group Quarterly Report July – September 2011

Work Group Name: Tobacco Use Prevention Workgroup

Work Group Goal: Increase the percentage of Oklahoma adults and youth who successfully quit tobacco use

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Measure	Progress
<p>1. By January 2015, increase the number of hospitals, health care professionals, and community-based clinics that effectively implement the Public Health Service Clinical Practice Guideline for treating tobacco dependence</p> <p><i>Baseline: under development</i></p> <p>a) Work with hospitals to implement policies and systems that assure routine, systematic identification of and intervention with tobacco users (minimally to include “Ask, Advise, and Refer” protocols).</p> <p>b) Work with health care professional associations to promote routine, systematic identification of and intervention with tobacco users.</p> <p>c) Work with community-based clinics (including IHS and Tribal Health facilities) to implement policies and systems to assure routine, systematic identification of and intervention with tobacco users.</p> <p>d) Include tobacco dependence treatments (both counseling and medication) identified as effective in national guidelines as paid or covered services for all subscribers or members of health insurance packages.</p>	January 2015		<p>Lead:</p> <p>a) Oklahoma Hospital Association</p> <p>b) OSDH, OK State Medical Assoc., OK Osteopathic Assoc.</p> <p>c) OSDH (THD, OCCHD)</p> <p>d) OK Insurance Department</p>	<p>Measures:</p> <ul style="list-style-type: none"> • Number of hospitals implementing Guidelines • Number of health care professionals implementing Guidelines • Number of community based clinics implementing Guidelines 	<p>The pilot program through INTEGRIS to implement the Public Health Service Clinical Practice Guidelines has been fully implemented into four hospitals and in the process of being implemented in four additional hospitals. There has been continued success with applying the 5A’s, fax referrals, and the new employee benefit. There were 1776 referrals from Oct – July while maintaining a 42% acceptance rate. There have also been 15 employees sign up for the new benefit, whereas there were no employees signed up for the previous benefit. St. John’s Hospital in Tulsa is also continuing to have success with their fax referral program. The Oklahoma Hospital Association is continuing to talk to and work with other hospitals across the state about this initiative and they are gaining interest from several who have heard about the success of the current program at INTEGRIS. Educational presentations are continuously being done across the state as well to help encourage providers to take part in these cessation initiatives.</p> <p style="text-align: right;"><i>(continued on next page)</i></p>

<p>(Continued from previous page)</p> <p>1. By January 2015, increase the number of hospitals, health care professionals, and community-based clinics that effectively implement the Public Health Service Clinical Practice Guideline for treating tobacco dependence</p> <p><i>Baseline: under development</i></p> <p>e) Work with hospitals to implement policies and systems that assure routine, systematic identification of and intervention with tobacco users (minimally to include "Ask, Advise, and Refer" protocols).</p> <p>f) Work with health care professional associations to promote routine, systematic identification of and intervention with tobacco users.</p> <p>g) Work with community-based clinics (including IHS and Tribal Health facilities) to implement policies and systems to assure routine, systematic identification of and intervention with tobacco users.</p> <p>Include tobacco dependence treatments (both counseling and medication) identified as effective in national guidelines as paid or covered services for all subscribers or members of health insurance packages.</p>					<p>Recently, a census evaluation was completed with OSEEGIB Helpline participants. Positive results were found, included a 50% quit rate and a rate of 90% of people who would refer tobacco users to the Oklahoma Tobacco Helpline.</p> <p>Health Choice will soon be changing their deductible for members who are tobacco users. There is a window of time for members to go online and fill out a declaration about being tobacco free and/or enrolling in the Helpline program, to keep the lower deductible rate. This change is currently being promoted through direct mail and HR departments.</p> <p>OSDH and the Oklahoma Insurance Department worked together to develop a spreadsheet of how much tobacco users actually cost insurance companies. This spreadsheet was mailed out to all insurance providers.</p>
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<p>2. By January 2015, increase tobacco-free properties at all workplaces including private businesses (50%), state agencies (100%), tribal governments (50%), local governments (75%), hospitals (100%), school districts (100%), universities and colleges (100%), career tech centers (100%) and faith-based organizations (50%).</p> <p><u>Baseline (June 2009):</u></p> <ul style="list-style-type: none"> • Private Businesses – 1% (estimated) • State Agencies – 10% (estimated) • Tribal governments – 5% (2/39) • Hospitals – 38% (50/133) • School Districts – 29% (157/537) • Universities and Colleges – 16% (10/64) • Career Tech Centers – 7% (4/61) • Faith-based organizations – 1% (estimated) <p>a) Develop a database to establish baseline and track tobacco-free properties.</p> <p>b) Involve state and local partners in promoting awareness and utilization of the Oklahoma “Certified Healthy Business” program which requires all companies /workplaces seeking to achieve the highest level of certification (Certificate of Excellence) must have in effect a 100% tobacco-free workplace policy that applies to the entire property under their control, both indoors and outdoors.</p> <p>c) Involve state and local partners in promoting full implementation of the policies and practices outlined in the “Make It Your Business for a Strong and Healthy Oklahoma” toolkit.</p>	<p>January 2015</p>		<p>Lead:</p> <p>a) OSDH b) Turning Point c) OSHD (THD, OCCHD)</p>	<p>Measures:</p> <ul style="list-style-type: none"> • Number of businesses with tobacco free policies • Number of state agencies with tobacco free policies • Number of tribes with tobacco free policies • Number of local governments with tobacco free policies • Number of hospitals with tobacco free policies • Number of school districts with tobacco free policies • Number of colleges/universities with tobacco free policies • Number of career techs with tobacco free policies • Number of faith based organizations with tobacco free policies 	<p>Work is continuing to be done to increase the number of tobacco-free businesses, schools, faith based organizations, etc. through local coalitions across the state. Many companies make the policy effective at the first of the year to allow for promotion, transition and buy-in from employees.</p>
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<p>3. Increase utilization of the Oklahoma Tobacco Helpline to 70,000 registered callers in FY14</p> <p><i>Baseline: ~35,000 registered callers in FY09.</i></p> <ul style="list-style-type: none"> a) Promote direct support of Helpline services by insurers for their clients. b) Explore and pursue options to allow youth to self-consent to Helpline counseling services. c) Raise awareness of Helpline services among youth (as applicable) and young adults. d) Place point of sale advertisements for Helpline in retail establishments. e) Further increase collaborative efforts with tribal health partners and representatives of other disparate populations. 	<p>FY 2014</p>		<p>Lead:</p> <ul style="list-style-type: none"> a) OK Insurance Department b) TSET c) TSET and partners/coalitions d) TSET and partners/coalitions e) Native American Tobacco Education Network 	<p>Measures:</p> <ul style="list-style-type: none"> • Number of registered callers to the Oklahoma Tobacco Helpline 	<p>An Oklahoma Tobacco Helpline web only service is now available to tobacco users, where all services can be obtained through the web without having to make a call. Additionally, since making Helpline services available to youth, there have been about 15-25 youth served a month. There has also been a question added to the health screening that addresses mental health.</p> <p>Work is being done to make the lozenge available as a nicotine replacement therapy option to tobacco users who call the Oklahoma Tobacco Helpline. There is also a push for video –to-video services through the Helpline to help serve the deaf and hard of hearing community.</p>
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Specific activities towards objectives completed this quarter:

Other items to share:

Chairs: Tracey Strader, Tobacco Settlement Endowment Trust

Team Members: Bob Miner, *staff*, Oklahoma State Department of Health
Carolyn Durbin, Oklahoma City-County Health Department
Connie Befort, American Lung Association
Corey Love, *staff*, Tulsa Health Department
Cynthia Tainpeah, Muscogee Creek Nation Tribe

D'Elbie Walker, Oklahoma State Department of Health
Doug Matheny, SmokeFree Oklahoma
Jessica Hawkins, Oklahoma Department of Mental Health and Substance Abuse
Joy Leuthard, Oklahoma Hospital Association
Joyce Morris, *staff*, Oklahoma State Department of Health
Laura Beebe, Oklahoma Tobacco Research Center
Laurette Taylor, Cimarron Alliance
Lynette McClain, Oklahoma Osteopathic Association
Marilyn Davidson, American Heart Association
Melissa Johnson, Oklahoma State Medical Association
Michelle Terronez, *staff*, Oklahoma City-County Health Department
Mona Spivey, Oklahoma Osteopathic Association
Neil Hann, Oklahoma State Department of Health
Pat Marshall, American Cancer Society
Amity Ritze, Oklahoma Insurance Department
Steve Buck, Oklahoma Department of Mental Health and Substance Abuse
Steve Rogers, Oklahoma State University