

**2012 OHIP Work Group Quarterly Report
2nd Quarter (Oct - Dec); SFY Ending June 30, 2013**



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>	<p>January 2015</p>		<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)</p> <p>e)</p> <p>f)</p> <p>g)</p> <p><u>h) ODMHSAS</u></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>In FY 12, all INTEGRIS facilities assisted 1884 patients and 43 employees in enrolling for cessation assistance with the Oklahoma Tobacco Helpline. A total of six new hospitals have implemented at least one or more components of tobacco cessation protocol/processes. Four others have begun planning processes for implementation.</p> <p>Next year, INTEGRIS will implement the clinical guidelines in its affiliated primary care clinics through INTEGRIS Health partners as well as in its inpatient mental health facilities</p> <p>A partnership with Mercy Health Center will take place in the next year to implement the clinical guidelines in all of their hospitals and clinics statewide.</p>

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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

Baseline: under development

- 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).
- f) Work with health care professional associations to promote routine, systematic identification of and intervention with tobacco users.
- 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.
- h) Add behavioral health aspect
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>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 Updated (May 2012):</u></p> <ul style="list-style-type: none"> • Private Businesses – 1% (estimated) • State Agencies – 100% (effective Aug 2012 – Veterans homes given extension) • Tribal governments – 5% (2/39) • Hospitals – 38% (50/133) • School Districts – 49% (264/537) • Universities and Colleges – 29% (19/64) * 100% effective Aug 2012 • Career Tech Centers – 12% (7/57) • 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>The Certified Healthy Oklahoma Programs are underway. These certifications are available businesses, schools, communities, campuses, and restaurants. The number of applications went up this year and those who are certified will be notified soon. Those who become Certified Healthy Communities and Certified Healthy Schools are eligible to apply for an incentive grant as well.</p> <p>All state property became tobacco free on August 6th (Veteran’s homes have an extension) as a result of Governor Mary Fallin’s Executive Order.</p> <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.</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> <p>a) Promote direct support of Helpline services by insurers for their clients.</p> <p>b) Explore and pursue options to allow youth to self-consent to Helpline counseling services.</p> <p>c) Raise awareness of Helpline services among youth (as applicable) and young adults.</p> <p>d) Place point of sale advertisements for Helpline in retail establishments.</p> <p>e) Further increase collaborative efforts with tribal health partners and representatives of other disparate populations.</p>	<p>FY 2014</p>		<p>Lead:</p> <p>a) OK Insurance Department</p> <p>b) TSET</p> <p>c) TSET and partners/coalitions</p> <p>d) TSET and partners/coalitions</p> <p>e) Native American Tobacco Education Network</p>	<p>Measures:</p> <ul style="list-style-type: none"> Number of registered callers to the Oklahoma Tobacco Helpline 	<p>Calls from SoonerCare (Medicaid) beneficiaries have doubled from previous years due to the Oklahoma Health Care Authority paying 50% of its patient's costs as well as advertising campaigns throughout the year, in particular the Sooner Quit Campaign.</p>
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Co-Chairs: Tracey Strader, Tobacco Settlement Endowment Trust
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