

2012 OHIP Work Group Quarterly Report

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) 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>INTEGRIS Health has implemented the USPHS Clinical Practice Guidelines into all of their hospitals except for two. Next year the focus will be on implementing the Guidelines in the physician clinics associated with the hospitals. There has been continued success with applying the 5A's, fax referrals, and the new employee benefit. There have been 3,480 fax referrals made from October 2010 – April 2012.</p> <p>Mercy Health Center is signing on to implement a program similar to what has been done at INTEGRIS for both their hospitals as well as their clinics. They plan to implement everything into their electronic medical records which has the potential to affect the out of state Mercy systems as well.</p>

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Baseline: under development

- 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).
- b) Work with health care professional associations to promote routine, systematic identification of and intervention with tobacco users.
- 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.
- 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>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>Governor Mary Fallin announced in her State of the State address that she has placed an Executive Order for all state property to become tobacco free, inside and outside. The Executive Order becomes effective August 2012 (the Veteran’s homes have an extension). There has been a positive response on the state mandate with some agencies implementing the order Memorial Day weekend, some on July 1st, and the rest on August 1st. The Executive order impacts 37- 38,000 state employees (some already under policies). This number does not include students and public that will be impacted by college campuses.</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> <p>A database will be developed to help determine progress for these properties.</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>The Oklahoma Tobacco Helpline is serving about 40,000 people a year. The quality of referrals to the Oklahoma Tobacco Helpline is increasing due to system changes (through hospital/clinic guideline implementation) rather than promotion through advertising alone.</p> <p>Oklahoma's Tobacco Helpline is ranked number three in the nation for "treatment reach" – the number of tobacco users who've called for help in quitting and actually received an evidence-based treatment.</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, Tobacco Settlement Endowment Trust
Corey Love, staff, Tulsa Health Department
Cynthia Tainpeah, Muscogee Creek Nation Tribe
D'Elbie Walker, Oklahoma State Department of Health
Doug Matheny, Volunteer
Grace Kelley, OHIP staff, Oklahoma State Department of Health
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