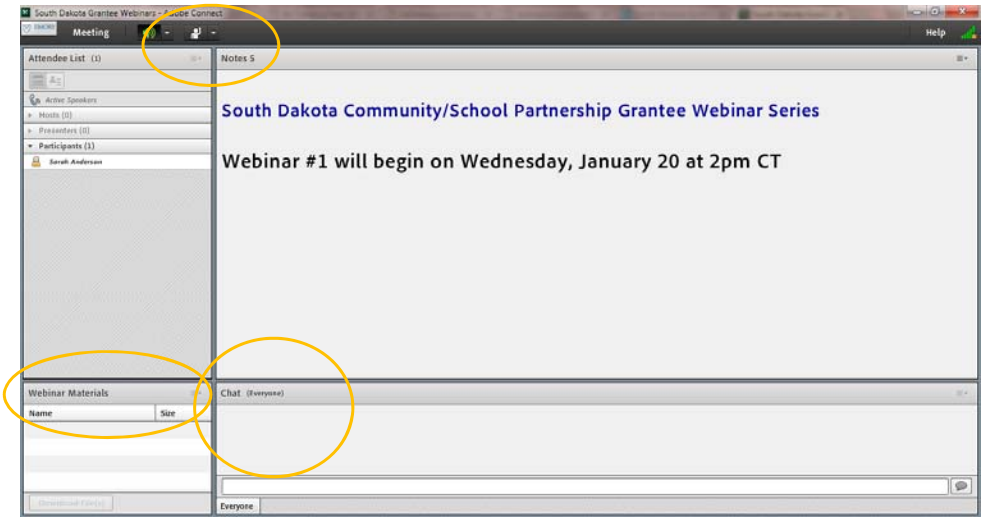
Welcome to Community/School Partnership Grantee Webinar #3

New Tools for CSP Grantees

July 20, 2016 | 2:00-3:00pm CT
Conference Line: 719-457-6209
Participant Code: 286305

Housekeeping

1. Press *6 to unmute or mute your phone.
2. Please don't place the call on hold.
3. Please stay engaged and be prepared to participate in discussions and Q&A.
4. Call is being recorded.



Commercial vs. Traditional Tobacco

Please note that the term "tobacco" refers to commercially produced tobacco products only and never the traditional tobacco of our Northern Plains American Indians.

Agenda for Today

Introduction the *South Dakota Tobacco Control Toolkit: A Community Guide to Action*
Katie Hill, South Dakota Tobacco Control Program

Evaluation of Tobacco-free Healthcare Policies
Jenna Cowan, South Dakota State University

Applying the Healthcare Policy Assessment to grantee work
Kayla Magee, South Dakota Tobacco Control Program

The South Dakota Tobacco Control Toolkit: A Community Guide to Action

Katie Hill, Communications & Community Coordinator
South Dakota Department of Health

About the Toolkit

Purpose: To assist coalitions and organizations with planning and implementing evidence-based activities that support the priorities laid out in the South Dakota Tobacco Control State Plan

Format: Online with links to templates, case studies, and additional resources and information

Location: http://befreesd.com/

Target Audiences:

- Community / School Partnership grantees
- Community coalitions or organizations that work with youth
- Community coalitions or organizations focused on prevention, health, and wellness
- Local governments

EVALUATION OF TOBACCO-FREE HEALTHCARE POLICIES

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South Dakota State University
College of Nursing

BACKGROUND

- Tobacco use continues to be the most preventable cause of disease and death in the United States
- *Healthy People 2020* objective: reduce the percentage of U.S. adults who smoke cigarettes to ≤12%
    - Data Update: US adults who smoke cigarettes declined from 20.9% in 2005 to 16.8% in 2014
- *South Dakota Healthy People 2020* objective: reduce the percentage of SD adults who smoke cigarettes to ≤ 14.5%
    - Data Update: SD adults who smoke cigarettes declined from 23% in 2011 to 19% in 2014

BACKGROUND

- Tobacco control best practices include creation of tobacco-free environments as well as promotion and provision of cessation services.
- Healthcare facilities have a clear role in these efforts.
- The number of healthcare agencies in South Dakota with a tobacco-free policy was unknown.
- The number and type of healthcare agencies providing tobacco use assessment and cessation referral in South Dakota was unknown.

PURPOSE OF THE PROJECT

- Collect and evaluate the existence and *quality* of tobacco-free policies in healthcare settings in South Dakota
- Gather information on tobacco use assessment and provision of cessation services

PROJECT QUESTIONS

1. What proportion of healthcare facilities in SD have adopted tobacco-free policies?
2. What are the quality, strengths, and limitations of tobacco-free healthcare policies in SD?
3. What proportion of healthcare facilities utilize electronic health record prompts for tobacco assessment?
4. What type of education and referral methods are used to refer patients to cessation services?

METHODS

- 420 healthcare facilities invited to participate
  - Clinics
  - Hospitals
  - Addiction and Mental Health Facilities
  - WIC and Family Planning Offices
  - Cancer Treatment Centers
- Written tobacco-free or smoke-free policy requested
- Tobacco use assessment and cessation referral survey administered
- Interviews conducted with 11 facility administrators
- Feedback Reports sent to all participating facilities

POLICY ASSESSMENT

- 33-item *Tobacco-Free Healthcare Policy Assessment Tool and Scoring Guide* was developed
  - Policy Communication (6 items)
  - Environment (10 items)
  - Enforcement (9 items)
  - Cessation Services (6 items)
  - Emerging Trends in Tobacco (2 unscored items)

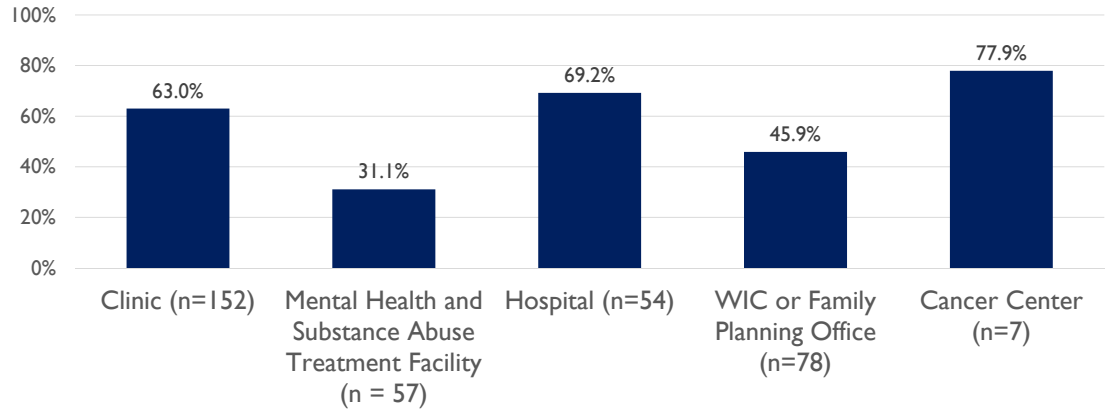
POLICY ASSESSMENT

- 366 of the 420 healthcare facilities agreed to participate (87.1%)
  - 348 facilities provided a policy (95.7%)
  - 18 (4.3%) had no written tobacco or smoke-free policy

No healthcare facilities have a 100% tobacco-free buildings and grounds policy in effect 24 hours a day / 7 days a week

POLICY ASSESSMENT RESULTS

The overall total mean score for all policies was 55.1% of criteria met.



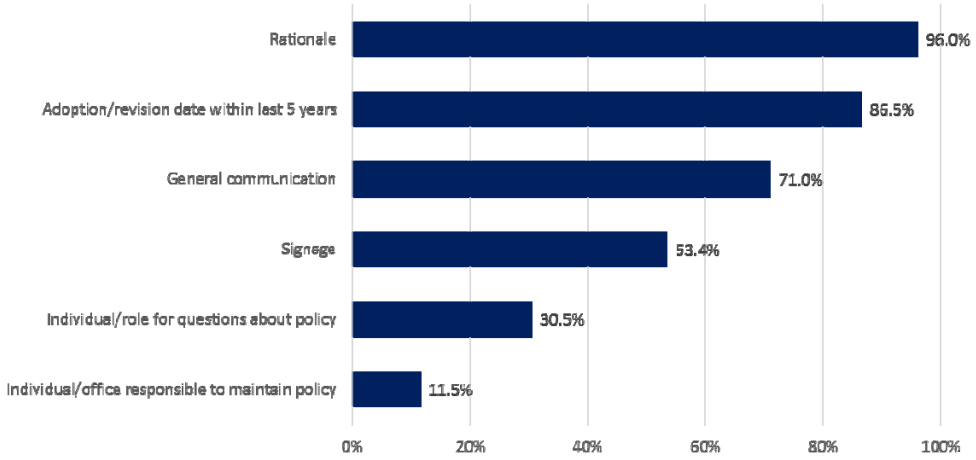
POLICY ASSESSMENT RESULTS

	Section A: Policy Communication	Section B: Environment	Section C: Enforcement	Section D: Cessation Services
Overall n=366	58.0%	58.1%	61.1%	38.2%
Clinics n= 152	55.0%	63.9%	75.9%	50.0%
MH/SA Facilities n= 57	29.5%	46.0%	25.3%	13.5%
Hospitals n= 54	59.0%	66.1%	82.5%	64.5%
WIC Offices n= 78	83.3%	49.2%	40.3%	11.5%
Cancer Centers n= 7	66.7%	68.6%	96.8%	76.2%

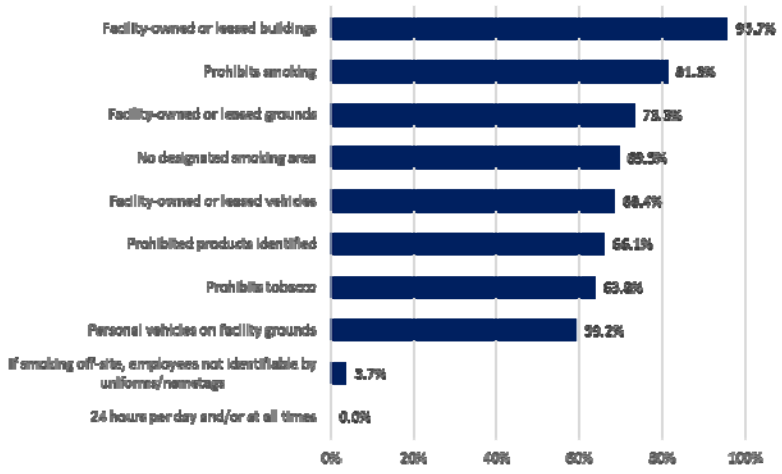
POLICY ASSESSMENT RESULTS

	Section A: Policy Communication	Section B: Environment	Section C: Enforcement	Section D: Cessation Services	Total Score
Urban n= 106	52.8%	**62.0%**	**64.8%**	**43.2%**	**57.4%**
Rural n= 131	57.6%	58.5%	63.7%	42.0%	56.7%
Frontier n= 111	**63.5%**	53.9%	54.5%	28.8%	51.1%

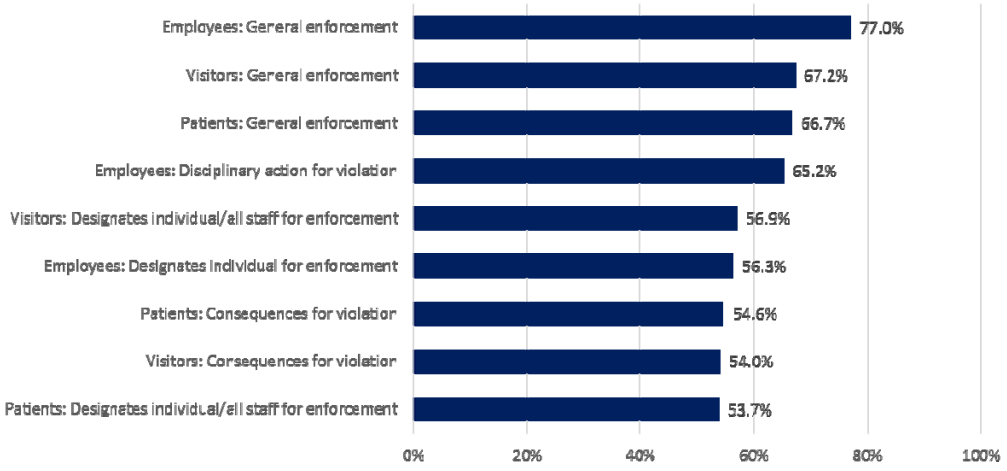
POLICY COMMUNICATION SUBSCALE RESULTS



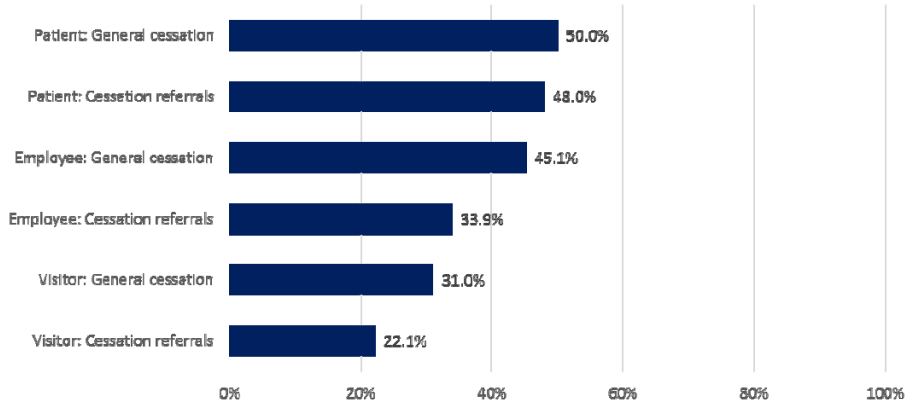
ENVIRONMENT SUBSCALE RESULTS



ENFORCEMENT SUBSCALE RESULTS



CESSATION SERVICES SUBSCALE RESULTS



EMERGING TRENDS IN TOBACCO-FREE POLICY

- Prohibit nicotine electronic delivery systems (n=198, 56%)
- Prohibit "third-hand" smoke (n=88, 25.3%)

TOBACCO USE ASSESSMENT AND CESSATION SURVEY

- A total of 329 completed the survey (78.3%).
- Most facilities (77.2%) utilized an electronic health record (EHR).

TOBACCO USE ASSESSMENT AND CESSATION SURVEY RESULTS

FACILITIES WITH AN EHR (77.2%)

- 76.8% utilize EHR prompts for tobacco assessment
- 29.9% prompt for tobacco assessment at age 13 or younger
- 57.9% prompt for tobacco assessment at every visit
- 14.6% allow for direct referral to the SD QuitLine

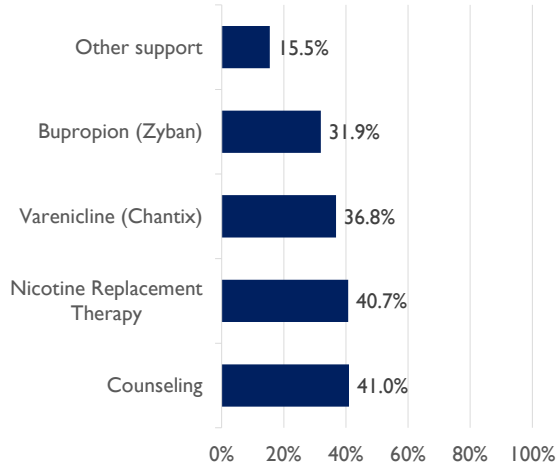
FACILITIES WITHOUT AN EHR (22.8%)

- 24.7% report tobacco use assessment and cessation referral are not a routine part of services provided
- Only 46.6% reported asking about tobacco use at every visit.

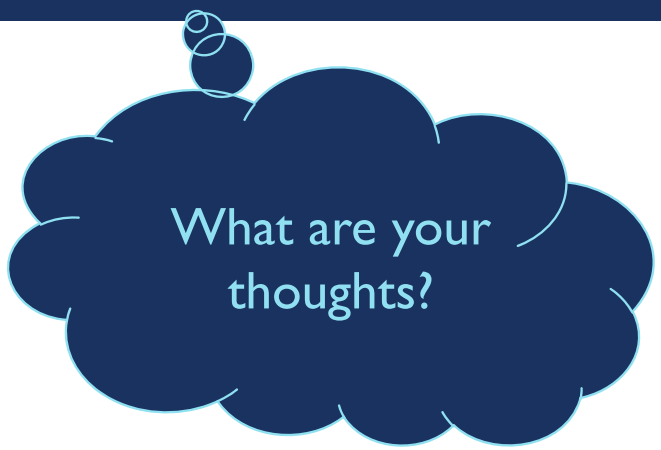
TOBACCO USE ASSESSMENT AND CESSATION SURVEY RESULTS

Cessation Services

- 28.9% reported no training is provided to staff on tobacco assessment and referral
- Most facilities (91.5%) refer patients to the SD QuitLine, most commonly by providing QuitLine materials (86.3%).
- Many provided other types of cessation services
- 65% refer employees interested in quitting to the SD QuitLine



INTERVIEWS



INTERVIEWS

Policy Successes: Campus cleanliness and increased public awareness

"Since implementing the policy, our campus seems to be much cleaner due to the fact that we no longer have cigarette butts all over the ground. Also, this policy has allowed us to make smokers and non-smokers aware of the dangers that can come from using tobacco."

Policy Challenges: Compliance, enforcement, and smoker redirection

"We've had issues with enforcement and who's responsible for enforcement – is it security, is it leaders, or should it be everybody?"

"For [the campus] to be tobacco-free, you have to leave the campus to smoke, which pushes our employees that smoke into neighborhoods."

INTERVIEWS

Support Needed: Enhance EHR systems' capabilities for direct referrals, availability of cessation materials

"The electronic system does not facilitate making [referral] *that easy."*

"Every time you update your EHR system it does cost considerable amounts, so grant funding in that area would be well received I would think."

SD QuitLine: Passive QuitLine referrals consistently reported, patient choice, and EHR limitations

"Our providers encourage the SD QuitLine whenever possible and all are fully supportive of this program."

INTERVIEWS

Attitudes toward Policy Enforcement, Tobacco Assessment, and Referral:

"Organizationally we look to what the people need. We are probably more restrictive on our employees than on the patients. You know they are going through stressful times and it's like the police officer scenario where you know people are breaking the rules but sometimes you've got to decide if it's worth making a big deal over it. And it's not that we don't know the right thing is for them not to be smoking, but people take on habits and when things are stressful, you don't want to add more stress to the situation."

"In the world of quality, identifying tobacco use and an individual's intent or interest in quitting is identified, however, it is not top of mind for going past that and saying, 'Oh, let's get you in touch with the QuitLine'. The conversation and the focus is usually on what the immediate or acute need is rather than on those chronic underlying conditions or habits, so really the immediate need is the focus."

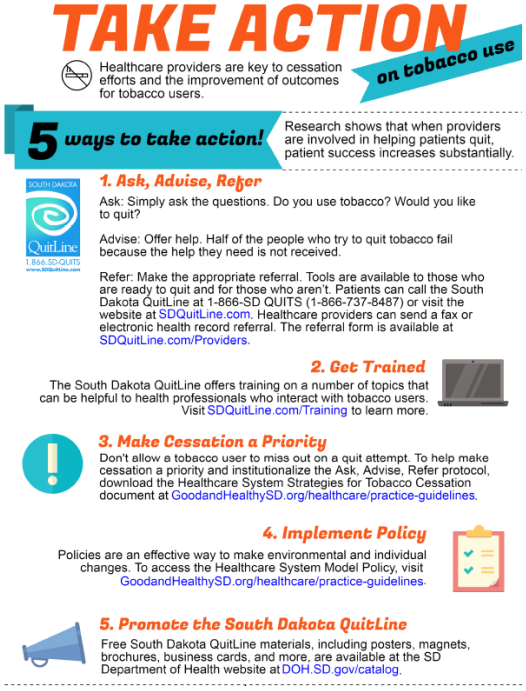
FEEDBACK REPORTS

- Packet mailed to each facility.
  - Cover letter
  - Report
  - Call to Action
  - PROF Information
- Overall policy and 4 subscales
- Two versions – one for EHRs and one for non-EHR
  - Meaningful use criteria was highlighted

CALL TO ACTION

5 action steps

1. Ask, Advise, Refer
2. Get Trained
3. Make Cessation a Priority
4. Implement Policy
5. Promote the SD QuitLine



CONCLUSIONS

- Evaluation of written policies ***indicate a need to strengthen current tobacco-free healthcare policies.***
- A ***model tobacco-free healthcare policy*** is needed to support comprehensive implementation and enforcement.
- There are ***numerous opportunities to improve the referral process for and enhance education*** regarding tobacco cessation.

CONCLUSIONS

Community level support is needed:

- Healthcare provider education
- Advocate for tobacco-free policy in all types of health service settings
- Promote the SD QuitLine to healthcare facilities and providers

QUESTIONS?

NOW WHAT????

Kayla Magee, Statewide Tobacco Cessation Coordinator
South Dakota Tobacco Control Program

Offer Help

Find a Contact Person

- CEO
- Charge Nurse/Physician
- Someone passionate & a champion
- If you need a contact person, ask your local TPC

Policies & Guidance

- Healthcare System Strategies for Tobacco Cessation
- Model Policy
- Assessment Tool
- Clinical Practice Guidelines

www.goodandhealthysd.org/healthcare/practice-guidelines

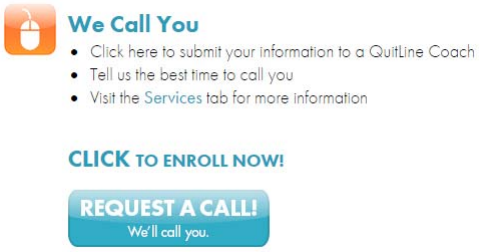
TRAININGS

- In person, webinar, or PROF www.dohprofsd.org
- Webinars – quarterly & recorded
- Referral Form
- Helping patients with stress
- E-Cigarette Information

www.sdquitline.com/providers

REFERRALS

- Phone
- Online
- Fax
- EHR
- Warm Referral



Materials

- Brochures
- Posters
- Business Cards
- Incentives for providers

http://doh.sd.gov/catalog

SOUTH DAKOTA QuitLine
1.866.SD-QUITS www.SDQuitLine.com

Spring Institute Presentation:
A Tobacco-Free Journey into Healthcare

View at https://bhssc.adobeconnect.com/p7v9uy78270/

Questions?

Thank you!

Please remember to fill out the evaluation survey