Café Session 1

Project Handouts:

Reducing tobacco prevalence

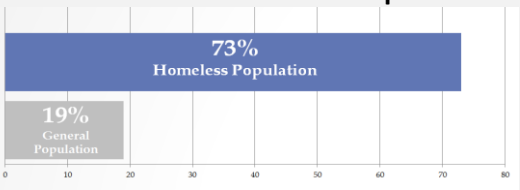
Collaborative Approach to Support Tobacco Cessation among the Homeless Population:
Adoption of a Tobacco-Free Property Policy for Signs of Victory Homeless Shelter

Tobacco use is the leading preventable cause of death and disability in Oregon.

Project description:

Signs of Victory (SOV) Homeless Shelter approached this problem by collaborating with agencies & organizations to support tobacco cessation within the homeless population. This partnership focused on the development, adoption, and sustainability of a tobacco-free property policy. Resources, materials, and training opportunities were provided.

Tobacco Use in the Homeless Population:



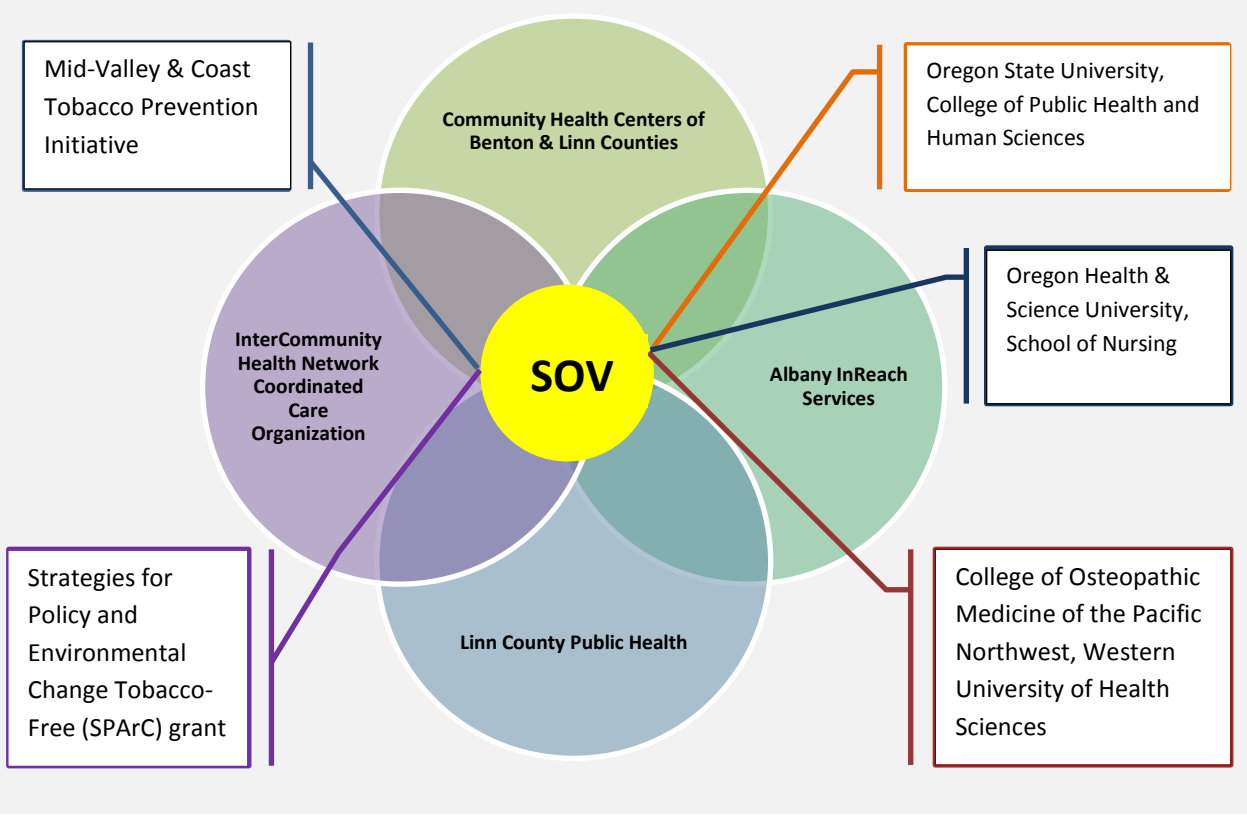
Q: Are homeless smokers interested in smoking cessation?

A: Absolutely! Homeless smokers' level of interest in *participating in a smoking cessation program, number of lifetime quit attempts*, and *methods used to quit smoking* are found similar to those of non-homeless smokers.

Impact and Outcomes:

- Adoption of a tobacco-free property policy.
- Updated shelter intake paperwork to help identify smokers and connect them to resources.
- Tobacco cessation and prevention resources are available at SOV, including food boxes.
- Training opportunities for SOV staff
- Established a Wellness Room.
- Clinic health navigator has a regular schedule at the shelter to help connect guests with resources, assist with navigating the health care system and social services, and act as an advocate.

Addressing tobacco cessation among the homeless population should be a priority of service providers. Tobacco-free property policies provide an opportunity to address challenges and to support community health. The SOV Homeless Shelter has taken this approach to support their guests and have developed vital partnerships to sustain policy implementation.



Presenters:

- George Matland, Matland6@gmail.com
- Emily Tapper, Emily.Tapper@co.benton.or.us
- Rachel Petersen, RPetersen@co.linn.or.us
- Jenna Bates, JBates@samhealth.org
- Miao Zhao, MZhao@samhealth.org

About Signs of Victory:

- Albany, OR since 1981
- Provides emergency shelter, transitional housing, clothing, furniture, and food boxes.
- 15 men's beds, 15 women and families beds in the emergency shelter; 4 transitional housing sites; provides 1,400 individuals and families with food boxes.
- Future site beds 50 men, 28 women, 28 family beds, 12 staff men, and 4 beds for detox use.
- Relies on staff volunteers, who are currently living in the shelter or transitional housing, or previously received services from SOV.

References: Bagett TP, Anderson R, Freyder PJ, Jarvie JA, Maryman K, Porter J, Rigotti NA. Addressing Tobacco Use in Homeless Populations: A Survey of Health Care Professionals. Journal of Health Care for the Poor and Underserved. 2012.; Butler, J., Okuyemi, K. S., Jean, S., Nazir, N., Ahluwalia, J. S., & Resnicow, K.(2002). Smoking characteristics of a homeless population [Electronic version]. Substance Abuse. 23(4), 223–231.; Baggett et. al. (2013). Tobacco Use among Homeless People- Addressing the Neglected Addiction. The New England Journal of Medicine.

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Smoking Cessation for African Americans in Multnomah County

Project Description

For 15 years, CDC's Racial and Ethnic Approaches to Community Health (REACH) program has partnered with local organizations to **improve health disparities** that affect racial and ethnic groups. In 2014 Multnomah County Health Department was awarded a three year REACH grant – one element of which is to address tobacco related health disparities of African Americans (*40% of AA men and 35% of AA women in the county on OHP report tobacco use*).

One **obstacle** is the dearth of culturally targeted smoking cessation interventions. Cultural targeting has been defined as "a single intervention approach for a defined population subgroup that takes into account characteristics shared by the subgroup's members."

REACH works with clinics, treatment centers, housing developments and other health care settings to create smoking cessation programs that serve African Americans and other cultural communities.

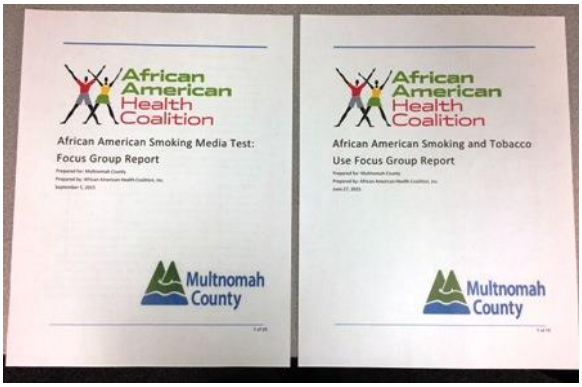
- Northeast Health Center
- Lifeworks NW
- Empowerment Clinic, Inc.
- Women's Health Care Associates
- Cleveland School-Based Health Center

We train staff with **evidence-based intervention strategies that are culturally adapted** to establish a unique and individually tailored tobacco screening and counseling workflow. We provide technical assistance to develop practices including:

- **Free Smokerlyzer** (carbon monoxide monitor) to track patient success
- **Culturally specific approaches and materials**
- Training in **trauma-informed counseling** techniques for staff
- **Counseling and education materials** for people exposed tobacco smoke

Culturally Specific Messages, Modalities, Messengers & Materials

Working with the African American Health Coalition, we held **focus groups** with AA youth and adults. We learned that the adults preferred in person and group counseling sessions and incorporated those in our community based settings.



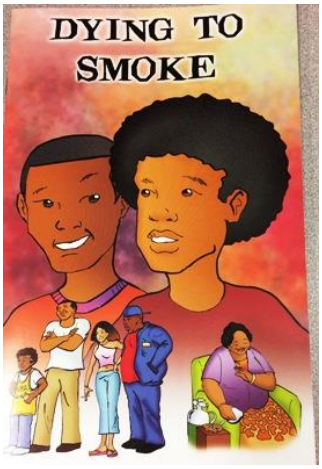
Working with Highland Haven Christian Center and Upstream Public Health we conducted trainings and focus groups with youth identified key messages about tobacco that resonate with the community and developed a media campaign around those.

Multnomah County
Health Department

We've identified **African Americans to be trained** to deliver brief or group in person counseling including Community Health Workers who are African American in clinics.

We've consulted National African American Tobacco Prevention Network for **culturally adapted materials.**

These materials highlighted relevant cultural values. For the African American community, how smoking affects the entire family is a deeply resonant theme. We've used materials that are **age-appropriate** as well. The graphic novel highlights how young people are influenced by grandma's smoking. Social media: Fresh Empire.



Impact and Outcomes

We have documented **abstinence from smoking** among 58 pregnant women screened; **smoking reduction** among 15 AA through group counseling; and are collecting data on our pilot projects with adolescents at NE Health Center and Cleveland School-Based Health Center. The other pilot projects are being developed.

Challenges

- Few health care settings have a critical mass of African American clients, and programs need to address all clients. This makes it difficult to reach our target of 350 African Americans. We have tried to work with community agencies primarily serving the AA population.
- Clinics and larger health care settings are complex organizationally and do not quickly adopt new practices that place more work on staff. We've found champions who can help organize meetings with relevant constituents.

Lessons Learned

- Provide technical assistance to make things easy for clinics and community health care settings to conduct bio-marker screenings and in-person counseling.
- Conduct assessments of tobacco screening and treatment and work with the clinics and community programs that are ready to enhance their efforts.
- Develop protocols as needed (e.g., trauma- informed brief intervention protocol; easy to translate quit plans)

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Multnomah County Health Department
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QTiP Quit Tobacco in Pregnancy

An incentive program for pregnant women to quit using tobacco

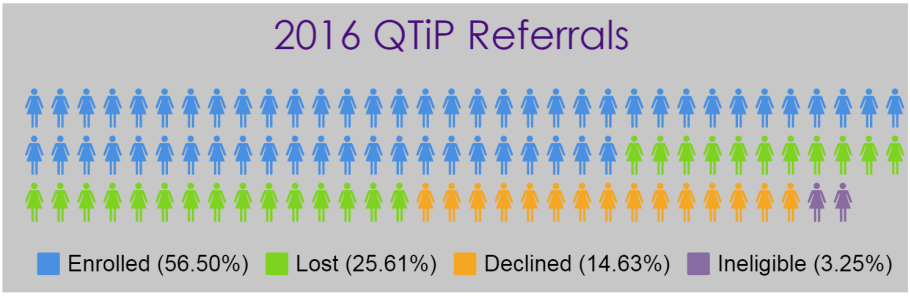
QTiP is a collaborative project between Trillium Community Health Plan, Lane County Public Health Prevention and Lane County WIC. Based on research on the efficacy of using financial incentives to promote tobacco cessation during pregnancy (Donatelle, et. al, 2004; Cahill, 2008; Tappin, et. al., 2015), the program is designed to support cessation during pregnancy and to build skills to prevent postpartum relapse.

How it works

Women are identified as tobacco users by either WIC staff or their prenatal care provider and referred to the program. Upon enrollment, participants receive a small incentive (e.g., water bottle, receiving blankets, etc.).

During pregnancy, participants can earn similar incentives by utilizing cessation services - including the Oregon Quit Line, cessation counseling from a primary care or behavioral health provider or by scheduling a session to work with the QTiP coordinator who is a trained Tobacco Treatment Specialist.

Participants come in for periodic carbon monoxide monitoring during pregnancy and postpartum to earn gift cards to local department or grocery stores. The gift cards increase in value as length of abstinence increases.



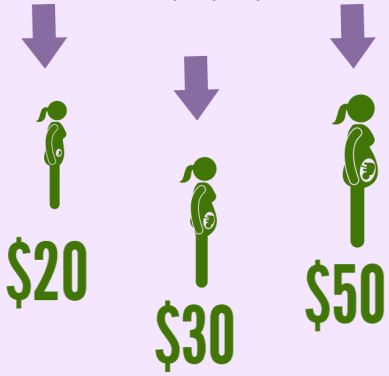
Challenges & Opportunities

- Referrals are primarily from WIC (88%); engagement with prenatal providers is limited
- About 40% of pregnant smokers identified at WIC are lost to follow-up prior to enrolling or decline to participate in the program
- Many women are lost-to-follow-up during the postpartum period

Pregnant woman identified as tobacco user & referred to QTiP

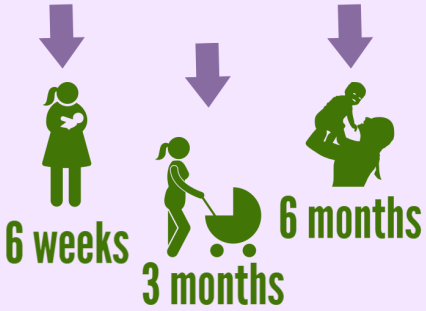
Participants receive an incentive at enrollment

Participants make a plan to quit (or review strategies to stay quit)



At 3 points during pregnancy, participants are assessed for tobacco use, verified by carbon monoxide monitor. Successfully quitting earns gradually increasing incentives (in the form of gift cards)

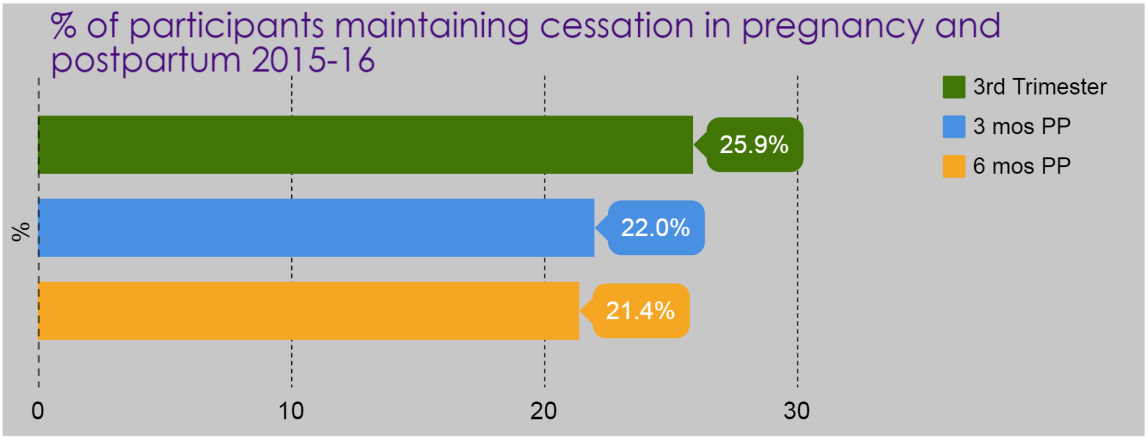
During pregnancy and postpartum, participants can also access cessation support to receive additional incentives



Once the participant delivers her baby, she is assessed again at 3 points. Each time she is still quit, she receives a $50 incentive.

Preliminary Outcomes

Data presented here is preliminary and is provided for the purpose of information, not evaluation.

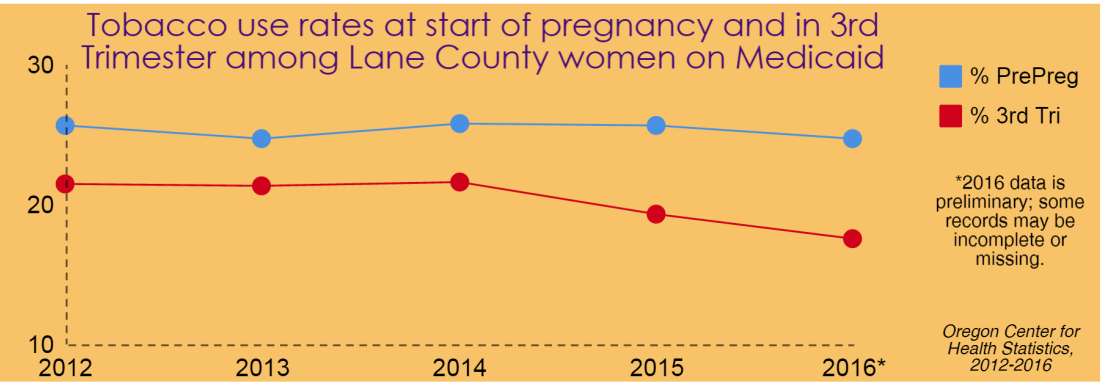


"I feel if I didn't use this program I would have started back up."

"Thank you for your help, without it I might not have quit."

"This program has been more helpful than I could have imagined. I am able to say with confidence that I identify as a non-smoker."

- Over 300 women have enrolled in the program since it began in 2015
- 66%of participants are still smoking at the time of enrollment; average cigarette use prior to enrollment is 14 cigarettes/day
- Nearly 30% of participants achieve and/or maintain cessation during pregnancy and more than 25% are quit during their 3rd trimester
- Just over 20% of participants are still abstaining from tobacco use at 6 months postpartum
- 10% of participants who achieved/maintained cessation during pregnancy had a baby with low birth weight, compared to 28% who did not successfully sustain their quit



Funding for QTiP is provided by Trillium Community Health Plan through their primary prevention set-aside with some additional funding from Lane County Public Health.

QTiP website: http://bit.ly/2nsiCdh

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References:
Cahill K, Perera R. Competitions and incentives for smoking cessation. Cochrane Database of Systematic Reviews 2008, Issue 3. Art. No.: CD004307. DOI: 10.1002/14651858.CD004307.pub3.
Donatelle, et. al., Incentives in smoking cessation: Status of the field and implications for research and practice with pregnant smokers. Nicotine & Tobacco Research, Vol.6, April 2004, S163-S179.
Tappin, et. al., Financial incentives for smoking cessation in pregnancy: randomised controlled trial, BMJ 2015;350:h134; doi: https://doi.org/10.1136/bmj.h134

Presented at 2017 Innovation Cafe: Improving Key Health Metrics

Trillium Community Health Plan

Lane County Public Health Prevent. Promote. Protect.

preventionlane www.preventionlane.org

CHI Mercy Health

Mercy Medical Center

Reducing Tobacco Usage Through Creative Digital Health Interventions

What is BecomeAnEX?
BecomeAnEX is an evidence based, online tobacco cessation platform that was developed by Truth Initiative, in collaboration with Mayo Clinic, in 2008. It consists of a multi-stage intervention approach, with tiered engagement options, a customizable experience and an online support community of seasoned quitters, who provide ongoing encouragement, and experienced based motivational coaching.

Community members who register for the service are engaged through SMS texting, social media, email

correspondence, and a mobile and web-based platform. The program seamlessly allows for the activation of other client support features and services. Such optional features include; online chat coaching and telephonic counseling with Mayo Clinic, In-Clinic Counseling, and Nicotine Replacement Therapy.

The overarching program strategy is based on best practices including Mayo's Nicotine Dependence Center clinical cessation protocol which helps smokers prepare.

BecomeAnEX fractionalizes the overwhelming nature of the quit process into three concise, achievable pieces. Re-learning habit, re-learning addiction and re-learning support to quit by relearning life without cigarettes. **Re-learning habit** involves systematically identifying those things that make you want to smoke, like stress at work, drinking a cup of coffee or even just watching the game with friends.

Then EX carefully and strategically shows you how to manage these triggers without lighting up. **Re-learning addiction** is a normalizing and empowering phase of the quit process. It educates program users to the neuro-chemical changes that happen in the brain, that make quitting nicotine so hard. For example, "if you've struggled with quitting, it's not you – it's the addictive nature of cigarettes." EX shows you how to fight back and double your chances for success. **Re-learning support** gently but firmly emphasizes that help from friends and family can significantly increase your chances of quitting.
Unfortunately a high number of smokers try to go at it alone. EX shows you how to get the support you need, and connects you with a vibrant and experienced community of ex-smokers who can help you along the way.

For the CCO, or community stakeholder, BecomeAnEX is a comprehensive digital cessation resource that offers a wide reaching, evidence-based quit tool that includes customizable marketing kits, a dedicated client success manager, uptake and engagement reports and a strategically paced evaluation system to measure cessation outcomes and calculate the user's ROI.

By implementing an electronic cessation option, CCO's and other community stakeholders provide a cost-effective and proven set of tools to their community members or other audiences. For those who already provide telephone or in-person counseling options, EX can add another layer of support to existing tobacco quit programs, increasing the likelihood of broader client engagement and success. Launching EX in can help avoid the barriers such as cost, access and convenience, that commonly interfere with client participation and retention in standard quit programs

Lessons Learned
While CHI Mercy Health has opted to make BecomeAnEX available to the entire community as part of her community benefit strategies, other organizations may want or need to offer the program only to members or employees. A universal registration process allows for identification of sub-populations and offering customized service offerings to those populations.

Uptake and utilization is directly related to promotion, to maximize the benefit and impact of EX for CCOs or community stakeholders. Promotional efforts and engaging supporting organizations will be key to maximizing engagement with the program, and realizing the greatest community benefit for Douglas County. To this end, CHI Mercy Health is working with ADAPT and other partners to provide additional tools to support clients and will offer instructional webinars and marketing materials.

In addition, Mercy will engage in comprehensive promotional activities intended to increase awareness and use of the program.
Marketing activities include:

- Email and text messaging campaigns
- Social/digital campaigns
- Videos
- Flyers and printed materials
- Quit Rx referral pads for providers to use with their patients

Mercy is providing BecomeanEX support as a community benefit strategy to help all residents of Douglas County with tobacco addictions without insurance distinction or other qualifications. Our goal is to help move the dial in a measurable and meaningful way on the tobacco issue, and see our families and neighbors live longer, better and healthier lives.

Ex is not the first, or only digital health strategy that we've employed as a facet of our community health improvement plan. Three years ago, Mercy broke ground by becoming one of the first hospitals in Oregon to incorporate a referral bridge to the Oregon Tobacco Quit Line, in her electronic medical record. This important step towards modernization, allowed inpatients quick, useful, and complimentary access to evidence-based support and service. To ensure momentum, and validate the patient's quit decision, an in-house referral was simultaneous generated, dispatching a Mercy respiratory therapist with Mayo Clinic Training in Tobacco Cessation. As part of the overall support protocol, the RT rounds on consenting patients, affirms their decision to quit, and offers them pre-discharge guidance and education on tobacco cessation and impulse control. The Oregon Tobacco Quit Line conducts follow up work with the patient in the immediate days after their discharge. This reduces backsliding and fosters continuity.

Mercy also formalized a partnership with Talkspace this year, and launched a pilot effort, to creatively address our communities growing mental health provider shortage. Talkspace is the number one, online mental health provider, serving over 500,000 clients, via 1000 licensed practitioners. In this strategic initiative we are working with our communities local Education Service District and our Violence Prevention Coalition to reach at-risk parents, children and teens who might otherwise fall through the cracks. We hope to expand this mental health resource in the future to include more community members.

Mercy's Community Health Improvement Plan also layers in strategic digital health efforts that emphasize healthy eating and active living, and partners to provide parent education, coaching and skill building.

To find out more about the exciting digital health efforts underway in Douglas County visit:
www.BecomeAnEx.com, www.talkspace.com, http://mercygive.org/, www.UP2USNOW.org, www.parentingwisely.com, www.mercy.wellfedme.com

Presenter and Co-presenter Contact Information

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Electronic Referrals to the Oregon Tobacco Quit Line project

In partnership with multiple Central Oregon agencies, Deschutes County Health Services has secured Quality Incentive Measure (QIM) funding from their local Coordinated Care Organization, PacificSource Community Solutions, and the Central Oregon Health Council to make electronic referrals to the Oregon Tobacco Quit Line possible. Currently in Oregon, only fax referrals can be made to the Quit Line.

Research in Wisconsin suggested that eReferral systems significantly increase the percentage of tobacco-using patients referred to quit lines. In fact, the percentage of adult tobacco users referred to a quit line service increased from 0.3% to 13.9% once eReferrals were utilized (Adsit et al., 2014). This service has been greatly underutilized in Central Oregon, with less than 0.5% of the estimated tobacco users accessing the quit line.

This project will enable partners in Crook, Deschutes, and Jefferson counties, who utilize the OCHIN Epic EHR, to interface with the Quit Line, administered by Oregon Health Authority (OHA) contractor, Optum. The interface will be a closed loop referral, meaning the outcome of the referral is communicated back to the referring provider with cessation medications imported back into the individual's electronic health record. Key partners in this project include PacificSource, OCHIN, Optum, OHA, Mosaic Medical, La Pine Community Health Center, Crook County Health Department, and Jefferson County Health Department.

The intended outcome of this project will be a demonstrated increase in referrals to the quit line as well as closed loop referral communication. Ultimately, this upstream approach will be duplicated to other EHR systems and in other parts of the state to reduce the number of tobacco users and greatly improve health outcomes.

Timeline:
Fall 2016- SOW signed by all parties
Winter 2016- Project funded by PacificSource
Spring 2017- Project review and OCHIN build
Summer 2017- Test messages, module and training is implemented regionally

Please contact Tom Kuhn, Community Health Manager at Deschutes County Health Services, at (541) 322-7410 or Thomas.Kuhn@deschutes.org with questions.

Adsit, R. T., Fox, B. M., Tsiolis, T., Ogland, C., Simerson, M., Vind, L. M.,Fiore, M. C. (2014). Using the electronic health record to connect primary care patients to evidence-based telephonic tobacco quitline services: a closed-loop demonstration project. *Translational Behavioral Medicine*, 4(3), 324–332. doi:10.1007/s13142-014-0259-y.

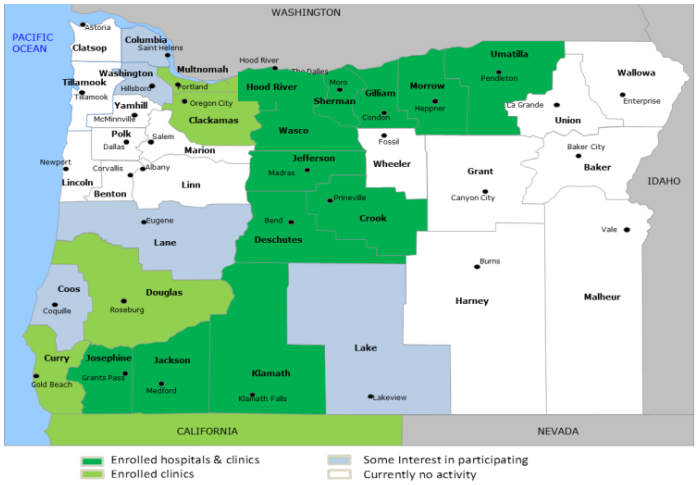
Making eReferrals to the Oregon Tobacco Quit Line
Using Robust Health Information Exchange Capabilities

Overview of Project

For over five years Reliance eHealth Collaborative (formerly Jefferson Health Information Exchange) has been supporting Closed-Loop Electronic Referrals across physical, behavioral health, social service and dental health care as well as six coordinated care organizations. Reliance seeks to implement value-added services that help CCOs and their provider networks meet transformation goals for improving quality, efficiency and cost. As such, Reliance is working with the Oregon Tobacco Quit Line to provide a means for providers to utilize eReferrals to seamlessly make electronic referrals to the Quit Line.

Participants

Reliance serves providers and their patients in 16 Oregon and 3 California counties caring for nearly 1 million patients. Providing robust health information exchange services, Reliance integrates with electronic health record systems to populate a data rich community health record that supports clinical decision-making, population health management and CCO clinical quality management and reporting.



Expected Outcomes and Benefits

Reliance expects to demonstrate an increase in referrals made to the Oregon Tobacco Quit Line among Reliance eReferrals users. Such referrals and the closed-loop communication process will enhance reporting capabilities for CCO tobacco cessation measures.

When Reliance users can stay in their current workflows to seamlessly refer patients and members to the Oregon Tobacco Quit Line, they are likely to better manage tobacco cessation resulting in fewer tobacco-related illnesses and death over time.

Challenges:

The project is currently in the requirements definition phase and several options for eReferrals integration are being evaluated. The project is expected to be completed by year end 2017.

Contact:

Paula Weldon: Paula.Weldon@RelianceHIE.org or Gina Bianco: Gina.Bianco@RelianceHIE.org

Café Session 2

Project Handouts:

Reducing tobacco prevalence

Supporting Tobacco Reduction and Elimination Among Women During Pregnancy

Background

Tobacco use is the leading cause of preventable death and disease in Oregon, disproportionately affecting Medicaid clients. In the the OHA Tobacco Cessation Services 2014 Survey Report, 35% of FamilyCare Health Medicaid membership reported tobacco use. PRAMS data from 2009 to 2010 found:

- Percent of recent mothers who smoked before pregnancy:
  OHP = 36.4%; Non-OHP = 13.6%
- Percent of recent mothers who smoked before pregnancy and quit while pregnant:
  OHP = 36.4%; Non-OHP = 79.4%

Presenter Information

Mackenzie Peterson, MSW
mackenziep@familycareinc.org

Funding

This project is funded through an alternative payment methodology which includes an initial capacity building grant and a bundled payment rate for services.

Organizations

Women's Healthcare Associates is an OB/GYN specialty practice with 15 locations in Oregon and more than 120 physicians, certified nurse-midwives, nurse practitioners, and genetic counselors on staff.

FamilyCare Health, a Coordinated Care Organization in the tri-county area, serves around 120,000 Oregon Health Plan members.

Women's Healthcare Associates LLC
Journey well.

FamilyCare Health

Situation

Smoking during pregnancy is the most modifiable risk factor for poor birth outcomes. Smoking during and after pregnancy is associated with fetal and infant risks, including low birth weight, preterm delivery, abruptio placentae, sudden infant death syndrome, and an increase in childhood respiratory illnesses. The American College of Obstetrics and Gynecologists recommends that obstetric health care providers screen patients for tobacco use and offer treatment for smoking cessation. Screening is usually done at intake; it is estimated the prevalence of continued smoking or relapse during pregnancy is 18%.

Project Description

FamilyCare Health (FCH) incentivized a 2016 smoking cessation metric with a large Ob/Gyn provider, Women's Healthcare Associates (WHA). To meet the metric, WHA continues to screen women for tobacco use throughout the entire pregnancy. WHA created a workflow that includes provider counseling and behavioral health interventions.

(See WHA Third Trimester Workflow on back.)

Future activities with WHA will include continued screening at post-partum visits. This project will also partner with SCRIPT, Multnomah County's Smoking Cessation and Reduction in Pregnancy Treatment program, which was piloted in early 2016.

Impact/Outcomes

WHA has made substantial improvements in instituting this intervention in the last trimester of pregnancy. They now follow the workflow in all of their OB clinics through their EMR (intervention 1), and have engaged behaviorists to help (intervention 2).

Tobacco Use: Positive Screening and Intervention	Baseline	Improvement
Intervention 1: *Counseling through the Smoke Advice prompt (CPOE form) EMR prompt*	18.6%	44.44%
Intervention 2: *Contact from a behaviorist to offer an appointment and/or resources*	0%	77.8%

Lessons Learned

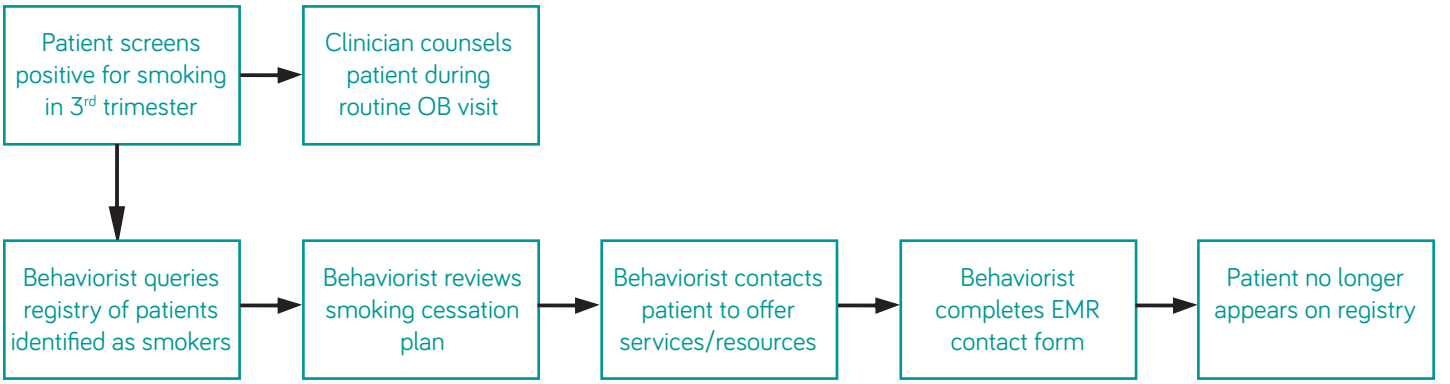
To be effective in this intervention, it was important WHA have an embedded behaviorist on staff in order to create greater trust and accountability.

See next page

Women's Healthcare Associates LLC
Journey well.

FamilyCare Health

WHA Third Trimester Workflow



FamilyCare Health Smoking Cessation and Prevention Strategy: A CCO Approach

Current Activities

1. Develop a comprehensive Tobacco Cessation Strategy through technical assistance from the OHA Transformation Center.
2. Implement a Performance Improvement Plan for elements of the Tobacco Cessation Strategy to support quality improvement initiatives.
3. Participate in Sustainable Relations for Community Health Grant with Clackamas County public health and community partners to implement tobacco identification assessments and closed loop intervention referrals.
4. Increase FamilyCare Health (FCH) tobacco cessation benefit package to include coverage of evidence-based counseling and all seven FDA-approved medications to decrease barriers to cessation benefits.
5. Improve contract with telephone cessation intervention provider OPTUM to improve tobacco cessation benefit and enhance data exchange.
6. Partner with Women's Health Associates with Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT) program.

Planned Activities for 2017

1. Train providers within FamilyCare Health (FCH) network in brief tobacco interventions using the Rx for Change model.
2. Work with dental providers to promote implementation of tobacco cessation closed loop clinical workflows.
3. Identify all FCH tobacco users through telephonic and in-person assessment and consistently promote tobacco cessation benefits as appropriate.
4. Conduct pilot studies and projects among FCH and contracted PCP clinics using SCRIPT program from Multnomah County.

Creating a tobacco free community

AMERICAN LUNG ASSOCIATION.
Freedom FROM SMOKING®

Cascade Health Alliance, LLC

SKY LAKES MEDICAL CENTER

Content material provided by: American Lung Association Freedom From Smoking program

369 of 442 enrolled members completed program since 2007

Funded by Cascade Health Alliance (CHA)

In 2016, CHA spent $36,000 in tobacco cessation treatment

Facilitator Certifaction
$350
Yearly Labor Cost
$1,600

Program Materials
$25/Participant
Celebration Party
$30/Session
Room Fee
Free (courtesy of Sky Lakes)

Tobacco use costs Oregonians $2.5 billion each year**

CHA spent $1,022,690 in 2016 for the treatment of COPD and Asthma related conditions in adults 19 years and older*

Approximately 6% of CHA's members have COPD and are being treated

Klamath County currently ranks 36th out of 36 Oregon counties for health outcomes; and 35th out of 36 counties for health behaviors***

Things to Consider

Member motivation and compliance has been a challenge, creating a need to implement outreach calls in between classes.

The Freedom from Smoking program meets once weekly for 7 weeks with exercise the main emphasis in week 6, but facilitators are generally not qualified to recommend an exercise program.

Greater participation and engagement may be achieved with a strong collaboration with plan providers.

Contact kerrib@cascadecomp.com for more information

*CHA Pharmacy claims data

**http://public.health.oregon.gov

***http://www.countyhealthrankings.org/

KLAMATH COUNTY TOBACCO FACT SHEET (2014)

Tobacco's toll in one year

11,000 Adults who regularly smoke cigarettes

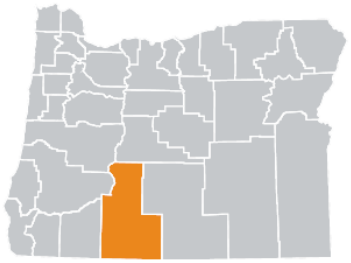
3,836 People with a serious illness caused by tobacco

196

Tobacco-related deaths

$39.1 Million

Spent on tobacco-related medical care



Population	
Youths	14,431
Adults	52,379
Total Residents	66,810

$31.4 Million

In productivity losses due to Premature tobacco-related deaths

Among tobacco retailer assessed in Klamath County

1 in 3	displayed tobacco ads at the eye level of a child
1 in 4	displayed tobacco near toys or candy
100%	sold flavored tobacco
1 in 2	sold tobacco at discounted prices

Components of a comprehensive tobacco prevention program:

Oregon's Tobacco Prevention and Education Program (TPEP) supports local public health authorities to serve all 36 counties and nine federally –recognized tribes. TPEP works to:

- ✓ Engage communities in reducing the tobacco industry influence in retail stores
- ✓ Increase the price of tobacco
- ✓ Promote smokefree environments
- ✓ Provide support and resources to Oregon smokers who want to quit
- ✓ Engage diverse populations of Oregonians

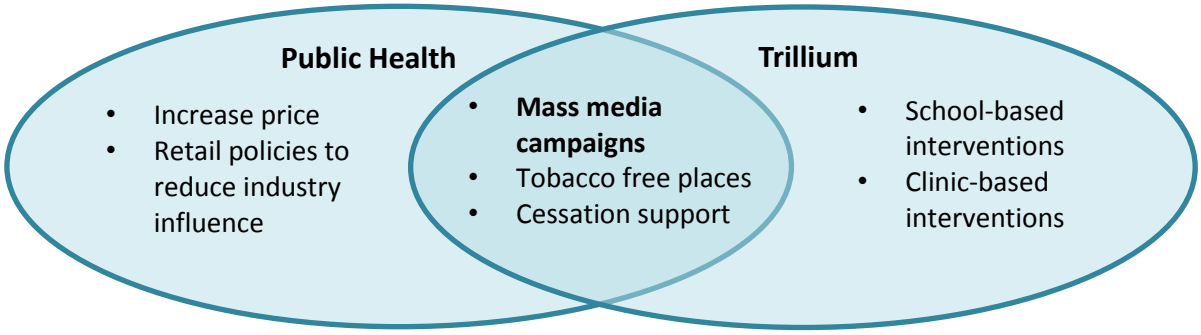
The Tobacco Industry spent $112 million a year promoting tobacco products in Oregon stores in 2012.

https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/countyfacts/OHA-

Public Health & CCO Partnership for Success:
Addressing Disparities through a Tobacco Cessation Media Campaign

Project Description: Through the Lane County Public Health and Trillium Community Health Plan partnership, Trillium invested in tobacco cessation by providing funding to OHA to expand the OHA cessation media campaign in Lane County to reach populations experiencing tobacco disparities. The campaign effectively led to increased calls to the Quit Line during the January-March 2016 campaign.

Comprehensive Tobacco Control



Campaign approach

- The campaign was based upon Centers for Disease Control and Prevention (CDC) best practices for comprehensive tobacco control programs.
- Messages for the campaign were tested for audience effectiveness.
- The campaign was implemented to reach every tobacco-user resident in Lane County multiple times efficiently and effectively.
- The campaign used television, radio, print, and digital media to reach tobacco-using Lane County residents and Trillium clients.

Media impressions

Media impressions, or the number of times the content was shown to the audience, totaled 11,893,516 in Lane County during the campaign. This included digital display (focus on African-American and Native Americans), Pandora Radio, Lane County Digital Xfinity, Eugene Television and Cable, Lane County Transit, and Eugene Weekly.

Results

- 24% increase in total Quit Line calls compared to 2015
- 30% of callers were Trillium Community Health Plan members
- Linn and Lincoln Counties, not receiving media, had a 34% decrease in calls from 2015

Overcoming Challenges

CCOs speak the language of health care, treatment, health insurance, cost reduction, return on investment (ROI), and individual patient health; while public health speaks the language of primary prevention, "taking it upstream" to address the root causes and social determinants of health, and policies, systems, and environment changes to support community health. We learned some of each other's language and definitions to communicate and work better together.

Lessons Learned

- Media campaign is effective at driving people to the Quit Line
- Collaborate with OHA on media buy early

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preventionlane
www.preventionlane.org

LANE COUNTY OREGON
PUBLIC HEALTH
Prevent. Promote. Protect.
PREVENTION SECTION

Closed-Loop Tobacco Quit Line Referrals in Rural Columbia County

Background:

In Columbia County our usage rates of tobacco are 39% among Medicaid members (highest in Oregon), 19% among all adults, and 18% among pregnant women. The Tobacco Prevention & Education Program coordinator recognized the need to strengthen the clinical referral to the Oregon Tobacco Quit Line. As a rural community, there are few tobacco cessation resources and the Quit Line is one of the few sustainable options.

In order to implement closed-loop referrals in the clinics, new partnerships needed to be formed between public health and primary care. The Sustainable Relationships for Community Health grant was the catalyst for these partnerships.

SRCH Team Structure:

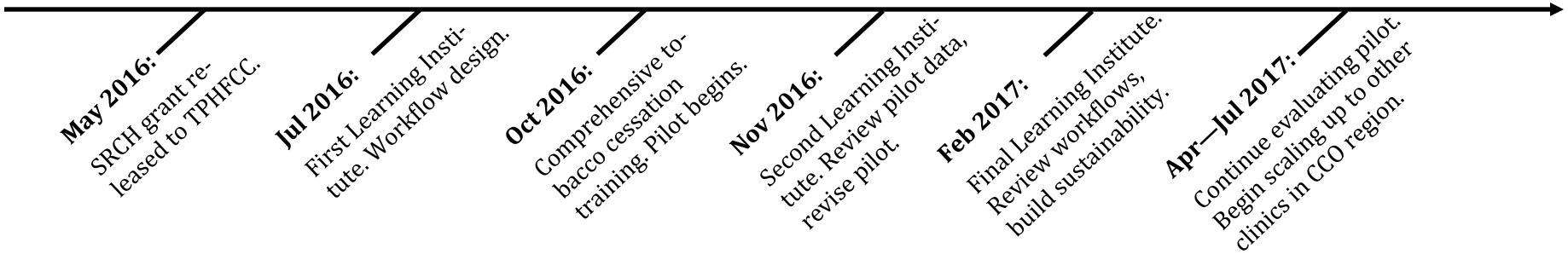
The Public Health Foundation of Columbia County: Provided project management, quality improvement, data tracking, and tobacco prevention education.

Vernonia Health Center, Rainier Health Center, and OHSU-Scappoose Clinic: Workflow development, project pilot sites, and continuous quality improvement.

Columbia Pacific CCO: Technical expertise in clinical workflows, metric alignment, and sustainability of programs.

Northwest Senior Disability Services: Self-management program technical expertise.

Timeline:



Columbia County

Rainier Health Center
Supporting Community Health and Wellness.

Vernonia Health Center

OHSU

Columbia Pacific CCO

NWSDS .org

Accomplishments:

- New partnerships between area primary care clinics and public health;
- Successfully developed and piloted clinical referrals to the Oregon Tobacco Quit Line (Went from zero provider referrals to weekly referrals);
- Improved clinical practice;
    - Implementing quality improvement tools
    - Alignment of efforts towards share goals/metrics
- Increasing provider awareness of the need to actively decrease tobacco use prevalence using evidence-based practices.

Next Steps:

- Train providers on motivational interviewing;
- Collect final pilot data for review and evaluation;
- Share work with regional primary care workgroup to share learnings and expand pilot;
- Develop data sharing agreement to continue sharing quit line referrals with the Tobacco Prevention & Education Coordinator.

Funding Source:

Funding was provided through the Tobacco Master Settlement Agreement. It was distributed through the Oregon Health Authority as the Sustainable Relationships for Community Health Grant. Partner organizations contributed their time in-kind.

Challenges:

- EHR difficulties: Tracking and managing in the EHR;
- Technical issues between the clinics and the Quit Line;
- Provider buy-in: Tobacco was seen as a secondary concern;
- Finding ways to empower providers to move patients through the stages of change.

Recommendations:

- Ensure that everyone knows their role and expectations;
- Have dedicated staff time to coordinate efforts and manage the project;
- Ensure that everyone is speaking the same language (i.e. clinical versus public health);
- Engage EHR Site Specialist early on in the process;
- Celebrate wins—Big and Small.

Presenter Contact Information:

Jackie Litzau, SRCH Coordinator

The Public Health Foundation of Columbia County

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2017 Innovation Café

Project Title: Exploring Barriers to Tobacco Cessation for Pregnant Women and New Mothers in Klamath County

Presenter Contact Information: Stephanie Machado, stephanie.machado@oit.edu

Background: In 2014, approximately 19% of pregnant women in Klamath County smoked compared to only 10% in Oregon.[1] Tobacco use during pregnancy is a risk factor for delivering a low birth weight baby. In Klamath County in particular, the low birth weight prevalence in 2014 was 8%, and women who smoked during pregnancy were at a significantly higher risk of delivering a low birth weight baby compared to those who did not smoke.[1,2] Cascade Health Alliance developed a tobacco cessation program for pregnant women in winter 2016 yet despite marketing efforts, no clients enrolled in the program. In light of this, Cascade Health Alliance and their partners conducted a qualitative study with pregnant women and new mothers who used tobacco during pregnancy to explore the perceptions of smoking during pregnancy and available tobacco cessation resources.

Methods: OHSU students conducted qualitative phone interviews with 14 women who used tobacco during their most recent pregnancy. Participants were either pregnant or had delivered within the past two years. The interview addressed four key areas: perceptions of tobacco use during pregnancy, factors that influence tobacco use and cessation attempts, perceptions of current cessation resources, and recommendations for future cessation resources. Thematic analysis was used to code interview notes and identify main themes.

Preliminary Results: *Results will be shared at the meeting.*

Challenges: Partners had difficulty recruiting women to participate in this project. Many women who initially signed up to participate changed their minds once we called to schedule the interview. Our partners felt that this was likely due to the high-sensitivity of the interview topic. We found that changing our strategy from conducting in-person interviews to phone interviews increased our response rate. We also found that cold-calling instead of scheduling a set interview time increased the likelihood of participants answering their phones.

Partner Organizations: Cascade Health Alliance, Cascades East Family Practice, Klamath County Public Health, Klamath Basin Behavioral Health: Healthy Families, OHSU Campus for Rural Health-Klamath, Oregon Tech Population Health Management

Funding Source: This is a project for the OHSU Campus for Rural Health-Klamath Interprofessional Experience course. There is no funding for this project.

1. Birth Risk Factors. Oregon Public Health Assessment Tool. 2016
2. Low Birth Weight Risk Factors in Klamath County. Klamath County Public Health. 2016