

## BACKGROUND

For the first time in Oregon, during the 2013 legislative session, Tobacco Master Settlement Agreement (TMSA) funds were designated for tobacco prevention and control. Input from the Conference of Local Health Officials (CLHO), the CLHO Healthy Communities Committee, the Tobacco Reduction Advisory Committee (TRAC), and an expanded group of advisors including representatives from Coordinated Care Organizations (CCOs) and the Governor's Office resulted in a competitive funding opportunity using a portion of the TMSA funds for Local Public Health Authorities (LPHAs) to advance policy, systems and environmental changes that:

- Promote tobacco-free environments and communities,
- Reduce the influence of tobacco product marketing and promotion, and
- Encourage tobacco users to quit.

LPHAs were encouraged to work with their local CCO, Regional Health Equity Coalition, Tribes, and other community organizations representing local populations disproportionately impacted by tobacco products to implement recommendations from the Centers for Disease Control and Prevention (CDC) Best Practices for Tobacco Control.

The Mid-Valley & Coast Tobacco Prevention Initiative, which includes Linn, Benton and Lincoln County Health Departments, Intercommunity Health Network Coordinated Care Organization (IHN-CCO), and the Linn-Benton Health Equity Alliance, was one of six grantees awarded funds to advance tobacco control and prevention in local communities.



*The partnership between public health, private medical clinics, and the region's Coordinated Care Organization was a strength of this tobacco control and prevention project.*

# SPArC Tobacco-Free Linn/Benton/Lincoln

## Grantee Summary

Linn, Benton, and Lincoln Counties applied for SPArC funds as part of a consortium, the Mid-Valley & Coast Tobacco Prevention Initiative, that included their local CCO and Health Equity Coalition. SPArC activities focused on the IHN-CCO service region, which covers all of Linn, Benton, and Lincoln Counties—about 250,000 people, 78% of whom live rurally.

Low-income individuals are more likely to use tobacco, and high smoking rates lead to inequalities in health, quality-of-life and financial well-being. The Consortium identified IHN-CCO, which services Oregon Health Plan clients, and non-governmental social and community service organizations as strong potential vehicles for tobacco control interventions targeting low-income smokers. In addition, about 1 in 5 pregnant women in Lincoln and Linn County use tobacco, making them a high priority population to target with prevention messages and cessation services, particularly within clinical settings.

## KEY STRATEGIES

LPHAs designed SPArC projects that were responsive to local needs in tobacco prevention and control; each grantee implemented strategies tailored to their unique context.

Linn/Benton/Lincoln proposed 2 policy strategies in their SPArC application, one delivered through CCOs and the other through social service agencies. Both were designed to target low-income tobacco users with prevention messages and cessation services:

1. Systematic screening and referral systems, specifically targeting pregnant women who use tobacco.
2. Development and implementation of tobacco-free social service agency policies and systems.

***“Over 50,000 people die annually in the United States because of second-hand smoke....When you’re looking at what the nation is trying to achieve with the triple aim—meaning improving access, reducing health care costs and improving quality—we can’t do that without having real conversations about the risks of anything we’re doing with lifestyles.”***

**Kevin Ewanchyna, MD, Chief Medical Officer , Intercommunity Health Network CCO**

# SPArC Tobacco-Free Linn/Benton/Lincoln

## Project Milestones

To reach project goals, the CCO and tri-county consortium built their shared capacity for ongoing communication and coordination:

- Formed Regional Healthy Communities Steering Committee to increase communication and coordination across diverse projects.
- Hired 1.0 FTE Regional Project Coordinator to facilitate steering committee and coordinate implementation of joint activities and project.
- Another 1.0 FTE Regional Project Coordinator hired to support other regional initiatives.

### Strategy 1: Screening & referral systems

- Developed Tobacco Clinical Workgroup, which includes high-level leadership at IHN-CCO, the LPHA, and other partners, who meet on an ongoing basis to work on systems changes to address tobacco disparities.
- Collaborated with academic partners to conduct needs assessment around pregnant women who use tobacco and develop partnerships and systems for delivering cessation services to this group.
- Collaborated with Samaritan physician on piloting integration of tobacco into substance abuse screening (S-BIRT) and training of clinicians.
- Trained parish nurses to provide group tobacco cessation counseling, with focus on WIC clients.

### Strategy 2: Tobacco-free social service agencies

Conducted tobacco policy assessment with social service agencies in the tri-county region; 68% of providers participated:

- 38% of respondents reported a tobacco-free campus policy
- 14% reported some form of tobacco screening & referral process in place
- 22% requested follow up or technical assistance

Used assessment findings to build relationships and promote policy adoption among social service agencies: for example, a strong collaboration was built between Albany InReach/Signs of Victory and the consortium around tobacco control.



*“We house over 1,000 folks a year; almost half of the people we house are kids. It just makes sense that our organization [and properties] would become smoke-free...It was a resident who came up to one of our staff and said, ‘this changed my life, I quit.’”*

Brigetta Olson (Deputy Director) & Jim Moorefield (ED), Willamette Neighborhood Housing Services

## CHALLENGES

### Strategy 1: Screening & referral systems

- Limited research on best practices for tobacco referral systems for pregnant women.
- Limited cessation resources may not meet the needs of pregnant women.
- Population not always connected with services, difficult to reach, and often have multiple competing needs.

### Strategy 2: Tobacco-free social service agencies

- Considerable effort required to develop a valid, comprehensive list of social service agencies.
- Diversity of social service agencies meant data collection was difficult. Issues included: multiple attempts, phone system barriers, non-traditional hours of service, and agency staff with limited time for interviews.
- Difficult to identify the most appropriate person in an agency to answer questions about tobacco policies, screening systems, and cessation resources.
- Lack of established relationships with agency required clear communication of purpose, intent, and time commitment for assessment.
- Language and tone used in the assessment was important; some terms were unfamiliar or unclear to participants and required explanation.

## LESSONS LEARNED

### Regional Collaboration

- Be transparent & invite partners to the table.
- Commit resources for cross-training, peer exchange, and professional development.

### Strategy 1: Screening & referral systems

- Public health is still the “outsider” in health systems.
- Need to learn the structure of clinical & health systems and develop a shared language.
- Still learning how health systems function and how to work together across systems and structures.

### Strategy 2: Tobacco-free social service agencies

- Policy change requires trusting relationships between the Health Department and social service agencies; this takes longer than a year.
- Assessment process built capacity in local public health to conduct systematic data collection and generate valid findings.
- Opportunity for education across public health and social services agencies around the “minimum tobacco use rules required by law” versus best practices in tobacco control.



## FUNDED PROJECTS

The Strategies for Policy And enviRonmental Change (SPARc) Tobacco-Free competitive Request for Grant Applications (RFGA) directed applicants to:

- Complement, build upon, or accelerate, but not duplicate, the current Local Program Plan of the LPHA(s) Tobacco Prevention and Education Program (TPEP);
- Be achievable and produce a sustainable change within the 15 month grant period of April 1, 2014 through June 30, 2015; and
- Be evaluable to demonstrate advancement of policy, systems and environmental changes in tobacco prevention and control.

Six grantees were funded across the State of Oregon in the following counties:

1. Coos & Douglas
2. Klamath
3. Lane
4. Linn, Benton & Lincoln
5. Multnomah
6. Yamhill

## NEXT STEPS

### Strategy 1: Screening & referral systems

- Continued engagement of the Tobacco Clinical Workgroup, which includes IHN-CCO Chief Medical Officer, the LPHA, and other partners on systems changes to address tobacco disparities
- Collaboration with Kari-Lyn Sakuma, Assistant Professor College of Public Health and Human Sciences Oregon State University (related to MCH partnerships to promote cessation)
- Collaboration with Dr. Cousins, Physician at Samaritan Mid-Valley Children's Clinic and ABC House (related to integration of tobacco items into S-BIRT screening tool)
- Expand the needs assessment related to cessation among pregnant women to other counties

### Strategy 2: Tobacco-free social service agencies

- Continue to build and strengthen relationships between social service agencies and health department leadership
- Maintain collaboration with regional agencies, working with those active in multiple counties
- Continued partnerships with key health and social service players in region, including First Christian in Benton County and Albany InReach/ Signs of Victory

## CONTACT

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Learn more about Smokefree Oregon Heroes in this region:

<http://smokefreeoregon.com/oregonians/>