

# Strategies for Policy and Environmental Change

Marilyn Carter, PhD, Adapt  
Coos/Douglas SPArC Grant Director

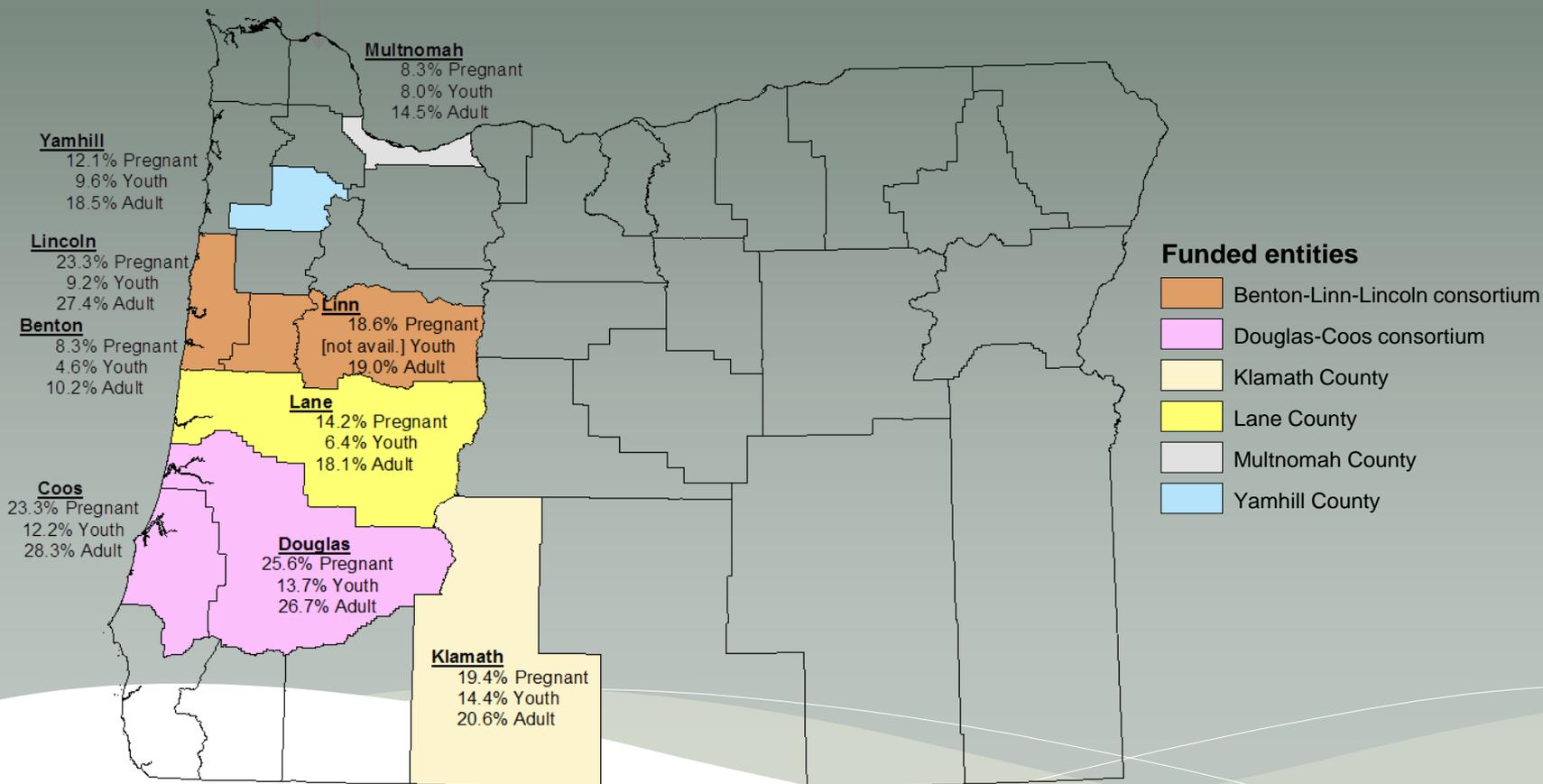
Cindy Shirtcliff, LCSW, Advantage Dental  
Regional Manager Community Liaison

March 2014



***Adapt***

# Tobacco Master Settlement Agreement OHA/Public Health SPArC Grant Recipients



**Sources:**

Pregnancy: Birth certificate data files 2008-2011, accessed by Oregon Public Health Assessment Tool (OPHAT)

Youth: Oregon Healthy Teens 2013 (11<sup>th</sup> grade students).

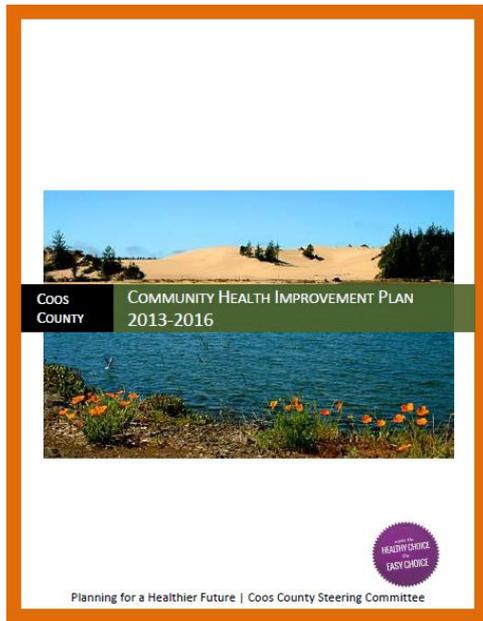
Adults: Behavioral Risk Factor Surveillance System (BRFSS) 2008-2011. Results calculated using “classic weighting” system.

## 3 SPArC Project Strategies Coos & Douglas Counties

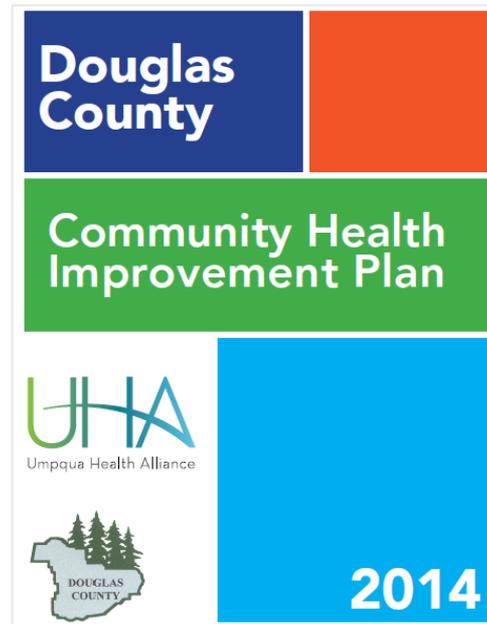
- 1) Work with CCO partners to **establish or strengthen tobacco-free campus policies** to meet the 100% gold standard
- 2) Provide training to **increase local capacity to address tobacco and nicotine dependence**
- 3) Engage selected clinics in **assessment and planning to address tobacco through organizational change**

# 2014 Community Health Improvement Plan Alignment

## Coos County

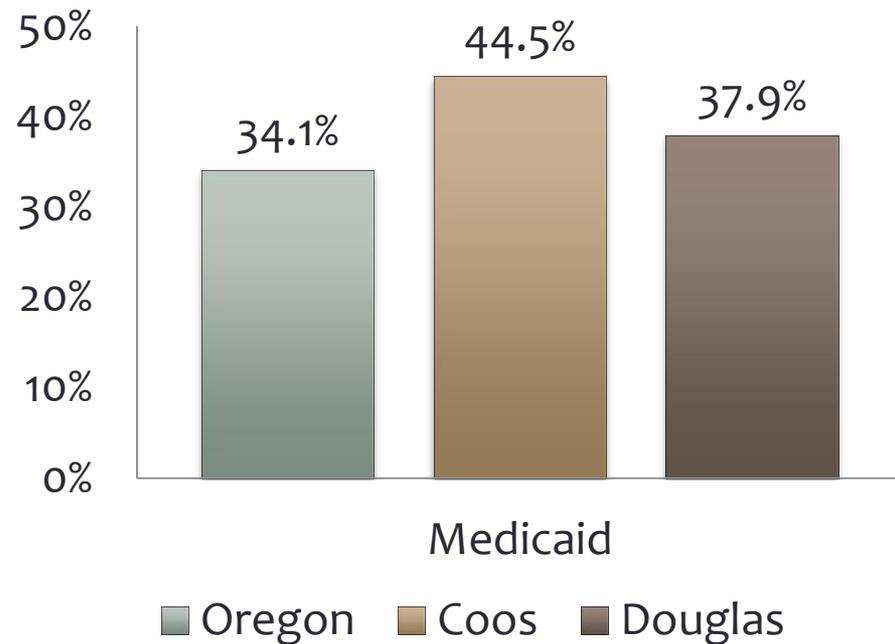
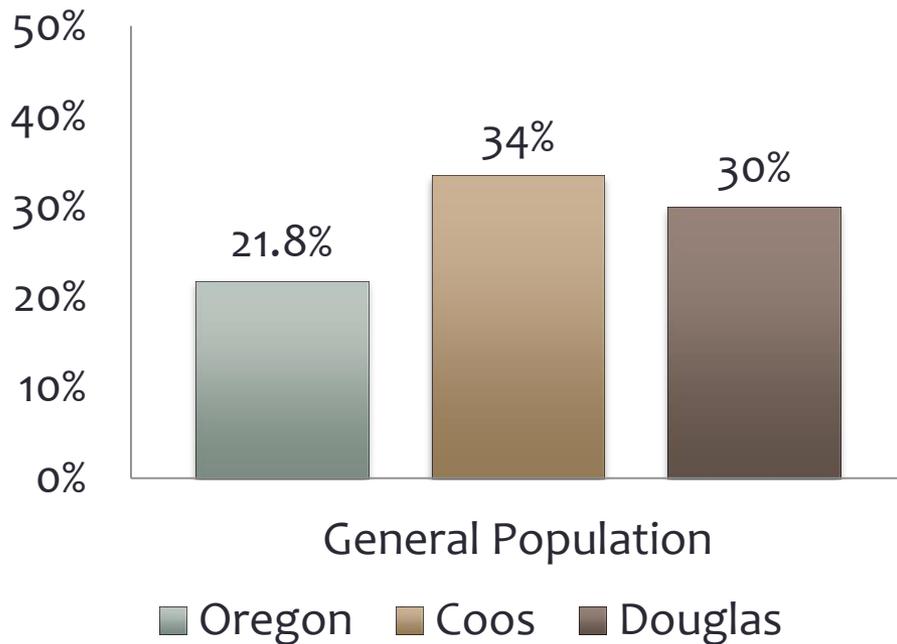


## Douglas County



- \* Tobacco-free environments
- \* Interventions to increase tobacco cessation

# Adult Tobacco Use Status (Cigarettes + Smokeless Tobacco)



Source:

General Population: Behavioral Risk Factors Surveillance System: County combined 2010-2013; age-adjusted to the 2000 standard population;  
Medicaid: Oregon Health System Transformation, 2014 Mid-Year Performance Report, Oregon Health Authority

# Addressing Tobacco Through Organizational “Systems Change”



- \* Tobacco-free clinic policy
- \* EMR system prompts
- \* Evaluation of patient flow
- \* Communications & visual cues
- \* Staff training (e.g., nicotine dependence, pharmacotherapy)
- \* Performance monitoring & feedback
- \* Cessation for patients and staff

# Advantage Dental Clinical Window of Opportunity

“At least 70 percent of smokers see a physician each year and almost one-third see a dentist.”

2008 Clinical Practice Guidelines for Treating  
Tobacco Use and Dependence

“The dental office setting can be a first touch point of entry for healthcare. This makes tobacco cessation counseling a perfect fit in the dental office as well as at community oral health screening sites, such as WIC.”

Cindy Shirtcliff, LCSW, Advantage Dental



# Systems Change Assessment & Planning Process

## \* Clinic systems assessment and planning process:

- Convene Change Team
- Physical Environment
- Clinic Environment
- Workforce Environment
- Policy Environment

“Our clinic Change Team, has compiled and reviewed existing policies, clinic practices, and our clinic environment to learn what we are doing well and where improvements are possible.”

Cindy Shirtcliff, LCSW, Advantage Dental

# Systems Change Comprehensive Tobacco-Free Policy



## MEMO

December 15, 2014

To: ALL EMPLOYEES

From: Advantage Professional Management, LLC and Advantage Dental Support Group, LLC,  
Advantage Dental Group PC ("Advantage Dental")

Re: New Tobacco Free Policy for all Company Properties

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Please note that as of January 1, 2015 Advantage Dental will be implementing a Tobacco Free Campus/Clinic Policy. What this will mean is that smoking and the use of tobacco products are prohibited at all times and on all property owned, leased, or under the control of Advantage Dental, including but not limited to, indoor and outdoor grounds, walkways and sidewalks, parking lots, and company vehicles.

This policy applies to all persons on all properties owned, leased or operated by Advantage Dental. The policy is in effect 24 hours a day, seven days a week. This policy promotes the health and safety of Advantage Dental employees, clients and visitors by establishing a smoke-free and tobacco-free workplace.

Signs will be provided to each Advantage Dental property location by the first week of January. These signs will be displayed on the property to relay the Tobacco Free message.

**Resources for those wanting to quit smoking:**

- **Oregon Tobacco Quit Line Materials:**  
<http://smokefreeoregon.com/resources/quit/quit-resources/>
- **Oregon Tobacco Quit Line Website:** [www.quitnow.net/oregon](http://www.quitnow.net/oregon) - 1-800-QUIT-NOW
- **Providence Health Plan:** Health Insurance Benefits that begin January 1, 2015 include a benefit for Tobacco cessation, counseling/classes and deterrent medications – this benefit is covered in full if you see an In-Network provider.  
[www.providence.org/classes](http://www.providence.org/classes)

If you have any questions about this new policy contact your supervisor.

Sincerely,

Advantage Dental Executive Team



- \* On January 1, 2015, Advantage Dental implemented a Tobacco Free Campus Policy for all 34 clinics statewide
- \* Smoking and the use of tobacco products are prohibited at all times and on all property.

[www.AdvantageDental.com](http://www.AdvantageDental.com)

442 SW Umatilla Ave., Suite 200 Redmond, OR 97756

# Systems Change

## EHR Prompts, Reporting, Feedback

- \* Upgrades to Dentrix software to include health history “pop up” prompts to **ASK** about nicotine use at every dental visit
- \* System-wide process to **ADVISE** and **REFER** patients to the Quitline or other quit services
- \* QI monitoring of monthly Quitline Fax referral report and by billing code D1320
- \* Feedback to providers to encourage intervention

83 D1320  
in 14  
clinics in  
one week

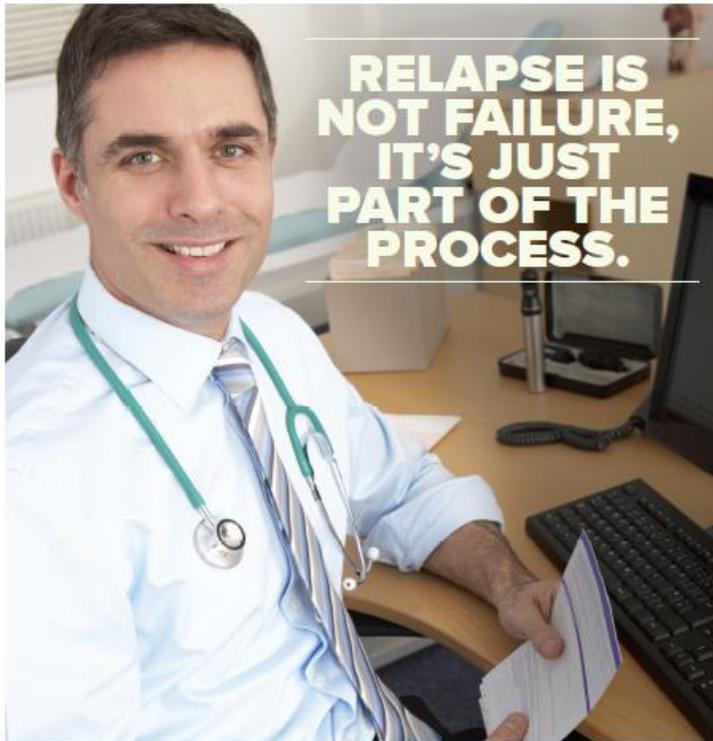
# Systems Change Staff Training & Education

“The policy change will be accompanied by systematic processes for educating patients and employees about the new policy, as well as training opportunities to help all Advantage Dental employees support patients who may be thinking about quitting, including proactive FAX referral to the Quitline.”

Cindy Shirtcliff, LCSW, Advantage Dental

- \* Train Regional and District Managers
- \* Train Dental Care Providers
- \* Webinars, e.g., motivational Interviewing, poverty
- \* Tobacco Treatment Specialists
- \* New employee orientation

# Systems Change Cessation Support for Patients, Employees and Community



- \* Tobacco Quitline Fax Referral
- \* Printed educational materials
- \* Employee benefits include tobacco cessation counseling, classes and medications
- \* WIC and Mental Health

Quitting tobacco is like learning to ride a bike. It can take a few times trying before you're successful. The trick is to keep trying.

**QUIT LINE** | 1-800-QUIT-NOW (1-800-784-8669)  
1.855.DE.JELO-YA (1.855.335356.92) | [quitnow.net/oregon](http://quitnow.net/oregon)

**SMOKEFREE**  
**oregon**

# Systems Change Communications

**Adapt**

an expert leader in the prevention and treatment of addictions since 1971

FOR IMMEDIATE RELEASE  
December 12, 2014

Contact  
Marilyn Carter, Douglas/Coos SPARC Grant Director – Adapt  
(541) 672-2691 / [marlync@adapt-or.org](mailto:marlync@adapt-or.org)

## Health Organizations Expand Tobacco-free Campus Policies

ROSEBURG, Ore. — Health organizations in Coos County will launch more comprehensive tobacco policies beginning January 1, 2015. The new policies will prohibit cigarettes and all other tobacco products, including e-cigarettes and other nicotine delivery products, from being used on properties owned and operated by Advantage Dental and Waterfall Community Health Center. Western Oregon Advanced Health is also recognized for its strong tobacco policy and

## Oral Health Setting

Dependence says, "At least 30 see a dentist." We know that the. This makes tobacco cessation oral health screening sites, such as

the delivery of services to address nicotine dependence among our patients.

our clinic Change Team, has compiled and reviewed existing policies, clinic practices, and our clinic environment to learn what we are doing well and where improvements are possible. As a result of our work, Advantage Dental has decided to adopt a tobacco-free campus policy for all 34 of its clinics in Oregon. The policy change will be accompanied by systematic processes for educating patients and employees about the new policy, as well as training opportunities to help all Advantage Dental employees support patients who may be thinking about quitting, including proactive FAX referral to the Quit Line.

Dentists and hygienists are uniquely positioned to

**I NEVER QUIT ON MY PATIENTS.**



- \* English and Spanish language signs at all 34 Oregon clinics
- \* Advantage memo to employees
- \* Advantage newsletter article
- \* Umpqua Health Alliance newsletter article
- \* Adapt media release
- \* Adapt newspaper column
- \* Radio interview

WELCOME TO OUR  
**SMOKE & TOBACCO FREE CLINIC GROUNDS**  
Bienvenido a Nuestros Terrenos de Clinica  
Libre de Humo y Tabaco



Thank You for Your Cooperation  
Gracias Por Su Cooperación



# Sharing Systems Change Resources



Home Services Locations Administration Employment Contact us AdaptConnect

*An Oregon leader in the prevention and treatment of addictions since 19*

Why Choose Adapt

Referring Professionals

Insurance Information

Tobacco Use and Nicotine Dependence

Patient Information

Provider Information

## Tobacco Use and Nicotine Dependence Information

### Clinical Practice Guidelines

Treating Tobacco Use and Dependence: 2008 Update, sponsored by the Public Health Service, includes new, effective clinical treatments for tobacco dependence.

- Treating Tobacco Use and Dependence: A Clinical Practice Guideline
  - Quick Reference Guide for Clinicians
  - Helping Smokers Quit—A Guide For Clinicians

### Clinician Resources

Clinicians, especially those with direct patient contact, have a unique opportunity to help tobacco users quit.

- Tobacco cessation benefit recommendations for health plans and health care purchasers in Oregon
- Nicotine Replacement Dosing Chart (Mayo Clinic)
- Tobacco Cessation Coverage in Oregon
- Oregon Tobacco Quit Line
- How to Send E-Referrals to the Quit Line Using EHR Systems
- How to Send Fax Referrals to the Quit Line
- Verbal Consent Fax Referral Form
- Standard Fax Referral Form (English)
- Standard Fax-Referral-Form (Spanish)

### Clinic Systems & Environments

In contrast to strategies that target only the clinician or the tobacco user, systems strategies are intended to ensure that tobacco use is systematically assessed and treated at every clinical encounter.

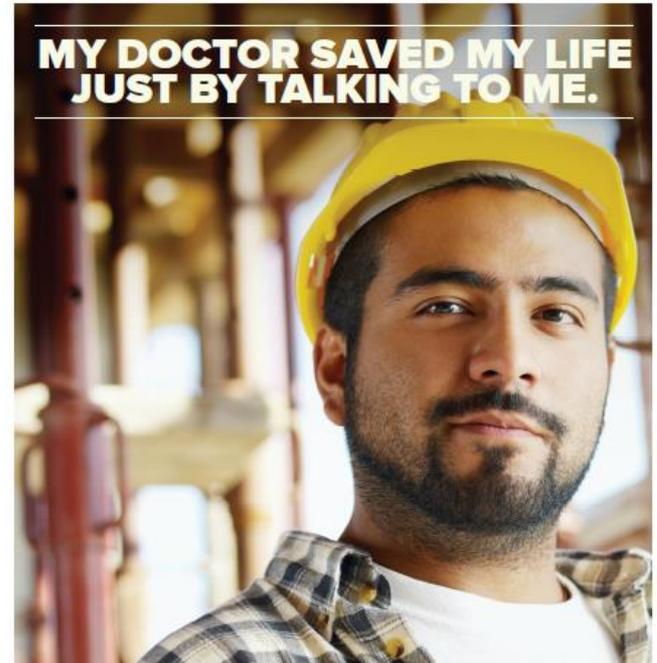
- AHRQ Systems Change: Treating Tobacco Use & Dependence
- American Academy of Family Physicians: Build a Better Office System
- Integrating Tobacco Treatment within Behavioral Health
- Keeping Your Hospital Property Smokefree
- Dimensions: Tobacco-Free Toolkit for Healthcare Providers
- Help Your Patients Quit Tobacco Use: An Implementation Guide for Community Health Centers
- Treating Tobacco Use and Dependence: A Toolkit for Dental Office Teams

### Working with Special Populations

Some groups are significantly more vulnerable to the risks of tobacco use, nicotine dependence and exposure to secondhand smoke.

[www.adaptoregon.org/services/tobacco](http://www.adaptoregon.org/services/tobacco)

**MY DOCTOR SAVED MY LIFE  
JUST BY TALKING TO ME.**



Talking about quitting actually improves the chances of quitting tobacco.  
Talk to your doctor about cessation benefits.

**QUIT LINE** 1-800-QUIT-NOW (1-800-784-8669)  
1.855.DE.JELO-YA (1.855.335.356.92) [quitnow.net/oregon](http://quitnow.net/oregon)

**SMOKEFREE  
oregon**

# Milestones

5 Behavioral Health Consultants in Coos and Douglas Counties certified Mayo Clinic Tobacco Treatment Specialists

8 CCO affiliated clinics and organizations established or affirmed comprehensive tobacco-free clinic policies

Training and information provided to behavioral health, dental health, primary care providers on nicotine dependence treatment

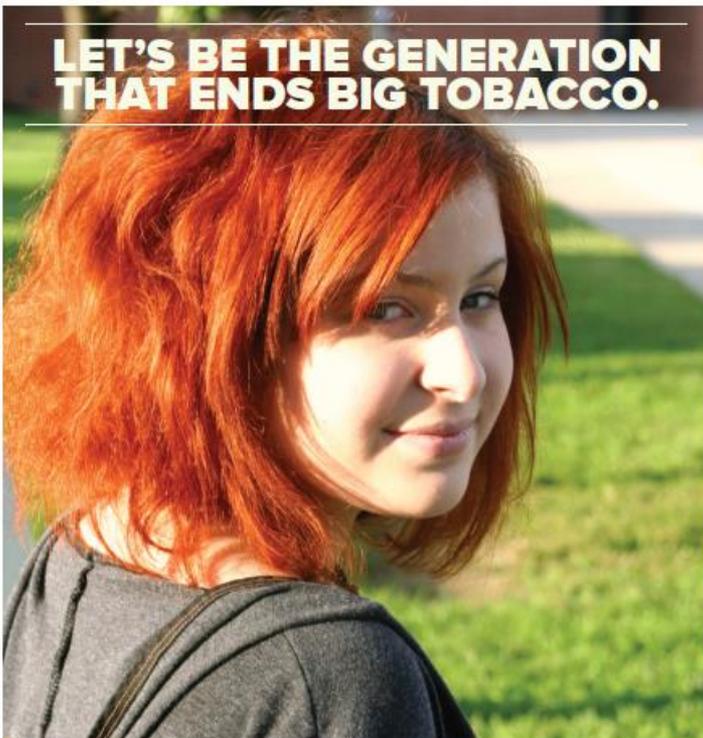
Increased patient referrals to Oregon Tobacco Quitline

Advantage Dental implemented tobacco-free policy and Fax referral for all 34 clinics in Oregon

Adapt , addictions and primary care provider, implementing system-wide changes to provide tobacco cessation services to clients and public

Piloted intensive assessment and planning process in 4 clinics to facilitate policy and process improvements to address tobacco use

# Questions / Contacts



**LET'S BE THE GENERATION  
THAT ENDS BIG TOBACCO.**

Talking about quitting actually improves the chances of quitting tobacco.  
Talk to your doctor about cessation benefits.

**QUIT LINE** | 1-800-QUIT-NOW (1-800-784-8669)  
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**SMOKEFREE  
oregon**

## Policy & Systems Change Initiative

Marilyn Carter, PhD, Adapt  
[marilync@adapt-or.org](mailto:marilync@adapt-or.org)

## Working with Advantage Dental Clinics

Cindy Shirtcliff, LCSW, Advantage Dental  
Regional Manager Community Liaison  
[cindys@advantagedental.com](mailto:cindys@advantagedental.com)

# PUTTING TOBACCO MASTER SETTLEMENT AGREEMENT (TMSA) DOLLARS TO WORK TOBACCO IN THE RETAIL ENVIRONMENT

## OREGON'S INVESTMENT IN TOBACCO PREVENTION & EDUCATION

Oregon's Tobacco Prevention and Education Program (TPEP) works in partnership with local public health authorities, tribes and community-based organizations to engage communities in promoting smokefree environments and reducing the influence of tobacco marketing on the most vulnerable among us, particularly kids.

## NEW TMSA FUNDING

The majority of TPEP funding comes from state taxes on tobacco products. However, in 2013, the Legislature for the first time directed a portion of funds from the Tobacco Master Settlement Agreement (TMSA) to support tobacco prevention efforts. This \$4 million commitment funded:

- Community interventions to reduce tobacco use and encourage adults to quit
- Health education and communications
- Data collection and program evaluation
- Training for public health, health care and community partners
- Technical assistance to support community health
- The Oregon Tobacco Quit Line, available 24/7 by phone and online



Multnomah and Lane counties were awarded grants to implement innovative retail policies to reduce the number of Oregon youth who become addicted to tobacco.

## SWEET, CHEAP & EASY TO GET

Addiction to tobacco starts in adolescence; in fact, nine of ten adults who smoke report that they started smoking before turning 18. Kids in Oregon are under constant pressure to start using tobacco. It is cheap, readily available and easy to get, and it's heavily promoted and marketed in stores that kids go to. Tobacco products come in every size, shape, color, flavor and price—often displayed at young kids' eye level (three feet or lower) and near candy.

Youth who live or go to school in neighborhoods with the highest density of tobacco outlets or retail advertising have higher smoking rates compared to youth in neighborhoods with fewer tobacco outlets. While consumption of cigarettes has decreased among Oregon teens, use of flavored little cigars and e-cigarettes has remained steady or increased—in fact, use of non-cigarette tobacco products (18 percent) is twice that of cigarettes (9 percent).

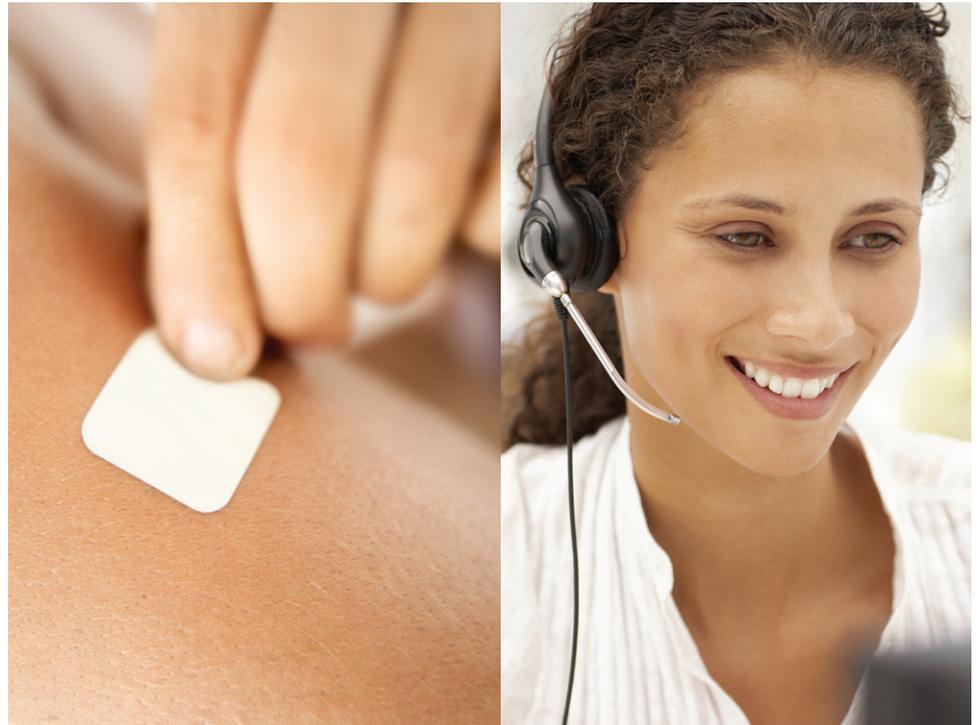


# PUTTING TOBACCO MASTER SETTLEMENT AGREEMENT (TMSA) DOLLARS TO WORK HELPING PEOPLE QUIT

## OREGON'S INVESTMENT IN TOBACCO PREVENTION & EDUCATION

Despite declines in tobacco use, it remains the No. 1 preventable cause of death and disease in Oregon, killing 7,000 people each year. Tobacco use is a major risk factor for developing asthma, arthritis, diabetes, cardiovascular disease, stroke, tuberculosis and ectopic pregnancy—as well as lung, liver, colorectal and other forms of cancer. It also worsens symptoms for people already battling chronic diseases. This burden falls hardest on lower-income Oregonians and certain racial and ethnic communities who use tobacco at higher rates and suffer the harshest consequences.

**ALL OREGONIANS  
PAY THE PRICE OF  
TOBACCO USE. MEDICAL  
EXPENSES AND LOST  
WAGES THAT RESULT  
FROM TOBACCO-  
RELATED DISEASE AND  
PREMATURE DEATH COST  
OREGON \$2.5 BILLION  
EACH YEAR, OR \$1,600  
FOR EVERY HOUSEHOLD  
IN OUR STATE.**



## NEW TMSA FUNDING

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## QUIT LINE SUCCESS

This investment has increased callers to the Oregon Tobacco Quit Line by 136% from January 2015 compared to January 2014. In January 2015, a total of 1,156 people called for help—the highest number of callers Oregon has ever seen in one month. Web traffic to the Quit website increased from 510 views for the first week of December 2014 to 9,361 views for the last week in December 2014.

# HELPING PEOPLE WIN AGAINST TOBACCO

In collaboration with the Conference of Local Health Officials (CLHO), the Tobacco Reduction Advisory Committee, representatives from Coordinated Care Organizations (CCOs), and the Governor's Office, the TPEP funded six local health departments with TMSA money.



## COMMUNITY INTERVENTION—SOUTHWEST OREGON:

Southwest Oregon has some of the highest adult smoking rates in the state, particularly among low-income community members and people with substance use disorders. A strong partnership between public health, primary care and substance abuse prevention and treatment forms the backbone of TMSA efforts in Douglas and Coos counties. TMSA funding helped integrate comprehensive tobacco prevention and cessation interventions into medical and dental care campuses in Douglas and Coos counties, and engaged CCO-affiliated clinics in an intensive assessment and planning process to strengthen the delivery of nicotine dependence treatment.

## COMMUNITY INTERVENTION—LANE COUNTY:

Eugene and Springfield comprise the second-largest urban area in the state, but outside of this metropolitan area, Lane County is primarily rural, and its large size and geographic diversity creates differences in health outcomes. TMSA funds allowed Lane County to focus on public health policies in the urban Eugene area as well as in rural areas of Lane County. In December 2014, the Lane County Board of Commissioners passed a tobacco ordinance that protects youth from new and emerging tobacco products, prohibits free sampling and coupon redemption for tobacco products, reduces the number of retailers near kid-friendly places over time, and offers health information at the point of sale.

“ There is no simple solution to the problem of tobacco use, but we know what works to prevent young people from starting and to help people quit. This TMSA investment has allowed us to mobilize local action to apply what works to address the enormous health burden of tobacco use in Douglas and Coos counties. ”

—Marilyn Carter, SPARc  
(Strategies for Policy And  
enviRonmental Change)  
Coordinator



## SUPPORT

**TRAINING AND TECHNICAL ASSISTANCE:** In partnership with the Coordinated Care Organization 2014 Summit, TPEP sponsored a half-day training for health care providers. Participants learned techniques to make sure that every patient is asked if they use tobacco, advised to quit if they do, and referred to support such as the Quit Line if they are interested in quitting. OHA is working with the Oregon Primary Care Association to provide cessation training to health workers at federally qualified health centers.

**HEALTH EDUCATION AND COMMUNICATIONS:** Oregon Health Authority kicked off its English and Spanish cessation campaign using multiple media channels across the state to reach audiences with the highest tobacco use rates. In areas where local health authorities received TMSA dollars for community interventions, OHA targeted additional cessation ads to pregnant women who continue to smoke. Counties include Benton, Coos, Douglas, Klamath, Lincoln, Linn and Yamhill. The campaign began in December 2014 and runs through June 2015, achieving more than 12 million views.

## COMMUNITY INTERVENTION— MULTNOMAH COUNTY:

Multnomah County Health Department, in partnership with the Oregon Health Equity Alliance (OHEA), focused on a policy strategy to curb youth access to and use of tobacco. Multnomah County and OHEA assessed 411 tobacco retail venues and presented the results to the Multnomah Board of County Commissioners. County health department leaders conducted a series of presentations to the Board, culminating in three policy options under consideration:

- Prohibit e-cigarette sales to, and use by, minors
- Include use of e-cigarettes in the Multnomah County Smoke-free Workplace law
- License retailers who sell tobacco and e-cigarette products

## COMMUNITY INTERVENTION – LANE COUNTY:

In December 2014, the Lane County Board of Commissioners passed a tobacco ordinance that achieves the following:

- Bans the sale of e-cigarettes to minors
- Requires tobacco and e-cigarette retailers to be licensed in unincorporated areas of the county
- Prohibits free samples of tobacco products
- Prohibits the redemption of tobacco industry coupons and other price discounting practices like multi-pack discounts
- Prohibits tobacco retailers within 1,000 feet of places that serve children, like schools, child care centers, libraries, playgrounds, youth centers, recreation facilities or parks
- Prohibits self-service displays and mobile vending
- Requires posting of health warnings and Quit Line information in each retailer

# SUPPORT

**TRAINING AND TECHNICAL ASSISTANCE:** With the help of Oregon Health Authority staff, all local public health authorities completed a tobacco retail assessment to determine tobacco product availability, price, promotion and placement.

OHA staff trained local public health authorities on proven tobacco prevention retail strategies. These strategies work to reduce (or restrict) the number, location, density and types of tobacco retail outlets; increase the cost of tobacco products; implement prevention and cessation messaging; and other point-of-sale strategies including a ban on the sale of flavored tobacco.

**HEALTH EDUCATION AND COMMUNICATIONS:** The Smokefree Oregon education campaign informs local communities about the retail practices of the tobacco industry and highlights retailers, students and policy makers across Oregon who have taken a stand against the tobacco industry.

