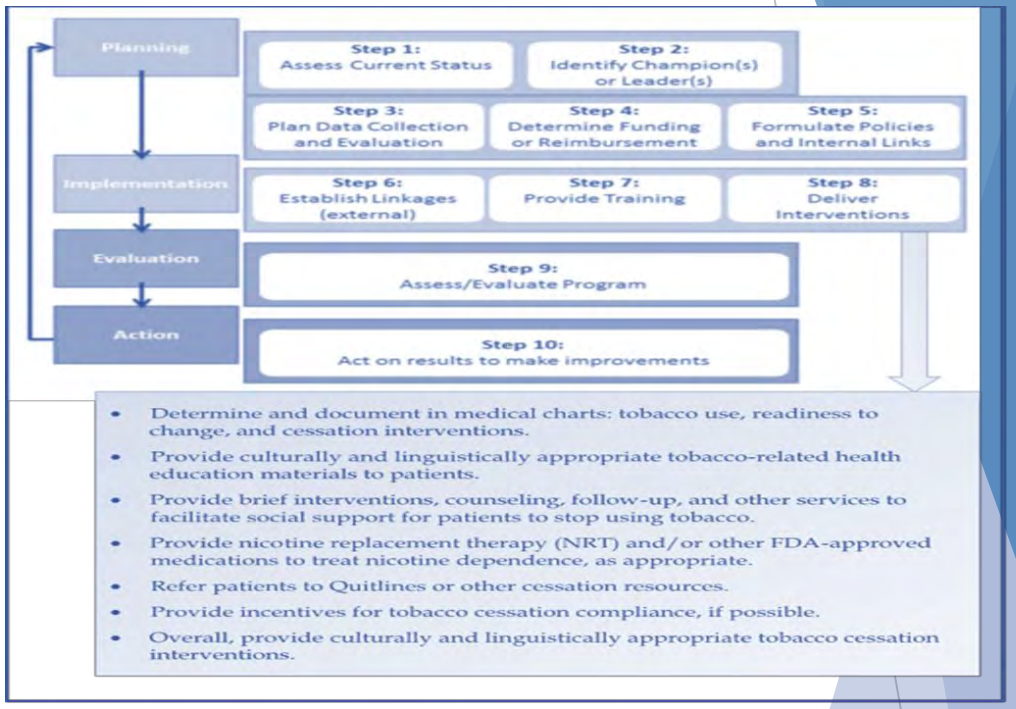
Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

Blueprint for Implementing Clinically-Based Tobacco Cessation Programs



With Special Insights for Working with Low Socio-Economic Status Women of Childbearing Age

This Blueprint is a final report from work on the grants entitled: *Sustainable Comprehensive Tobacco Cessation and Prevention Clinical Program for Low, Socio-Economic Status Women of Childbearing Age*, funded by the US Department of Health and Human Services, Office on Women's Health

GOAL: Reduce tobacco use among LSES women of childbearing age and reduce the impact of tobacco use and exposure on their families and children

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

The Tobacco Problem

- The U.S. Surgeon General's most recent tobacco report (2014) states that more than 480,000 deaths are attributable annually to tobacco use in the United States.
- The Centers for Disease Control and Prevention reports (2014) that tobacco use is the leading preventable cause of death.
- The U.S. Department of Health and Human Services (DHHS) Tobacco Control Strategic Action Plan (2010) reports that members of certain racial/ethnic minority groups, individuals of low socioeconomic status (LSES), pregnant women, and others carry a disproportionate burden of risk for tobacco use and related illness and death:

GOAL: Reduce tobacco use among LSES women of childbearing age and reduce the impact of tobacco use and exposure on their families and children

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

The Tobacco Problem (cont.)

- Smoking rates are highest among American Indians/Alaska Natives (32.4%).
- Although African Americans have lower smoking rates compared with American Indians/Alaska Natives and whites (21.3%, 32.4%, and 22% respectively), they bear the greatest burden of tobacco-caused cancer.
- Thirty-one percent of persons living in poverty smoke and the challenges continue to be greatest among adults with low educational attainment.
- Enormous disparities exist by race/ethnicity, age, and socio economic status in secondhand smoke exposure. Among the highest exposed are: 71% of African Americans, 63% of low-income individuals, and 61% of children aged 4-11 years.

GOAL: Reduce tobacco use among LSES women of childbearing age and reduce the impact of tobacco use and exposure on their families and children

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

Women and Tobacco – A Few Facts

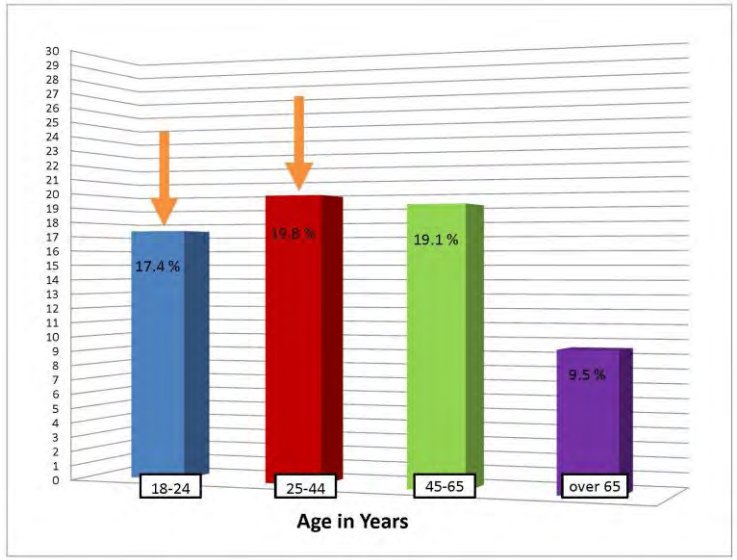
- While tobacco use is a universal concern, there are special considerations for tobacco use and women.
- According to the CDC (2014) about one in six American women currently smoke.
- According to the 2014 Surgeon General's report :
  - Women who smoke increase their risk of dying from bronchitis and emphysema by 12 times.
  - They increase their risk of dying from cancer of the trachea, lung, and bronchus by more than 12 times.
  - Smoking increases the risk of dying from coronary heart disease among middle-aged women by almost five times.
  - During 2010–2014, almost 282,000 women (56,359 women each year) will die from lung cancer.
  - In 1987, lung cancer surpassed breast cancer to become the leading cause of cancer death among U.S. women.

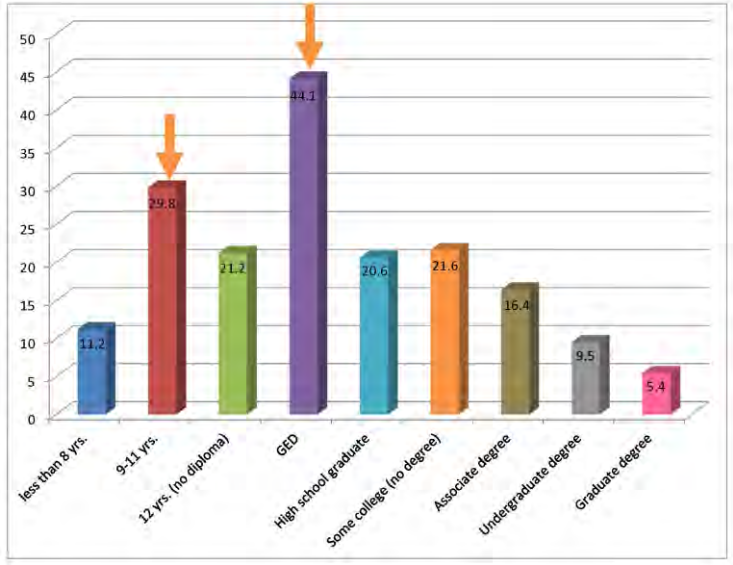
GOAL: Reduce tobacco use among LSES women of childbearing age and reduce the impact of tobacco use and exposure on their families and children

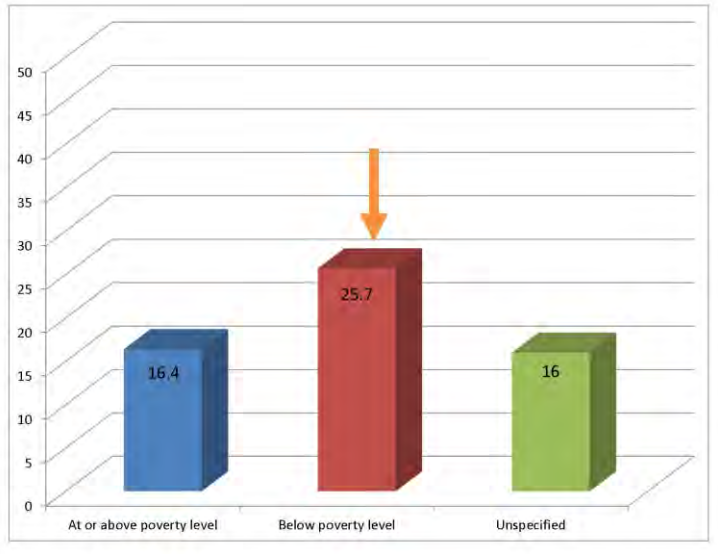
Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

Special Considerations for LSES Women

- CDC data (2013) show that age, education levels and poverty status are risk factors for tobacco use for women.







GOAL: Reduce tobacco use among LSES women of childbearing age and reduce the impact of tobacco use and exposure on their families and children

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

Special Considerations for LSES Women (cont.)

- Expert Panelists convened for this project in 2008 reported that:
  - Tobacco may be used as self-medication for stress and depression due to poverty and other factors.
  - LSES women may lack social support to quit.
  - Tobacco industry targets LSES women.
  - Women who smoke during pregnancy are often young (15 to 24 years of age), Caucasian, moderate to heavy smokers (≥20 cigarettes per day), less educated (<12 years of education), and unmarried.
  - Women who are second-hand smoke exposed, poor, depressed, less educated, and heavy smokers are more at risk for postpartum relapse.

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

Special Consideration for Pregnant and Postpartum Women

- Smoking during pregnancy increases the risk of pregnancy complications, premature delivery, low birth weight, stillbirth, and sudden infant death syndrome (CDC, 2004).
- Only about 18% to 25% of women quit smoking upon confirmation of their pregnancy (Ashford, 2009).
- Postpartum smoking relapse may be as high as 85%, and of those who relapse, 67% resume smoking at three months, and up to 90% by six months (Schiebmer, 1997).
- Exposure to smoking is a serious issue for children. For example, serious health effects include weak lungs, severe asthma, breathing problems, and ear infections (NCI, 2014).

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

Project Overview

- Goal: Reduce tobacco use among low socio-economic status (LSES) women of childbearing age and reduce the impact of tobacco use and exposure on their families and children.
- Strategy: Implement the Public Health Service (PHS) Guideline, to the greatest extent possible, in Federally-funded healthcare organizations and clinical practices that serve LSES women of childbearing age.
- Phases:
  - Phase 1: Tobacco Clinical Demonstration Programs - for Young LSES Women of Childbearing Age
  - Phase 2: Expansion Planning – Lessons Learned and Implementation Process Model Development
  - Phase 3: Comprehensive and Sustainable Funded Projects - Implementation Process Model Testing

GOAL: Reduce tobacco use among LSES women of childbearing age and reduce the impact of tobacco use and exposure on their families and children

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

Phase 1: Clinical Demonstration Projects

- Goal: Test ways to foster systemic change in implementing tobacco cessation programs
  - Participants: U.S. Indian Health Service, U.S. Health Resources and Services Administration, and partners in 19 states

ALASKA: Tanana Chiefs Conference
ARIZONA: White River Indian Hospital
IDAHO: Shoshone-Bannock Tribes Health & Human Services
ILLINOIS: American Indian Health Services of Chicago
MICHIGAN: Keweenaw Bay Indian Community
NEBRASKA: Winnebago Indian Health Services
NEVADA: Indian Walk-In Center & Medical Clinic
UTAH: Indian Walk-In Center
WASHINGTON: Chehalis Tribal Health Clinic
WISCONSIN: Forest County Potawatomi Community Health & Wellness Center
ARKANSAS: Community Health Centers Arkansas, Inc.
MICHIGAN: Michigan Primary Care Association
MARYLAND/DELAWARE: Mid-Atlantic Association of Community Health Centers
NEW MEXICO: New Mexico Primary Care Association
NORTH CAROLINA: North Carolina Primary Health Care Association
OKLAHOMA: Oklahoma Primary Care Association
RHODE ISLAND: Rhode Island Health Center Association
TENNESSEE: Tennessee Primary Care Association
VIRGINIA: Virginia Primary Care Association, Inc.
WISCONSIN: Wisconsin Primary Health Care Association

GOAL: Reduce tobacco use among LSES women of childbearing age and reduce the impact of tobacco use and exposure on their families and children

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

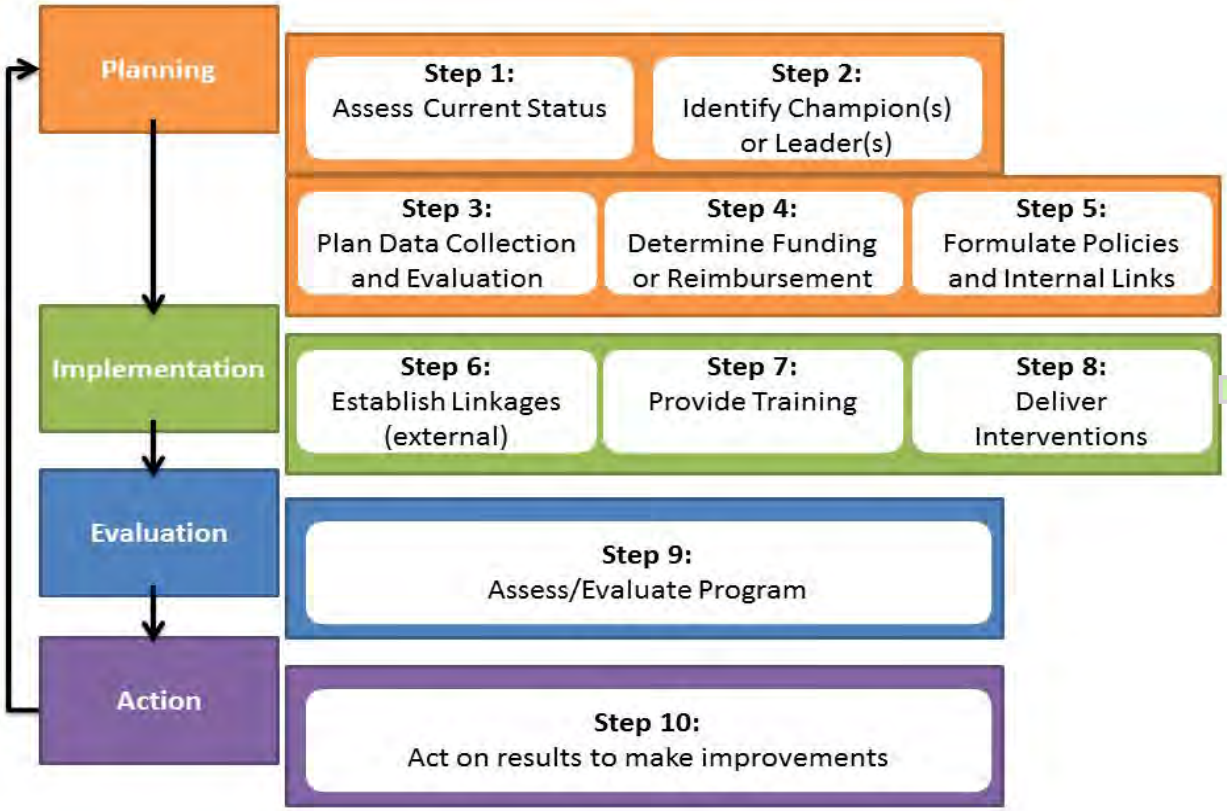
Phase 2: Expansion Planning - Lessons Learned and Implementation Process Model

- Create a culture of tobacco awareness and cessation in the clinic environment by:
  - Implementing tobacco cessation and prevention programs that include all aspects of the PHS Guidelines.
  - Employing an Implementation Process Model of infrastructure changes at the micro (clinical) level that allows:
    - The PHS Guidelines to be integrated into normal clinical practice.
    - The clinic to be self-sufficient in sustaining Guideline implementation.

GOAL: Reduce tobacco use among LSES women of childbearing age and reduce the impact of tobacco use and exposure on their families and children

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

Phase 2: Expansion Planning - Lessons Learned and Implementation Process Model



- Determine and document in medical charts: tobacco use, readiness to change, and cessation interventions.
- Provide culturally and linguistically appropriate tobacco-related health education materials to patients.
- Provide brief interventions, counseling, follow-up, and other services to facilitate social support for patients to stop using tobacco.
- Provide nicotine replacement therapy (NRT) and/or other FDA-approved medications to treat tobacco dependence, as appropriate.
- Refer patients to Quitlines or other cessation resources.
- Provide incentives for tobacco cessation compliance.
- Provide culturally and linguistically appropriate tobacco cessation interventions.

GOAL: Reduce tobacco use among LSES women of childbearing age and reduce the impact of tobacco use and exposure on their families and children

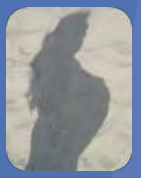
Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

Phase 3: Comprehensive and Sustainable Programs - Implementation Process Model Testing

- Goal: Implement a comprehensive and sustainable tobacco cessation program for LSES women of childbearing age, based on the PHS Guideline
- Partners – Small Grants ($5,000) to provide information related to various parts of the model as employed in their ongoing tobacco programs
  - **ARIZONA:** The University of Arizona Healthcare Partnership
  - **MICHIGAN:** Keweenaw Bay Indian Community
  - **TENNESSEE:** Tennessee Primary Care Association
  - **UTAH:** Urban Indian Center of Salt Lake
- Partners – Full Grants ($150,000) to test the entire model
  - **NORTH CAROLINA:** The University of North Carolina at Chapel Hill, Center for Maternal & Infant Health
  - **WISCONSIN:** The Wisconsin Women's Health Foundation

GOAL: Reduce tobacco use among LSES women of childbearing age and reduce the impact of tobacco use and exposure on their families and children

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

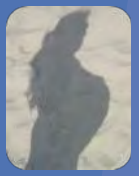


Phase 3: Implementation Process Model Testing – Partners

- Partners – Full Grants
  - **NORTH CAROLINA:** The University of North Carolina at Chapel Hill, Center for Maternal & Infant Health
  - The *You Quit, Two Quit* program:
    - Is a tobacco cessation quality improvement project targeting providers who serve low socioeconomic status (LSES) women of childbearing age within six NC counties.
    - Is implemented by the UNC Center for Maternal and Infant Health in partnership with the Women and Tobacco Coalition for Health (WATCH), the NC Division of Public Health Tobacco Prevention and Control Branch, and Community Care of the Lower Cape Fear (CCLCF). Funding is through the DHHS OWH.
    - Focuses on providing training and technical assistance to health care providers on incorporating the evidence-based best practices outlined in the PHS Guideline
  - The project centers around Community Care of the Lower Cape Fear (CCLCF), a non-profit partnership with primary care providers, local hospitals, health departments, and other healthcare organizations.
  - The UNC Center for Maternal and Infant Health trained and provided ongoing support to 335 individuals as part of this program. They screened 645 women, of who 207 (32%) were smokers and received some form of intervention.

GOAL: Reduce tobacco use among LSES women of childbearing age and reduce the impact of tobacco use and exposure on their families and children

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services



Phase 3: Implementation Process Model Testing – Partners (cont.)

- Partners – Full Grants (cont.)
  - **WISCONSIN:** The Wisconsin Women's Health Foundation (WWHF) created The Wisconsin Women's Quit Project (WWQP). The WWQP:
    - Supported eight Federal Clinical Partner locations, building on the WWHF First Breath prenatal smoking cessation program and expanding cessation support to other women of childbearing age.
    - Used evidence-based cessation strategies and social support to address the unique needs of LSES women.
    - Provided eight Federal Clinical Partners with staff training, technical support, client incentives, and client education materials.
    - Forged partnerships with the University of Wisconsin-Center for Tobacco Research & Intervention and the Wisconsin Tobacco Quit Line.
    - Provided all women with access to tobacco cessation specialists and women who were not pregnant or breastfeeding with access to up to six weeks of NRT through the Quit Line.
    - Piloted a Peer Mentor project specifically designed to help postpartum women quit or stay quit, providing the social support that is often lacking for many women after their baby is born.
    - Enrolled 146 women as part of the First Breath tobacco cessation program. (Historically, with more than 13,000 participants, the First Breath program has maintained an average 35% quit rate for participants.)

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

Phase 3: Implementation Process Model Testing – Partners (cont.)

- Partners – Small Grants
  - **ARIZONA:** The University of Arizona (UA) Healthcare Partnership
    - Although a small grant recipient in Phase 3, the UA also served as a partner and provided training for all Indian Health Service clinics involved in Phase 1 of the program. Throughout all phases, UA:
      - Provided and evaluated a comprehensive continuing education, certification, and training program about tobacco and tobacco cessation for providers.
      - Trained more than 1,300 providers in basic tobacco intervention skills, motivational interviewing, certification for tobacco treatment, or as a tobacco treatment instructor.
      - Conducted 66 Conference Clusters to inform participants about reimbursement for tobacco interventions.

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

Phase 3: Implementation Process Model Testing – Partners (cont.)

- Partners – Small Grants (cont.)
  - **MICHIGAN:** Keweenaw Bay Indian Community
    - Focused on referral for individual assessment, counseling, and other support for tobacco cessation
  - **TENNESSEE:** Tennessee Primary Care Association
    - Focused on data collection, especially through EMR, communication with clinical network, and educating providers about a common tobacco cessation process throughout its network of non-profit community health centers
  - **UTAH:** Urban Indian Center of Salt Lake
    - Focused on integrating tobacco cessation with other women's health issues in a social support and education program

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

Phase 3: Implementation Process Model Testing – Results/Blueprint Overview

- Overall, testing found the IPM useful as a model for implementing tobacco programs at the clinical level.
- Partners learned from the IPM and added information to develop the Blueprint, including:
  - Core principles
  - Basic activities
  - Lessons learned and additional options, approaches and activities
  - Tools and resources
  - Examples
  - Insights for working with LSES women of childbearing age

GOAL: Reduce tobacco use among LSES women of childbearing age and reduce the impact of tobacco use and exposure on their families and children

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

Phase 3: Implementation Process Model Testing – Results/Blueprint Overview (cont.)

- Step 1: Assess Current Status

Objective	☐ Determine baseline data to collect and how to collect it.
Core Principles	☐ Know the patient population and prevalence of tobacco use. ☐ Know what resources are available and the extent of their use.
Basic Activities to Get Started	☐ Access national, state, and local health data and determine, to the most local extent possible, tobacco use prevalence. It is especially important to analyze rates by gender, and by racial and ethnic categories. Identify, to the greatest extent possible, the rates for populations that most closely mirror your client/patient profile. ☐ Research specific challenges or difficulties that your client/patient population may have with tobacco use, reduction, or cessation. ☐ Study the pathophysiology on nicotine dependence and the variables that promote dependence. ☐ Research resources for tobacco reduction and cessation. Every state has a Quitline, and many have additional opportunities for patients to receive assistance in reducing tobacco use. Many federal and state government websites also provide free resources for patients and providers. ☐ Assess the knowledge and attitudes of clinical staff members and providers regarding tobacco use assessment and nicotine treatment practices. This will help to determine their readiness for implementing a program, and their level of training needed.

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

Phase 3: Implementation Process Model Testing – Results/Blueprint Overview (cont.)

- Step 2: Identify Champion(s) or Leader(s)

Objective	☐ Identify a person or persons with the ability to lead in creating a culture of tobacco awareness and cessation in the clinic environment.
Core Principles	☐ Champions/leaders are persons who are dedicated, enthusiastic, and able to lead tobacco program efforts "on the ground." ☐ Champions/leaders must understand the role of social issues, including poverty and education level, in tobacco use and cessation.
Basic Activities to Get Started	☐ Determine specific qualities and characteristics needed to serve as a champion/leader for the tobacco program. Remember that enthusiasm and commitment are important attributes, so think through personality competencies in making your list. ☐ Lay out requirements and expectations for the position, including, for example, duties, time requirements, duration (for example, this position could rotate annually if there are enough qualified candidates), reporting and authority channels, pay or differential if applicable, measures of success. ☐ Create a list of candidates, based on your organization's human resource guidelines. (For example, are positions like this advertised, selected from volunteers, assigned by management, and so forth?) Think through the full options of staff members who could be included, not just those already in leadership positions. ☐ Select the best candidate, based on your organization's criteria. ☐ Ensure that the champion/leader receives appropriate training. ☐ Ensure that the rest of the staff members understand the significance of the tobacco program and the champion's role.

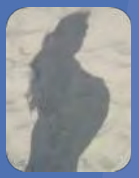
Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

Phase 3: Implementation Process Model Testing – Results/Blueprint Overview (cont.)

- Step 3: Plan Data Collection and Evaluation

Objective	☐ Have the ability to collect and retrieve pertinent data from electronic medical records (EMR) or other data collection tools.
Core Principles	☐ Document tobacco use and status for all patients. ☐ Document both treatment and outcomes. ☐ Analyze and use the data to track progress for individual patients and make program improvements based on aggregated data.
Basic Activities to Get Started	☐ Identify questions to collect core data points. The questions might include, for example, whether a patient uses tobacco or ever used tobacco, the use of nicotine products in their environment, how often and how much tobacco is used, whether the patient is ready to attempt quitting, resources used for quitting or reducing tobacco use, and results. ☐ Specifically determine how each data point will be reported or used for evaluation or assessment of the program. If the data does not have a specific use for evaluation, it does not need to be collected. ☐ Add questions to the EMR or other data collection tool to collect the core data points. ☐ Work with providers to ensure that the data collection tools and processes are not burdensome. It may take several iterations to find the right format to obtain necessary information in a way that complements clinic schedules and client caseloads.

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services



Phase 3: Implementation Process Model Testing – Results/Blueprint Overview (cont.)

- Step 4: Determine Funding or Reimbursement

Objective	☐ Fund tobacco cessation and prevention activities apart from global billing activities.
Core Principles	☐ Understand and use billing/coding related to tobacco cessation for specific reimbursement agencies (e.g., private insurers, Medicaid, and others).
Basic Activities to Get Started	☐ Determine the full range of possible funding sources and their requirements (e.g., insurance, government funding or reimbursement, grant funds at Federal, State, and local level, and other sources). ☐ Select the best possible ways to obtain reimbursement for tobacco cessation services and activities. For example, some clinics may have resources to apply to grant funding, while others might want to focus on insurance billing. Or, some may have behavioral counselors eligible to bill for their time, while others may not. ☐ Ensure that billing procedures include specific coding for tobacco cessation/nicotine dependence services where allowed. (For example, Medicaid allows billing for tobacco cessation, so these activities should not just be "lumped in" with prenatal care global billing). ☐ Obtain training to ensure that clinical staff members know how to bill for tobacco cessation services. ☐ Apply for grants or other funding sources for tobacco cessation programs, if this is a reasonable approach for your clinic or organization.

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

Phase 3: Implementation Process Model Testing – Results/Blueprint Overview (cont.)

- Step 5: Formulate Policies and Internal Links

Objective	☐ Create and support a culture of tobacco awareness and cessation in the clinic environment.
Core Principles	☐ Tobacco use should not be allowed on clinical property for staff or patients. ☐ Tobacco use should be treated as a vital sign in clinic visits and nicotine dependence should be treated as a chronic disease. ☐ The clinic should have internal policies and procedures that clearly delineate the tobacco cessation process and culture in the clinic and should instruct/train all staff members about tobacco cessation initiatives for patients.

Basic Activities to Get Started	☐ Develop a no-tobacco use policy in the clinic.
	☐ Create incentives for staff to stop using tobacco.
	☐ Provide nicotine dependence treatment support for clinic staff members who need it.
	☐ Develop internal procedures that clearly delineate the treatment for nicotine dependence process and culture in the clinic. The procedures should include, for example:
	  ☐ Workflow policies and documents that delineate roles and responsibilities related to who should ask patients about tobacco use, how to ask, and when to ask.
	  ☐ Procedures and guidelines for tobacco use interventions for patients at various stages of readiness to quit.
	  ☐ Documentation of procedures for tobacco use status and interventions.

GOAL: Reduce tobacco use among LSES women of childbearing age and reduce the impact of tobacco use and exposure on their families and children

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

Phase 3: Implementation Process Model Testing – Results/Blueprint Overview (cont.)

- Step 5: Formulate Policies and Internal Links (cont.)

Objective	☐ Create and support a culture of tobacco awareness and cessation in the clinic environment.
Basic Activities to Get Started	☐ Use the medical records form (including electronic form) to help plan the process and vice versa (e.g., assess what forms are needed, who needs them, and the intended result of collecting the data; then determine how all of this informs the workflow and process in the clinic and where and how tobacco data can be used). (Also see Step 3). ☐ Create "key evidence-based messages" about tobacco and ensure that all staff members know them, and reflect them to patients. ☐ Instruct/train all staff about all processes and procedures related to tobacco policies and the tobacco cessation program.

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

Phase 3: Implementation Process Model Testing – Results/Blueprint Overview (cont.)

- Step 6: Establish Linkages (External)

Objective	☐ Leverage resources, information, and knowledge with partners.
Core Principles	☐ Seek opportunities to link with others to exchange lessons learned and resources. This can include state tobacco prevention and control programs, local university or hospital tobacco research programs, and other clinical care organizations. ☐ Establish relationships/partnerships that will ensure sustainability and replication of the program.
Basic Activities to Get Started	☐ Work with others creating similar programs, (including tobacco or other addiction or behavior-related programs), possibly to share resources, or at least to share lessons learned. ☐ Make connections with states and determine state resources (e.g., Quitlines, Medicaid policies). ☐ Use technology to connect networks of people and information. Especially in a time of budget constraints, making full use of available webinars, online training, and internet videos can extend program benefits to patients and staff with significantly reduced costs.

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

Phase 3: Implementation Process Model Testing – Results/Blueprint Overview (cont.)

- Step 7: Provide Training

Objective	☐ Establish a tobacco cessation culture within the clinic by training all staff to ensure that each person can deliver an evidence-based brief intervention and can articulate the overall tobacco cessation program and his/her role.
Core Principles	☐ Provide useful, meaningful, credible and reliable evidence-based training for all staff, based on clinic's overall tobacco cessation plan/program. The training should provide practical and usable knowledge and skills, and should create and reinforce a tobacco cessation culture in the clinic.
Basic Activities to Get Started	☐ Identify and engage training resources that can educate all staff members in: ☐ the implementation process steps, ☐ their role in the process, and ☐ basic information about tobacco use, prevention, cessation and treatment, ☐ basic information about patient resources for tobacco cessation.

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

Phase 3: Implementation Process Model Testing – Results/Blueprint Overview (cont.)

- Step 7: Provide Training (cont.)

Objective	☐ Establish a tobacco cessation culture within the clinic by training all staff to ensure that each person knows the overall tobacco cessation program and his/her role.
Basic Activities to Get Started	☐ Identify and engage training resources that can educate providers or others who will work directly with patients to reduce or cease tobacco use. At a minimum, the training should cover: ☐ the 5 A's, ☐ motivational interviewing or other brief interventions, ☐ pharmacological interventions (prescribed and over-the-counter) for nicotine dependence, ☐ referral resources (such as Quitlines), and ☐ other targeted health education information for patients. ☐ As may be necessary, accommodate schedules or develop incentives for staff members to participate in the training.

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

Phase 3: Implementation Process Model Testing – Results/Blueprint Overview (cont.)

- Step 8: Deliver Interventions

Objective	☐ Provide a full range of options for smoking cessation interventions, based on the PHS Guideline, to the clinic's patient population.
Core Principles	☐ Approach tobacco use as a vital sign in clinical visits (just as providers approach weight and blood pressure). ☐ For patients ready to quit or reduce tobacco use, or those in the process, provide appropriate medical and/or behavioral interventions and follow up.
Basic Activities to Get Started	☐ Determine, and document in medical charts, tobacco use, readiness to quit, and interventions. At a minimum, and depending on the patient's tobacco use profile and health considerations, the program and its providers and staff should be prepared to deliver these interventions: ☐ Evidence-based, and culturally and linguistically appropriate, tobacco-related patient informational and educational materials, suited for specific population groups. ☐ Brief interventions, counseling, follow up, and other services to provide social and behavioral support to stop using tobacco. ☐ Prescription tobacco-dependence medications and/or nicotine replacement therapies (NRT). ☐ Referrals to quit lines or other cessation resources. ☐ Incentives for tobacco cessation compliance (if possible).

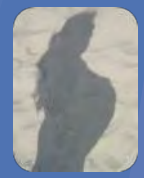
Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

Phase 3: Implementation Process Model Testing – Results/Blueprint Overview (cont.)

- Step 9: Assess/Evaluate Program

Objective	☐ Use data to determine program progress and outcomes and to make program improvements.
Core Principles	☐ Collect data regularly on each patient, including documenting all interventions, and compare outcomes with baseline data to determine increased tobacco use quit attempts, abstinence, and cessation in the targeted population. ☐ Determine what works and what does not work for implementing the PHS Guideline and employing the implementation process steps in a particular clinic situation.
Basic Activities to Get Started	☐ Analyze collected program data to answer evaluation questions laid out in Step 3. ☐ Report analysis to share both positive and negative findings with providers, administrators, and others who are a part of the process. ☐ Obtain feedback from those participating in the program about changes or improvements that need to be made based on the data results.

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services



Phase 3: Implementation Process Model Testing – Results/Blueprint Overview (cont.)

- Step 10: Act on Results to Make Improvements

Objective	Improve the program based on evaluative results.
Core Principles	Use the data and feedback from participants to determine where change and improvements are needed.
Basic Activities to Get Started	Make identified changes and improvements in the program. Such changes may range from revising a data collection form, to providing additional training, to working with pharmacists to change formularies. Any aspect of the program should be considered open for improvement if data and participant feedback determine that changes are desirable.

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

Resources

Available at www.YouQuitTwoQuit.org

- Blueprint for Implementing Clinically-Based Tobacco Cessation Programs
  - Description of the Tobacco Problem
  - Quick Study Guide
  - Implementation Process Model Overview
  - Step-by-Step Implementation:
    - Core Principles
    - Basic Activities
    - Lessons Learned and Additional Options, Approaches and Activities
    - Tools and Resources
    - Examples
    - Insights for Working with LSES Women of Childbearing Age
  - Resources, including specific tools to assist in implementing tobacco cessation programs

GOAL: Reduce tobacco use among LSES women of childbearing age and reduce the impact of tobacco use and exposure on their families and children

Funded by grants from Office on Women's Health, U.S. Department of Health and Human Services

References

- Ashford KB, Hahn E, Hall L, Ravens MK, Noland, M, Public Health Rep. 2009 Jul-Aug; 124(4): 515–526.
- Centers for Disease Control and Prevention. Adult Cigarette Smoking in the United States: Current Estimates. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/.
- Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Prevalence and Trends Data, 2012. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2013.
- Centers for Disease Control and Prevention. Current Cigarette Smoking Among Adults—United States, 2005–2012. Morbidity and Mortality Weekly Report 2014;63(02):29–34.
- Centers for Disease Control and Prevention. Highlights: Impact on Unborn Babies, Infants, Children, and Adolescents. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health, 2004. http://www.cdc.gov/tobacco/data_statistics/sgr/2004/highlights/children/index.htm?s_cid=tw_osh141.
- Centers for Disease Control and Prevention. Smoking and Tobacco Use. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/.
- National Cancer Institute. Protect Your Loved Ones from Second Hand Smoke. Washington, D.C.: U.S. Department of Health and Human Services. National Institutes of Health, National Cancer Institute. http://smokefree.gov/secondhand-smoke.
- Scheibmeir M, O'Connell KA. In harm's way: childbearing women and nicotine. J Obstet Gynecol Neonatal Nurs. 1997;26:477–84.
- U.S. Department of Health and Human Services. Ending the Tobacco Epidemic: A Tobacco Control Strategic Action Plan for the U.S. Department of Health and Human Services. Washington, D.C.: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health, 2010.
- U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
- U.S. Department of Health and Human Services. Treating Tobacco Use and Dependence, 2008 Update: Clinical Practice Guideline. Washington, D.C.: U.S. Department of Health and Human Services, Public Health Service, May 2008.