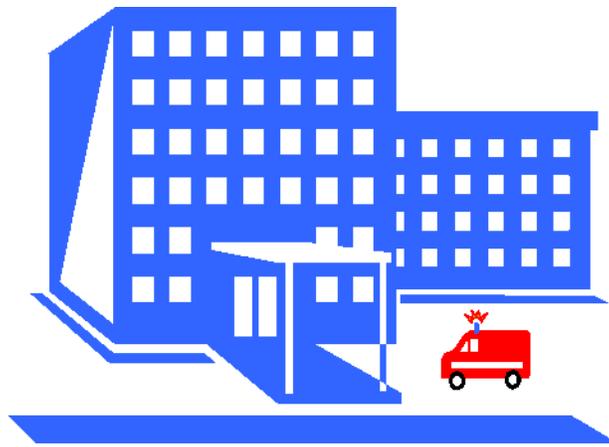


# **Tobacco-Free Policy Toolkit for Healthcare Facilities**



**Developed by the State of Alaska  
Tobacco Prevention and Control Program with  
Alaska Native Tribal Health Consortium  
Nicotine Research and Control Program**

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## **Introduction and Background**

### **Alaska Native Tribal Health Consortium's Tobacco-Free Policy Experience**

It has been well documented that tobacco use is the leading cause of preventable death and disability in the United States. Tobacco use is responsible for the premature death of nearly half a million Americans each year, and accounts for approximately one in five deaths in the US.<sup>1</sup> In addition, tobacco use costs the United States an annual \$75.5 billion in healthcare expenditures and \$81.9 billion in lost productivity.<sup>2</sup> Despite this, 23 percent of Americans (nearly 46 million) continue to smoke cigarettes and 3 percent use spit tobacco products.

The past three decades have been witness to considerable advances in tobacco-free policy development within all realms of the public arena.<sup>3</sup> Increasingly, tobacco-free policies have evolved into the norm as opposed to the exception. Communities and employers across the country have recognized the importance of providing tobacco-free environments for citizens and employees and in doing so have observed significant economic and health gains. Businesses ranging in nature from restaurants and bars to healthcare facilities have pushed for the regulation of tobacco use, creating a tobacco policy movement that continues to gain momentum across the nation.

In congruence with the tobacco policy movement, the Alaska Native Tribal Health Consortium (ANTHC) and its partner organization Southcentral Foundation (SCF), joint owners and operators of the Alaska Native Medical Center (ANMC), implemented a tobacco-free policy applicable to the entire Alaska Native Health Campus on November 16, 2007. ANTHC is a statewide 501(c) 3 non-profit health services organization owned by Alaska Natives. Formed in 1997, the Consortium is the largest tribal self-governance entity in the United States with approximately 1,800 employees. ANTHC's mission is to provide "the highest quality health services in partnership with [Alaska Natives] and the Alaska Tribal Health System."<sup>4</sup> ANTHC also has a vision: that Alaska Natives are the healthiest people in the world. It was in the interest of fulfilling this vision and in the quest to reduce the intolerable toll of tobacco use on Alaska Native peoples that induced ANTHC leadership to push for policy implementation.

Initial interest in a tobacco-free campus policy came from the ANMC Joint Operating Board (JOB), a team of healthcare representatives from both ANTHC and SCF responsible for overseeing hospital operations. In November of 2004, ANMC's JOB made a motion to go tobacco-free and presented this idea to the ANTHC Board of Directors (BOD), arguing that a tobacco-free campus policy would not only promote health and wellness among Alaska Native constituents, but also would keep ANMC in close compliance with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards. This motion was catalyzed by a tobacco presentation delivered by the ANTHC Nicotine Research and Control Program.

The ANTHC Board of Directors is a 15-member group comprised of owner/beneficiaries representative of the 229 tribes and 39 tribal health organizations across Alaska. In April of 2006, after 17 months of planning, research, and discussion, the ANTHC BOD announced its decision to pass a tobacco-free campus policy that would apply to all patients, visitors, and employees of ANTHC and ANMC. SCF's BOD followed suit a month later, and a tobacco-free policy for the entire Alaska Native Health Campus was successfully and cooperatively implemented on November 16, 2006, the annual date of the Great American Smoke-Out. For a general timeline of major milestones in the passing of ANTHC's tobacco-free campus policy, please refer to Appendix A.

## Tobacco-Free Policy Implementation Overview

**WHAT:** A Tobacco-free Campus (TFC) Policy

Determine and clearly define the vision for the policy.

**WHO:** Clearly define who the policy will apply to; decide if there will be any allowable exceptions to the policy.

As an example, the ANTHC TFC policy applies to all patients, visitors, and employees of ANTHC and ANMC without exception.

**WHEN:** Set an effective policy implementation date. Allow plenty of time for research, planning, and input before that date.

The date of policy implementation could tie into major national or local events related to tobacco, such as the Great American Smoke-Out, the day that other organizations go tobacco free, or the day that your community passes a tobacco-free ordinance. Plan a celebration to kick off your tobacco-free campus policy.

**WHERE:** Clearly define the boundaries in which your policy is applicable.

Designate any areas in which tobacco use will be permitted if this applies to your organization.

If your healthcare facility operates in remote-area /off-site locations in addition to your main campus ensure that policy regulations are written into the operating guidelines for these sites.

**WHY:** Be prepared to defend the rationale behind your facility's decision to go tobacco free. Reasons to support a tobacco-free campus may include:

- Compliance with JCAHO regulations for healthcare facilities.

- Setting an example for other healthcare facilities across the state.

- Reduce long-term overall costs. Employee tobacco use results in:

  - Higher life insurance premiums; potentially higher health insurance premiums.

  - 26% greater absenteeism among tobacco users verses non-users.

  - Employee work time lost on smoke breaks.

  - Employee work time lost to tobacco-related illness.

  - Higher expenditures on medical care for tobacco users and their families (both employees and customers).

  - Improved health for customers and employees.

  - Hospital employees are twice as likely to quit tobacco use as the general population.

  - In general, employees take a shorter time to quit tobacco.

  - A tobacco-free campus will increase the rate at which tobacco users *attempt* to quit; higher quit attempts result in higher rates of long-term success.

  - A tobacco-free campus policy will reduce the number of cigarettes smoked per day among employees who continue to smoke.

  - Customers and employees will not be exposed to secondhand smoke anywhere on your health campus.

## **HOW:**

### **Obtain leadership buy-in**

This is essential for a successful policy

Leadership should speak publicly about their support for tobacco-free policy often.

### **Obtain or identify funding**

Successful programs are adequately funded. Services and products have a cost upfront. There is a return on investment for successful programs that can be seen in health insurance costs and reduction of conditions associated with tobacco use, for example.

### **Develop a comprehensive team to carry out policy implementation tasks**

Areas to address may include patient needs, public relations and communications, human resources, enforcement and/or remote or off-site locations.

### **Offer a supportive environment and include tobacco cessation services**

Develop a tobacco cessation program to work with tobacco using employees and customers.

Offering support and cessation services will help with employee morale. Good people and good employees are sometimes tobacco users. These employees should feel supported when adjusting to a tobacco-free policy.

### **Media**

Have media involvement to help get the word out about policy implications.

Utilize internal communication mechanisms like staff gatherings, email, bulletin boards, newsletters and signs to get messages to employees.

Be creative in your message delivery.

Advertise cessation and support service availability.

### **Training**

Train providers to screen for tobacco use.

Educate staff and providers in your facility about changes to forms, screening tools and referral processes.

Offer training update opportunities

### **Incorporate changes into your existing structure, examples include;**

For employees and workforce, incorporate orientation to the policy into the orientation process and hiring forms.

For employees and workforce, have existing disciplinary policies apply to the tobacco policy.

Reporting related to patient safety concerns should be directed to risk management or appropriate entity within your facility.

Clauses concerning the tobacco-free policy should be incorporated into all new contracts and contract renewals with outside vendors.

### **Evaluate your policy to measure effectiveness**

Incorporate evaluation throughout your entire process.

Identify your goals and intentions and what you will need to measure to make a case to continue your program in the future.

Document your process so you can reference how various items worked.

Identify and describe any barriers.

Adapt your policy or procedures as necessary based on evaluation over time.

## Workgroup Development

The successful implementation of a tobacco-free policy requires a systemic organization-wide approach, encompassing all realms of a healthcare facility. To streamline this effort, it may be most effective to allocate specific implementation tasks to groups of professionals that possess exceptional knowledge and skill sets surrounding the particular task area. The formation of specialized tobacco-free policy workgroups helps to ensure that the plethora of responsibilities associated with policy implementation are completed in a competent and efficient manner, with input from a variety of qualified individuals.

There are multiple ways in which tobacco policy responsibilities can be divided among workgroups. At the Alaska Native Medical Center (ANMC), implementation tasks were divided between five specialized workgroups: the Patient Needs workgroup, the Human Resources workgroup, the Public Relations workgroup, the Enforcement workgroup, and the Remote Sites workgroup. Each workgroup chair or another designated member also served as an active member of the Implementation Team, a multi-disciplinary team responsible for overseeing the tobacco-free policy implementation process. Workgroup and Implementation Team members were composed of representatives from both the Alaska Native Tribal Health Consortium (ANTHC) and Southcentral Foundation (SCF), the partner organizations that jointly own and operate ANMC.

### Recommended Workgroups for Policy Implementation

**Public Relations Workgroup; A Public Relations (PR) workgroup should consist of members of your organization with experience in the development and delivery of successful advertising campaigns. Primary workgroup tasks may include but are not limited to:**

- Aggressively advertising your facility's tobacco policy and its date of implementation through an assortment of state and local media sources both paid and earned

- Coordinating with the media to schedule interviews with your facility's leadership and to arrange media coverage of major policy-related events

- Developing appropriate signage, such as "No Smoking" or "Tobacco Free" signs, for display around your healthcare facility

- Developing letters of announcement that clearly state the intent of your facility's tobacco-free policy. Letters may be designed for local and regional partner organizations and affiliations, as well as patients of your healthcare facility

- Developing and distributing various tobacco-free policy advertising paraphernalia, such as buttons, brochures, fliers, posters, notification cards, and other materials

- Ensuring that all public announcements regarding your facility's tobacco policy are accurate

- Coordinating "tobacco-free" days or other events at which your organization's new policy is announced

- Making public announcements at special events, such as the annual Alaska Federation of Natives (AFN) convention or employee Christmas and summer picnic parties

- Planning the "kickoff" event that celebrates the initiation of your facility's tobacco-free policy.

**Human Resources Workgroup; Members of a Human Resources (HR) workgroup should possess sound knowledge of your facility's existing policies, operating structure, and administrative system. Primary tasks of a Human Resources workgroup may include but are not limited to:**

Conducting preliminary evaluation before policy enactment to determine the rate of tobacco use among your facility's employees in order to establish a baseline  
Determining what, if any, disciplinary action may potentially be taken for policy violations. This may be different for employees, patients, and/or visitors, and may be incorporated into existing enforcement structures

Adding the new tobacco policy to existing organizational policies in all necessary internal documents and in employee handbooks

Determining the extent of employee insurance coverage for tobacco cessation services; determining if your organization will provide tobacco cessation services to employees at no charge

Ensuring that each new employee is aware of your facility's tobacco policy before beginning work with your organization

Ensuring that your facility's tobacco policy is explained in detail at employee orientation

Developing "fact sheets" that provide answers to frequently asked policy questions

Posting policy announcements and a detailed policy description on your organization's website

Measuring employee and customer satisfaction with the new tobacco policy.

**Patient Needs Workgroup; A Patient Needs (PN) workgroup should be composed of an assortment of professionals with expertise in various aspects of the healthcare system, including both inpatient and outpatient systems for patient care. Primary workgroup tasks may include but are not limited to:**

Initiating systems change within your healthcare facility

Working with the appropriate staff to obtain approval for the development of a tobacco cessation program

Developing tobacco cessation services for patients, visitors, and/or employees of your facility

Creating and/or altering the necessary forms and protocols regarding your facility's tobacco policy and tobacco cessation services; seeking the approval of all new and/or adjusted forms and protocols by appropriate medical staff

Educating providers on changes to forms, tobacco screening tools, and the referral process to tobacco cessation services.

Working with providers in both inpatient and outpatient units to increase tobacco screening rates within your healthcare facility

Working with both inpatient and outpatient units to increase referral rates to your facility's tobacco cessation program

Developing tobacco policy announcement letters that may be included in patient appointment reminder letters to inform upcoming patients of your facility's tobacco policy

Working with the pharmacy department in your healthcare facility to organize the supply and distribution of pharmacotherapy if it will be offered as part of your organization's tobacco cessation program.

**Enforcement Workgroup; An Enforcement workgroup should consist of members of your facility’s legal counsel with expertise in policy enactment and enforcement, as well as knowledge of state and federal tobacco regulations. Primary tasks of an enforcement workgroup may include but are not limited to:**

Incorporating your facility’s new tobacco plan into existing enforcement and risk-management strategies; determining who will be responsible for policy enforcement

Working with your facility’s security department to determine the extent of their role in policy enforcement

Administering and evaluating pre and post surveys that summarize employee tobacco habits

Collecting and analyzing observational data on the location and frequency of tobacco use by employees, patients, and visitors on your facility’s campus; data should be collected both before and after policy implementation

Assisting with the creation and implementation of boundaries in which your facility’s tobacco policy is applicable; creating informational brochures and maps demonstrating these boundaries

Coordinating the removal of all tobacco-related paraphernalia on your organization’s health campus, including all ash cans

Displaying signage around your healthcare facility that clearly states that your facility is now tobacco-free

Developing and distributing a script for employees to use when confronting policy violators; a script may be designed to politely inform patients and visitors that your organization is now tobacco-free.

**Remote Sites Workgroup; This workgroup will only apply if your facility provides services and/or employs workers in locations outside of its standard operating area. Members of this group may be composed of representatives of each area in which services are provided, as well as facilitators at your main healthcare location. Primary tasks may include but are not limited to:**

Determining the details of policy strictures and enforcement for sites that are not owned by your organization; determining the extent to which the new policy would apply to remote sites

Ensuring that policy regulations are written into the operating guidelines for remote sites.

Workgroup success may be most accurately measured through careful process evaluation of individual workgroups. Process evaluation “assesses the extent to which a program or process is operating as intended and identifies opportunities for streamlining or otherwise improving it.”<sup>5</sup> Process evaluation acts as a sort of strategic trial and error, in which problems and issues are identified and solutions for their improvement developed. This may require goal setting in the initial stages of project implementation, and subsequent analysis at regular intervals to determine the extent to which workgroup objectives have been met. If workgroup evaluation reveals weak or inconsistent areas in goal-reaching strategies, then such strategies can be revised and improved based on collected and observed data.

## **Program Development for Onsite Cessation Services**

In alignment with the initiation of a tobacco-free campus policy, healthcare facilities must recognize the importance of tobacco cessation program development, as it will be essential to provide support services to tobacco-using customers and employees after policy implementation. Tobacco cessation services have proven to be both clinically effective and economically beneficial,<sup>6</sup> and rank nationally in the top three preventive services in regard to efficacy, cost-effectiveness, and impact.<sup>7</sup> Tobacco cessation services include any services aimed at helping an individual to better understand or quit tobacco use. Tobacco counseling, including pharmacotherapy and behavioral therapies, is a major component of tobacco cessation services.

There are numerous identifiable barriers to tobacco treatment and tobacco cessation. Some insurance policies do not cover tobacco cessation services or medications; therefore, the cost of cessation services can be a barrier to quitting. Even when coverage is offered for cessation services, the types of services that qualify for reimbursement tend to be limited. Some common insurers, such as Medicaid, reimburse only for services delivered by specific types of providers, and cover a limited selection of tobacco medications. While pharmacotherapy such as Nicotine Replacement Therapy (NRT) is an expense, the lack thereof is a huge hindrance for tobacco programs and tobacco users alike. Proper use of pharmacotherapy has been shown to double an individual's chances of quitting tobacco.<sup>8</sup> Failure of tobacco programs to offer low-cost or no-charge pharmacotherapy to patients severely limits the success of programs, as tobacco users are far less likely to use NRT if they must purchase it on their own. The overall lack of tobacco cessation programs available is an additional impediment to tobacco treatment.<sup>9</sup> Many tobacco users simply do not have access to a treatment program. A comprehensive tobacco cessation program will reduce barriers to tobacco treatment, and subsequently to tobacco cessation. Barriers have been identified and analyzed to provide a solid basis for the development of cessation programs.

### **Recommended steps for cessation program development**

**Determine what type of services your tobacco cessation program will include, and who will be eligible for cessation services. Base your tobacco cessation program on clinically proven tobacco cessation program guidelines, such as the U.S. Public Health Service (USPHS) Clinical Practice Guideline.**

Examples of services that may be included in a tobacco cessation program are: individual and/or group tobacco cessation counseling; in-person or phone tobacco cessation counseling; in-person or phone follow-up counseling; pharmacotherapy; tobacco education; and quit line access.

**If your cessation program will offer nicotine dependence treatment counseling, determine what style of tobacco counseling will be adopted.**

Examples of persons that may be eligible for tobacco cessation services in your healthcare facility may include inpatients, outpatients, visitors, and/or employees.

**Determine if your tobacco cessation program will offer pharmacotherapy, and what types of pharmacotherapy will be available. U.S. Food and Drug Administration (FDA)-approved first-line pharmacotherapies for nicotine dependence treatment are safe and effective and, if used properly in concurrence with behavioral**

**counseling, have been shown to substantially increase an individual's long-term chance of quitting tobacco.<sup>10</sup>**

For a complete list of first-line pharmacotherapy options, please refer to Appendix B.

**Determine what type of professional will provide tobacco cessation counseling and education for your healthcare facility. This expert may be a current member of your staff that will need to be trained in tobacco cessation techniques, or an external professional that will need to be either contracted or hired onto your staff. Employees can potentially be contracted through Employee Assistance Programs. Be sure to allow enough time for a tobacco treatment professional to be sufficiently trained in tobacco cessation before the initiation of your tobacco free policy. All professionals providing tobacco counseling to patients should have successfully completed or be willing to complete a Tobacco Treatment Specialist certification training.**

A Tobacco Treatment Specialist (TTS) is defined as a professional who possesses the skills, knowledge, and training to provide effective, evidence-based interventions for tobacco dependence across a broad range of intensities.<sup>11</sup>

Examples of professionals that may be trained to provide tobacco cessation services include but are not limited to: doctors; nurses; mental health workers; substance abuse workers; community health aides (CHA); health educators; and/or certified tobacco treatment specialists.

Several reputable institutions offer TTS certification trainings. For short descriptions of a few of these trainings, please refer to Appendix C.

**Aggressively advertise your facility's tobacco cessation program both internally and externally. Develop a variety of program-specific advertising materials suitable to an assortment of advertising methods.**

Examples of materials that may be developed to advertise your program include but are not limited to: program brochures; posters; fliers; buttons; email announcements; radio announcements; and newspaper write-ups.

**Inquire about pre-existing, culturally-sensitive tobacco educational materials that are available for your cessation program to provide to its customers. If no materials are available, it may be necessary to adapt existing materials or develop new materials appropriate for the population served.**

Educational materials may include posters, bookmarks and/or brochures, workbooks, and videos.

The State of Alaska, the Alaska Native Tribal Health Consortium, and the Alaska Tobacco Control Alliance are examples of Alaska-based organizations that have developed up-to-date tobacco education materials. In addition, regional nicotine dependence treatment programs around the state have developed culturally-appropriate tobacco materials specific to the communities they serve. Contact information for tobacco programs in Alaska can be found in Appendix D.

On a national scale, there is an abundance of current tobacco-related materials that have been developed by renowned national institutions. For a list of important tobacco-related websites, please refer to the resource list on page 32.

**Work with your Human Resources and/or Benefits departments to determine if your company's insurance plan covers tobacco cessation for employees.**

If a coverage plan for tobacco cessation does exist for employees within your healthcare facility, familiarize yourself with the details of this plan. Examples of coverage details include: lifetime maximum benefits for tobacco cessation services; deductibles for cessation services; co-pays for nicotine dependence treatment counseling sessions and for pharmacotherapy; co-pays for physician visits in regard to Zyban and/or Chantix prescriptions; and maximum allowable benefits for NRT, such as the nicotine patch, gum, lozenge, inhaler, and nasal spray.

If your healthcare facility does not have an employee coverage plan for tobacco cessation, work with your board of directors and human resources to develop employee insurance coverage for tobacco cessation services.

Openly communicate the specifications of tobacco cessation coverage with employees upon or prior to policy implementation. Ask for employee feedback as tobacco cessation benefits are being developed.

Determine if employees will be allowed to take company-paid time from work without consequence to attend tobacco counseling. If paid time from work is allowed for cessation services, determine the maximum amount of time allowed and establish a supervisory approval process for employee utilization of tobacco cessation services. If company-paid time from work is not allowed, ensure that cessation services are available to employees after normal work hours.

**Develop a secure database for your tobacco cessation program, and document patient intake and follow-up information into this database. A secure data-entry system will serve as a confidential storage-space in which to record patient encounters, will cue your program for scheduled patient follow-ups, and will provide a tool for program evaluation.**

The ANTHC Nicotine Research and Control Program have developed an online database that enables tobacco cessation counselors to easily transfer patient information between sites. The database is password protected, maintaining maximum patient confidentiality.

**Work with the appropriate committees within your healthcare facility to develop and/or alter the forms necessary for proper documentation of tobacco cessation services.**

Examples of necessary forms may include but are not limited to: consultation request (referral) forms; tobacco intake questionnaires; tobacco follow-up data collection forms; and a PCC-Clinic 94 Form for Nicotine Dependence.

The Nicotine Dependence PCC-Clinic 94 Form is a form used within IHS facilities to document nicotine dependence among patients. If your facility is not part of the IHS system, determine if special forms will need to be developed to document nicotine dependence within your facility.

Ensure that forms are approved through your organization's approval process before the official commencement of the tobacco free policy.

**Develop a referral process that provides easy access to your tobacco cessation program. If you are a healthcare facility, consider separate referral processes for patients (provider referral), visitors (potentially either provider or self-referral), and employees (self-referral). Establish a clinical protocol outlining the referral processes for these different components of the healthcare system, and make it accessible for providers within your facility.**

The referral process to a tobacco cessation program may be initiated through contact with a tobacco counselor via phone, facsimile, pager, and/or face-to-face encounters. Once contacted for a referral, the tobacco treatment counselor must respond according to referral-specific protocol, which may vary for inpatients, outpatients, visitors, and employees. Examples of means of response for tobacco cessation may include immediate bedside counseling, immediate counseling in a private office or specialty clinic exam room, or counseling via means of a scheduled appointment.

According to the USPHS, it is beneficial for tobacco counselors to provide cessation counseling to patients immediately upon receipt of a referral, as this allows counselors to capture any "teachable moments."

Determine where in your healthcare facility tobacco cessation services will be held. Examples include: outpatient specialty clinics; inpatient hospital rooms; common rooms or meeting rooms throughout your facility; and/or a private tobacco cessation office located on campus. Identify the appropriate management with which to discuss the allocation of space in your facility for an onsite tobacco cessation program.

**Consider phase-in programs with units in the hospital before the implementation of your tobacco free policy. Phase-in programs will provide an adequate trial period for your tobacco cessation program, allowing you to identify and resolve trouble areas. Phase-in programs may reveal barriers in the referral process, concerns with the documentation process, database issues, space issues, pharmacy issues, and other pertinent issues that should be resolved before policy implementation.**

It may be appropriate to pilot phase-in programs with both inpatient units and outpatient clinics within your healthcare facility. Before ANMC went tobacco-free, the ANMC Tobacco Cessation Program piloted a phase-in program with the outpatient cardiology clinic to test for system flaws. From there, tobacco cessation services expanded to employees of ANTHC, and after the implementation date of the tobacco-free campus initiative, ANMC's services broadened to additionally include all patients and visitors of ANMC.

**Research existing tobacco cessation programs throughout Alaska, and use them as a framework around which to build your cessation program. Know the specific communities that each tobacco cessation program serves, and develop working relationships with fellow tobacco staff from around the state. If your program will be referring patients to other tobacco programs, establish a referral process and continuity of care between programs.**

For a list of regional tobacco cessation programs in Alaska, please refer to Appendix D.

**Develop a working relationship with the Alaska State Quit Line, 1-888-842-QUIT (7848). The Quit Line provides tobacco cessation services twenty-four hours per day, seven days per week. Services are delivered by specialists trained in tobacco cessation techniques. In addition, the Alaska State Quit Line provides Nicotine Replacement Therapy (NRT) at no charge to patients, and provides follow-up phone support. The Quit Line will be a valuable resource for patients that may need extra or off-hour assistance or that do not qualify for other cessation programs.**

**Decide how your tobacco cessation program will be evaluated, and at what intervals program evaluation and reporting should occur. Examples of indicators that can potentially be used to evaluate your program may include but are not limited to:**

Tobacco screening rates within your healthcare facility in comparison to an established baseline screening rate.

Number of referrals to your tobacco cessation program, and percentage of tobacco-using patients that were both screened for tobacco and referred to the program verses tobacco-using patients that were screened for tobacco but not referred to the program.

Patient enrollment into your cessation program and the number of education-only encounters verses actual enrollment.

Suggested follow up call intervals are (1), two (2), three (3), six (6), twelve (12), twenty-six (26) and fifty-two (52) weeks. Evaluation of seven (7) and thirty (30) day point prevalence quit rates for patients in your program should be incorporated into your follow up calls.

Patient demographics, including age, gender, race, and pregnancy status. Demographic information will help determine if your program is reaching patients from a variety of backgrounds and/or with a variety of health conditions.

## Initiation of Systems Change

Research clearly shows that systems-level change can reduce smoking prevalence in healthcare settings.<sup>12</sup> Changing systems is a long-term process that requires working with healthcare systems to determine perceived problems, gaps in care, and willingness to change. The goal for systems change in relation to a tobacco policy is the ubiquitous understanding of and adherence to the policy at all organizational levels, and the ultimate improvement of tobacco cessation. In initiating change within a healthcare system, the development of collaborative relationships between the leaders of all segments of the system and the identification of “champions” whom are willing to commit resources and develop opportunities for systems change will lay the foundation for success.<sup>13</sup>

### Recommended steps for healthcare systems change

**Work with your Human Resources department to ensure that each new employee is informed of the tobacco policy before being officially hired.**

Some organizations have found it beneficial to require new employees to sign a letter of tobacco policy acknowledgement before signing official-hire contracts.

In addition, new employee orientations are ideal settings in which to spread the word about new policies. They provide a unique environment in which policies can be explained in detail to new employees and in which questions can be asked and answered.

**The use of pharmacotherapies such as Nicotine Replacement Therapy (NRT), Zyban and/or Chantix in combination with behavioral counseling is highly effective in tobacco cessation treatment.<sup>14</sup> If pharmacotherapy will be offered as part of a tobacco treatment plan; develop a working relationship with the pharmacy department in your healthcare facility to establish a protocol for its distribution. While Zyban and Chantix require a prescription, NRT can be dispensed in several ways.**

Some tobacco programs authorize tobacco treatment counselors to distribute NRT to patients directly, while others mandate that NRT be dispensed only through the pharmacy department by provider/counselor prescription. Consider a variety of options for NRT dispersal when designing your tobacco plan.

If your facility offers treatment in an inpatient setting, determine if inpatients will be eligible for NRT during their hospital stay. If NRT will be available for inpatients, consider developing standing providers’ orders for day-to-day inpatient NRT use. Providers’ orders will enable doctors and nursing staff to equip inpatients with a daily supply of NRT for temporary relief from nicotine withdrawal symptoms.

If funding allows, offer medications to patients at low or no cost, consider offering both oral and transdermal first-line medications according to USPHS Guidelines. For more information about approved first-line tobacco cessation medications, please refer to Appendix B.

**Determine which existing documents will need to be developed and/or altered to reflect your new policy and systems change. Identify and work with the appropriate committees within your organization to facilitate this process.**

Examples of documents that may need to be developed and/or altered include but are not limited to: patient intake forms; patient referral forms; nicotine dependence documentation forms; provider orders for NRT; and tobacco intake and follow-up questionnaires.

**Work with the medical records, coding, and/or billing departments of your facility to establish the appropriate processes for tobacco counselor documentation of patient contact.**

Medical records may be the appropriate department with which to discuss patient chart/account documentation.

Coding may be the appropriate department with which to discuss tobacco screening and counseling codes and ensure their accurate entry in your facility's data system.

Billing may be the appropriate department with which to discuss billing details for tobacco cessation services if your healthcare facility plans on charging for these services.

**Work with the appropriate committees in your facility to assure adherence with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirements. If your facility also uses the federal Government Performance Reporting Act (GPRA) indicators for tobacco, determine appropriate methods of measuring and documenting these indicators.**

More information on JCAHO can be found at <http://www.jointcommission.org>. For more information on GPRA, please refer to Appendix E.

**Work with healthcare staff within your facility to establish a baseline for tobacco screening rates. The goal is for providers to screen *every* patient for tobacco use at *every* provider visit.**

It may be necessary to establish a tobacco screening tool on patient intake forms if one does not already exist. For an example of a patient intake form with a tobacco screening tool that is used within the tribal health system, please refer to Appendix F.

Educate healthcare professionals on the "5 A's." When used by a provider, the 5 A's are PHS-approved key steps in tobacco intervention, and can be completed in a minimal amount of time. The 5 A's stand for: *Asking* if patients use tobacco; *Advising* them to quit; *Assessing* readiness to quit; *Assisting* with counseling and pharmacological treatments; and *Arranging* for follow-up.<sup>15</sup> If providers do not have sufficient time for completion of the 5 A's, the acronym AAR can be utilized instead. AAR is a condensed version of the 5 A's, and stands for: *Ask, Advise, and Refer*.

**Provide frequent staff trainings to inform your facility employees well in advance about the new tobacco policy, its effective date, and what the policy entails.**

Attempt to provide individual staff trainings to each department within your facility, and tailor these trainings to best accommodate each specific department.

Inform employees of the cessation services available to patients, visitors, and workforce members of your facility, and educate employees on the referral processes for tobacco

cessation services. In particular, educate healthcare providers on the patient referral process for cessation services.

**Develop mechanisms for evaluating the progress of your healthcare facility's systems change. Each component of a systems change should have a unique mode of evaluation conducive to its specific function within your organization. Examples of ways to measure the progress of your systems change may include:**

Tracking of the number of referrals made to your facility's tobacco cessation program, and where the most referrals are coming from. Referrals may come from a variety of sources depending on the healthcare setting, including: outpatient specialty clinics; inpatient units; and self-referrals from patients, visitors, and/or employees. Referrals may come via phone, fax, and/or pager.

Tracking of the number of phone calls made to your tobacco cessation program, particularly if your program has established a program-specific phone tree and/or email address for tobacco cessation information.

Tracking the number and type of NRT dispensed to patients enrolled in your tobacco cessation program, and the method of NRT dispersal. For instance, depending on your facility, NRT may be distributed through your facility's pharmacy, by a tobacco counselor, and/or by prearranged standing orders.

Documenting attendance of staff trainings in which tobacco policy information was presented by providing sign-in sheets for employees.

Asking providers to complete short surveys, either formal or informal, on tobacco screening, the tobacco cessation referral process, and any other information your facility deems pertinent. Surveys can be administered electronically via email, during staff meetings, by mail, or by other appropriate means.

Documenting the attendance of Continuing Medical Education (CME)-credited trainings held on tobacco-related topics.

Administering short tobacco policy quizzes to new employees during orientation to measure levels of policy understanding.

Conducting periodic chart reviews to establish a baseline for tobacco screening rates. After a baseline is established, chart reviews will provide further evaluation of tobacco screening rates.

Conducting periodic system reviews to determine if GPRA indicators and other tobacco codes are entered accurately and consistently into your facility's data entry system.

Conducting periodic system reviews to analyze levels of adherence to JCAHO regulations.

## **Construction a Comprehensive Communication Plan**

The success of your tobacco-free policy is contingent upon the widespread and thorough delivery of an aggressive advertising campaign. Policy objectives must be accurately and consistently communicated to target audiences, beginning with the official announcement of the new tobacco plan and continuing throughout its duration. It is essential that information regarding your facility's new tobacco policy reaches a broad range of audiences, including patients, visitors, and employees of your facility, as well as regional sites and partner organizations with which your facility is affiliated. In addition to conveying policy objectives, it will be important to inform your facility's patients, visitors, and employees of the tobacco cessation services that will be available to them.

### **Recommended steps for publicizing your new tobacco policy**

**Each employee of your facility will be an important tool for communicating, upholding, and potentially enforcing your facility's tobacco policy. Accordingly, employees may be a suitable "kick-off point" for your communication plan. Educating your facility's employees on the tobacco policy may be most successful if a multi-faceted approach is taken. Your facility's tobacco plan may be communicated to the workforce through:**

Employee forums, manager meetings, and staff meetings. It may be most effective for your facility's leadership to initiate the employee policy education process. Observed support of the policy from upper-level management will have a compelling influence on policy compliance and subsequent policy success. From the executive levels, policy education can expand to all sectors of your organization. In addition to policy details and expectations, the tobacco cessation services that are available to employees should be announced at all staff meetings. Internal bulletins, email bulletins, and intranet sites. Communication with workforce members may be easily facilitated through organization-wide internal communication systems. Tobacco policy messages may reach a large proportion of employees if announcements are emailed to each individual workforce member or posted on a frequently-viewed intranet site. Letters mailed directly to workforce members may also be beneficial in increasing awareness of your facility's new tobacco policy.

Declarations in internal and external newsletters. Organizational newsletters are often viewed regularly by a multitude of healthcare facilities in addition to your own. Articles published in internal and external newsletters will have a broad audience, including employees of your healthcare facility. If your organization prints a regular newsletter, work with the appropriate departments within your facility to guarantee coverage of your tobacco plan, preferably at each stage of the policy implementation process.

Notification cards, brochures, fliers, "Quit Tip" cards, and other handouts. If distributed properly, these printed materials may be extremely helpful in introducing your facility's new tobacco policy to the workforce. Printed advertisements may be efficiently dispersed to employees at employee health fairs, employee appreciation gatherings, and any other event typically attended by a large number of your facility's employees.

Tobacco policy signature requirements. One effective way to ensure that entering employees are informed of your facility's tobacco plan prior to official hire is the requirement of signing a tobacco policy acknowledgement letter. A signed letter of acknowledgment indicates that each entering employee has read and fully

understands your facility's tobacco policy before beginning work for your company.

Announcements on employee badge cards. Many healthcare facilities require employees to wear an identification badge. Request that tobacco policy specifics be outlined on employee identification cards, or on other badge cards to be worn with the identification card. An easily-accessible tobacco policy card will be a valuable tool for employees wishing to refresh their knowledge of a policy statute or needing to inform a customer of policy specifics.

New hire orientation. Employee orientations provide a unique opportunity for organizations to thoroughly educate staff on new policies, and host an environment in which employees can ask policy questions and receive direct answers. Work with your facility's orientation staff to ensure that a segment of new-hire orientation is reserved for tobacco policy discussion. In addition, incorporate new tobacco policy changes into all preexisting workforce policy documents and handbooks. Consider reviewing these additions with new hires during orientation.

Announcements on employee pay stubs. Every employee of your facility should receive a pay stub for every pay period worked; thus, pay stub announcements may be highly effective in notifying workforce members about your facility's new tobacco plan.

Special events and/or specific days dedicated to the new policy. As previously mentioned, health fairs, employee parties, and other employee-focused events are excellent occasions at which to publicize your facility's tobacco plan. In addition, special days dedicated specifically to your facility's tobacco policy may encourage workforce members to consider the policy a positive development. For example, before the Alaska Native Health Campus went tobacco free, ANTHC hosted a series of Tobacco Free Campus "jeans days." On these special days, employees of ANTHC could buy a "tobacco free" button and then wear jeans on the designated day. This often was coordinated with food and beverages, Native dancers, and other festivities. "Jeans days" helped to successfully spread the word on ANTHC's new tobacco policy in a fun and optimistic manner.

Public press releases, such as television features, print features, and radio announcements. Publicly advertise your facility's new tobacco policy via numerous sources to demonstrate to employees that your organization is taking the new policy very seriously. If possible, arrange for public television, newspaper, and/or radio interviews with your facility's leadership.

**It will be critical to work closely with any regional sites and/or partner organizations that may feed into your site to spread awareness of your facility's tobacco policy. The ultimate goal is for every patient and/or visitor arriving at your facility to be aware of the tobacco policy *beforehand*, thus having adequate time to prepare accordingly. Collaboration with regional sites and/or partner organizations will play a huge role in the achievement of this goal, as these facilities may be the first point of contact for your customers. Ensure that these facilities are educated on your tobacco plan well in advance. Examples of ways in which regional sites and/or partner organizations may be informed of your new tobacco policy and in turn spread the word include:**

Meetings between the organizational leaders of your facility and leaders of regional/partner organizations, in which the intent of your tobacco policy is clearly stated. Ask that your policy be vocally announced by regional/partner facilities within their local communities to further spread the word.

Direct mail announcements between your facility and regional/partner facilities. For example, the Alaska Native Medical Center (ANMC) sent out numerous patient letters announcing its Tobacco Free Campus Initiative to each of the tribal health centers around the state before the Alaska Native Health Campus went tobacco free. These letters were then distributed by regional health clinics to Alaska Native patients.

Articles in newsletters and other publications developed by your healthcare facility. Regional health centers and other partner organizations may stay up to date on current events occurring within your facility; therefore this may be an efficient way to advocate for your company's tobacco plan.

Announcements at special events and community events. Once regional/partner organizations are aware of your facility's tobacco plan, they may be willing to broadcast the message to your desired audience at local events.

Announcements in public press releases such as TV features and print features. Publicizing your facility's tobacco plan via television, newspaper, and radio will increase policy awareness within your intended audience, including regional/partner organizations and customers of your facility. Public Service Announcements may be an appropriate way to reach rural customers if applicable to your facility.

**As previously mentioned, the ultimate goal of your communication plan is to ensure that every patient and/or visitor seeking services at your facility is aware in advance of your company's new tobacco policy. Ways in which patients of your facility may potentially be educated on your tobacco plan include:**

Customer contact with employees of your healthcare facility. Employees must be sufficiently informed of your company's new tobacco policy in order to educate customers and visitors about it, and to accurately respond to patient/visitor questions and concerns.

Announcements published in internal and external newsletters, newspapers, and/or websites. It will be important to broadcast your facility's tobacco policy via myriad sources. Widespread policy announcement will ensure that a high percentage of your facility's customers and/or visitors are informed of your tobacco policy prior to arrival at your healthcare facility.

Public press releases announcing your facility's tobacco plan. Press releases delivered through television, radio, and/or newspapers are a quick way to get the word out to large segments of your intended population. Interviews with members of your facility's upper-level management will be especially beneficial in spreading your tobacco policy message, and may also be broadcasted via these sources. If your facility delivers services to rural populations, public service announcements may be an appropriate means of communicating policy details.

Special events that involve your facility's target population. Announcements at well-attended events (state or local) can significantly increase awareness of your facility's new tobacco policy. For example, if your facility primarily serves the Alaska Native population, announcements at events such as the Alaska Federation of Natives (AFN) convention may effectively enlighten a large number of Alaska Natives on your organization's tobacco plan.

Printed advertisements that promote your facility's new tobacco policy, such as brochures, posters, fliers, notification cards, and other handouts. Small printed advertisements, such as brochures and fliers, are easily distributable to large numbers of people, particularly if they are dispensed at an assortment of venues and special events. Posters should be displayed everywhere in your facility that is

frequently in contact with customers, including your facility's gift shop and cafeteria if applicable.

Patient reminder letters. Many healthcare facilities send out reminder letters for upcoming patient appointments. Work with the clinical staff in your facility that regularly send out patient reminder letters, and advocate for the inclusion of a supplemental letter that announces your facility's new tobacco plan. For example, preceding the implementation of ANMC's tobacco-free campus policy, hundreds of letters announcing the policy were mailed along with appointment reminder letters to patients around the state. This helped to ensure that the majority of patients receiving services at ANMC were aware of the tobacco-free policy prior to arrival at the Alaska Native Health Campus. For an example of an ANMC tobacco policy announcement letter, please refer to Appendix G.

**Develop an evaluation plan to measure the effectiveness of your advertising campaign. Modes of evaluation may be different for workforce members, patients, visitors, and/or partner organizations. Possible methods of evaluating your communication plan may include:**

Recording the number of policy-focused public press releases, both paid and earned, that were featured in television, newspaper, newsletter, radio, and/or other communication systems.

Measuring the attendance of tobacco policy "fun" days for employees, and other special employee-oriented events at which your facility's tobacco plan was announced; recording the number and location of general public events at which your tobacco policy was declared.

Counting the number of policy announcement letters that were sent with patient reminder letters to customers of your facility; counting the number of policy announcement letters that were sent in advance to partner organizations of your facility.

Requiring read-receipts for tobacco policy-related emails sent out to workforce members; providing hard copies of your tobacco policy in each department within your facility for employees to sign annually upon reading.

Documenting the attendance of staff meetings in which tobacco policy education was delivered via staff sign-in sheets.

Administering short policy-focused quizzes to new employees during employee orientations to ensure awareness and understanding of your facility's tobacco statute.

Collecting observational data of adherence to and violation of your facility's tobacco policy. For example, this may include monitoring of smoking patterns on your campus, such as time of day and location in which smoking is most prevalent.

Conducting simple surveys in which workforce members and patients/visitors of your facility are asked about ways in which they heard of your facility's tobacco policy; conducting short surveys in which workforce members and patients/visitors are asked about outreach materials, signage, and/or media features they have seen regarding your facility's new tobacco plan.

Evaluating the frequency and severity of employee, patient, and/or visitor comments, complaints, and concerns regarding your facility's tobacco policy as reported from departments such as Human Resources, Customer Service, and Security.

## **Celebration of Milestones**

Implementing a tobacco-free policy is a giant step for any organization, and requires an extensive amount of planning and effort. The process can be long and tedious, with numerous obstacles along the way. It will be important to recognize major milestones in policy development as your facility progresses towards policy implementation. Celebration of key achievements will provide an opportunity for organizational staff and constituents to reflect on and be proud of the great reasons behind your facility's choice to establish a tobacco-free policy.

Perhaps the most important milestone to celebrate in the journey to becoming a tobacco-free facility is the effectual date of the policy, the implementation day. The celebration of implementation day should be well-planned and attended by an assortment of individuals, ranging from healthcare recipients to healthcare professionals.

### **Recommended steps for planning the celebration of your facility's tobacco-free policy implementation:**

As an institution, select your tobacco-free policy implementation day. It may be advantageous to choose an implementation date that has special significance nationally or that has specific relevance to your facility. The Great American Smoke Out, New Year's Day, or the start of a new fiscal year; are three examples of potentially useful dates.

Advertise the celebration far in advance and via numerous modes of communication, including state and local television, radio, and newspaper.

Reserve a convenient location for the event that can comfortably accommodate the expected celebration crowd. Arrange for healthy snacks and beverages if your facility would like these items to be offered.

Invite attendees. Your facility's patients, visitors, employees, and employee family members should all be welcome to attend the celebration. In addition, ensure that your facility's partner organizations and other important affiliations are invited to attend.

Arrange in advance for at least one of your facility's executives to be present at your tobacco-free policy kick-off event. Preferably, all of your organizational leadership will attend in demonstration of executive support. If possible, request that your Chief Executive Officer (CEO), President and/or other upper-level administrator prepare a speech highlighting the significance of your facility's new tobacco policy.

Schedule in advance any guest speakers or performers that will give special presentations or performances at your facility's kick-off event. For example, the Alaska Native Health Campus celebrated the initiation of its tobacco-free campus policy with performances by the Anchorage-based Native Dance group Kicaput Singers and Dancers, and displayed several booths with different types of educational materials on the health effects of tobacco use.

Arrange for media coverage of the event. Media coverage should encompass state and local television, radio, and newspaper sources. If possible, arrange for members of your organization's executive staff to be interviewed by the media. Host an annual celebration on the day of your facility's tobacco-free policy kick-off anniversary each consecutive year following policy implementation. An anniversary event will provide an environment in which policy achievements can be celebrated and continuing policy commitment can be expressed.

**Evaluating the success of your policy implementation celebration may include but is not limited to:**

Measuring the number of people that attend the tobacco policy kick-off celebration(s).

Measuring the amount of media coverage and media attention your facility's tobacco policy implementation celebration receives.

Satisfaction surveys that can be quickly completed by attendees. For example, surveys may be available at a booth and participants may have the incentive of receiving a raffle ticket for a door prize upon completing one.

## Enforcement of Policy

One of the initial decisions that your facility will make in the process of becoming tobacco free is the extent to which its new tobacco policy will be enforced. There are several enforcement strategies that your facility may adopt, ranging in severity from very strict to lenient. The Alaska Native Tribal Health Consortium (ANTHC) has implemented a moderately strict enforcement strategy, which has been incorporated into its existing internal structure. For various examples of tobacco-free policies, please refer to Appendix H.

### Recommendations for the implementation of an enforcement strategy

**Employees of your healthcare organization may be both subjects and enforcers of your facility's new tobacco plan; thus, an enforcement strategy for employees should clearly reflect their role in upholding and sustaining policy stipulations. The following steps are recommended for developing a tobacco enforcement system for employees:**

Develop a written enforcement procedure that outlines the course of action that your administration will take in response to policy violations. It may be most effective and efficient to incorporate new enforcement procedures into your organization's existing enforcement structures and risk management strategies. Ensure that each employee is aware of the enforcement process regarding tobacco policy violations.

Work with appropriate departments within your facility to determine the methods of enforcement most suitable for your specific institution. This may include but is not limited to your facility's customer service, security, and/or human resources departments.

If your facility decides to employ an organization-wide enforcement strategy in which its entire workforce is responsible for enforcing the new policy, then it will be crucial to inform employees of their new responsibilities surrounding policy enforcement. For example, a new responsibility may entail politely notifying your facility's customers that your campus is tobacco free upon encountering a violation.

It may be beneficial to develop a script that workforce members can use as a guideline when confronting a patient/visitor in violation of your facility's tobacco policy. A script should be easily accessible by all workforce members. To review ANTHC's tobacco policy script, please refer to Appendix I.

**Customers of your organization must be informed of your facility's new tobacco policy in a culturally sensitive and respectful manner. Ideally, each patient and/or visitor of your healthcare facility will be informed of the tobacco-free policy *before* arrival at your health campus. Consequences for policy violations will vary depending on the degree of enforcement that your organization has chosen to adopt.**

Work with your facility's security department to develop a plan of action for addressing policy violations among patients/visitors. The level of security involvement in policy enforcement will vary depending on your facility's enforcement plan; a moderately-strict enforcement strategy requires security involvement only in extreme cases of policy abuse, in which a patient/visitor acts in an aggressive or hostile manner when informed of the tobacco policy.

**Methods of evaluating your facility's tobacco policy enforcement strategy may include but are not limited to:**

Administering surveys designed for workforce members that inquire about employee knowledge regarding their role in tobacco policy enforcement.

Recording complaints, suggestions, and compliments that are made by patients/visitors of your facility to customer service, human resources, and security departments, as well as other departments located within your healthcare organization.

Analyzing reports of employee encounters with policy violators, and keeping track of utilization of a tobacco policy script.

Monitoring the number of cases in which your facility's security department is called to settle a dispute involving a tobacco policy violation through incidence reports or other means.

## Evaluation

Know what you want to accomplish before you set out. Evaluation is not a last step in your facility policy change and implementation. Evaluation should be an ongoing process.

### **Identify what you would like evaluate. What are your goals?**

#### **Goals you would like to evaluate may include:**

- Reduce costs associated with tobacco use.

- Change attitudes about tobacco use.

- Increase knowledge about tobacco effects.

- Change employees', patients' or visitors' behaviors. (e.g., more people will enroll in tobacco cessation programs and fewer people will smoke on campus.)

- Set an example for other facilities.

### **Identify what information you need that would show or be evidence that the program was effective or not. How can your goals be measured?**

Know what is realistic to measure in the short term and the long term. Do you need to give feedback to leadership groups in the next one month, six months, one year, and five years? Think about what items would give meaningful evidence of your programs for the time frames reports are needed.

Document your progress including your ongoing tasks and barriers to completion.

### **Ideas for you as you approach evaluation:**

- Document and examine your systems change process. Did you follow a model? If you do training, document what kind of training and how many people were trained.

- Have attendees of training evaluate training/trainer and provide suggestions for improvement or change.

- Collect observational information before and after policy implementation if you want to show change using numbers.

Use surveys and/or questionnaires before and after the policy implementation if you want to collect snapshots of attitudes or knowledge about the topic. For survey examples, please refer to Appendix J.

## Costs

Consider potential cost areas and work within your budget. Some costs are continuous such as salaries, whereas other costs might be one time items like materials development.

### Consider costs for:

Hiring counselors or other staff

Training for staff (travel for sending staff to desired training or bringing trainers into your facility or community)

Time spent by work groups to implement the project

Adding services to your insurance or employee assistance program

Providing medications or co-payments

Materials development (printing, signs, posters, brochures, etc.)

Earned media costs (radio, television, newspaper, etc.)

Ground maintenance (clean up, removal of existing signs, removal of ash cans or smoke-shacks, etc.)

## Lessons Learned

A tobacco-free policy initiative must be supported by the leadership of a company to be successful.

It takes time to change a system. Keep the overall goal in mind, but take advantage of unforeseen opportunities and identify realistic tasks to take on as well. Details often take more time than you may expect: identifying property lines, identifying everyone you contract with, identifying and getting on meeting agendas all take time.

ANTHC anticipated “push back” from customers and our workforce and braced for potential negative situations. We discovered that most people share in the attitude that it makes sense to have a tobacco-free healthcare facility. Negative reactions were minimal. We had no protest on campus and no exodus of employees due to the tobacco-free policy. To date, no one has resigned or been terminated as a result of the tobacco-free policy at ANTHC.

Many times, the most vocal opponents to the policy prior to implementation were non-tobacco users concerned for their tobacco-using coworkers or staff.

We learned that employees, patients and customers *will seek and use* tobacco cessation treatment programs and educational resources. Not everyone will enter a tobacco cessation program immediately. It is a big decision and the process to quit using tobacco requires determination, commitment and readiness. It often takes people time to prepare to quit.

You may want to anticipate where people might go to use tobacco when you increase restrictions. “Unofficial” tobacco-use areas might develop. It is important to be aware of these areas because you may want to inform people of other property restrictions and consequences (e.g. potential fines).

Help your policy become institutionalized or better incorporated into your organization by identifying where it may fit into existing company structures. For example, concerns for patient safety may be reported to a risk management office. Or, employee infractions of policy may be dealt with through an existing human resources policy for compliance or progressive discipline. These areas and structures are useful to identify so that the program continues as staff involved in the initial launch move to other assignments or jobs.

Through observational data, ANTHC has identified a significant decrease in tobacco use on our property since the tobacco-free policy went into effect.

## Resource List

Alaska Native Tribal Health Consortium (ANTHC) Tobacco Website

<http://www.anthc.org/cs/chs/tobacco/>

Alaska Tobacco Control Alliance (ATCA)

[www.alaskatca.org](http://www.alaskatca.org)

American Cancer Society

<http://www.cancer.org>

American Heart Association

<http://www.americanheart.org>

American Legacy Foundation

<http://www.americanlegacy.org>

American Lung Association

<http://www.lungusa.org>

Association for the Treatment of Tobacco Use & Dependence (ATTUD)

<http://www.attud.org>

Campaign for Tobacco Free Kids

<http://tobaccofreekids.org>

Centers for Disease Control and Prevention

[www.cdc.gov](http://www.cdc.gov)

Free & Clear

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

Partnership for Prevention

<http://www.prevent.org>

State of AK Tobacco Prevention & Control Program

[www.hss.state.ak.us/dph/chronic/tobacco/default.htm](http://www.hss.state.ak.us/dph/chronic/tobacco/default.htm)

The National Academies

[www.national-academies.org](http://www.national-academies.org)

Tobacco Technical Assistance Consortium (TTAC)

[www.ttac.org](http://www.ttac.org)

World Health Organization

<http://www.who.int/en/>

**Online tool kits and resources for tobacco-free hospitals and healthcare facilities:**

Oregon Association of Hospitals and Health Systems

[http://www.oahhs.org/issues/stepup/stepup\\_campaign\\_overview.php](http://www.oahhs.org/issues/stepup/stepup_campaign_overview.php)

Maryland Hospital Association

[http://www.mdhospitals.org/mha/Community\\_Health\\_Resources/Smoke\\_Free\\_Hospital\\_Campuses.shtml](http://www.mdhospitals.org/mha/Community_Health_Resources/Smoke_Free_Hospital_Campuses.shtml)

Smoke-free Hospital Tool Kit - A guide for implementing smoke-free policies

University of Arkansas for Medical Science

[http://www.uams.edu/coph/reports/SmokeFree\\_Toolkit/Hospital%20Toolkit%20Text.pdf](http://www.uams.edu/coph/reports/SmokeFree_Toolkit/Hospital%20Toolkit%20Text.pdf)

The Healthcare Quality Improvement Community

<http://jeny.ipro.org/showthread.php?t=171>

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