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| C:\Users\lgreuel\Desktop\Logo I mess with\BreatheND\breatheND Voice of the people.jpgND Center for Tobacco Prevention and Control Policy State Workplan Report 2016-2018Organization       Date Completed       |
| Initiative | Public Health Service Guidelines | **Primary Goal** | #3 Promote Quitting  |
| Objective #2 | **By June 30, 2018, increase the number of health care settings and enhance public health agencies use of the systems approach for tobacco dependence treatment as recommended in the US Public Health Service Treating Tobacco Use and Dependence, Clinical Practice Guideline—2008 Update.**  |

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| Strategy #1 | Provide education and technical assistance to health care providers on implementation to deliver 5As of the Public Health Service Guidelines for Treating Tobacco Use and Dependence i.e. Clarify and strengthen skills to motivate clients, describe medication options, offer immediate on site counseling and offer/direct medication options and document exposure to secondhand smoke, i.e. Ask about tobacco use, Advise to quit, Assess willingness to make a quit attempt, Assist in aiding the patient in quitting by providing counseling (refer to cessation services for additional support) and medications and Arrange-ensure follow-up contact.  |
| Activities | **Key achievements and challenges** |
| [ ]  Identify, health care systems approach[ ]  Education and training offered—date [ ]  Systematic implementation in delivery of health care[ ]  Develop protocols to provide cessation intervention to parents of hospitalized children focusing work with health care systems  | Q1:      |
| Q2:      |
| Q3:      |
| Q4:      |
| Strategy #2 | Implement and expand the Million Heart S grant for eligible health care systems. |
| Activities | **Key achievements and challenges** |
| [ ]  Attendance in scheduled conference calls[ ]  Outcomes reported annually by site[ ]  Number of new grantees per grant cycle[ ]  Implementation of direct e-referral [ ]  Strategic focus to ‘expand’ components (e-referral, cessation centers, NRT protocols, data collection and 7 month follow-up)  | Q1:      |
| Q2:      |
| Q3:      |
| Q4:      |
| Strategy #3 | Advocate for health care providers to implement provider reminder systems; especially focusing on populations affected by tobacco-related disparities. |
| Activities | **Key achievements and challenges** |
| [ ]  Feedback received[ ]  Implementation of reminder systems[ ]  Identified populations affected by tobacco related disparities in targeted areas | Q1:      |
| Q2:      |
| Q3:      |
| Q4:      |
| Strategy #4 | Conduct annual program or population based audit of AAR/SHS exposure in local public health units. |
| Activities | **Key achievements and challenges** |
| [ ]  Completed by requested date[ ]  Results shared with local public health units and partners | Q1:       |
| Q2:      |
| Q3:      |
| Q4:      |
| Strategy #5 | Advocate for annual reports/audits of 5As in health care systems that have implemented Public Health Service Guidelines for Treating Tobacco Use and Dependence for internal quality improvement. |
| Activities | **Key achievements and challenges** |
| [ ]  Number of reports/audits completed[ ]  Analysis of results[ ]  Evaluation compared to Adult Tobacco Survey  | Q1:      |
| Q2:      |
| Q3:      |
| Q4:      |
| Strategy #6 | Partner with the ND Department of Human Services and 8 regional human services centers as priority organization. |
| Activities | **Key achievements and challenges** |
| [ ]  Assess current tobacco interventions practices[ ]  Implementation plan of 5As developed[ ]  Implementation 5As in treatment plans completed[ ]  Evaluation of plan and adjustments | Q1:      |
| Q2:      |
| Q3:      |
| Q4:      |
| Strategy #7 | Advocate that all healthcare settings and local public health units have a systematic orientation process for implementation of Public Health Service Guidelines for Treating Tobacco Use and Dependence for all employees with direct client care responsibilities. |
| Activities | **Key achievements and challenges** |
| [ ]  Contact appropriate health care administrators[ ]  Local public health complete as grant requirements | Q1:      |
| Q2:      |
| Q3:      |
| Q4:      |