

Indian Health Service TOBACCO CONTROL STRATEGIC PLAN

2006 – 2008



“A Systems Approach to Tobacco Control”

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INTRODUCTION

This *Tobacco Control Strategic Plan (TCSP)* is a reflection of a multidisciplinary vision for tobacco prevention and control within the Indian Health Service, Tribal, and Urban Indian (I/T/U) programs. While preparing this plan, the Indian Health Service (IHS) Tobacco Control Task Force (TCTF) team asked three primary questions. 1) How can IHS serve its constituency on tobacco cessation, prevention, and control? 2) What services and programs are missing? And, 3) how can IHS encourage a successful tobacco control environment among AI/AN people? These questions were within the current and realistic framework of the I/T/U programs.

A main focus of this plan is to establish networks and define for IHS leadership a role it can play in contributing to eliminating tobacco morbidity and mortality in AI/AN communities. This plan provides the opportunity for the I/T/U facilities, as well as other federal partners and non-governmental organizations (NGO), to collaborate in tobacco control planning and implementation.

This plan presents a vision for how community readiness can be fostered in a clinical setting. The plan incorporates not only cessation and clean indoor air policy, but also tobacco free households. The core strength of this plan can be found in its connection to the public health, the clinical setting, and to the AI/AN people at highest risk for tobacco abuse.

IMPLEMENTATION

The Tobacco Control Strategic Plan (TCSP) will serve as a systematized clinical and public health tool device for the delivery of cessation services in health care settings. This plan represents an initiative to secure additional funds and resources to forge partnerships between the IHS and other organizations – both internal and external – committed to tobacco control in AI/AN communities.

STRATEGIES

- **Advocacy:** The strategies are structured to keep internal and external partners engaged in I/T/U tobacco health issues.
- **Partnership Development:** Continued efforts will be made to bring in new partners.
- **Community Health Education and Prevention:** While the plan focuses on cessation, it is crucial that prevention efforts begin to emerge as important steps to curtailing the high prevalence of tobacco use faced by AI/AN populations.
- **Evaluation:** The plan will include outcome evaluations (plan reference, element, indicators, and data sources) that will be assessed every 6 months.
- **Ongoing Expansion and Improvement:** There is a commitment among the Indian Health Service (IHS) Tobacco Control Task Force (TCTF) team to attract vested interest from additional stakeholders and key decision-makers by keeping this plan on the agenda of future conferences and meetings.

BACKGROUND

This Tobacco Control Strategic Plan (TCSP) was developed by the Indian Health Service (IHS) Tobacco Control Task Force (TCTF) team from August 2004 to August 2005 via monthly conference calls and two face-to-face meetings. The IHS (TCTF) team has determined that strategic planning conducted in coordination and consultation with internal and external partners¹ is an important tool for building collaboration for the future.

The planning process covered six basic steps. The first step was to recruit a team with representation from the 12 IHS Areas. The second step was to develop a shared vision for the future of tobacco control within the I/T/U public health and clinical settings. The third step was to identify the strengths and weaknesses of the current situation. The fourth step was to develop the plan. The fifth step will be the implementation of the plan, and the final step will be the evaluation of the plan which will measure progress and make appropriation revisions as needed. It was significant for the IHS (TCTF) team to keep in mind that the benefit of developing this plan was not the planning documents you see but the planning process. Benefits included:

- The initiation of a specific plan, its strategies, solutions and actions;
- Greater degree of commitment by stakeholders to employ decisions and strategies;
- More innovation and creativity through diverse group interaction;
- A common structure for future decision-making, communication and problem solving;
- Support of initiative, responsibility and accountability.

¹ American Legacy, Robert Wood Johnson Foundation, Centers for Disease Control and Prevention, and Tribal leaders.

IHS TOBACCO CONTROL TASK FORCE

The following members were appointed to the Indian Health Service (IHS) Tobacco Control Task Force (TCTF) team by Dr. Charles H. Grim, IHS Director. The appointment is for a term of 2 years from August 2005 to August 2007. The IHS (TCTF) team will be under the leadership of Nathaniel Cobb, M.D. and will provide expert guidance to the IHS to develop, refine, and implement and evaluate the Tobacco Control Strategic Plan (TCSP).



Back row: Carol Gourneau, Nathaniel Cobb, Alfreda Beartrack, Caroline Renner, Megan Wohr

Front row: Graydon Yatabe, Dayle Knutson, Tammy Honold, Steve Keller, Marsha Taggart

Not shown: Mark Butterbrodt, Rosalind Chorak, Chris Lamer, Michelle Ruslavage, and Mary Wachacha.

SHARED VISION

Healthier American Indian and Alaska Native Communities.

MISSION

The mission of the Indian Health Service (IHS) Tobacco Control Strategic Plan (TCSP), in partnership with American Indian and Alaska Native (AI/AN) people is to raise their physical, mental, social, and spiritual health to the highest level possible through prevention and reduction of tobacco-related disease.

GUIDING PRINCIPLES

- Multidisciplinary
- Comprehensive
- Collaborative
- Inclusive
- Culturally competent
- Community oriented
- Holistic
- Accessible

STRENGTHS AND WEAKNESSES

The primary strengths of the plan are: 1) clinical focus; 2) multidisciplinary team and broad-based approach including research, surveillance, policy; 3) supports the GPRA objectives, the HEDIS measures, the IHS Director's Initiatives, and the Department of Health and Human Services (HHS) "Healthy People 2010 guidelines" as well as adhering closely to the Centers for Disease Control and Prevention's (CDC) "best practices" on tobacco prevention and control. The primary weakness of the plan is its lack of financial self-sustainability.

IHS TOBACCO CONTROL STRATEGIC PLAN

Goals:

1. Ensure access to and development of tobacco cessation and prevention services for American Indians and Alaska Natives (AI/AN).
 2. Ensure the sustainability of the plan from a resource and financial perspective.
 3. Mobilize federal, Tribal, state, and non-government organizations to collaborate and fund focused tobacco cessation and prevention efforts for AI/AN.
 4. Promote research to evaluate and identify culturally appropriate “best and promising” interventions to reduce tobacco-related morbidity and mortality in AI/AN populations.
 5. Support and strengthen tobacco surveillance and data collection in the Indian Health Service, Tribal, and Urban (I/T/U) health care systems.
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Goal #1

Ensure access to and development of tobacco cessation and prevention services for American Indians and Alaska Natives (AI/AN).

Objective 1.1: Support implementation of the “best and promising” tobacco cessation practices in the Indian Health Service, Tribal, and Urban (I/T/U) health care facilities.

Strategy 1.1.1: By January 30, 2007 utilize the IHS Tobacco Control Task Force (TCTF) team and existing partners to develop an “IHS Tobacco Cessation Model (TCM)” for the I/T/U health care facilities based upon the U.S. Department of Health and Human Services “Clinical Practice Guidelines for Treating Tobacco Use and Dependence”.

- *The IHS (TCM) will include the 3-tiers of Tobacco Intervention of minimal, basic and intensive.*
- *The IHS (TCM) will be structured to easily adapt to the needs of each individual I/T/U health care facility.*

Strategy 1.1.2: By November 30, 2006 establish at least four I/T/U pilot sites for the IHS (TCM) consistent with the “Clinical Practice Guidelines for Treating Tobacco Use and Dependence”.

- *Develop criteria for pilot site selection.*

- *Identify pilot sites.*
- *Generate administrative buy-in.*

Strategy 1.1.3: By December 30, 2007 develop an IHS plan to disseminate the IHS (TCM) to the I/T/U health care facilities.

- *Develop a request for all I/T/U sites to submit tobacco education and planning materials currently in use for dissemination in order to create an electronic catalog of culturally appropriate materials.*
- *Create capacity for national and onsite training to implement the use of a future IHS (TCM) and “IHS Tobacco Cessation Treatment Guidelines” Notebook.*
- *Develop a “white paper” of “talking points” that will allow the IHS (TCTF) team and internal and external partners to understand and communicate the same message.*
 - *Develop signage / postings for the IHS Tobacco Cessation Treatment Guidelines.*
 - *Continually update these products.*

Strategy 1.1.4: By December 30, 2006 develop partnerships with internal programs to broaden the base of support for clinical cessation efforts.

- *Partner with the IHS Health Programs such as the IHS Dental, Diabetes, CVD, and others to promote tobacco cessation among targeted patient populations.*
- *Partner with the IHS Epidemiology Division, the I/T/U health care facilities, and their health information technology services to promote tobacco cessation screening, referrals, documentation, and coding of tobacco-related information.*

Strategy 1.1.5: By January 30, 2007 develop a training plan for all providers and supporting staff who work with patients to provide basic tobacco intervention skills.

Strategy 1.1.6: By March 30, 2007 promote tobacco cessation screening as an integral part of EVERY appointment triage; record with vital signs.

Strategy 1.1.7: By December 30, 2006 promote the IHS appropriations funding to educate and enable AI/AN youth to reject illegal drugs including tobacco.

- *Support data development and coordination for measuring tobacco use among AI/AN youth.*
- *Support programmatic evaluation and research to develop effective cessation and prevention treatments.*

Objective 1.2: Improve the necessary IHS administrative support and infrastructure to further develop cessation treatment in the I/T/U health care facilities.

Strategy 1.2.1: By July 30, 2006 identify the IHS-wide Pharmacist involved in tobacco control to serve as an advisory team for up-to-date pharmaceuticals for tobacco cessation treatment.

- *Coordinate with the IHS National Pharmacy to provide appropriate recommendations for tobacco cessation pharmaceuticals to I/T/U pharmacists.*
- *Identify and bridge funding opportunities to provide tobacco cessation to the I/T/U health care facilities.*

Strategy 1.2.2: By January 30, 2007 identify and advocate for an appropriate share of existing IHS resources.

- *Negotiate for earmarks or set-asides from the budgets of I/T/U Hospitals, Clinics, Pharmacy, Health Education, Oral Health, Behavioral Health and others as appropriate.*
- *Encourage each I/T/U/ health care facility to identify and protect funds for tobacco control.*

Objective 1.3: Support the Health and Human Services (HHS); IHS Tobacco-free Workplace Policies by providing specific action items and examples for service units to follow.

- *Strategy 1.3.1: By April 30, 2007 provide technical assistance, educational presentations, and cessation services to the I/T/U/ health care administrative staff.*

Goal #2

Ensure the sustainability of the plan from a resource and financial perspective.

Objective: 2.1: Create a business plan.

Strategy 2.1.1: By August 30, 2006 the IHS (TCTF) team will support the I/T/U health care system leadership to engage in advocacy for reimbursement for Nicotine Dependence Treatment through provision of scientific information regarding the efficacy and cost of treatment as one of the comprehensive strategies for tobacco control for AI/AN populations.

Strategy 2.1.2: By December 30, 2006 the IHS Tobacco Control Coordinator (TCC) and the IHS (TCTF) team will develop an IHS line-item budget request for FY 2008 that will effectively fund tobacco control for the I/T/U health care facilities.

- *The IHS (TCTF) team and other consultants will advise the IHS (TCC) on the types of activities, materials, and personnel that should be funded under this budget.*
- *Survey the I/T/U health care facilities to determine the type and extent of unmet needs for tobacco control.*
- *Keep the National Indian Health Board (NIHB), other partners, and advocacy groups informed of the progress of this budget initiative.*

Strategy 2.1.3: By March 30, 2007 the IHS (TCC) will examine current reimbursement options available and identify requirements at the IHS Service Unit level to collect on those funds.

Objective: 2.2: Create a budget

Strategy 2.2.1: By January 30, 2007 the IHS (TCC) and the IHS (TCTF) team will develop and submit a budget and narrative to support the implementation and evaluation of this plan.

Goal #3

Mobilize federal, Tribal, state, and non-government organizations, to collaborate, and fund focused tobacco cessation and prevention efforts for AI/AN.

Objective 3.1: Establish a full-time position at IHS HQ for a Tobacco Control Coordinator (TCC).

Strategy 3.1.1: By June 30, 2006 the IHS (TCC) will serve as a point of contact for tobacco prevention and control issues for all I/T/U health care facilities.

- *Maintain leadership ability to analyze and develop I/T/U tobacco policy.*
- *Organize consultation with the I/T/U health care facilities.*
- *Advocate on behalf of the tobacco control strategic plan.*
- *Support tobacco control initiatives affecting all I/T/U health care facilities.*
- *Support surveillance for tobacco use through information technology.*
- *Increase tobacco control awareness in the I/T/U communities.*
- *Promote appropriate research to improve tobacco control efforts.*

Strategy 3.1.2: By August 30, 2006 the IHS (TCC) will facilitate the processes described in this plan and update the plan annually.

- *Submit quarterly progress reports to IHS leadership and partners for use in presentations, newsletters, written reports and other communication networks as appropriate. Reports should include:*
 - *Progress on the implementation of clinical cessation systems in the I/T/U health care facilities.*
 - *Federal and non-Federal partners engaged and their roles.*
 - *HQ and workgroup activities.*
 - *Requests to develop tobacco control advocacy, resources and funding.*
 - *Recent strides in tribal tobacco control efforts (resolutions, policies, etc.)*

Strategy 3.1.3: By June 30, 2006 the IHS (TCTF) team will identify measurable action steps for the strategic plan.

- *Establish baseline data and other measures.*
 - *Involve the I/T/U partners through online communications, website, phone conference calls, and annual face-to-face meetings.*

Strategy 3.1.4: By February 28, 2006 the IHS (TCC) and IHS (TCTF) team will develop an evaluation component.

- *Identify indicators by which to measure the implementation of the strategic plan.*
- *Develop process by which to regularly review the strategic plan.*

Strategy 3.1.5: By January 30, 2006 the IHS (TCTF) team will develop six subcommittees (SC) to guide the processes described in this plan.

- 1. Pilot Site (SC) will assist selected pilot sites with developing “Tobacco Cessation Systems Change Model” treatment programs.*
- 2. Protocol Development (SC) will develop standard “IHS Tobacco Cessation Treatment Guidelines” to screen for tobacco use; cessation counseling; and treatment of severe nicotine dependence and special situations (pregnancy, youth, alcohol, etc.)*
- 3. Reimbursement and Budget Development (SC) will create a budget and a business plan that will address reimbursement issues and develop tribal advocacy.*
- 4. Pr/ Education/ Training (SC) will collect, review, and distribute culturally specific tobacco resources. Disseminate information about IHS tobacco efforts.*
- 5. Research (SC) will develop partnerships with research institutions.*
- 6. Data and Coding (SC) will review existing RPMS coding systems for tobacco education and cessation and promote consistent tobacco coding practices.*

Strategy 3.1.6: By June 30, 2006 the (TCC) will maintain communication with the IHS (TCTF) team to advise and assist in the development and implementation of the strategic plan.

- *The IHS (TCTF) team shall include a variety of disciplines, such as health education, pharmacy, medicine, oral health, and behavioral health.*
- *The IHS (TCTF) team shall represent a broad spectrum of I/T/U health care facilities.*
- *The IHS (TCTF) team shall be appointed by the IHS Director, with membership rotating at 2-year intervals.*

- *HQ or partnership funds will be identified to support travel and / or other expenses of the IHS (TCTF) team for their National responsibilities.*
- *The IHS (TCTF) team will engage partners who can help with the evaluation process and outcome measures identified in this plan and assist those partners in performing a progress review on an annual basis*

Strategy 3.1.7: By December 30, 2007 the IHS (TCTF) team will use the Tobacco Control Strategic Plan (TCSP) as a basis to assign work, prioritize tasks, and make funding decisions. Identify indicators by which to measure implementation of the plan.

Strategy 3.1.8: By April 30, 2007 the IHS (TCC) team will create an internal and external interaction through online communications, website, and phone conference calls with the I/T/U health care facilities and partners regarding the progress of the plans, goals, and objectives.

Objective 3.2: Establish tobacco cessation and prevention as a priority health issue for the I/T/U health care systems.

Strategy 3.2.1: By May 30, 2007 provide presentations on current activities at National, state, and local conferences/meetings, relevant to the mission of the IHS (TCTF) team.

- *Develop a standardized “booth presentation” (including bulletin board, signage, pamphlets, promos, etc.) that can be used at conferences/ meetings to market the “IHS Tobacco Cessation Treatment Guidelines”.*
- *Present at the annual IHS National Combined Councils meeting, American Public Health Association meeting, HQ Management Staff meeting, Medicaid Roundtable, and Area Directors’ meeting.*

Strategy 3.2.2: By October 30, 2007 the IHS TCC and the TFTC Chair will develop a National Awards program to recognize individuals and programs for best practices and outcomes within the I/T/U health care facilities.

Strategy 3.2.3: By June 30, 2007 the IHS (TCC) and IHS (TCTF) team shall serve as advocates for the development of regional and national networks to address priority areas of tobacco control.

- *Develop a campaign to disseminate information regarding the disparity of tobacco use rates among AI/AN populations.*
- *Facilitate an annual meeting with the National Indian Health Board, the Tribal Tobacco Support Centers and the IHS (TCTF) team to discuss tobacco control and establish coordinated networks to further promote tobacco control in the I/T/U communities.*
- *Advocate for support of current activities and future plans.*

Objective 3.3: Increase IHS resources for tobacco cessation and prevention.

Strategy 3.3.1: By February 28, 2007 IHS (TCC) and IHS (TCTF) team will facilitate appropriate training for the I/T/U professional staff.

- *Prevention and cessation counseling*
- *Clinical evidence-based interventions*
- *Appropriate use of pharmaceuticals*
- *Use of web-based technologies*

Objective 3.4: Increase collaboration and communication with the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Centers for Medicare and Medicaid Services (CMS), the Department of Health and Human Services (HHS), and other governmental partners.

Strategy 3.4.1: By March 30, 2007 the IHS (TCC) will maintain monthly contact CDC, HHS, NIH, CMS, and other governmental partners through electronic communications, newsletters, conference calls, and semi-annual face-to-face meetings.

- *Identify and maintain a database of appropriate contact individuals.*
- *Participate in planning Federally-sponsored conferences on tobacco control.*

Strategy 3.4.2: By February 28, 2007 the TCTF Chair will develop the process for setting a Federal I/T/U or HHS research and action agenda.

- *Interaction with inter-agency workgroups and semi-annual meetings with appropriate agencies.*

Strategy 3.4.3: By May 30, 2007 the IHS (TCC) and the IHS (TCTF) team will advocate with Federal agencies to fund tobacco control projects, activities, and research for AI/AN.

- *The IHS (TCTF) team will serve as advocates between internal and external partners for Tobacco Control in the I/T/U communities.*
- *The IHS TCC will utilize other organizations (CDC-OSH-EPA-State programs) and publish materials relevant to the mission of the IHS (TCTF) team.*

Strategy 3.4.4: By December 30, 2006 the IHS TCC and the IHS (TCTF) team will promote communication and collaboration between tribal organizations and State tobacco control agencies.

Strategy 3.4.5: By January 30, 2007 the IHS (TCC) and the IHS (TCTF) team will promote communication and collaboration between tribal organizations and other non-governmental partners such as universities and foundations.

Objective 3.5: Increase collaboration and communication with Tribal Support Centers (TSC), Tribal Epidemiology Centers (TEC), the National Indian Health Board (NIHB), the Native American Research Centers for Health (NARCH), the Tribal and Native Urban Centers (TNUC), and other Public Health Partners (PHP).

Strategy 3.5.1: By April 30, 2007 the IHS (TCC) will maintain monthly contact with internal and external partners (TSC, TEC, NIHB, NARCH, TNUC, and other PHP) through electronic communications, newsletters, conference calls, and periodic face-to-face meetings.

Strategy 3.5.2: By December 30, 2007 the IHS (TCC) will ensure that internal and external are eligible for federal, state, and county funding for tobacco control projects and aware of current funding opportunities.

Goal #4

Promote research to evaluate and identify culturally appropriate “best and promising” interventions to reduce tobacco-related morbidity and mortality in AI/AN.

Objective 4.1: Increase culturally appropriate evaluations and research activities on the determinants of tobacco use and on the development of interventions to reduce tobacco use among AI/AN with; the Centers for Disease Control (CDC), the National Cancer Institute (NCI), the National Institute on Drug Abuse (NIDA), the National Institute of Child Health and Development NICHD), the National Institute of Health (NIH); the National Heart, Lung, and Blood Institute, and other federal, state, Tribal, and private partners.

Strategy 4.1.1: By October 30, 2007 the IHS (TCC) and IHS (TCTF) team will participate in interagency discussions, committees and meetings about tobacco research, with the goal of helping other agencies understand and prioritize AI/AN research needs.

Strategy 4.1.2: By August 30, 2007 the IHS (TCC) and IHS (TCTF) team will connect the I/T/U health care facilities with the above partners to facilitate development, evaluation and research of innovative cessation programs.

Strategy 4.1.3: By December 30, 2006 the IHS (TCC) and IHS (TCTF) team will encourage partnerships with the Tribal Epidemiology Centers (TEC) and the Native American Research Centers for Health (NARCH).

Goal #5

Support and strengthen tobacco surveillance and data collection in the Indian Health Service, Tribal, and Urban (I/T/U) health care systems.

Objective 5.1: Improve systems for collecting patient data on tobacco use, environmental tobacco exposure, and tobacco cessation and prevention.

Strategy 5.1.1: By January 30, 2008 the IHS (TCC), IHS (TCTF) team, and the internal IHS partners will develop, disseminate, and promote a standardized national coding scheme for tobacco use, treatment, and related data.

- *Collaborate with GPRA+ staff, Performance Evaluation staff, and others doing work in this area.*
- *The IHS (TCC) and the IHS (TCTF) team will develop recommendations on how staff will be trained on using and implementing these codes.*

Strategy 5.1.2: By December 30, 2007 the IHS (TCC) and IHS (TCTF) team will ensure that the I/T/U health care providers are aware of the GPRA indicators and HEDIS measures for tobacco use.

- *The IHS (TCTF) team will review and utilize current tobacco education codes within RPMS to determine client education and awareness activities provided by clinicians.*
- *The IHS (TCTF) team will review and utilize current health factors in RPMS to determine tobacco use and exposure among AI/AN populations including specific guidelines regarding staff training on health factor identification and proper use.*

Strategy 5.1.3: By December 30, 2007 the IHS (TCC), IHS (TCTF) team and the Internal IHS Partners will develop a user-friendly application to provide access to comprehensive tobacco use data, using the model of the ORYX (IHPES-IHS Performance and Evaluation System) program.

Objective 5.2: Develop templates for local tobacco surveillance activities and program evaluations.

Strategy 5.2.1: By March 30, 2007 the IHS (TCC), HP/DP National and Area committees, and the IHS internal partners will improve local ownership and use of data for clinical quality improvement, policy development, advocacy, and evaluation of programs.

Strategy 5.2.2: By April 30, 2007 the IHS (TCC), IHS (TCTF) team, and the IHS internal partners will promote building capacity for the I/T/U health care facilities by supporting training and technical assistance on data systems, coding and uses of data for surveillance and evaluation.

Objective 5.3: Make tobacco use data readily available to the I/T/U health care facilities.

Strategy 5.3.1: By August 30, 2007 collaborate with IHS statisticians to include tobacco use data in the IHS Trends Report.