Developing a Community Based Tobacco Cessation Program: Lessons Learned from the Primary Care-Public Health Learning Community
Presenters

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Objectives

- Understand the benefit of reviewing electronic health record and community data to identify a common community health priority and at-risk population.
- Learn how staff and resources were shared across public health and healthcare system.
- Learn new methods to conduct tobacco cessation outreach and increase community awareness of tobacco use.
Question 1. Where is Todd County?
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Background on CCH-LP & Todd County HHS

- Previous work focused on community based projects
- Engaged since 2013 in Community Health Needs Assessment and regional survey process
- Leadership engaged in Research to Action’s Primary Care and Public Health collaboration research study
- Long Prairie Wellness Network had built social capital and community engagement
Staffing- Team Interaction

- Initial staffing for the Learning Community included staff from CCH, CCH-LP, BLEND- CCH Foundation and Todd Cty HHS
- Added additional staff from CCH-LP as tobacco was identified as the main focus
Data Findings

- Initial review of EMR data provided by CentraCare included analysis of risk factors and chronic conditions:
  - Reviewed by age, gender, race/ethnicity, zip code, insurance, and worksites
- Data was useful for other areas of improvement:
  - Identifying no-shows
  - Hospital and ED visits
  - Co-occurring conditions
## EHR – CCH Population & Chronic Conditions

<table>
<thead>
<tr>
<th>Population 18-64 years old CCH Populations</th>
<th>% Dx w/Depress.</th>
<th>% Tobacco Users</th>
<th>% Dx Hyperten.</th>
<th>% Pre-Diabetic</th>
<th>% Dx w/Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCH LP&amp;EV Total</td>
<td>10.4%</td>
<td>29.8%</td>
<td>12.5%</td>
<td>3.5%</td>
<td>8.4%</td>
</tr>
<tr>
<td>CCH LP&amp;EV Hispanic</td>
<td>5.2%</td>
<td>11.0%</td>
<td>5.2%</td>
<td>3.4%</td>
<td>5.2%</td>
</tr>
<tr>
<td>CCH LP&amp;EV Female</td>
<td>14.7%</td>
<td>24.6%</td>
<td>9.7%</td>
<td>3.5%</td>
<td>6.9%</td>
</tr>
<tr>
<td>CCH LP&amp;EV Male</td>
<td>5.8%</td>
<td>35.5%</td>
<td>15.6%</td>
<td>3.5%</td>
<td>9.9%</td>
</tr>
<tr>
<td>All CCH</td>
<td>10.4%</td>
<td>22.7%</td>
<td>12.8%</td>
<td>6.7%</td>
<td>6.8%</td>
</tr>
</tbody>
</table>
# EHR – PMAP Clients

<table>
<thead>
<tr>
<th>CentraCare LP &amp; EV Clinic Population (ages 18-64)</th>
<th>%Tobacco Users</th>
<th>%Depressed</th>
<th>%Overwt &amp; Obese</th>
<th>Ave # ED Visits</th>
<th>Ave # Hosp Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total LP-EV Population</td>
<td>30.1%</td>
<td>10.9%</td>
<td>67.4%</td>
<td>0.48</td>
<td>0.76</td>
</tr>
<tr>
<td>All PMAP Tobacco Users</td>
<td>100.0%</td>
<td>23.4%</td>
<td>71.5%</td>
<td>1.19</td>
<td>1.49</td>
</tr>
<tr>
<td>PMAP Non-Hispanic Females</td>
<td>42.1%</td>
<td>22.4%</td>
<td>70.2%</td>
<td>0.98</td>
<td>1.46</td>
</tr>
<tr>
<td>PMAP Non-Hispanic Males</td>
<td>45.9%</td>
<td>10.8%</td>
<td>74.8%</td>
<td>0.70</td>
<td>0.94</td>
</tr>
<tr>
<td>PMAP Hispanic Females*</td>
<td>5.9%</td>
<td>8.8%</td>
<td>79.4%</td>
<td>0.44</td>
<td>2.03</td>
</tr>
<tr>
<td>PMAP Hispanic Males*</td>
<td>36.4%</td>
<td>0.0%</td>
<td>72.7%</td>
<td>2.45</td>
<td>2.91</td>
</tr>
</tbody>
</table>

*Small sample size
Current Todd County adult user of any tobacco, by education status

- High school grad/GED or less: 17.0%
- Trade/Voc, Associate degree or some college: 12.9%
- Bachelor's degree: 1.9%
- Graduate or professional degree: 7.5%

Source: 2016 Morrison-Todd-Wadena Community Health Survey
Question 2. What percentage of adults in MN currently use tobacco?

A. 10%
B. 14%
C. 16%
D. 18%
Question 2. What percentage of adults in MN currently use tobacco?

A. 10%
B. 14% - 2014 MN Adult Tobacco Survey (MATS)
C. 16%
D. 18%
Planning Phase - Project Shifts

- Realization that HHS & CCH were not integrated at the clinic level
- Staff changes
- Tobacco data findings
- Opportunity with CCH system focus on tobacco cessation
- Greater understanding of PMAP barriers
Results of Planning Phase

- Developed logic model to clarify specific activity to focus next 3 months (i.e., referral system)
- Identified barriers to developing an integrated referral system (Fishbone diagrams)
- Created referral form and staff workflow
- PDSA cycles used to test and modify process as needed
- Identified data to track and monitor referrals
Implementation

- Developed an integrated tobacco cessation referral process between Todd County HHS and CCH-LP.
  - First tangible step to better integration of services

- Identified methods to promote cessation within the community
  - Creation of promotional materials
  - Outreach to worksites & community based organizations

- Identified data points and methods to track data long term.
CCH Tobacco Treatment Program

- CCH commitment to staffing Tobacco Treatment Specialists
- Direct referrals to the program
- Promoting with worksites and community based organizations to reach low income population
Question 3. Tobacco Treatment Specialists are trained to...

A. Understand the science behind tobacco addiction, nicotine withdrawal symptoms, and effective treatments for tobacco use

B. Provide clear and accurate information about the causes and consequences of tobacco use

C. Develop individualized treatment plans using comprehensive, evidence-based assessments and treatment strategies.

D. All of the above
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C. Develop individualized treatment plans using comprehensive, evidence-based assessments and treatment strategies.

D. All of the above
Data Tracking

- Continue to monitor internal and external referrals
- Will track cessation success through 6 week quit rates
- Developed a tobacco registry
  - Breakdown by PCP, insurance, age, race, COO, Zip
- Developed a report for pediatric tobacco exposure
  - Identifies all children who reported exposure on their last well child visit
Lessons Learned - CCH

- CCH- Long Prairie was not fully aware of the intake process and specific workflows at HHS, as well as general application workflows.
- Was helpful to appreciate that past partnerships with HHS were more at the administrative level versus at the front line staff level.
- Has been invigorating to let the data drive the project focus! Eye-opening Data!!!
- Both teams very passionate about the topic and for future partnerships to address at the Policy/System/Environment level.
- Multi-discipline team has been very helpful to appreciate all
Lessons Learned- Todd County HHS

- CCH-LP was not aware of many HHS programs or services
- EHR data supported anecdotal data, valuable source of information
- Needed involvement from all levels at CCH to better identify community health issues and solutions
- Addressing health equity long term will be needed to address public health concerns
Ongoing Collaboration & Relationship Building

- Identified PMAP population as a priority population for continued collaboration
- Referral system will provide initial steps towards better coordinated care
- Commitment to increase staff awareness of clinic services and county programs/services
South Country Health Alliance will be a needed partner to improve the overall health of the PMAP population

Will need to identify barriers to reduce no-show appointments
Advice for Other Agencies

- Be open to the data findings
- Ability to change directions and focus is needed—grantors need to be flexible
- Look for opportunities/synergy within the agencies
Questions?

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