



WORKING IN THE COMMUNITY

As you step up to the challenge of forging tobacco-free policies and protocols, work with partners to avert problems, augment teachable moments, and increase your impact. Here's a list of likely partners that can help you with your efforts:

1. **Neighbors, including businesses**
2. **Physicians' offices and health plans**
3. **State tobacco quit lines**
4. **Colleagues, competitors and other interested parties**
5. **Local and state health departments and tobacco-free coalitions**
6. **Media**

1. Neighbors, including businesses

Anticipate potential problems with neighbors. Cigarette butts, litter, and loitering have fueled the ire of hospital neighbors from Florida to Washington.^{xlvi} Successful hospitals discuss these issues with staff and reach out to neighborhood residents and businesses before there is a problem.

Take the same basic steps in working with the neighbors as you have with employees: Explain your rationale. Provide plenty of notice. And offer a personal contact should neighbors have concerns. You may even want to invite neighbors to the kick-off celebration or award prizes purchased from neighboring businesses.

Even as you maintain your focus on health, depending upon your neighborhood, you may have to make concessions: One hospital purchased receptacles that were placed in the new "unofficial" smoking areas. Revisit such concessions and consider other options as part of your ongoing evaluation.

> *See Appendix Q: Letter to Neighbor Template*

2. Physicians' offices and health plans

A physician who refers a patient to your hospital can be a key partner both before and after a hospital stay. Before a scheduled procedure, the referring physician can tell a prospective patient of your hospital's tobacco-use policy, opening up the conversation about why, both in the short-term and the long-term, now is a good time for the patient to quit tobacco. The clinician can then assist the patient in quitting or refer him or her to the tobacco quit line, 1-800 QUIT NOW, or other effective services.

After the procedure, the physician report you send will remind the medical practice to follow up with the patient about the enforced abstinence during the hospital stay and support the patient to remain tobacco-free or quit.

Research shows that the patient is much more likely to remain tobacco-free with support and assistance.^{xxvii} Encourage health plans in your community to provide tobacco-dependence treatment as part of standard benefits. This will open a clinical pathway for both you and your partners to provide one of the most cost-effective clinical treatments available.^{xiii}

> *See Appendix R: Letter to Physicians Template*

> *See Appendix S: Letter to Patients Template*

3. State tobacco quit lines

Hospitals and health care systems may not have the time or training to treat patients for tobacco-dependence, but they can begin the process. Hospital professionals can **ask** every patient about tobacco-use and **advise** all users to quit. They then can **refer** those who are ready to quit to a state tobacco quit line.

Every state has one, and at least 30 quit lines have devised a fax referral system to work with hospitals and other health care providers. Here's how it works: A clinician who finds a patient is ready to quit tobacco, encourages the patient to get treatment and support. Patients ready to quit are asked to sign a referral form, which is faxed to the state tobacco quit line. This can trigger a call from a tobacco-treatment coach to the patient within a day or so. The clinician needs to explain how the quit line operates and remind the patient at discharge so he or she is not surprised when the quit coach calls.

Any state tobacco quit line can be accessed through the national portal, 1-800 QUIT NOW. Services vary, depending upon state budgets. Find out what your quit line offers by visiting the North American Quitline Consortium, <http://www.naquitline.org/> or contacting your state health department.

Any state tobacco quit line can be accessed through the national portal, 1-800 QUIT NOW.

See if your quit line can provide you with materials and training to launch a fax referral system. The quit line also may be able to provide you with materials you can share with patients who are not yet ready to quit. Hospitals that choose to refer patients directly to the quit line, can order cards with the national telephone number, 1-800 QUIT NOW, from <http://smokingcessationleadership.ucsf.edu/1800QuitNowOrder.html>

Walla Walla General Hospital and several other health care providers worked with the Washington State Tobacco Quit Line to improve tobacco-dependence treatment systems. The rural Walla Walla hospital's electronic medical records identified tobacco-users, triggering treatment orders to respiratory therapists. The respiratory therapists, however, frequently had neither the time nor the training to provide comprehensive tobacco-dependence treatment. As a result of this analysis, the quit line, operated by Free & Clear, trained respiratory therapists to **ASK** patients if they use tobacco, **ADVISE** every tobacco-user to quit, then **REFER** tobacco-users to the quit line for assistance. Now, every new respiratory therapist is trained in the **ASK-ADVISE-REFER** protocol through an on-line module on HealthStream. In addition, all respiratory therapists must stay up-to-date on tobacco-dependence treatment through an annual on-line review module with a pre- and post-test. This pilot was funded by the Washington Tobacco Prevention & Control Program.^{xlvi}

In another quit line partnership, the Ohio Hospital Association worked with the Ohio Tobacco Quit Line to train 243 hospital providers on tobacco addiction, treatment, and the impact of tobacco-use on chronic disease. After the training, 48 hospitals partnered with Ohio Quit Line, operated by the National Jewish Medical & Research Center, to become "Ohio Quit Sites." These hospitals received a \$1,000 incentive for integrating tobacco control into protocols, training all respiratory and cardiopulmonary staff, referring calls to the tobacco quit line and tracking such referrals.^{xlvii}

> *See Appendix T: Sample Fax Referral Form*

4. Colleagues, competitors and other interested parties

Health care organizations, from North Carolina's tobacco country, through Kansas, Ohio and Michigan are setting aside turf issues to jointly address the single-most preventable cause of premature death and disability: smoking. Psychiatric facilities, prisons, nursing homes, and chemical dependency treatment programs increasingly are joining the ranks of the tobacco-free as well.

As your facility becomes tobacco-free and helps tobacco-users quit, you provide a model for businesses, including competitors and colleagues. Forge partnerships that enhance training and expand tobacco-dependence treatment options for all members of the community.

The University of Michigan Health System's tobacco-free initiative launched a partnership effort in 2000 that has snowballed throughout the state and provided the hospital with a new treatment specialty. After banning on-campus tobacco-use, the health system created a CD tool and offered technical assistance to ease tobacco-free efforts by other facilities. This work was funded by a grant from the Michigan Department of Community Health. Initially, at least five hospitals became tobacco-free each year. After 2006, when the Michigan Hospital Association joined the partnership, progress accelerated quickly. Between 2000 and 2008, the number of smoke-free hospitals in Michigan grew from four to nearly 160. The University of Michigan Health System's tobacco-cessation treatment program has directly helped more than 50,000 people with their quitting journey. The statewide partnership has enabled countless others to receive help as well.

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To order the University of Michigan Health System's free Smoke-free Environment CD, which contains detailed information and tools, go to <http://www.med.umich.edu/mfit/tobacco/requestSFE.htm>

5. Local and state health departments and tobacco-free coalitions

Partners in local and state health departments and coalitions can help your tobacco-free initiative, particularly in engaging the community. Invite health department and community representatives to join your team. Even if they can't provide financial support like the Michigan project, they likely will have materials you can use to promote the tobacco quit line and provide information about tobacco-use. Consider ways public health officials and coalitions can help measure community impact, reach out to the media, promote community events, convene partners and provide other assistance.

The Oregon Tobacco Prevention & Education Program assisted the state's hospitals by offering a daylong Rx for Change train-the-trainer course in tobacco-dependence treatment. The training was available free to one professional from every hospital in the state, provided the participant train additional staff at the home institution within a year. Students received teaching materials, food, transportation and lodging. Continuing education credits were available to nurses, pharmacists and respiratory therapists. A grant from the Smoking Cessation Leadership Center supported the trainers. The Oregon Association of Hospitals & Health Systems helped publicize the event.

6. Media

As you plan and implement your tobacco-free policy, the media can help you promote a positive image, educate the community about tobacco-use and model leadership among health care providers and other businesses.

Incorporate a proactive media strategy in your plans. Begin with a simple, consistent message and use it in interviews and articles, reframing the message and selecting apt messengers as you communicate with different audiences. For news conferences or interviews, showcasing both an administrative and clinical champion can optimize your reach and credibility.

Include in your releases information about why you are implementing the policy, when it will be implemented and how to learn more. Here are some standard messages you can adapt for the media:

"We are developing this policy to provide a healthy and safe environment for employees, patients and visitors and to promote positive health behaviors."

"Continued tobacco-use can cause problems for hospitalized patients: Smoking retards wound healing, increases infection rates in surgeries and is the most common cause of poor birth outcomes."

"We are not telling anyone, 'you must quit smoking.' We are saying, 'Don't use tobacco at our hospital.' While you are a patient or visitor at this hospital, we can suggest ways to ease nicotine withdrawal symptoms. And if you are ready to quit, we have trained professionals and community partners who can help you."

Your proactive approach with the media will help frame tobacco issues in the community. Consider these and other media opportunities as ways to inform the community of your efforts and engage new partners:

- Announcement of tobacco-free policy (one month ahead)
- Tobacco-free policy launch and celebration
- Opinion piece or editorial about your hospital's decision to ban tobacco
- Expert interviews on new community policies or research

Most hospitals will encounter some opposition to a new tobacco-free policy, generally from those touting the "right to smoke." As a health care institution, continue to emphasize the health issues. Be clear that you welcome all patients to your hospital, emphasizing you simply are asking tobacco-users to abstain while on your properties.

> ***See Appendix U: News Release Template***

> ***See Appendix V: Response to Opposition Template***