



Tobacco-Free AI/AN Communities

February 3, 2015

Evaluation Plan Matrix: Commercial Tobacco-Free AI/AN Communities

REAIM Indicators		Data Collection				
		Targeted Groups	Measurement Tools	Frequency	Who collects	Report Compiled by
Evaluation Question						
How many I/T/U were assessed for tobacco prevention/intervention efforts? How many individuals participated on the tobacco prevention/intervention webinars?	Number of I/T/U assessed in each Area. (R)	I/T/U	Tobacco Assessment Form	Baseline 2014	Area HPDP Coordinators	Area HPDP Coordinators
	Number of participants (R)	I/T/U and community partner	Training attendance log Training evaluation	Quarterly February 2014 April 2014 July 2014 October 2014	Area HPDP Coordinators	Area HPDP Coordinators
How many individuals participated in the motivational interviewing webinar?	Number of participants (R)	I/T/U	Training attendance log Training evaluation		Area HP/DP Coordinators	Area HP/DP Coordinators
How many staff completed the basic tobacco intervention skills training?	Number of staff completion training (R)	I/T/U	Certificate of completion (UA)	Bi-annual	Area HP/DP Coordinators	HQ HP/DP Coordinator
Was there an increase in tobacco screenings, referral and education?	Screening rate (A, I, M)	I/T/U	RPMS Data	Annual	Data Warehouse Staff	HQ HP/DP Coordinator
How many tobacco prevention efforts using multi media contacts?	Number of people reached (R)	I/T/U	Radio (estimated reach) # of media contacts In-kind services provided Digital Stories, Good TV	Annual	Area HP/DP Coordinators	HQ HP/DP Coordinator

Objectives	Status	Total# completed
How many I/T/U were assessed for tobacco prevention/intervention efforts?	Albuquerque (8 IHS, 4 Tribal) Bemidji (3 IHS, 34 Tribal, 4 Urban) Billings (5 IHS, 5 Tribal, 2 Urban) California (25 Tribal, 5 Urban) Great Plains Oklahoma Nashville (3 IHS, 2 Tribal, 2 Urban) Tucson (2 IHS, 2 Tribal, 2 Urban)	12 I/T 41 I/T/U 12 I/T/U 30 T/U 7 I/T/U 6 I/T/U
Provide quarterly tobacco prevention/intervention webinars to share effective strategies that have been implemented in I/T/U in FY 2014.	May 8, 2014 (64 participants) August 20, 2014 (69 participants) September 25, 2014 (69 participants) October – Cancelled January 21, 2015 (27 participants)	FY 2014 202 total participants FY 2015 27 participants
How many staff completed the basic tobacco intervention skills training?	Tucson Phoenix Oklahoma Allbuquerque – NM Health Dept provide free on-line training for providers	72 participants
National and Area HP/DP Coordinators to increase public awareness of tobacco use through various media contacts in FY 2014.	Billings (Developing AI/AN specific quit lines) Tucson (Good Health TV)	
National and Area HP/DP Coordinators will compile all resources to post on National/Area/Service Unit website and Facebook and multi-media outlet in FY 2014.	Completed fact sheets, information cards, PSA and poster.	Completed pending HQ approval.



Area Highlights

- Navajo (Gallup Indian Medical Center) and Albuquerque Areas (Albuquerque Indian Health Center) are partnering with the New Mexico State Health Department to participate in the Health Systems Change pilot project to determine the best way to develop a sustainable tobacco treatment system.
- Nashville Area HP/DP program is providing competitive funds to tribal and urban health programs to address tobacco use and exposure. Three tribal sites established tobacco cessation programs as a result of this effort.



Area Highlights

- Bemidji Area HP/DP is hosting quarterly tobacco prevention webinars and assisting 3 clinics to enhance tobacco screening, referral and cessation.
 - Working with 3 clinics (Fond du Lac Health Center, Cass Lake Hospital & Sault Ste Marie Community Health Center) to address tobacco cessation and screening.
- Tucson assisted Tohono O'odham Nation in drafting a tobacco-free workplace policy.
- Oklahoma Area – BIE have *tobacco stops with me* program in place.



Future Plan

- HP/DP program will be partnering with the CDC Comprehensive Approach to Good Health and Wellness in Indian Country grantees to enhance wellness and tobacco prevention activities
- Bemidji, Billings, and Portland Area HP/DP will be recruiting (5 schools) to implement Coordinated Approaches to Child Health curricula focusing on obesity and tobacco prevention.
- Coordinate a two-day Tobacco Prevention Institute.



Measures

- RPMS data indicated that 40.9 percent of patients were screened for tobacco in 2013 and 90,398 patients quit tobacco use in 2013.
- In Calendar Year 2014 (January 1 – September 27), 41.5% of patients received tobacco counseling compared to 37.7% in 2013.

Our Home is Tobacco-Smoke-Free!

Tobacco-smoke-free homes and communities protect our children.

They are protected from the dangers of second and third-hand smoke.

- **Second-hand smoke is smoke that comes off of a lit cigarette, and comes out of the smoker's mouth and nose.**
- **Third-hand smoke is the smoke that stays in clothes, hair, walls, and furniture, and the skin of the smoker. It stays there even after the cigarette is put out.**





Help protect our children from second and third-hand smoke by:

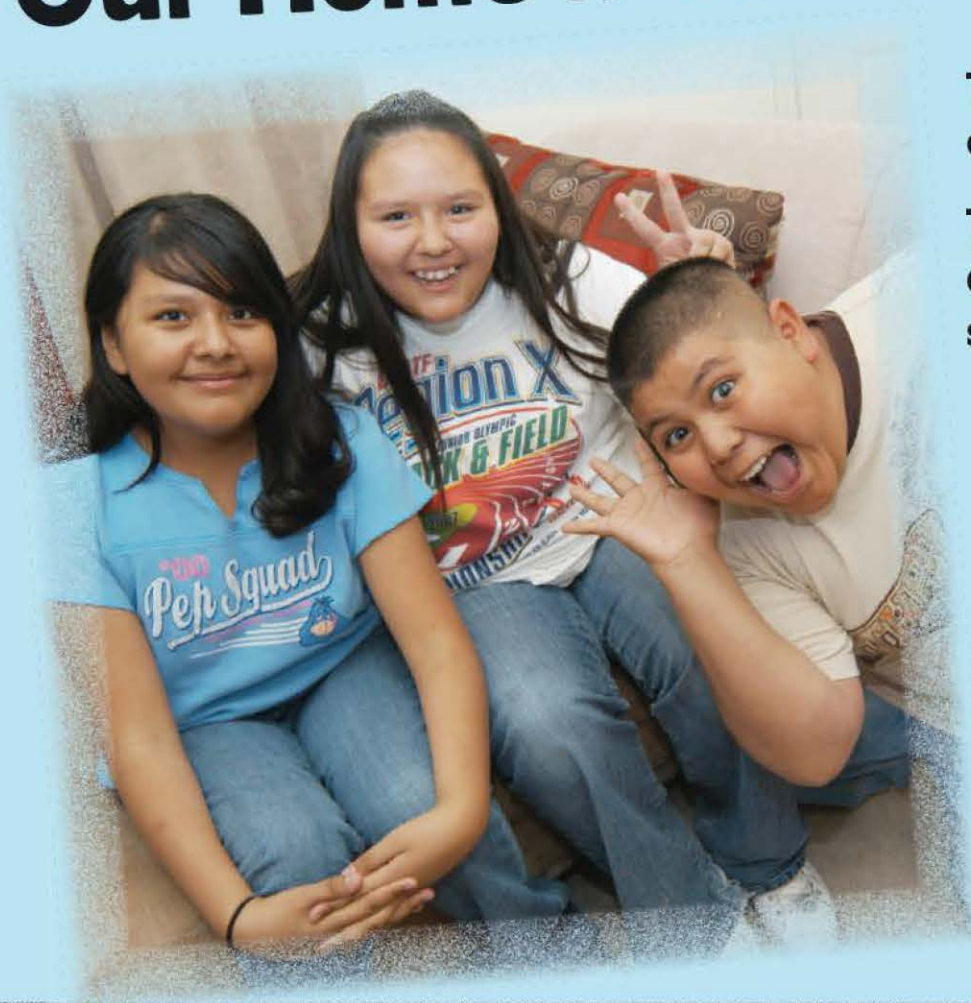
- Not allowing anyone to smoke anywhere in or near your home.
- Not allowing anyone to smoke in your car, even with the windows down.
- Making sure that your children's day care centers and schools are tobacco-smoke-free.

Thank YOU!

A tobacco-smoke-free home protects our children. It helps them be healthier as they grow up. If you smoke, do it outside your home and car, or get help to quit. To get help, call your Tribal or Indian Health Service clinic or 1-800-Quit-Now.



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Public Service Announcement

Commercial Tobacco Free Living PUBLIC SERVICE ANNOUNCEMENT

Is your home, school, and worksite free of commercial tobacco smoke? To ensure that our children, families, and co-workers are breathing in fresh clean air, please do not smoke in the home, school or worksite. Commercial tobacco smoke is harmful. Secondary and third-hand smoke which is left in the air, furniture, and clothing after the smoker puts out the cigarette is also harmful. If you are a smoker, protect your children and family by not smoking in the home, car, and workplace. If you are a smoker and need help to quit, please call 1-800-QUIT-Now or call your local tribal or Indian Health Service clinic/hospital. It's great to fill our lungs with fresh air that is tobacco-free! Thank you for not smoking.

AMERICAN INDIAN AND ALASKA NATIVE

COMMERCIAL TOBACCO USE FACT SHEET

U.S. American Indian and Alaska Native Population

4.4 million	Number of American Indians and Alaska Natives in 2012. Source: Source: Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS) 2013. http://www.cdc.gov/nchs/data/hus/hus13.pdf#058
566	Number of federally recognized American Indian and Alaska Native Tribes Source: Bureau of Indian Affairs (http://www.bia.gov/FAQs/Index.htm) 2012

Health Effects of Tobacco Use

128.6%	Cardiovascular disease is the leading cause of death among American Indians and Alaska Natives (AI/AN), and tobacco use is an important risk factor for this disease. Source: Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS) 2013. http://www.cdc.gov/nchs/data/hus/hus13.pdf#058
	Nationally, lung cancer is the leading cause of cancer death among American Indians and Alaska Natives. Source:

Cigarettes Smoking Prevalence among Adults

24.6%	Percent of American Indian or Alaska Native men 18 years and over who currently smoke cigarettes compared with non-Hispanics whites (24.6% vs 21.1%; 2013). Source: Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS) 2013. http://www.cdc.gov/nchs/data/hus/hus13.pdf#058
23.8%	Percent of American Indian or Alaska Native women 18 years and over who currently smoke cigarettes compared with non-Hispanics whites (23.8% vs 17.2%; 2013). Source: Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS) 2013. http://www.cdc.gov/nchs/data/hus/hus13.pdf#058



**This resource was created by IHS
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