

The MPOWER Model for commercial tobacco prevention and control

The Genesis of MPOWER

- * In May, 2003 the WHO Framework Convention on Tobacco Control opened for signatories
- * By June, 2004 one-hundred sixty-six countries signed on, recognizing the epidemic of [commercial] tobaccouse and the accompanying adverse health effects
- * Out of this collaboration, the MPOWER Model of interventions was born, built on a framework of evidence-based practices

Who uses MPOWER?

- * In 2005 the Bloomberg Initiative launched a \$125 million global initiative to reduce tobacco use in lowand middle-income countries. The MPOWER model is the framework for this initiative.
- * In 2008 the Bill and Melinda Gates Foundation joined Bloomberg in the global fight against tobacco abuse, also using MPOWER as the framework.
- * The CDC adopted MPOWER in 2009

Monitor tobacco use and prevention policies

- * The importance of surveillance systems in monitoring tobacco use
 - * Al Adult Tobacco Survey
 - * AN Adult Tobacco Survey
 - * YTS (tribal or working with your state)
 - * BRFSS (tribal or working with your state)
 - * YRBS (tribal or working with your state)

Monitor use...

- * A single survey will not provide surveillance and monitoring
- * The first survey will provide a baseline
- * Annual or bi-annual surveys are necessary
- * Pool your resources you can also collect other chronic disease information via the survey
- * Trends monitored via surveillance data

Monitor policies...

- * Are there written policies in place?
 - * Are the policies administrative or tribal resolutions?
- * Are there enforcement provisions written into the policies?
- * Who or what tribal department is responsible for enforcement of the policies?
- * Are the policies being enforced?

Monitor policies....

- * Policies can include systems changes such as instituting referral systems into the electronic health records
- * Policies can include mandatory training of X% of direct providers or community health representatives in the 5As and/or cessation programs
- * Monitoring of policies such as those listed above can be designing data collection tools to assist in analyzing the success of such policies

Protect people from tobacco smoke

- * Policies such as 100% commercial tobacco-free worksites are the best way to fulfill this goal
- * Policies can include mandatory on-site showers and changes into freshly laundered scrubs for employees who work in tribally run child and elderly care facilities
- * Policies mandating 100% commercial tobacco-free pow-wows, rodeos, and tribally sponsored events are a great way to protect people from tobacco smoke

Protect people from tobacco smoke

- * Again, ensure that policies that protect people from commercial tobacco smoke have some sort of enforcement provision in the language
- * Also, ensure that there is a tribal entity charged with enforcing the policies/tribal resolutions
- * Work with the enforcing entity to set up monitoring processes by which you can measure the use and success of these policies

SMART Objectives

- * Remember your SMART objectives must be:
 - * Specific
 - * Measurable
 - * Achievable
 - * Relevant
 - * Time bound

Examples of SMART Objectives

- * By September 2016, commercial tobacco prevalence rates among AI women of child-bearing age will decrease from 50% to 43%
- * By September 2016, the percentage of tribal worksites that implement commercial tobacco-free policies will increase from 10% to 40%
- * By September 2016, the number of tribal clinics that implement a working referral system will increase from 0 to 8

Examples of SMART Objectives

- * The percentage of compliance checks conducted on tribally leased or owned smoke shops will increase from 10% in 2014 to 70% in 2016.
- * The percentage of tribally run child care centers that implement second and third hand smoke policies for their employees will increase from 50% in 2014 to 100% in 2016.

Thank you for your time

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