White Earth Creates Health Systems Change

The community CHANGE

The White Earth Reservation Community Health Education Tobacco Program collaborated with the White Earth Indian Health Service (IHS) clinic to create a successful health systems change. Because of the tobacco program's efforts the IHS clinic has implemented a cessation program that encourages providers to use evidence-based practice to ask each patient about smoking and offer nicotine replacement therapy (NRT). Tribal health educators and clinic staff provide patient follow-up.

Process of creating CHANGE

The White Earth Health Education Department has been building their tobacco program for nearly 10 years. They have actively worked on 23 policy and program changes to increase smoke-free space, increase traditional tobacco use, and create culturally-specific messages about secondhand smoke. They also worked to create cessation services for their community because they recognized the importance of supporting quitting in a comprehensive approach to tobacco control.

In 2005, White Earth health educators, who had received best practice cessation training from Mayo Clinic, were providing part-time cessation and follow up support to community members by offering cessation classes at workplaces and NRT in the form of patches, gum, and lozenges. At that time, they also began working with a doctor on their tobacco coalition and the Chief Executive Officer of the IHS clinic to review and revise the organization's smoke-free policy. Within 4 months, a 100% smoke-free policy was implemented at the clinic. The smoke-free policy created an environment where employees needed help and support to quit smoking.

The need for quit services by employees was combined with other information and presented to the upper management of the tribe and IHS leaders during quarterly managers meetings. The managers determined that the cessation services could be more effective if there was collaboration between the tribal health program and the Indian Health Service (IHS) providers – doctors, nurses, and pharmacy staff.

White Earth health educators used this opportunity to make a request to the management of the IHS clinic to implement a policy to have a cessation program at the clinic. The clinic based change did not require a formal policy resolution. Instead the staff talked about their current system of care and ways to incorporate the guidelines for providing cessation in the clinic setting. They created procedures for brief intervention, referral, nicotine replacement therapy, patient follow-up, and documentation.

To get the program started, tribal health educators arranged for provider training on best practice in treating tobacco dependence. In 2007, Mayo Medical Center – Rochester provided cessation training for 15 providers. Following training of the IHS health providers, the health education department continued to support the implementation of cessation efforts by conducting follow-up calls to patients and collecting data and information about cessation.

Strategies for the CHANGE

White Earth health educators used a variety of strategies in their health systems change work, including:

Meet with people to talk about the issue. Already established quarterly meetings between IHS and the tribal health program staff were utilized by the White Earth health educators to engage upper management and providers to raise the issue of delivering better tobacco cessation services to the community. They used this forum to begin educating the tribe's upper management and IHS staff about the need for cessation services.

Use information and data effectively. At quarterly meetings, health educators included information about gaps in health insurance coverage for cessation, community survey data about help seeking behavior, program data about cessation success rates, and local utilization of the statewide quit plan services.

Work with clinical and IT staff to modify current health system. The health educators used their knowledge of tobacco control to provide consultation to develop a clinic based cessation program for treating tobacco dependency. Information technology also worked with providers to modify the IHS Resource and Patient Management System (RPMS) to document cessation services.

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Strategies for the CHANGE (continued)

Collaborate to support clinic cessation efforts. Acknowledging the limited time clinical providers have to address a large number of issues, White Earth Health Education program staff took on the duty of placing the two-week follow up phone calls to patients and entering this data in the RPMS.

Provide education and training for staff. The White Earth Health Education program arranged for the Mayo Clinic to deliver a cessation training session for 15 clinic providers. In addition, they provided information about best practice in tobacco control and familiarized health providers with outside resources such as the "Helping Smokers Quit: A Guide for Clinicians" (www.ahrq.gov/clinic/tobacco) and Quit Plan services (www.quitnow.net/quitplan/). The IHS provided training to tribal health educators about the RPMS because they were placing follow-up calls to patients and entering data into the system.

Maintain relationships with staff and continue to monitor progress. In addition to providing the follow-up call to the patients, health educators continue to keep the discussion open with providers about the cessation program. They work with pharmacy staff to collect data and return information about performance to clinic providers and health managers. The health educators also share resources and provide reminders to clinic staff about best practice.

Make policy comprehensive. Clarifying and improving the smoke-free workplace policy for the IHS clinic helped to create a healthier environment and also provided additional motivation for a strong cessation component.

Importance of the CHANGE

This health systems change will assist individuals with overcoming tobacco addiction which in turn, will reduce tobacco related illness in the community and save the tribe and IHS money in the long-term. Most recent data (2009) from the IHS cessation program showed that 45% of those who returned for their second visit remained smoke-free at 12 weeks. American Indian smokers have less success quitting smoking, even though more express a desire to quit. (Gohdes, et.al. 2002; available for download at:

> *"Cessation could be more effective with collaboration between the tribal health program and the IHS providers-doctors, nurses and pharmacy. Our tobacco program educated the tribe's upper management and IHS staff...with information about cessation coverage gaps, help seeking behavior, cessation success rates, and the local community's utilization of the statewide quit plan."* Gina Boudreau, White Earth health educator

www.PublicHealthReports.org, Volume 117, May-June 2002, p.281-290). Tobacco use is addictive and it usually takes more than one attempt for a smoker to quit. Assisting tobacco abusers with quitting smoking is one part to the comprehensive approach to commercial tobacco control. Illness and premature death related to cigarette smoking decrease when quitting increases. Quitting can also reduce the tobacco related health care costs, for Native nations, businesses, and communities (www.ctri.wisc.edu/).

Information about effective tobacco dependence treatments is available. Reminder systems, patient referral services, treatment with medication, and brief intervention have all increased successful cessation. Even brief advice from several different people in the clinic setting is more effective at increasing quit rates than minimal efforts, such as giving out free literature (www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat2.chapter.28163).

The Puyallup Tribal Health Authority implemented the Public Health Service Clinical Practice Guidelines to treat nicotine dependence. Since 2002, smoking rates have decreased by 26% and clinic visits for upper respiratory infections, coughs and asthma have decreased by 60%. The program has produced quit rates in their Native clinic that are similar to those found in non-Native clinics. Highlighted on page 2 at: www.doh.wa.gov/Tobacco/data_evaluation/SuccessStories/PuyaTrSuccess.pdf

Lessons learned about creating CHANGE

❖ Establish relationships with providers in your community to help communicate with key decision makers.
❖ Use information and data to support the need for cessation programs in your community.
❖ IHS and tribal clinic providers are really busy. There is lack of time for everybody to get everything done. Work together to develop and deliver the cessation program.
❖ Ask for guidance from people who have done this before – look for models where it is being done already. Not re-creating helps move things more smoothly and quickly.

Type of Change:	Health Systems Change
Location of Change:	White Earth Indian Health Service (IHS)
Reach of Change:	IHS employees and clients
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