Smoking Cessation Initiative "One Step at A Time"
Focusing On Oldham, Henry, Trimble and Carroll Counties of Kentucky
Coordinated by Hope Health Clinic (HHC) Oldham County Kentucky

Overall Goals and Objectives:

As part of the Hope Health Clinic's (HHC) "One Step at a Time" Program, smoking cessation is a key factor in reducing the risk of chronic diseases such as COPD, CHF, diabetes and cancer. While smoking rates have declined nationwide, the rate of adult and youth smokers in Kentucky remains among the highest in the country (second only to West Virginia) and many barriers to cessation exist at the individual and environmental level. The overall goal of the HHC's smoking cessation initiative is to increase the number of individuals successfully quitting smoking through effecting systems change. This systems change will occur at the environmental level through the development and implementation of a systematic method of identifying and referring adult smokers to local community resources while simultaneously increasing availability of local cessation services. This program will also support change at the individual level by pairing personal advocates with individuals participating in the smoking cessation classes. These advocates will provide additional one-on-one support to individuals enrolled in smoking cessation, increasing accountability, providing encouragement and identifying and mitigating individual challenges in order to foster successful cessation. Efforts will be coordinated across a four county region of Kentucky in partnership with local county health departments in provision of the Cooper/Clayton Smoking Cessation Program (CCSCP) at HHC and at other locations convenient to patients. HHC will partner with two local hospitals, health departments, physicians, dental providers, mental health providers and correction department officials in these counties to create an effective and consistent referral system which encourages enrollment of patients in the classes. A unique and key aspect of the program will be the assignment of advocates to each participant. Advocates will establish a relationship with the patients outside of the formal classes, offering encouragement and support extending past the duration of the course for six months, to ensure total cessation of smoking. Our goal is closely aligned with the stated mission of the SCLC to "increase smoking cessation rates, as well as the number and types of health professionals who help smokers quit" as outlined in the RFP. Our program will focus on increasing the number and accessibility of evidenced based smoking support interventions in a four county region, as well as impacting the healthcare system to more efficiently and successfully engage current smokers in those interventions. The "One Step at a Time" program targets current smokers in our region, with an additional emphasis on reaching special populations, including those with co-morbid mental health conditions as well as those engaged in the criminal justice system. Coordination of this initiative by HHC aligns with the clinic mission of preventing and/or mitigating the effects of chronic diseases prevalent in the four county areas it serves.

Objective 1 By September 30, 2015: Develop a group of 20 clinicians, 8 corrections officers, 6 substance abuse counselors, 3 dental care providers and 5 healthcare delivery systems to serve as "network partners" that consistently identify and record patients or client tobacco use status and refer to treatment as measured by referral documentation to HHC. This objective

addresses the need to link current smokers to cessation resources in a systematic and consistent manner among community partners. This objective broadens the scope of traditional providers and referral sources by including mental health providers, dental care providers as well as corrections officers, including probation and parole officers, in order to reach disparate populations and provide an additional avenue for promoting cessation.

Objective 2 By April 14, 2017: Increase access to tobacco cessation counseling and nicotine replacement therapy (NRT) by providing the CCSCP at local clinics, health departments or other sites on 12 separate occasions as measured by program report data. Increase by 20% the number of adult smokers attempting to quit as measured by patient surveys, baseline and post-implementation evaluation. Increase by 25% the number of participants successfully completing the CCSCP 13 week program as non-smokers in a four county region as measured by class completion documentation obtained from trained facilitators and program evaluation. Increase by 25% the number of participants remaining non-smokers at 6 months and 1 year as measured by class completion documentation and participant surveys. This objective addresses the need for increased availability of effective smoking cessation resources as well as increasing the number of individuals achieving long-term success as non-smokers.

Objective 3 By April 14, 2017: Increase by 25% patient compliance with smoking cessation referral as measured by program evaluation and increase by 25% the number of patients referred to smoking cessation resources in the four county areas, including CCSCP, the KY Now Quitline and/or substance abuse counseling as measured by program evaluation. This objective addresses the need of a more engaged healthcare system in individual patient compliance – by utilizing patient advocates to provide support, encouragement and follow-up, there will be reduced barriers to patient compliance.

TECHNICAL APPROACH

This project will meet the goal of the Specific Area of Interest for the RFP by addressing the competence and effectiveness of healthcare providers and the local healthcare system to efficiently and consistently identify and refer smokers to cessation resources. While education of healthcare providers will occur in order to increase knowledge of evidence based cessation methods as well as increase their awareness of local resources, this project will impact the healthcare delivery system by providing a specific and streamlined method to linking patients with the cessation resources they need. It also focuses on reaching those with comorbid mental health disorders and those involved in the criminal justice system by engaging corrections officers and mental health providers in the referral system. In addition to increasing referrals to cessation resources and reaching diverse populations, the project will enhance the accessibility of cessation resources to those referred and provide personal advocates to individuals attempting to quit in order to improve cessation success.

CURRENT ASSESSMENT OF NEED IN THE TARGET AREA

The targeted area consists of four primarily rural areas in Kentucky, Carroll, Henry, Oldham and Trimble counties. Historically, all four counties have a strong economic dependence on tobacco as a main agricultural crop. Families relied on funds from tobacco farms to put food on the table and send children to college. Youth worked on tobacco farms in the spring and summer,

making the culture and norms very accepting for tobacco use. While the economic dependence on tobacco has lessened in the region, the social acceptance and use rates remain high. Only one of the counties, Oldham, has a smoke free ordinance, which still allows for smoking rooms in workplaces. According to the 2012 Behavioral Risk Factor Surveillance System (BRFSS), Kentucky has a reported adult smoking rate of 26.5% as compared to the national average of 19.6%, making it the second highest state in the nation for adult tobacco users. The high prevalence of tobacco abuse in Kentucky has led to very serious health indicators in the area. According to County Health Rankings (2012), Kentucky ranks higher than the national age-adjusted mortality rates (per 100,000) for coronary heart disease and COPD/pneumonia. Oldham County, Kentucky ranks even higher than the state for those as well as stroke deaths (288.5 Oldham County vs. 220 USA), COPD and pneumonia (74.1 Oldham County vs. 44.2 USA), and stroke (92.9 Oldham County vs. 48.4 USA). According to BRFSS 2013, the rate of Kentucky adults attempting to quit using tobacco in 2013 dropped to 45.2% from 49.9% in 2012. Only one other state has a lower percentage of quit attempts, North Dakota (43.7%) Our project starting point is based on an analysis of smoking cessation resources offered at this time in the area, and information received from physicians and other medical providers regarding a systematic identification and referral system for adult tobacco users. The gaps on evidence based community data were insufficient knowledge by providers of smoking cessation resources, lack of regularly scheduled and easily accessible evidenced based support group/NRT, and lack of trained support group facilitators available. Currently in the four county region, referral to smoking cessation programs and resources is sporadic among providers due to a lack of knowledge of resources, lack of collaboration and coordination among providers and limited resources for evidence based cessation resources. There are also limited resources for substance abuse counseling for adults, with only five main providers available. Only one of the counties in the region, Oldham County Health Department (OCHD), offers an evidenced based smoking cessation program on-site on a regular basis three times a year for a reach of approximately 10 per class, or 30 annually. The 13 week success rate for the program is 40/50%, and success rates at six months and one year are not regularly tracked. There is currently no coordination among smoking cessation providers and county correction officers in the region. The lack of adequate cessation resources in the region is further complicated by the rural geography of the region and the reluctance of some residents to travel to access services. The four county region covers more than 750 square miles, much of that very rural and agricultural. There are many potential patients that would not want to travel 30 or 45 miles each way for thirteen weeks of class, for economic reasons as well as time constraints.

The target population is current adult tobacco users residing in four primarily rural counties as well as the healthcare system in those counties. Total population of these counties is 97,578, with approximately 27,614 being current adult tobacco users. There are two hospitals serving the region, two urgent care centers, three local health departments, approximately 37 primary care providers (physicians and nurse practitioners), approximately 12 dental care providers and approximately 8 mental health providers. The direct beneficiaries of the program will be the current adult smokers in the four county region. These adults will benefit through increased access to evidenced based smoking cessation programs (CCSCP), a streamlined and effective

network of providers that identify and refer patients to smoking cessation resources quickly and efficiently, and a patient management model that engages, empowers and tracks patients to increase compliance using patient advocates. A sub-population of clinicians, healthcare system employees, dental care providers, substance abuse counselors and probation and parole officers will also be beneficiaries, as the network is established and cessation resources are increased, providers (as well as targeted probation and parole officers), will have current referral information available to provide to patients and or clients. Providers will also benefit through the assurance that patients enrolling in the cessation programs will receive support throughout the program and regular follow up.

PROJECT DESIGN AND METHODS

As part of HHC's "One Step at A Time Program", a comprehensive program designed to educate and support HHC patients in prevention and self- management of chronic disease, smoking cessation is a key factor in addressing several chronic diseases prevalent in the four county target area. To date, the deliberate creation of a formal provider network for referral to smoking cessation classes with planned support for the participants and coordination through a central location has not been implemented in this service area. Additionally, the component of personal advocates is an enhancement of current methods for smoking cessation. This project builds on current relationships among key partners, specifically the OCHD, HHC and Baptist Hospital LaGrange, which do have a rudimentary referral process for the Cooper Clayton Smoking Cessation Program (CCSCP). Through this project the existing referral system among these providers will be enhanced and expanded among multiple healthcare agencies, clinicians, dental care providers, substance abuse counselors and parole officers. The project also builds upon the current CCSCP offered by OCHD to grow the capacity of other providers to offer the program for increased availability.

The design of the proposed project includes four main components; establishing a network of providers to facilitate and systematize referrals to evidence based smoking cessation resources; increasing the number of evidence based smoking cessation resources available and accessible; developing and implementing a patient advocate model and implementing an evaluation to measure patient impact and outcomes. Each component addresses a local need and will produce desired results.

By establishing a network of partners, medical providers, dental care providers, mental health professionals, and probation/parole officers, HHC exponentially increases the capacity for referral to evidence based smoking cessation programs. The network partners will be provided education on clinical guidelines for tobacco use cessation; information on, and specific processes for, referring patients to local cessation resources; as well as be linked with a consistent point of contact at HHC (the Program Coordinator), for any questions or issues that arise. This component will ensure that referral to resources is no longer sporadic among providers, but more coordinated, collaborative and comprehensive. The need to reach individuals that may not access healthcare in a traditional setting will be met through collaboration with local probation and parole officers, linking tobacco cessation resources to a disparate population. Patients will benefit by having consistent follow-up by HHC to ensure

that they are successfully linked with a cessation resources. The process of referral will include the patient receiving information on local resources, and

The second component, increasing the availability of evidence based cessation programs will address the current lack of local resources and provide access to the increased number of referrals from the network partners. Increased CCSCP classes will also ensure that there is not a long delay between a patient being referred to a class and a class being available. Increasing the number of physical locations the class is offered will mitigate the travel barrier that many patients encounter, increasing their likelihood of program compliance. The CCSCP was selected based on its success in helping adult smokers become non-smokers. The CCSCP was developed over 25 years ago by Dr. Dick Clayton (Ph.D) and Thomas Cooper (DDS) and is based on education, skills training and social support. Research has shown that the most effective method for smoking cessation is using nicotine replacement therapy combined with a support group. Participants in the class will also receive small incentives for class attendance and participation.

A unique aspect of the program is the addition of the patient advocate component, in which a trained volunteer is partnered with an individual patient during the course of the formal program and for six months after the end of the program to ensure total, and long-term, cessation of smoking. Advocates are recruited from churches and the medical community.

The final component is the evaluation component. By partnering with REACH of Louisville, HHC will be able to collect and analyze data to ensure that the other program components are effective and patients are experiencing positive health outcomes. The evaluation will provide information necessary to make changes if needed, as well as information needed for other communities to replicate the project's successes in the future. Evaluation data will be shared regularly with community stakeholders. Implementation of the four project components; creating network and referral system, increasing availability of cessation programs, providing patient advocates, and conducting a strong evaluation; will result in an enhanced referral system, more and stronger cessation resources and better patient outcomes.

EVALUATION DESIGN

Evaluation Design

i. **In terms of the metrics used for the needs assessment, describe how you will determine if the practice gap was addressed for the target group.**

The target population for the project is current adult tobacco users residing in Carroll, Henry, Oldham and Trimble counties (four primarily rural counties in Kentucky), as well as the healthcare systems within those counties. Current gaps to be addressed, as evidenced by the Needs Assessment, include:

- Insufficient knowledge by providers of smoking cessation resources
- Lack of regularly scheduled and easily accessible evidenced based support group/NRT, and lack of trained support group facilitators available

- Sporadic (at best) referrals to smoking cessation programs and resources due to a lack of knowledge of resources, lack of collaboration and coordination among providers and limited resources for evidence based cessation resources.
- Extremely limited resources for substance abuse counseling for adults
- No current system for tracking intermediate or long-term progress of smoking cessation program participants
- No coordination among smoking cessation providers and county correction officers in the region
- The lack of adequate cessation resources in the region is further complicated by the rural geography of the region and the reluctance of some residents to travel to access services.

A detailed logic model will be developed as an initial step in the evaluation design. The logic model will provide a clear conceptualization of the "One Step at a Time" Smoking Cessation initiative, identify gaps to be addressed, and help clarify relevant program processes and outcomes. Additionally, it will yield a logical framework for planning data collection, contributing to an understanding of how and why the initiative works, and can serve as a powerful management and communication tool with key stakeholders. Specific actions will be explicitly identified and associated with desired short-term, mid-term and long-term outcomes. Project Evaluators at REACH will review the organizational framework of the project with attention to the relationship between assumptions, action steps, and attainment of goals and objectives. This will be accomplished through an analysis of project documentation, and through one or more work group meetings with project staff. The logic model will reflect desired actions and outcomes at participant, project and community levels.

- **Identify the sources of data that you anticipate using to make the determination.**

The following data sources will be explored:

- ✓ The Cooper-Clayton Toolkit utilized during each 13-week session of the smoking cessation class, including: attendance charts, participant history and registration forms, participant evaluations and Class Report forms. This suite will allow for tracking enrollment, successful class completion, participant smoking history, program dates and locations
- ✓ Program report data submitted by all sites providing CCSCP
- ✓ A 6-month post follow-up survey to assess the degree of implementation among service providers serving as "network partners" (20 clinicians, 8 correctional officers, 6 substance abuse counselors and 5 healthcare delivery systems) educated on the enhanced referral system and resources
- ✓ Patient referral documentation provided to HHC by designated network partners
- ✓ Surveys and/or interviews conducted by Advocates with CCSCP participants at the 1 month and 6 month marks to assess current smoking status, motivation, setbacks, engagement and perception of sustainability

- ✓ Interviews with "One Step at a Time" project leaders and key personnel

- **Describe how you expect to collect and analyze the data.**

REACH will provide data organization and analysis for the project, including the synthesis of both quantitative and qualitative data. Results from surveys will be analyzed; and material collected from interviews, documentation, trainings and classes will be used to facilitate a better understanding of emerging issues and the progress being made. In a clear and user-friendly way, REACH will organize resulting information for the purpose of determining whether project goals and outcomes are being met.

To document and analyze the early development and actual implementation of each component of the program, REACH will collect and record process data, including:

- ✓ Description of the implementation process
- ✓ The extent of program participation (number of enrolled participants, level of participations, number of classes attended, number of advocates trained and assigned)
- ✓ Description of program operations, including any changes in the program
- ✓ Identification and description of any intervening events that may have affected implementation and outcomes
- ✓ Documentation of any relevant forms, flyers, or other information distributed

The development of evaluation procedures and tools will capture important processes and outcomes that emerge from the logic model. Specifically, the evaluation will include an analysis of:

- ✓ Data facilitated by provision of the Cooper-Clayton Toolkit utilized during each 13-week session of the class, including: attendance charts, participant history and registration forms, participant evaluations and Class Report forms. This suite will allow for tracking enrollment, successful class completion, participant smoking history, program dates and locations
- ✓ Program report data submitted by all sites providing CCSCP
- ✓ 6-month post follow-up survey to assess the degree of implementation among service providers serving as "network partners" (20 clinicians, 8 correctional officers, 6 substance abuse counselors and 5 healthcare delivery systems) educated on the enhanced referral system and resources
- ✓ Patient referral documentation provided to HHC by designated network partners
- ✓ Surveys and/or interviews conducted by Advocates with CCSCP participants at the 1 month and 6 month marks to assess current smoking status, motivation, setbacks, engagement and perception of sustainability

- ✓ Carbon monoxide monitoring to biologically verify CCSCP participants self-reported smoking cessation
- ✓ At intake/registration, measurement of CCSCP participants nicotine dependence and psychological distress with clinically validated instruments
- ✓ Interviews with "One Step at a Time" project leaders and key personnel

These data will be organized and analyzed for the purpose of determining whether project goals and outcomes and have been met.

- **Identify the method used to control for other factors outside this project (e.g., use of a control group)**

Relevant societal changes in Carroll, Henry, Oldham and Trimble County will be monitored and recorded. The "One Step at a Time" Project Director will establish regular contact with the Smoking Cessation staff and/or Community Cancer Control Specialist/Tobacco Control Coordinator housed at the Health Department in each of the four counties; this liaison will serve as a pipeline for what is happening in the community at large that could be considered to have an effect on rates of tobacco use. For example, the existence (or introduction) of a Smoking Ban, Smoke-Free School or Workplace Ordinance; the introduction of a tobacco tax; or any other tobacco-related policy change would be noted. If a community coalition rolls out an anti-tobacco marketing campaign or lends support to the CCSCP program, these would also be considered notable developments with the potential to influence the project, and will be documented and detailed in the evaluation of outcomes.

ii. **Quantify the amount of change expected from this project in terms of your target audience (e.g., a 10% increase over baseline or a decrease in utilization from baseline between 20-40%)**

Measureable change objectives include:

- ✓ Increasing access to tobacco cessation counseling and nicotine replacement therapy (NRT) by providing the CCSCP at local clinics, health departments or other sites on 12 separate occasions as measured by program report data.
- ✓ Increasing by 25% the number of patients referred to smoking cessation resources in the four county areas, including CCSCP, the KY Now Quitline and/or substance abuse counseling as measured by program evaluation.
- ✓ Increasing by 25% patient compliance with smoking cessation referral as measured by program evaluation
- ✓ Increasing by 20% the number of adult smokers linked to CCSCP as measured by class rosters.
- ✓ Increasing by 25% the number of participants successfully completing the CCSCP 13 week program as non-smokers in a four county region as measured by class completion documentation obtained from trained facilitators and program evaluation.

- ✓ Increasing by 25% the number of participants remaining non-smokers at 6 months and 1 year as measured by class completion documentation and participant surveys.

iii. Indicate how you will determine if the target audience was fully engaged in the project.

The target population for "One Step at a Time" is current adult tobacco users residing in Carroll, Henry, Oldham and Trimble counties (four primarily rural counties in Kentucky), as well as the healthcare systems within those counties. The project is placing an additional emphasis on reaching special populations, including those with co-morbid mental health conditions as well as those engaged in the criminal justice system.

The engagement of adult tobacco users will be assessed via:

- CCSCP enrollment and completion data
- Surveys and interviews facilitated by designated Advocates

The engagement of service providers (including hospital personnel, health department staff, physicians, mental health providers and correctional department officials) will be assessed via clear records of:

- Participation in the initial education component to increase awareness of evidence-based smoking support interventions and resources
- The number of referrals made by providers prior to and subsequent to the education component
- A 6-month post follow-up survey to assess the degree of implementation and perceptions of the initiative among service providers serving as "network partners" educated on the enhanced referral system and resources

iv. Describe how you plan for the project outcomes to be broadly disseminated.

At key points throughout the project, timely, relevant and credible information will be provided to program managers, funders, and policy-makers in order to assist sound decision-making at multiple levels. The evaluation design will focus on the unique information needs at each level of this project, and will be responsive to the terms and expectations of the funders as well as the needs and culture of the target community/population. The final evaluation product will be informative and useful for a wide audience.

REACH will produce a final written report describing the evaluation methodology and analysis of quantitative and qualitative data relating to smoking cessation in the four-county area. The report will assess progress on implementation of action steps and achievement of project goals, and will provide recommendations for quality improvements and steps to foster program sustainability. REACH delivers graphically dynamic reports, using state of the art design and report layout software, and produces high-quality print products in-house. Evaluation findings

will be shared with project leadership in draft format before documents are finalized. REACH will present a final summary of project outcomes to board members, coalition members, program staff, and interested community members as requested.

DETAILED WORKPLAN AND DELIVERABLES

Narrative

This project will be implemented over a two year period, but the referral system and network of partners, as well as the CCSCP classes, will be sustained long after the grant cycle. Evaluation data will be vital to program sustainability, providing information for program modification necessary to increase efficacy as well as providing evidence for continued sustainability to key stakeholders. For effective systems change, there are many activities that will take place immediately and many that will be ongoing. One of the first steps to implementing this project will include the hiring and training of a Program Coordinator. This position will be responsible for day-to-day implementation of the program as well as providing support to the HHC Administrator and serving as a liaison between the Administrator and other key project staff/volunteers. Another activity that will be started immediately will be the development of educational materials. These materials will be developed by a small group of key partners, including the HHC Administrator, a tobacco control coordinator and a medical provider. Educational materials will be based on best practice, the 2013 Treating Tobacco Use and Dependence and in consultation with tobacco cessation experts. Educational materials will be developed and produced for various target audiences, including the medical community, adult tobacco users and other non-medical referral sources or network partners. This same group will also work on developing a draft referral protocol to share with referral sources for feedback, modification and eventual adoption and sharing among all network partners. The educational materials and draft referral protocol will be developed by June 30, 2015, but will be evaluated throughout the process and modified as necessary.

As mentioned previously, this project builds on a strong foundation of collaboration among key stakeholders, including the Hope Health Clinic, the OCHD and Baptist Hospital LaGrange. In order to effectively implement the project, additional community partners will need to be engaged, including the criminal justice system, mental health providers, dental providers, local independent health care providers, as well as providers that are part of healthcare networks, hospitals and public health agencies. Initial engagement of medical stakeholders includes hosting a kick-off event for medical providers to lay the groundwork for partnership. Coordinating the kick-off will be Marsha Biven, HHC Board Member. Due to her previous work in the healthcare system, Mrs. Biven has already established connections with many of the healthcare providers in the area which will be instrumental in garnering support. The kick-off will be held at and hosted by Baptist Hospital LaGrange by July 15, 2015. At this kick-off, the educational materials will be shared and partners will be able to provide feedback on the draft referral protocol. Engagement of non-medical partners will also be a focus during this time, with HHC Administrator and Program Coordinator working one-on-one to build relationships and provide the developed educational materials to local dental providers, mental health providers, and probation/parole staff. At individual meetings, HHC staff will share the referral protocol, cessation resources and educational materials. During the kick-off event and

individual meetings and outreach, the HHC Administrator and Program Coordinator, along with HHC Board members as needed, will identify and secure committed "network partners" that will adopt, support and actively implement the referral protocol. HHC will have a base of 15 network partners by September 30, 2015 and the process to engage additional partners will be ongoing.

In addition to engaging partners and developing a network of support and referral, HHC will actively work in the community to increase the availability of the Cooper Clayton Smoking Cessation Program. This will involve identifying individuals to be trained as facilitators and providing training as needed. Identification of potential facilitators will occur during the meetings with providers, as well as through networking among HHC staff, HHC Board members and key stakeholders including the Oldham County Health Department. HHC will have access to 6 individuals trained to facilitate the CCSCP in the region by August 30, 2015. HHC staff will work with the facilitators to develop a schedule for implementing CCSCP classes throughout the region. This will include developing a timeline for classes, securing locations, and printing materials for distribution to network partners.

An important and unique part of the systems change is providing patient advocates to support, encourage and provide follow-up for individuals participating in the CCSCP. These advocates will need to be identified and trained before the referral protocol is implemented. HHC staff will work with community partners, including churches, to identify and secure advocates. By September 30, 2015, HHC staff will have a pool of 15 advocates available to pair with CCSCP participants. Training and recruitment of advocates will be ongoing, with training protocol developed by July 30, 2015.

By October 15, 2015, HHC and network partners will be able to begin using the new referral protocol to refer adult tobacco users to the enhanced network of CCSCP classes. During the period of October 2015 to April 2017 HHC and collaborating partners will provide CCSCP for a total of 12 classes at varying locations throughout the region. HHC plans to start one new class every other month so that patients referred will be able to link up to a new class without a long wait. Nicotine replacement therapy (NRT) in the form of nicotine patches, gum or lozenges will be provided to patients for the duration of the CCSCP. The NRT will be funded by local community resources.

There will be ongoing trainings for both the network providers as well as patient advocates. Trainings will be in the form of large group meetings, materials and one-on-one meetings and will be coordinated by HHC Administrator and collaborating partners. The evaluation of the referral system and the CCSCP classes will be ongoing as well, with HHC staff and REACH evaluators beginning the process by July 30, 2015. Results will be shared with all stakeholders on a regular basis. HHC will host an end of cycle celebration to share results with key stakeholders, re-energize network partners and encourage continuation of the newly developed referral process (by April 15, 2017).

Table

Deliverable	Responsible Party	Schedule of Completion
Hire and train a Program Coordinator	HHC Administrator, HHC Board	May 1, 2015
Development of educational/promotional and referral materials	HHC Administrator, Program Coordinator, Healthcare Liaison	June 30, 2015
Program Kick-Off with local providers and other key partners	HHC Administrator, Program Coordinator	July 15, 2015
Development of evaluation materials	HHC Administrator, Evaluators	July 30, 2015
Develop training program for patient advocates	HHC Administrator, Program Coordinator	July 30, 2015
Identify and train as needed additional CCSCP facilitators	HHC Administrator, OCHD, Program Coordinator	August 30, 2015
Develop CCSCP class schedule, class locations and materials to provide to network partners.	HHC Administrator, Program Coordinator, and CCSCP facilitators.	September 15, 2015
Identify, recruit and train patient advocates	HHC Administrator, Program Coordinator	September 30, 2015
Target and train “network partners”	Program Coordinator, HHC Administrator	Ongoing
Provide continuing education on current clinical guidelines to all local medical providers and key partners, including “network providers” referencing the 2013 Treating Tobacco Use and Dependence.	HHC Administrator, Program Coordinator	Ongoing
Identify and refer adult tobacco users	Network Partners	Ongoing, Starting October 15, 2015
Link adult cessation program participants with patient advocates	Program Coordinator	Start: October 15, 2015 – Ongoing
Provide CCSCS on 12 occasions	Program Coordinator, CCSCP Facilitators	October 30, 2015 – April 15, 2017
Provide childcare as needed to mitigate barrier of participant attendance at CCSCP	Program Coordinator, Advocates	October 30, 2015 – April 15, 2017
Provide NRT in conjunction with CCSCP	Program Coordinator, facilitators – funding from community partners	November 1, 2015 – April 15, 2017
Provide incentives for class	Program Coordinator, facilitators	November 1, 2015 –

attendance and participation		April 15, 2017
Maintain regular contact among CCSCP participants, patient advocates and CCSCP facilitators	Program Coordinator, Patient Advocates	Start: October 30, 2015 - Ongoing
Evaluate referral program and cessation success	Program Coordinator, evaluators	Ongoing
Share quarterly evaluation results with stakeholders	HHC Administrator, evaluators	April 15, 2017
End of cycle celebration to recognize network partners and advocates, share evaluation results and encourage continued referral, education and partnership	HHC Administrator, Program Coordinator	April 15, 2017
Place ads in four local community newspapers to share results of program	Program Coordinator	April 15, 2017