



**Work Plans and Reporting**  
**OTHER TOBACCO**  
**CONTROL STRATEGIES**

## Strategies by Goal Areas

- **Building Community Awareness**
  - Coalition Development
  - Community Leader Relations
  - Surveillance Data Collection
  
- **Secondhand Smoke**
  - Outdoor Tobacco-Free Environment
  - **Tobacco Free Worksites**
  
- **Prevention**
  - Tobacco Free Schools
  - School-Based Prevention Curricula
  - Community-Based Prevention Curricula
  - Prevention Curricula Training
  - Establishing New stand Teams
  - Supporting Existing stand Teams
  
- **Cessation**
  - Intensive Adult Cessation
  - **Training Health Professionals**
  - **Brief Interventions in Health Systems**
  - **Employer Support for NRT**
  - Distribution of Quit Kits
  - Promotion of Ohio Quits

## **THIS TRAINING SESSION:**

### **OTHER TOBACCO CONTROL**

- **Tobacco Free Worksites**
- **Employer Support for NRT**
- **Training Health Professional**
- **Brief Interventions in Health Systems**

# Evaluation Tools for OTC

- **Work Plans**
  - what do you plan to do in each strategy?
  - provided most of the information in your proposal.
- **Information gathering/data collection**
  - worksheets
  - data collection protocols (where applicable)
- **Reporting Forms**
  - Progress Reports (program reach)
  - Activity Reports (program activities)
  - Evaluation Reports (external reporting)

# **STRATEGY:**

# **TOBACCO-FREE WORKSITES**

# Tobacco Free Worksites

## ■ Rationale:

- With the passage of Issue 5, it is important to work with local employers towards the implementation of the statewide smoke-free law.
- It is also important to continue advocating for campus-wide tobacco-free policies at all worksites in Ohio.
- The evaluation component for this strategy assesses grantee progress towards passing and implementing campus-wide tobacco-free policies at the worksite level.
- Once policies have been adopted, grantees will identify the number of persons protected by the policy.



# WORK PLANS IN G-Wiz

## TOBACCO FREE WORKSITES

- One work plan for each worksite.

### Tobacco Free Worksites: New Plan

Cancel Save and Close Save and Submit

Please provide a short unique title for this programmatic activity. This title will better enable you to report on this activity.

Tobacco Free Worksite (GWIZ Manual)

Name the work plan so that you'll be able to remember it later. Names cannot be changed later.

Who besides the RE Coordinator is responsible for reporting on this Work Plan entry?

Grantee GT1

Same questions in each work plan – who can report on this work plan? What is the budget for this strategy? Start and end dates?

Enter the program cost to be funded by OTPF grant funds.

0

Enter the program cost to be funded by matching funds.

0

Enter the proposed Start Date for this programmatic activity.

Enter date in M/D/YYYY format.

Enter the proposed End Date for this programmatic activity.

Enter date in M/D/YYYY format.

Provide specific information about this worksite (county, name of worksite).

In which county is this employer/worksite primarily located?

What is the name of the employer/worksite?

Which of the following describe why you are completing a work plan for this worksite? (check all that apply)

- Worksite of the lead fiscal organization/agency of the grant
- Worksite houses prevention services funded by the grant
- Worksite houses cessation services funded by the grant
- Worksite does NOT provide services funded by the grant or serve as the fiscal agent

How is this worksite involved with your CGIII grant?

How many persons are employed at this worksite?

0

Estimated impact of policy initiative.

What is the focus of the initiative for this employer/worksite?

- Advocacy for policy adoption
- Support for policy implementation
- Support for policy compliance

What is the focus of the initiative with this worksite?

# WORK PLAN IN G-Wiz



One work plan per worksite.

Which of the following stakeholders are currently active participants in the policy initiative? (check all that apply)

- Human Resources
- Employees (smokers and nonsmokers)
- Union (if applicable)
- Wellness departments
- Maintenance personnel
- Safety Officers
- Specify your own value:

What departments or groups within the worksite are currently involved in the initiative?

If other Stakeholders are involved (but not listed), check "specify your own value" and type in a description of the stakeholder.

Which of the following steps have you already completed? (check all that apply)

- None of the following
- Established a policy advocacy committee for this employer/worksite
- Worked with the advocacy committee to develop a strategic plan and timeline
- Assessed the employers existing tobacco policies
- Presented model tobacco-free worksite to appropriate personnel
- Adoption of model tobacco-free worksite policy
- Worked with the employer to ensure adequate and appropriate signage for the adopted policy
- Developed a communications plan to educate staff and visitors about the new policy
- Implemented the communications plan to educate staff and visitors about the new policy
- Held forums to discuss the policy with employees
- Worked with the employer to develop and enforcement plan
- Worked with the employer to ensure the policy is enforced

What steps have already been taken to establish this worksite as a TFW?



Based on the current status of the policy change (see above) please list the specific steps you will be taking to move the tobacco free worksite policy forward this grant year.

What specific steps will you take this year to help move the policy forward in this worksite?

# WORK PLAN IN G-Wiz

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# REPORTING IN G-Wiz

## TOBACCO FREE WORKSITES

- **PROGRESS REPORT: NONE**
- **ACTIVITY REPORT:**
  - Bi-monthly reporting (February 28, April 30, June 30, August 31, October 31, December 31)
- **Evaluation Report: NONE**

## Tobacco Free Worksites Activity Report Worksheet



Project Name: \_\_\_\_\_

Name of Individual Completing Report: \_\_\_\_\_ Reporting Period: \_\_\_\_\_

Instructions: Please complete the information below and return this form to the RE Coordinator

1. What is the Status of this Tobacco Free Worksite Campus initiative?
  - Still advocating for policy adoption
  - Policy adopted and working towards implementation
  - Policy implemented and working towards enforcement
  - No longer advocating for this policy initiative
  
2. Which of the following stakeholders are currently active participants in the Policy initiative for this setting?
  - Human Resources
  - Employees (smokers and non-smokers)
  - Union (if applicable)
  - Wellness departments
  - Maintenance personnel
  - Safety officers
  - Specify your own value \_\_\_\_\_
  
3. Which of the following steps were completed during this reporting period?
  - None of the following
  - Established a policy advocacy committee for this employer/worksite

**INFO NEEDED  
FOR THE  
ACTIVITY  
REPORT**

# Tobacco-Free Worksites: Reporting Worksheet

Located in the Evaluation Tools  
section of the manual.

Please enter a title for this Activity Report.

Enter a title that is easily identified for later recall.

What is the status of this Tobacco Free Worksite Campus Initiative?

- Still advocating for policy adoption
- Policy adopted and working towards implementation
- Policy implemented and working towards enforcement
- Initiative abandoned, no longer advocating for policy initiative

Assesses the policy at each reporting period.

Which of the following stakeholders are currently active participants in the policy initiative for this employer/worksites? (Check all that apply)

- Human Resources
- Employees (smokers and non-smokers)
- Union (if applicable)
- Wellness departments
- Maintenance personnel
- Safety officers
- Specify your own value:

Who was involved in this initiative this reporting period?

Which of the following steps were completed during this reporting period? (Check all that apply)

- None of the following
- Established a policy advocacy committee for this employer/worksites
- Worked with the advocacy committee to develop a strategic plan and timeline
- Assessed the employers existing tobacco policies
- Presented model tobacco-free worksite to appropriate personnel
- Adoption of model tobacco-free worksite policy
- Worked with the employer to ensure adequate and appropriate signage for the adopted policy
- Developed a communications plan to educate staff and visitors about the new policy
- Implemented the communications plan to educate staff and visitors about the new policy
- Held forums to discuss the policy with employees
- Worked with the employer to develop an enforcement plan
- Worked with the employer to ensure the policy is enforced

What was accomplished during this reporting period?

Was a tobacco free campus policy adopted by this employer/worksites during this reporting period?

- Yes
- No

If YES, was the adopted policy a model policy?

- Yes
- No

Was a tobacco-free campus worksite policy adopted during this reporting period?

If no, please describe how the adopted policy differs from the model policy.

Was it a model policy? If not, how was it modified?

# ACTIVITY REPORT IN G-Wiz



What are your next steps related to the Tobacco Free Initiative at this Worksite?

Describe your activities related to this strategy during this reporting period.

Were there other significant changes from your proposed implementation of this strategy?

What were the major barriers you experienced with this initiative during this reporting period?

What are other important lessons learned that you would like to share with your program manager and other grantees?

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What are your plans for the next reporting period?

Anything else to share?

Place to tell your Program Manager at OTPF if your work plan has changed during this reporting period.

# ACTIVITY REPORT IN G-Wiz



**STRATEGY:**  
**EMPLOYER**  
**SUPPORT FOR NRT**

# Employer Support for NRT

## ■ Rationale:

- This strategy is intended to increase program sustainability by obtaining employer support for NRT.
- The evaluation component for this strategy is designed to provide qualitative information regarding the specific approaches used to obtain employer support.



# WORK PLANS IN G-Wiz

## EMPLOYER SUPPORT FOR NRT

- One work plan per funded grantee

# Employer Support of NRT: New Work Plan

Cancel Save and Close Save and Submit

Please provide a short unique title for this programmatic activity. This title will better enable you to report on this activity in the future.

Name the work plan so that you'll be able to remember it later. Names cannot be changed later.

Who besides the RE Coordinator is responsible for reporting on this Work Plan entry?

Grantee GT1

Enter the program cost to be funded by OTPF grant funds.

Enter the program cost to be funded by matching funds.

Same questions in each work plan – who can report on this work plan? What is the budget for this strategy? Start and end dates?

Enter the proposed Start Date for this programmatic activity.

Enter date in M/D/YYYY format.

Enter the proposed End Date for this programmatic activity.

Enter date in M/D/YYYY format.

Please provide a brief overview of your efforts toward employer support for NRT for the grant year.

**A** **A** | **B** *I* U | |

This is an exploratory year for evaluating this strategy. Please provide your initial plan for Employer Support for NRT in as much detail as possible. With your help we will further fine tune this strategy's evaluation.

# WORK PLAN IN -Wiz



the work plan per funded grantee.

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# REPORTING IN G-Wiz

## Employer Support for NRT

- **PROGRESS REPORT: None**
- **ACTIVITY REPORT:**
  - Bi-monthly reporting (February 28, April 30, June 30, August 31, October 31, December 31)
- **Evaluation Report: None**



# Employer Support for NRT Activity Report Worksheet

Project Name: \_\_\_\_\_

Name of Individual Completing Report: \_\_\_\_\_ Reporting Period: \_\_\_\_\_

Instructions: Please complete the information below and return this form to the RE Coordinator.

1. Describe your activities related to this strategy during this reporting period.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Were there any significant changes from the proposed scope of work for this program? YES NO

*If yes, please describe the changes.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3 What were the major barriers you experienced with this program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INFO NEEDED FOR THE ACTIVITY REPORT**

## Employer Support for NRT: Reporting Worksheet

Located in the Evaluation Tools section of the manual.



**STRATEGY:**  
**TRAINING HEALTH  
PROFESSIONALS  
IN BRIEF  
INTERVENTIONS**

# Training Health Professionals in Brief Interventions

- **Rationale:**
  - This strategy is one component of institutionalizing cessation interventions in health systems.
  - The evaluation component for this strategy identifies the number of persons trained, the estimated number of patients who will benefit from the trainings, and the satisfaction levels of those trained.



# WORK PLANS IN G-Wiz

## Training Health Professionals in Brief Interventions

- One work plan per funded grantee

### Training in Brief Interventions: New Work Plan

Cancel Save and Close Save and Submit

Please provide a short unique title for this programmatic activity. This title will better enable you to report on this activity.

Training in Brief Interventions (GWIZ Manual)

Who besides the RE Coordinator is responsible for reporting on this Work Plan entry?

Grantee GT1

Enter the program cost to be funded by OTPF grant funds.

0

Enter the program cost to be funded by matching funds.

0

Enter the proposed Start Date for this programmatic activity.

Calendar icon

Enter date in M/D/YYYY format.

Enter the proposed End Date for this programmatic activity.

Calendar icon

Enter date in M/D/YYYY format.

Grantees who facilitate brief intervention training for health professionals using OTPF funds are required to provide training in the 5A's model as presented in the most recent version of the Clinical Practice Guideline Treating Tobacco Use and Dependence. Do you commit to training health professionals in the 5A's model?

Yes

No

In which counties will you be training health professionals? (select all that apply)

- Adams
- Ashtabula
- Belmont
- Carroll
- City of Middletown
- Clinton
- Crawford
- Defiance
- Fairfield
- Fulton
- Greene
- Hancock
- Henry
- Holmes
- Jefferson
- Lawrence
- Lucas
- Marion
- Mercer
- Montgomery
- Muskingum
- Paulding
- Pike
- Putnam
- Allen
- Athens
- Brown
- Champaign
- Clark
- Columbiana
- Cuyahoga
- Delaware
- Fayette
- Gallia
- Guernsey
- Hardin
- Highland
- Huron
- Knox
- Licking
- Madison
- Medina
- Miami
- Morgan
- Noble
- Perry
- Portage
- Ashland
- Auglaize
- Butler
- City of Hamilton
- Clermont
- Coshocton
- Darke
- Erie
- Franklin
- Geauga
- Hamilton
- Harrison
- Hocking
- Jackson
- Lake
- Logan
- Mahoning
- Meigs
- Monroe
- Morrow
- Ottawa
- Pickaway
- Preble
- Ross

Name the work plan so that you'll be able to remember it later. Names cannot be changed later.

Same questions in each work plan – who can report on this work plan? What is the budget for this strategy? Start and end dates?

As per the RFP, you must commit to training health professionals in the 5 A's model. Confirm this understanding.

Click on each of the counties in which you will provide training to health professionals (you may select more than one).

# WORK PLAN IN G-Wiz



One work plan per funded grantee.

# WORK PLAN IN G-Wiz



**Who will be providing the training?**

Grantee or Subgrantee Staff  
 External agency contracted to provide training

**Who's providing the training?**

**How many physicians do you propose training?**

**Physicians**

**How many nurses do you propose training?**

**Nurses**

**How many dentists do you propose training?**

**Dentists**

**How many respiratory therapists do you propose training?**

**Respiratory Therapists**

**How many social workers do you propose training?**

**Social Workers**

**Type in the proposed number of people you will train this year, by type (physicians, nurses, social workers, etc.).**

**Are you including the OTFP Physician Quit Kit as a component of your training?**

Yes  
 No

**Will you include the Quit Kit as part of the training?**

**To fulfill your responsibilities as a grantee you are responsible for submitting data (Participant Surveys) to OTREC. Please check the box to agree confirm that you will submit this information in a timely fashion.**

Yes  
 No

**This asks you to acknowledge that you will forward all participant surveys to OTREC for processing.**

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**One work plan per funded grantee.**

# Data Collection Protocol

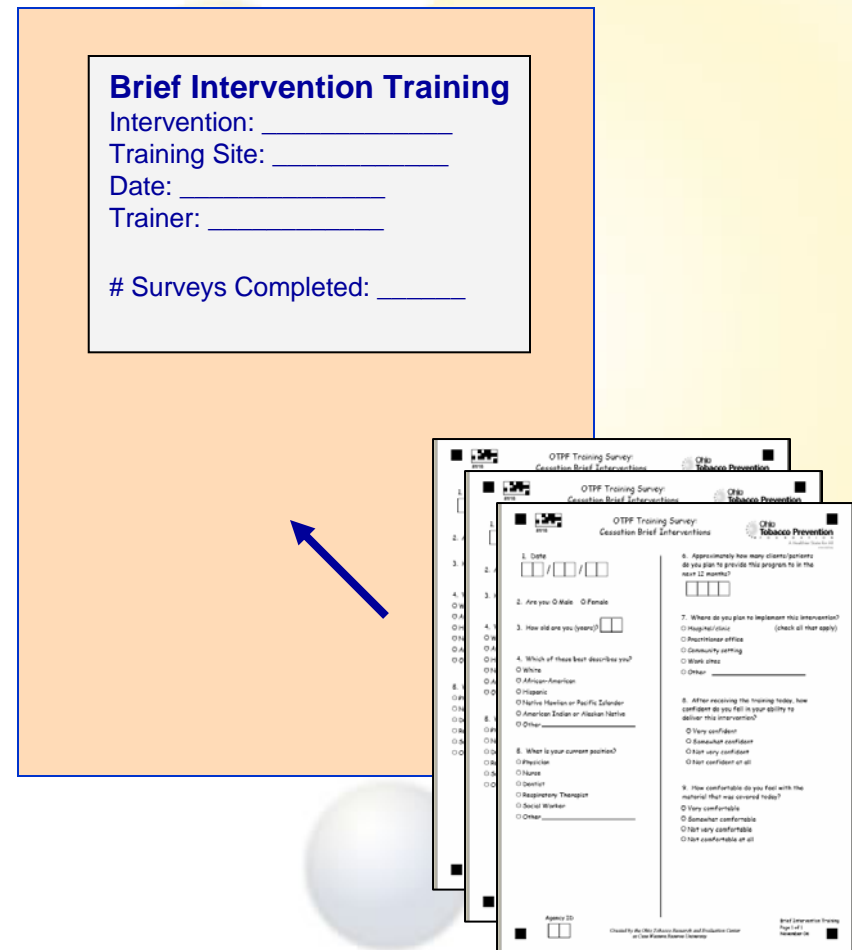
- In addition to the basic information reported in the Progress and Activity Reports, this strategy has a data collection protocol for collecting the **Brief Intervention Trainee Survey**.
- All training participants must complete the BIT survey at the end of the training.
- **Please carefully read the protocol section of the manual on how the surveys should be prepared, implemented and returned to OTREC.**

# Data Collection Protocol

- OTPF Brief Intervention Trainee Survey: This single page survey collects demographics and training satisfaction information from each individual participating in the Brief Intervention Training. This anonymous survey will be completed by each individual receiving brief intervention training.
- RE Coordinators should prepare packets for each training session, containing enough surveys for the estimated number of participants.

# Creating the Packets

1. Download the packet label file from [otrec.org](http://otrec.org).
2. Print out the packet labels. You can create your own – just be sure that all information is included.
3. Copy surveys.
4. Create packets with enough surveys for each class.
5. Provide instruction to the facilitators regarding the completion of the packets and the turn around time.



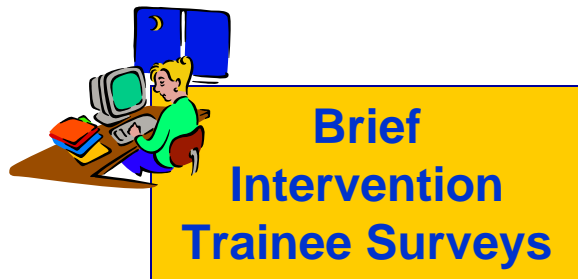
The image shows a scan of a survey form titled "OTPF Training Survey: Cessation Brief Interventions". The form includes a header with the Ohio Tobacco Prevention logo and the text "A Healthier State for All". The survey contains several questions, including: "1. Date:", "2. Are you: Male Female", "3. How long have you been working in this position?", "4. How long have you been working in this setting?", "5. What is your current position?", "6. Approximately how many clients/patients do you plan to provide this program to in the next 12 months?", "7. Where do you plan to implement this intervention?", "8. After receiving the training today, how confident do you feel in your ability to deliver this intervention?", and "9. How comfortable do you feel with the material that was covered today?". At the bottom of the form, there is an "Agency ID" field and a footer that reads "Created by the Ohio Tobacco Research and Evaluation Center at Case Western Reserve University" and "Brief Intervention Training Page 1 of 1 November 06".

**AND the form ID and barcode box must be clear and present on each copy.**

**BUT TAKE CARE!**  
**To be read by OTREC's scanner, each copy must have the four corner boxes fully visible.**

**The BIT Survey is created on a scannable form.**

**Reproducible BIT surveys are included in your manual. You may also download the .pdf from the [otrec.org](http://otrec.org) website.**



### Steps to submitting the BIT surveys to OTREC

1. Collect completed BIT surveys from facilitators.
2. Fax surveys to OTREC's Data Entry Line at 216-368-0304 or toll-free at 1-877-599-7677.
3. **DO NOT** use a fax cover sheet. Do not fax more than 15 surveys in a single fax transmission.
4. Upon receipt, OTREC sends email to RE Coordinator confirming receipt.
5. OTREC processes survey data.
6. OTREC submits results to G-Wiz.
7. Retain packets for one year.

Located in the Evaluation Tools section of the manual.

### Brief Cessation Intervention Training Progress & Activity Report Worksheet



**INFO NEEDED FOR THE PROGRESS AND ACTIVITY REPORT**

Project Name: \_\_\_\_\_

Name of Individual Completing Report: \_\_\_\_\_ Reporting Period: \_\_\_\_\_

Instructions: Please complete the information below and return this form to the RE Coordinator.

1. How many physicians did you train during this reporting period? \_\_\_\_\_
2. How many nurses did you train during this reporting period? \_\_\_\_\_
3. How many dentists did you train during this reporting period? \_\_\_\_\_
4. How many respiratory therapists did you train during this reporting period? \_\_\_\_\_
5. How many social workers did you train during this reporting period? \_\_\_\_\_
6. How many other health professionals did you train during this reporting period? \_\_\_\_\_

7. Describe your activities related to this strategy during this reporting period.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Brief Cessation Intervention Training: Reporting Worksheet



# REPORTING IN G-Wiz

## Training Health Professionals

- **PROGRESS REPORT:**
  - Bi-monthly reporting (February 28, April 30, June 30, August 31, October 31, December 31)
- **ACTIVITY REPORT:**
  - Bi-monthly reporting (February 28, April 30, June 30, August 31, October 31, December 31)
- **Evaluation Report:**
  - Results of BIT surveys: provided by OTREC.

# How many people did you train during this reporting period?

## PROGRESS REPORT IN G-Wiz

Training in Brief Interventions (GWIZ Manual)

Target Number you defined in your work plan

	Target	Cumulative Through Last Report	Percentage Completed	This Period	Comments
How many physicians did you train during this reporting period?	10	0	0.00 %	<input type="text"/>	
How many nurses did you train during this reporting period?	15	0	0.00 %	<input type="text"/>	
How many dentists did you train during this reporting period?	5	0	0.00 %	<input type="text"/>	
How many respiratory therapists did you train during this reporting period?	2	0	0.00 %	<input type="text"/>	

Percentage Completed

Cumulative Target Reached

The target numbers are automatically generated from your work plan.

Enter the number of health professionals in each category that you trained this period.

Any comments about the individual you trained in each category?

### Training Health Professionals in Brief Interventions: New Activity Report

#### Activity Report for Training in Brief Interventions

Cancel Save and Close Save and Submit

Please enter a title for this Activity Report.

Name the Activity Report so that you'll be able to remember it later. Names cannot be changed later.

How many Participant Surveys did you fax back to OTREC during this reporting period?

How many surveys did you fax back to OTREC? This will provide an additional quality check.

Describe your activities related to this strategy during this reporting period.

Rich text editor with text area and toolbar.

Briefly describe the trainings that were provided this reporting period.

Were there any significant changes from your proposed implementation of the strategy?

Yes No radio buttons

If so, describe the changes.

Rich text editor with text area and toolbar.

Place to tell your Program Manager at OTPF if your work plan has changed during this reporting period, any barriers you faced or important lessons learned.

What were the major barriers you experienced with training health professionals during this reporting period?

Rich text editor with text area and toolbar.

What are other important lessons learned that you would like to share with your program manager and other grantees?

Rich text editor with text area and toolbar.

REMINDER: In order to receive credit for all data related to this work plan the relevant forms (Participant Surveys) must be submitted in a timely fashion to OTREC.

Have you submitted the required forms to OTREC?

Yes No radio buttons

If you have not submitted the relevant reporting forms to OTREC by the time you submit your Activity Report, you will need to explain why.

If no, why haven't you submitted the required forms to OTREC?

Rich text editor with text area and toolbar.

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# ACTIVITY REPORT IN G-Wiz



## 3. Evaluation Report



- ***OTREC will provide summaries of your training health professional data collection efforts here.***
  - Number of participant surveys (BIT surveys) received by OTREC.
  - Potential number of individuals (smokers) who will be reached through the trained participants' effort.

**STRATEGY:**  
**POLICY AND BRIEF  
INTERVENTIONS  
WITHIN HEALTH  
SYSTEMS**

# Policy and Brief Interventions Within Health Systems

## ■ Rationale:

- This strategy is one component of institutionalizing cessation interventions in health systems.
- The evaluation component for this strategy assesses the extent to which grantees have established policies to screen all patients for tobacco use, to provide brief cessation interventions to tobacco users, to document tobacco use status in patient medical records, and to make referrals to appropriate quit services.
- Data will be collected and reported for each health system that receives funding or houses services through the OTPF grant. Data will not be collected or reported for departments or units within a larger health system.

# Policy and Brief Interventions Within Health Systems

## ■ Health System Definition

– For CGIII, health system refers to a group of organizations or an organization and its subsidiaries whose primary function is to promote, restore or maintain health. Under this definition, health systems include:

- hospitals,
- private clinics and physicians offices,
- dental clinics and offices,
- public health clinics,
- health departments,
- mental health and substance abuse treatment facilities.



# WORK PLANS IN G-Wiz

## Policy and Brief Interventions Within Health Systems

- One work plan per health system.

OTPF Grant Management Information System  
**Policy and Brief Intervention: New Work Plan**

Cancel Save and Close Save and Close

Please provide a short unique title for this programmatic activity. This title will better enable you to report on

Policy and Brief Intervention (GWIZ Manual)

Name the work plan so that you'll be able to remember it later. Names cannot be changed later.

Who besides the RE Coordinator is responsible for reporting on this Work Plan entry?

Grantee GT1

Enter the program cost to be funded by OTPF grant funds.

0

Enter the program cost to be funded by matching funds.

0

Enter the proposed Start Date for this programmatic activity.

Calendar icon

Enter date in M/D/YYYY format.

Enter the proposed End Date for this programmatic activity.

Calendar icon

Enter date in M/D/YYYY format.

Same questions in each work plan – who can report on this work plan? What is the budget for this strategy? Start and end dates?

Grantees must submit a work plan for EACH health system that serves as a fiscal agent, subgrantee, or that provides on site cessation services that are provided through the OTPF grant. What is the name of the health system for which you wish to enter a work plan?

In which county is the health system primarily located?

Adams

You must complete a separate work plan for each health system you are working with. Enter the name of the health system here.

What is the estimated number of patients served by this health system each year?

Pull down menu lists all health systems in Ohio. Enter the name of the health system in the county where the health system is primarily located.

Which of the following best describes this health system?

- Hospital
- Outpatient hospital site
- Private health clinic or office
- Public health clinic
- Other Health System Setting

What type of a facility is it? Check all that apply here.

If you chose Other Health System Setting, please describe.

# WORK PLAN IN G-Wiz



One work plan per health system

# WORK PLAN for Policy and Brief Intervention in Health Systems (continued)

Which of the following services are provided at this health system? (check all that apply)

- Primary care
- Substance abuse treatment
- Mental health services or treatment
- Prenatal care
- Routine dental care
- Pediatric care

What services does this health system provide?

Does this health system have a campus-wide tobacco-free policy that prohibits the use of ALL tobacco products in ALL indoor AND outdoor locations?

- Yes
- No

Does this health system have a campus-wide tobacco-free policy?

RFP #07-3 states that "Grantees and subgrantees who are located in health systems are required to advocate for necessary policy changes that make the entire campus tobacco-free." Check the box below to indicate that you will complete a 100% Tobacco-Free Worksite Campaign plan for this health system.

Does this health system have a campus-wide smoke-free policy that prohibits smoking in ALL indoor AND outdoor locations?

- Yes
- No

Confirms your understanding that you are responsible for completing a Tobacco-Free Worksite work plan for this health system.

Including all indoor and outdoor locations, does the health system have ANY designated smoking areas for employees, patients, or visitors?

- Yes
- No

If the health system does not have a campus-wide tobacco-free policy, you are asked these two additional questions to determine the current level of policy.

One work plan per health system

WORK PLAN



## WORK PLAN for Policy and Brief Intervention in Health Systems (continued)

RFP #07-3 states that "Grantees and subgrantees who are located in health systems are required to help ensure all patients are screened for tobacco use, patient medical records are flagged for tobacco use status, brief cessation interventions are provided to tobacco users, and referrals are made to more intensive cessation services. OTPF will be directing an assessment of these activities in the health systems funded through this RFP. Check the box below to indicate that the RE Coordinator for this grant will ensure that the Health System Assessment is completed by an appropriate health system representative.



Will patients in this health system be receiving brief cessation intervention counseling as a direct result of your OTPF grant?

- Yes
- No

**Confirms your understanding that you are responsible for conducting the Health System Assessment with each health system you are working with.**

What is the estimated number of patients that will receive brief cessation intervention counseling during the course of the grant period?

**Will patients receive brief cessation interventions as a direct result of your OTPF grant?**

Describe your process for determining the number of patients that will receive brief cessation intervention counseling during the course of the grant period.



**If yes, how many patients do you estimate will receive brief interventions during this year as part of OTPF funding?**

**And how will keep track of who receives brief interventions?**



Are the health professionals in this health system using the Ohio Tobacco Quit Line's fax referral process to enroll patients into the Quit Line?

- Yes
- No

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**Finally, will the health professionals use the fax referral system?**

**One work plan per health system**

# Data Collection Protocol

- In addition to the basic information reported in the Progress and Activity Reports, this strategy requires the completion of a **Health Systems Assessment** for each health system grantees are working with.
- The Health Systems Assessment must be completed within 45 days of the grant year (by February 15<sup>th</sup>).
- **Please carefully read the protocol section of the manual on how the HSA should be prepared, implemented and returned to OTREC.**

# Data Collection Protocol

- Health Systems Assessment : Is a modified, nationally recognized instrument that assesses:
  - current tobacco policies within the health system;
  - policies regarding the screening of patients for tobacco use;
  - policies on providing brief cessation interventions to tobacco users;
  - if and how the system documents tobacco use status in patient medical records; and,
  - whether the system makes referrals to appropriate quit services.
- The survey is interviewer administered, to be completed by the RE Coordinator (or designee) either by phone or in person.
- Completed surveys are to faxed to OTREC within 48 hours of completion.

# HEALTH SYSTEMS ASSESSMENT SURVEY

Name of Health System: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, ST ZIP: \_\_\_\_\_

**Currently being finalized and will be available for download on [otrec.org](http://otrec.org) by mid-December.**

## GENERAL INFORMATION

<b>A.1</b>	<p>What is the ...</p> <p>_____ Total number of ALL patients served annually <i>This includes all patient populations including: inpatient, outpatient, ER, Ob patients, ambulatory care, surgical care, extended care, rehab, cancer, pediatric, mental, etc.</i></p> <p>_____ Total number of ALL adult patients seen annually who are 18 years old or older</p> <p>_____ Total number of ALL children and adolescents seen annually under 18 years old</p> <p>_____ Number of ALL annual adult patient <u>visits</u> for ages 18 and older</p>
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**A.1-1.** Does this Health System have a campus-wide tobacco-free policy that prohibits the use of ALL tobacco products in ALL indoor AND outdoor locations?

Yes       No       ODK

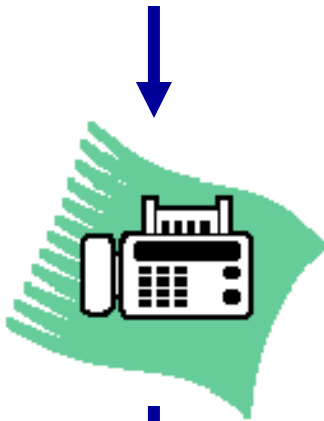
**A.1-2.** Does this Health System have a campus-wide smoke-free policy that prohibits the use of ALL tobacco products in ALL indoor AND outdoor locations?

Yes       No       ODK

**A.1-3.** Including all indoor and outdoor locations, does the health system have ANY designated smoking areas

# Data Collection Protocol

- Download scannable survey from [otrec.org](http://otrec.org).
- Make sure that each page of the copy has the 4 corner boxes in place.
- Contact health system representative and interview by phone or in person.
- Use the OTREC fax back system.



**Steps to submitting the HSA to OTREC**

1. Make sure that all questions are complete.
2. Fax surveys to OTREC's Data Entry Line at 216-368-0304 or toll-free at 1-877-599-7677.
3. DO NOT use a fax cover sheet. Fax only one survey per transmission.
4. Upon receipt, OTREC sends email to RE Coordinator confirming receipt.
5. OTREC processes survey data.
6. OTREC submits results to G-Wiz.
7. Retain surveys for one year.





# REPORTING IN G-Wiz

## Policy and Brief Interventions in Health Systems

- **PROGRESS REPORT:**
  - Bi-monthly reporting (February 28, April 30, June 30, August 31, October 31, December 31)
- **ACTIVITY REPORT:**
  - Bi-monthly reporting (February 28, April 30, June 30, August 31, October 31, December 31)
- **Evaluation Report:**
  - OTREC receipt of completed Health System Assessment for this health system.



### Policy and Brief Interventions within Health Systems Progress & Activity Report Worksheet

Project Name: \_\_\_\_\_

Name of Individual Completing Report: \_\_\_\_\_ Reporting Period: \_\_\_\_\_

Instructions: Please complete the information below and return this form to the RE Coordinator.

1. What is the estimated number of patients that received brief cessation intervention counseling during this grant period?  
\_\_\_\_\_

2. Describe your activities related to this strategy during this reporting period.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Were there any significant changes from the proposed scope of work for this program? YES NO  
*If yes, please describe the changes.*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INFO NEEDED  
FOR THE  
PROGRESS  
AND ACTIVITY  
REPORT**

## Policy and Brief Interventions within Health Systems: Reporting Worksheet

Located in the Evaluation Tools  
section of the manual.

How many patients received brief intervention counseling in this health system this reporting period?

# PROGRESS REPORT IN G-Wiz

The screenshot shows a progress report form for 'Prevention and Brief Intervention (GWIZ Manual)'. The form includes a table with columns for 'Target', 'Cumulative Through Last Report', 'Percentage Completed', and 'This Period'. A callout points to the 'Target' column, stating 'Target Number you defined in your work plan'. Another callout points to the 'Percentage Completed' column, stating 'Percentage Completed'. A large callout on the right states 'The target numbers are automatically generated from your work plan.' Below the table, a text input field is labeled 'What is the estimated number of patients that received brief cessation intervention counseling during this grant period?'. A callout points to this field, stating 'Enter the number of patients who received brief intervention counseling in this health system this period.' Below the input field, there are buttons for 'Cancel', 'Save', 'Save and Submit', and 'Save and Submit'. A callout points to the 'Save and Submit' button, stating 'Any comments about this strategy?'. A callout points to the 'Target' column header, stating 'Cumulative Target Reached'.

	Target	Cumulative Through Last Report	Percentage Completed	This Period
What is the estimated number of patients that received brief cessation intervention counseling during this grant period?	50	0	0.00 %	<input type="text"/>

Buttons: Cancel | Save | Save and Submit | Save and Submit

# ACTIVITY REPORT IN G-Wiz


## OTPF Grant Management Information System Strengthen Policies / Provide Brief Interventions Activity Report: New Activity Report

Activity Report for Policy and Brief Intervention (GWIZ Manual)  
Cancel Save and Close Save and Submit

Please enter a title for this Activity Report.

Name the Activity Report so that you'll be able to remember it later. Names cannot be changed later.

Describe what you have done during this reporting period to ensure that all patients are screened for tobacco use during this reporting period.




What have you done this reporting period to get the health system to **screen all patients for tobacco use?**

Have you achieved any notable accomplishments related to patient screening during this reporting period?

- Yes
- No

Any notable accomplishments in this area? If yes, describe.

If yes, please describe the accomplishments.



Using the worksheets in your manual will help you to keep track of these details such as those listed on this page.

OTPF Grant Management Information System  
**Strengthen Policies / Provide Brief Interventions Activity Report: New Activity Report**

Activity Report for Policy and Brief Intervention (GWIZ Manual)  
Cancel Save and Close Save and Submit

Describe what you have done during this reporting period to ensure that patient medical records are flagged for tobacco use status.

Rich text editor toolbar and empty text area for reporting on medical record flagging.

What have you done this reporting period to get the health system to **flag medical records** for tobacco use status?

Have you achieved any notable accomplishments related to flagging medical records during this reporting period?

- Yes
- No

If yes, please describe the accomplishment.

Rich text editor toolbar and empty text area for describing accomplishments related to flagging medical records.

Any notable accomplishments in this area? If yes, describe.

Using the worksheets in your manual will help you to keep track of these details such as those listed on this page.

Describe what you have done during this reporting period to ensure that brief cessation interventions are provided to tobacco users.

Rich text editor toolbar and empty text area for reporting on brief cessation interventions.

What have you done this reporting period to ensure that **brief cessation interventions** are provided to all patients within this health system?

Have you achieved any notable accomplishments related to the provision of brief interventions during this reporting period?

- Yes
- No

If yes, please describe the accomplishments.

Rich text editor toolbar and empty text area for describing accomplishments related to brief interventions.

Any notable accomplishments in this area? If yes, describe.



Describe your activities related to this strategy during this reporting period.

A A | B I U | [bulleted list icons] | [numbered list icons] | [link icon] [undo icon] [redo icon]

Anything else to share about your activities this reporting period?

Were there other significant changes from your proposed implementation of this strategy?

- Yes
- No

If so, describe the changes.

A A | B I U | [bulleted list icons] | [numbered list icons] | [link icon] [undo icon] [redo icon]

Place to tell your Program Manager at OTPF if your work plan has changed during this reporting period.

What were the major barriers you experienced with this strategy during this reporting period?

A A | B I U | [bulleted list icons] | [numbered list icons] | [link icon] [undo icon] [redo icon]

Face any barriers?

What are other important lessons learned that you would like to share with your program manager and other grantees?

A A | B I U | [bulleted list icons] | [numbered list icons] | [link icon] [undo icon] [redo icon]

Important lessons learned?

# ACTIVITY REPORT IN G-Wiz



[Go to Top of Form](#)

## 3. Evaluation Report



- ***OTREC will provide a status update with regard to the completion (and receipt) of the Health System Assessment.***
  - Date of receipt through the fax back system.
  - Status (not received, received and incomplete, complete)
    - Received and incomplete will be returned.



**ANY  
QUESTIONS??**