EMORY UNIVERSITY TOBACCO FREE TASK FORCE

Report from the Education, Promotion & Cessation Committee

May 2011

Eddie Gammill BA, MSN, RN & Heather Zesiger, MPH, MCHES

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We wish to thank the following members of the Education, Promotion & Cessation Committee:

Paula Anderson, *working group co-chair*
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June Deen
Angie Duprey
Kayla Hamilton
Gloria Kang
Ariel Levine
Sabrina Mallett
Sarah Mosby
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Virginia Plummer
Sabine Povian, *working group co-chair*
Tucker Sandlin
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Shezza L. Shagarabi
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Dana Toy
Ateya Wilson

And for their support and expert guidance:
Marc Cordon
Charlene Culberson
Lex Gilbert
Michael J. Huey
Marshall Kreuter
Airen Reynolds

Table of Contents

Executive Summary

The Education/Promotion/Cessation committee of the Tobacco Free Task Force was charged by Peter Barnes and Theresa Milazzo in January 2011. Eddie Gammill and Heather Zesiger were appointed as co-chairs. They recruited over 20 faculty, staff, and student members to assist with the committee's work.

Recommendations
Combined, the working groups put forth 17 recommendations to which the co-chairs added 8 and synthesized the major themes as:

1. Emory should maintain and evaluate tobacco use cessation resources for students and employees to ensure they are up to date, making appropriate use of technology and consistent with evidence-based practice. Emory should carefully monitor utilization of cessation services so that adjustments in resources, including personnel, can be made thoughtfully to meet demand and provide access to all;
2. Emory should consider providing resources for a full-time position to coordinate implementation of the Task Force's recommendations including but not limited to training, evaluation and documentation. This position would work closely with TFTF members and existing personnel in communication, health promotion, public health, healthcare delivery, as well as faculty, researchers and other experts;
3. Emory should engage in thoughtful, systematic evaluation to measure both short-term, medium, and long-term success, this includes but is not limited to regularly assessing trends in tobacco use by students, employees, patients, families, and visitors;
4. Emory should develop communication and messaging collateral as appropriate for diverse population and varied stages of change;
5. Emory should document success with this initiative for publication so that other institutions might benefit from our experience;
6. The cost of effective policy implementation should be made an Emory budgetary priority.

Next steps
Recognizing that this initiative is an ongoing process, the committees and working groups should continue to meet to prepare for implementation of the new policy in January 2012. The Task Force should continue to meet throughout implementation to monitor success and make adjustments as needed.

Limitations
Collaboration and leveraging relationships between Task Force members and represented entities is critical to the success of this endeavor. Interdependence between Task Force committees and working groups is indicated in the tables that summarize the recommendations in this report. Some of our recommendations will best be implemented by other entities and we expect that there will be recommendations from other groups that will pertain to education/promotion/cessation.

This is one of the largest campus-wide endeavors to date, particularly as it includes Emory Healthcare, multiple sites, patients, families, visitors and neighboring communities. We must be mindful that there are limited models for success at an institution of this size and diversity. Laws and policies are inconsistent nationally and locally. Emory is poised to accept this challenge and recognizes that monitoring and evaluation are critical to the success of this initiative.

Introduction

The Education/Promotion/Cessation committee of the Tobacco Free Task Force was charged by Peter Barnes and Theresa Milazzo in January 2011. Eddie Gammill and Heather Zesiger were appointed as co-chairs. They recruited over 20 faculty, staff, and student members to assist with the committee's work. Collectively, the group established a mission and vision to guide their efforts.

MISSION

The Emory Tobacco Free Education, Promotion and Cessation Committee will provide recommendations for evidence based education, promotion and cessation programs and initiatives that support individuals and the Emory community to create and foster a tobacco free environment.

VISION

The Emory Tobacco Free Education, Promotion and Cessation Committee will:

- Review, customize, and recommend education, promotion and cessation materials that support cessation efforts, and reduce health risks for all members of the community;
- Consider evaluation strategies to measure successes;
- Serve as a model of positive change for other institutions and communities;
- Work collaboratively to recommend and support environmental; policy; communication; enforcement; and education, promotion, and cessation efforts decisions set forth by the Tobacco Free Task Force.

The committee met monthly January-April, 2011 and provided regular updates to the Task Force. The committee also established a timeline for deliverables and used Blackboard as a platform to share documents, agendas, and minutes.

The committee divided their explorations into four working groups:

- Personnel/Training
- Inventory of Services
- Educational Messaging
- Resistance

Recommendations follow from each working group and from the co-chairs.

Recommendations

Overall (see also Executive Summary)

Defining Success

We need to be able to clearly define the success measures of the Task Force and policy implementation. First, what are our targets as far as a decrease in tobacco use? To answer that question, we need to have a clear understanding of the population on campus. We defer to our colleagues in the Data and Research Committee to provide guidance in this area.

(Chart 1)
Population statistics and baseline

Student Enrollment, Fall 2010	Total	13,381
	Undergraduate	7,231
	Graduate and Professional	6,150

Employees	(as of Sept. 1, 2010)
Total, Emory University and Emory Healthcare	23,653
University Faculty and Staff	12,563
Emory Healthcare	11,090

Source: http://www.emory.edu/home/about/factsfigures/index.html

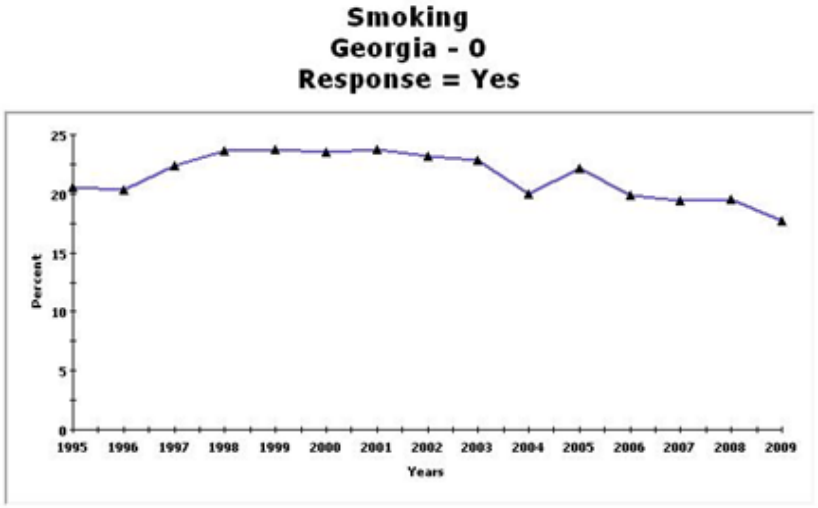
Student Tobacco Use
Regarding student tobacco use, on the 2008 ACHA-NCHA at Emory, 11% of respondents reported using tobacco at least one day in the past 30. When adding all "manners" of tobacco use (cigarettes, hookahs, cigars, smokeless tobacco) the monthly rate could be as high as 25% of respondents but that is unlikely. Yes, some students may use in more than one manner, but not all students are using more than one manner. Only 2% of respondents reported using cigarettes daily. See the appendix.
Source: American College Health Association. American College Health Association-National College Health Assessment II: Emory University Executive Summary Fall 2008. Baltimore: American College Health Association; 2009.

Employee Tobacco Use
According to the Behavioral Risk Factor Surveillance System (BRFSS) (Chart 2), fluctuations have occurred related to the prevalence rates of smoking in Georgia from 1995 to 2000. In 1995, (20.5%) of Georgian's reported smoking cigarettes, the highest reports in 1999 (23.7%) and again in 2001 with (23.7%), and most recent reports in 2000 (17.7%) (2010) (Graph 1). (Pending Emory specific population data)

(Chart 2) **(Graph 1)**

	Georgia		
Year:	%	CI	n
1995	20.5	(18.6-22.4)	473
1996	20.3	(18.4-22.2)	464
1997	22.4	(20.3-24.5)	507
1998	23.6	(21.6-25.6)	549
1999	23.7	(21.6-25.8)	523
2000	23.5	(21.8-25.2)	951
2001	23.7	(22.1-25.3)	1080
2002	23.2	(21.6-24.8)	1100
2003	22.8	(21.4-24.2)	1685
2004	20.0	(18.4-21.6)	980
2005	22.1	(20.5-23.7)	1252
2006	19.9	(18.6-21.2)	1460
2007	19.4	(18.0-20.8)	1366
2008	19.5	(17.9-21.2)	957
2009	17.7	(16.1-19.3)	954

% = Weighted Percentage, CI = Confidenc
Use caution in interpreting cell sizes less th



Source: Health Risks in the United States Behavioral Risk Factor Surveillance System: At A Glance 2010
http://www.cdc.gov/chronicdisease/resources/publications/AAG/brfss.htm

Evaluation

Once these baselines of tobacco use are established, then targets should be identified. For example, it might be a goal to achieve a 3% reduction in use in the first year, followed by a 5% reduction in year two when there are stronger sanctions. Compliance with the policy should be measured by a variety of means, not just self-reported survey data. In addition, observation of tobacco use should be measured at set intervals both pre- and post-implementation. Consistent observation points should be identified and volunteers should observe tobacco use on set dates and times at established intervals. Consideration of evaluation of chronic health conditions and cost expenditures related to tobacco use for example asthma, COPD (Chronic Obstructive Pulmonary Disease), and Lung Cancer. Evaluations should also include time and attendance related to sick time and engagement as well as any cost savings related to reduced demand on facilities and waste management staff to clean up after tobacco use (cigarette butts, etc.), and the reduction in fires.

Budget

We also recommend that the cost of effective policy implementation be made an Emory budgetary priority.

Consistency with Guiding Document(s)
Another way to measure the success of the Task Force's process would be to compare it point by point with a guiding document such as the ACHA position statement on tobacco on campus.
http://www.acha.org/Publications/docs/Position%20Statement%20on%20Tobacco_Sep2009.pdf

Recommendations from the Education/Promotion/Cessation Co-Chairs - Overall			
Recommendation	Baseline	Target	Contact(s)
A1: Establish a budget to support the TFTF recommendations	There are currently no funds allocated for this purpose	Sufficient funding to implement the selected recommendations	Peter Barnes
A2: Establish success measures so that TFTF initiatives can be evaluated and adjusted as needed	Reported statistics Observed behavior	TBD	Data and Research Committee
A3: Consider that compliance strategies may need to be adjusted pending evaluation results at intervals	Current statements indicate that the policy will be community enforced. Additional language may need to state that compliance strategies will be adjusted pending measures of policy compliance (in the first year or some other stated interval).	TBD	Policy and Enforcement Committee
A4: Continue circulating talking points	A version is currently available on Bb	Regular updates	Communications Committee

Recommendations from the Education/Promotion/Cessation Co-Chairs - Overall			
Recommendation	Baseline	Target	Contact(s)
A5: Modify talking points and expand detail as needed for health promotion professionals in OHP and FSAP	Current talking points are for the campus-at large	Due to the number of trainings, consultations and other public speaking opportunities afforded to the health promotion professionals in OHP and FSAP, they need a more detailed script to share current information	Education/Promotion /Cessation Committee
A6: Consult with clinical directors at FSAP and SHCS to inquire whether clinical providers need an opportunity to review the 2008 Public Health Service guidelines to promote implementation during clinical visits	It is current protocol at SHS to note tobacco use status for each clinical visit. It is unknown if the therapists do this as well. Guidance from a clinician is considered one of the most effective tobacco use reduction strategies at the individual level. Providers are encouraged to stay up to date with the policy and to provide cessation referrals for indicated patients/clients.	Providers at Student Health Services, the Student Counseling Center and the Faculty Staff Assistance Program will note tobacco use status and make appropriate referrals (measure via self-report survey of providers and/or regular chart review).	Michael Huey, MD; Michael Allan, MD; Mark McLeod, PhD; Paula Gomes, PsyD. http://www.surgeongeneral.gov/tobacco/index.html

Recommendations from the Education/Promotion/Cessation Co-Chairs - Overall			
Recommendation	Baseline	Target	Contact(s)
A7: Task Force continues to meet through implementation and at least 2-3 years to ensure evaluation, data sharing, documentation, and success.	Monthly task force meetings	Meet quarterly post implementation	Peter Barnes
A8: Adding more specific evaluation to campus surveys related to use of multiple tobacco product to provide more accurate statistics related to Emory population	2 current surveys do not provide breakdown of whether tobacco users are using more than one form of tobacco; aggregate results may overestimate use of multiple forms by individuals	Add additional items to ACHA-NCHA and FSAP Wellness Needs Assessment	Marc Cordon and Robin Huskey

Recommendations from the Personnel/Training Working Group
Co-chairs: Willie Bannister and Tara Cox

Process:
We first developed a clearer understanding of the programs that are currently available to Faculty, Staff and Students by reviewing the inventory of services document and discussing current practices at the Faculty Staff Assistance Program (FSAP) and Student Health and Counseling Services (SHCS). We then set out to gather information about smoking cessation programs at peer institutions. This information was garnered from a variety of sources including the documents gathered by the Tobacco Free Task Force (TFTF) research subcommittee and posted on the TFTF's Blackboard site, online resources, conversations with personnel at peer institutions (including universities and hospitals), and discussions with staff at the local chapter of the American Lung Association.

Contacts:
Nita Cadic, Piedmont Hospital
Wendy Bjornson at Oregon Health Sciences University
Kim Serrechia at Harvard Medical School

Findings:
It seems that all institutions provided some sort of on-site smoking cessation support including, but not limited to, distribution (or discounted) nicotine replacement therapy, one-time smoking cessation consults and multiple session group support. One peer institution even provided a one- time hypnotherapy group to community members. We did see some common themes in terms of personnel, training and smoking cessation:

1. All institutions seem to have a designated staff member who served as a "Tobacco Free Program Implementation Coordinator". This was a person who took a leadership role in engaging the community and providing information about smoking cessation. Their duties typically included coordinating training of personnel and tracking of program success. This person was sometimes in an administrative role and sometimes in a clinical role. It was usually an in-house person whose responsibilities shifted as a result of the tobacco free policy. At two institutions surveyed, the position was time limited or part-time, and then due to the magnitude of the effort, was expanded and/or made permanent.
2. There was usually an option for on-site smoking cessation provided at no cost to employees, students and family members.
3. There was not a "one size fits all" approach, with several options being available for smoking cessation.

Recommendations from the Personnel and Training Working Group			
Recommendation	Baseline	Target	Contact(s)
B1: We would ideally have one designated person to serve as a Tobacco Free Program Implementation Coordinator for the entire Emory community (faculty, staff, students, patients and visitors). Depending on how the policy is rolled out this could potentially be a new full-time position for the first 1-3 years of program.	Currently all TFTF work is in addition to the other duties performed by the staff involved.	Provide resources for a full-time coordinator to conduct evaluation and guide the TFTF to success in implementing its objectives.	Task Force

Recommendations from the Personnel and Training Working Group			
Recommendation	Baseline	Target	Contact(s)
B2: During our assessment we noticed that there was a gap in providing group-based programs for students. The times and locations for Freedom From Smoking offered by FSAP are not conducive to student schedules. Time and location of groups is many times prohibitive to faculty and staff as well, particularly those working evening shifts or in a clinical setting. Therefore, it would be ideal to be able to offer more than one Freedom From Smoking group concurrently at different times of day and locations. Modifications to the FFS program can be made to accommodate different age ranges.	There are currently no group-based intervention options for students.	a) Train SHCS personnel in FFS b) SHCS modify FFS for student audiences c) Pilot offering to students to see if it is a modality they even want d) Evaluate and modify as needed	Personnel and Training Working Group
B3: Providing more groups and varying times and locations would require training more current staff members to facilitate the Freedom From Smoking program. Our recommendations would be to have at least 3 members of the FSAP staff and 3 members of the SHCS staff trained in a timely manner. The cost of training is $250 per person at the American Lung Associations Georgia office (in Smyrna) (note, they need a minimum of 10 people to start a class). This is 1 ½ day training. The additional trained staff members would allow ample support for concurrent sessions and back-up for illness and emergencies.	3 trained staff in FSAP (but two have other duties that conflict with regularly facilitating groups) 0 trained staff at SHCS at present	2 more trained staff for a total of 3 available Train at least 3 staff	

Recommendations from the Personnel and Training Working Group			
Recommendation	Baseline	Target	Contact(s)
B4: An alternative training option is the Tobacco Treatment Specialist certification. This is a 4- 5 day training that would range in cost from $500-$1000 plus the cost of travel and lodging for 4 days (estimated total expense would be $1700-$2300 for 1 person). This is more of a clinical training and the person would need a clinical or health education background to participate. This may be a beneficial certification for the proposed Tobacco Free Program Implementation Coordinator position.	*This is probably not an appropriate option for our current approach. If we were to adopt a smoking cessation clinic as a recommendation, then this training may be necessary for the personnel involved.*		
B5: (See also A6) All clinical staff members of the FSAP and SHCS should be provided with an in-service/overview of all smoking cessation resources available both at Emory and in the community at large (i.e. the inventory of services). This would allow any clinician to help clients that smoke determine if they are ready to quit and the best program to fit their needs, schedule and budget. This in-service could potentially be created by the Tobacco Free Program Implementation Coordinator.	It is current protocol at SHS to note tobacco use status for each clinical visit. It is unknown if the therapists do this as well. Guidance from a clinician is considered one of the most effective tobacco use reduction strategies at the individual level. Providers are encouraged to stay up to date with the policy and to provide cessation referrals for indicated patients/clients	Providers at Student Health Services, the Student Counseling Center and the Faculty Staff Assistance Program will note tobacco use status and make appropriate referrals (measure via self-report survey of providers and/or regular chart review).	Michael Huey, MD; Michael Allan, MD; Paula Gomes, PsyD; Mark McLeod, PhD See Public Health Service Guidance

Recommendations from the Inventory of Services Working Group
Andrea Stokfisz, chair

Process: The working group surveyed emory.edu websites for references to smoking cessation services. They sent emails to key contacts in FSAP and EUSHCS as follow-up. Next they did a web search for off-campus resources. Finally, they worked with the insurance coordinator at Student Health Services to identify the most utilized health insurance plans by students and then identified resources offered by those plans.

Findings: There are a variety of tobacco-use cessation services for students and employees offered for free or reduced fees on-campus; off-campus; via insurance companies and online. Gaps, where identified, should be filled.

Note: Dr. Huey met with the retail pharmacy at TEC to explore options for reduced cost medications for students. (Employees have access to Tier Zero cessation medications.) Cost estimates based on projections based on a peer institution's experience are that it would cost $14,000 in year one to provide *free* smoking cessation medications to interested student consumers. Student Health Services is not able to take on this unfunded financial burden. As an alternative, we propose an aggressive campaign to encourage student smokers to access our EUSHCS counseling and medical smoking cessation services. We will recommend OTC medications and prescribe prescription medications as indicated clinically and students will access those products as they currently do, either through prescription plans, personal finances or both.

Recommendations from the Inventory of Services Working Group			
Recommendation	**Baseline**	**Target**	**Contact(s)**
C1: A study collecting data on compliance as outlined in the USDHHS/CDC Evaluation Toolkit should be undertaken, with baseline data before the policy goes in to effect, and short- and long-term follow ups. This can be done through the use of surveys and observational studies using volunteers and/or staff from partner organizations.	Currently there is no observational data available. The Facilities Working Group has shared maps of common tobacco use locations that could be useful in planning for this type of evaluation.	Conduct at least one observation study during classes (not during a break or finals) before policy implementation (tentatively January 1, 2012)	Centers for Disease Control and Prevention. *Evaluation Toolkit for Smoke-Free Policies*. Atlanta: U.S. Department of Health and Human Services; 2008. Available at http://www.cdc.gov/tobacco.

Recommendations from the Inventory of Services Working Group			
Recommendation	**Baseline**	**Target**	**Contact(s)**
C2: Cessation resources should be adapted specifically for international students. These can range from educational and promotional materials produced in a few of the most common languages to group cessation classes, such as ALA's FFS, targeted toward international students, with facilitators who will be credible to them.	Current FFS classes are not utilized by students.	Offer group based interventions for students, including specific, culturally competent and sensitive versions for international students.	Personnel and Training Working Group
C3: Most people need several attempts to successfully quit tobacco use, and recognition and support for this reality should be considered. Participants in cessation programs should be reimbursed or covered at least twice at full cost for enrolling and participation in those programs, and receive partial reimbursement and coverage for once or twice more.	Currently, employees who enroll in FFS are reimbursed only once. Students are not reimbursed at all.	(Resources should be considered)	Evaluation Working Group if established and HR.
C4: Nicotine replacement should be sold *at cost* at campus bookstores and local merchants, consideration of procurement relationships with vendors, and discount savings with manufacturers.	Evaluate where products are sold and at what cost to participant.	Secure savings plan to offset cost to purchase products.	EHC Pharmacy; Emory Bookstore, local merchants and pharmacies, and vendors.

Recommendations from the Inventory of Services Working Group			
Recommendation	**Baseline**	**Target**	**Contact(s)**
C5: An academic course for credit should be developed which contains tobacco cessation as one of a few options or in-depth topics for healthy lifestyle choices. This course could either be taught through the ECAS Department of Health and Physical Education as a 1 credit PED course, or as a 2 or 3 credit course through Predictive Health as the new HLTH 101, 201, and 301 programs are designed. The possibility of developing a Healthy Lifestyle –type certificate program within the College has also been discussed, which would include courses such as these, but such a program would likely have wide appeal throughout the University community.			Paula Anderson, PE Department, Emory College
C6: The inventory of services should be adapted to a user-friendly guide – one for students and one for employees – posted online with a short URL.	This project is underway. OHP staff need additional web design support to fully implement this recommendation.	Online summary of cessation services cross-linked by OHP, FSAP and the TFTF.	Lex Gilbert, FSAP webmaster and John Millis/David Payne.

Recommendations from the Educational Messaging Working Group
Gregg Orloff and Sabine Povian, co-chairs

Process: The working group met a few times to brainstorm effective messaging for various constituencies. They also visited websites of other IHEs.

Findings:
The current Health classes have only minimal content related to tobacco. The SGA and College Council currently do not run any tobacco related programs.

There are a few undergraduate student organizations interested in cancer education, including Colleges Against Cancer, Camp Kesem, and several pre-medical organizations. These groups represent a great resource for reaching Emory College students with educational materials.

Per the inventory of services, educational consultations; risk management; and medical cessation consultations are available at Student Health Services, including the Office of Health Promotion.

Target Populations:
We feel that there are several distinct populations that need to be targeted with messaging and educational opportunities. These include:

1. Faculty
2. Staff
3. Graduate students
4. Undergraduate students
5. Visitors
6. Specific cultural subgroups of students and others at high risk for engaging in tobacco usage. Based on our collective experiences and tobacco usage demographics, we identified these populations as being at risk and large enough to warrant a targeted education campaign:
    a. Korean
    b. Southeast Asian
    c. Those from the Indian subcontient
    d. Those from Middle-Eastern countries

In particular, with respect to the undergraduate student population, these groups have existing social organizations that make reaching the targeted groups easier. Working with the Office of Multicultural Programs and Services would make this much easier.

Some individuals who can/should help deliver the messages include:

1. Faculty
2. Residential advisors
3. University dept. chairs.
4. Athletic coaches
5. Grounds and facilities staff

Messaging:
While we feel strongly that the messaging should be as positive as possible, we do believe that some messages highlighting the negative health/social consequences of tobacco usage are appropriate. These would be coupled with positive messages addressing the benefits of altered lifestyle choices.

The types of messages we found to be commonly in use at other institutions and are also produced (and therefore endorsed by) by national cancer organizations (i.e. CDC) include:

1. The negative impacts of tobacco usage.
2. Impact of tobacco usage on people other than the user.
3. Expense of tobacco costs as a deterrent.
4. Health benefits of tobacco cessation, both short-term and long-term
5. Impact of tobacco on social life.
    a. We thought that a survey to obtain statistics specifically relevant to the social impact of tobacco usage would enable us to personalize the messages for the Emory community.

To reiterate, we would recommend that the majority of the messaging be positive, focusing on the benefits of quitting more than on negative consequences, but the impact of negative images of tobacco should not be discounted.

<u>Venues to deliver messages:</u>

1. PACE (for first-year undergraduates)
2. Tobacco Free Emory website
    a. We feel strongly that the content should be engaging and interactive.
3. Blackboard and Learnlink
4. Emory Publications
    a. The Emory Wheel
    b. The Emory Report
    c. Student health magazine
5. Emory transit vehicles (buses, vans, etc.)
6. Food service locations
7. Bathrooms
8. In and around libraries
    a. It was noted by our committee members and others that the space surrounding the Woodruff library is a major location for the usage of tobacco products and should be heavily targeted.
9. Residence Halls
10. DUC
11. Student lounges
12. Sidewalk chalk messages in main areas of traffic/congregation
13. Buildings housing major teaching facilities
14. Facebook
15. Integration into curriculum (Health, Biology, Chemistry, etc.)

<u>Other possible delivery devices:</u>

1. Videos about why people quit using tobacco. These could/should be at least partially created by students. We feel strongly as a group that videos are a very effective way to reach people.
2. Create a peer tobacco cessation program so individuals attempting to quit tobacco have a person to meet with (not just speak to on the phone) regularly. Existing campus groups have already expressed an interest in this and, at least for undergraduates, it would be inexpensive and self-sustaining.
3. Have a contest for the slogan for the campaign (other than Tobacco Free Emory). Other organizations have catchy phrases and images of clean air/healthy activities coupled to the initiative. Currently Emory does not have this but we feel it is appropriate.

Resources and Examples:

Websites with positive messaging and images
UF-http://tobaccofree.health.ufl.edu/
UKY-http://www.uky.edu/TobaccoFree/
UCO-http://www.uco.edu/wellness/tobaccofree/
Curriculum Infusion
http://www.uco.edu/wellness/tobaccofree/curriculum.asp
Tulane-http://tulane.edu/health/wellness/freshcampus.cfm
Maine Tobacco Free College Network
http://www.mainetobaccofreecollegenetwork.org/index.php

A highly interactive website with tobacco education materials. (In particular, the quiz component would be something we could utilize) http://www.joechemo.org/ .

Recommendations from the Educational Messaging Working Group			
Recommendation	**Baseline**	**Target**	**Contact(s)**
D1: Carefully consider the needs of target populations	If the focus groups conducted previously did not elicit this information, then future messaging should be tested with members of the target populations.	Develop messaging that resonates with multiple constituencies on campus as measured by audience feedback	Communications Committee
D2: Messaging should be positive	Current messaging from the Task Force, EHC, SHCS and FSAP is positive.	Maintain a positive tone while also offering messages tailored to each stage of change.	Communications Committee; SHCS; FSAP, EHC
D3: Multiple venues should be used to increase saturation of messages	Current venues include door signs, banners, websites, posters in residences and campus buildings.	As resources permit, expand venues.	Communications Committee
D4: Consider the examples provided by this working group in developing new messaging and campaigns	Current messaging is limited as the public phase of the TFTF has just begun.	Communications staff and health promotion experts should review the URLs provided by this working group.	Communications Committee, Eddie Gammill, Heather Zesiger or designee

Recommendations from the Resistance Working Group
Tucker Sandlin and Paula Anderson, co-chairs

Process: The working group provided ongoing feedback related potential barriers and resistance.

Findings: A phased approach is recommended instead of a "complete" Tobacco Free approach to allow readiness for change. (This approach has already been adopted by the TFTF). Open communication and respect for privacy should be maintained with respect to client-provider interactions.

Recommendations from the Resistance Working Group			
Recommendation	**Baseline**	**Target**	**Contact(s)**
E1: Maintain open dialogue to explore resistance and potential barriers to aid in success	Open dialogue in meetings, campus forums, focus groups, TFTF Website and deliberate attempt to include tobacco users in TF representation.	Maintain existing channels for feedback, and consider enhanced strategies i.e. smoking intercept, and Face Book. Review feedback on regular basis and report themes to TFTF.	TFTF (Milazzo and Payne)
E2 Maintain and communicate the commitment to privacy and HIPPA in evaluation and enforcement recommendations.	Current in practice.	Maintain as utilization increases, and enforcement is implemented.	HR, Enforcement Working Group, SHCS and FSAP.

Next Steps

Recognizing that this initiative is an ongoing process, the committees and working groups should continue to meet to prepare for implementation of the new policy in January 2012. The Task Force should continue to meet throughout implementation to monitor success and make adjustments as needed.

The Education/Promotion/Cessation committee will continue to meet to implement recommendations regarding:

- Resources and Training
- Educational Collateral
- Ongoing communications with committee
- Support task force committee recommendations
- Provide assistance related to education/promotion/cessation

Limitations

Collaboration and leveraging relationships between Task Force members and represented entities is critical to the success of this endeavor. Interdependence between Task Force committees and working groups is indicated in the tables that summarize the recommendations in this report. Some of our recommendations will best be implemented by other entities and we expect that there will be recommendations from other groups that will pertain to education/promotion/cessation.

This is one of the largest campus-wide endeavors to date, particularly as it includes Emory Healthcare, multiple sites, patients, families, visitors and neighboring communities. We must be mindful that there are limited models for success at an institution of this size and diversity. Laws and policies are inconsistent nationally and locally. Emory is poised to accept this challenge and recognizes that monitoring and evaluation are critical to the success of this initiative.

References

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American College Health Association (2009b). *Position Statement on Tobacco on College and University Campuses.* Baltimore: American College Health Association; 2009. Available at: http://www.acha.org/Publications/docs/Position%20Statement%20on%20Tobacco_Sep2009.pdf

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	A	B	C	D	E	F	G	H	I	J
1	**Tobacco Cessation Program/Vendor**	**Therapy Type**	**Program Type**	**Program Summary**	**Healthcare Provider Involved**	**Duration**	**Cost per Participant**	**EHC/EU Provides**	**How Do I Enroll?**	**Who is Eligible?**
2	Individual Consultation: EUSHS Office of Health Promotion	Educational	Educational, skills building and referrals	Two sessions focusing on initial coaching, discussion of various cessation approaches and tools, referrals to other resources, both online and face to face. Support and strategies for those individuals who are ready to establish a quit date.	Virginia Plummer, LCSW or Willie Bannister, LPC	Two sessions	No charge for office visit	available at Emory Student Health Services	students log onto My Patient Portal and schedule appointment with provider; 404.727.7751 http://studenthealth.emory.edu/hp	students
3	Individual Consultation: EUSHS clinical providers and counselors	medical consultation	medication intervention	consultation consists of initial screening interviews, harm reduction and tobacco use prevention education, case management and recovery maintenance, and referrals.	doctor, PA, NP, RN	one initial session and then follow ups as needed	cost of precription: dependent on insurance coverage	available at Emory Student Health Services	students log onto My Patient Portal and schedule appointment with provider; 404.727.7751 http://studenthealth.emory.edu/hp	students
4	Quit and Fit Aetna Healthyroads Program	behavioral	nicotine replacement therapy, personal coaching sessions	one kickoff phone session, one general assessment phone session, one pre-quit phone session, up to four consultations via phone per month to problem solve and self-assess, plus online educational materials and self-tracking tools	a Smoking Cessation Specialist	as often as four times a month	no charge for anyone with Emory student health insurance, others with Aetna not under Emory would have varying levels of benefits	no, must go to Healthyroads centers	1.800.650.2747 https://www.quitandfit.com	students w/ Aetna insurance
5	Georgia Quit Line	behavioral	personal coaching sessions, referrals	counselors help with tobacco cessation, problem solving, skill building, and referrals to medical support	trained counselors	6 phone consultations	free	no	877.270.STOP www.livehealthyga.org	anyone
6	American Lung Association Freedom From Smoking	behavioral	in-person class	Emory-sponsored 8-week, facilitated tobacco cessation class	no	90 min, 8 weeks	$50	no	1.800.LUNG.USA (586.4872) www.lungusa.org; 404.727.4328 Faculty Staff Assistance Program http://www.fsap.emory.edu/health/wellnesscourses/smokingcessation/index.html	students, faculty, staff
7	Cigna Quit Today	behavioral/medical	online program or telephone consultations, or both	the phone program offeres convient personal coaching hours and optional phone support groups, free nicotine replacement therapy, and Health Rewards bonus points; the online program offers a self-paced personal quit plan, weekly educational materials, and Healthy Rewards points	if phone, a personal wellness coach is provided	Online is 8 weeks, self paced	free to enrolled members of Cigna	no	1.866.417.7848 https://my.cigna.com/portal/portal/healthcare/programs/quit_today_tobacco_cessation.html	students /w Cigna insurance
8	Humana QuitNet	behavioral/medical	online program/telephone consultations	calls with a counselor, printed information packet, regular e-mails, free nicotine replacement therapy, personalized online support	trained counselors for phone	unsure about online, 5 telephone consultations	unsure, but nicotine replacement is free	no	888.572.4074 www.quitnet.com/humana	students w/ Humana insurance
9	Blue Cross Blue Shield of Georgia Time Well Spent	posters/info packets online	information and educational program online and on paper	participants receive an educational toolkit including informational articles and colorful posters. These can also be accessed online	no	n/a	free to all Blue Cross/Blue Shield Members	no	http://www.bcbs.com/timewellspent	students w/ BCBS insurance
10	United Health (tobacco cessation): Online Health Coach	behavioral	comprehensive online program	individually-tailored needs assessment that helps members pick a quit date and offers online support for the most stressful times	no	5 weeks	no cost to United Health participants	no	www.myuhc.com	students w/ UH insurance

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11	American Lung Association (Not-On-Tobacco) for age 14-19	behavioral	school/community based program	voluntary partiicpation for teens offering different sessions assisting on the decision to quit and stay quit, and managing stress for overall healthier behaviors, improving communication skills, also separate course for the genders, knowing they have different needs	trained facilitators	10 sessions		no	1.800.LUNG.USA (586.4872) www.lungusa.org; group involvement required	up to age 19
12	CDC smokefree.gov	behavioral	comprehensive online program	multi-faceted website that guides users through different online, texting, and phone networks to link them to the support they need	optional texting to a counselor from National Cancer Institute	unlimited	free	no	1.877.44U.QUIT (448.7848) www.smokefree.gov	anyone
13	CDC 1-800-QUIT-NOW	behavioral	telephone consultations	phone consultations provide personalized quit plan, coaching, and social support, as well as resources available in the tobacco user's local area (i.e., clinic)	trained counselors/quit coaches	unlimited	free	no	1.800QUIT.NOW (784.8669) www.cdc.gov/tobacco/quit_smoking/	anyone
14	Become an Ex (National Alliance for Tobacco Cessation)	behavioral	comprehensive online program	individually-tailored needs assessment and program	online community of participants	unlimited	free	no	www.becomeanex.org	anyone
15	Quit for Life Free and Clear	Behavioral and Medical Management	Online; Telephonic; ALL Tier Zero Medications and Over-The-Counter Medicines (OTCs)	Personalized 12-month program including scheduled telephonic counseling sessions, an 8-week supply of (NRT) Nicotine Replacement Therapy (patch or gum) and unlimited Web support; provides coaching support for Tier Zero Drugs	Yes, if tobacco cessation medications are prescribed	12 months	$365 Eligible participant must remit cash, check or money order to EHC Health Services if EHC employee; or FSAP if EU before commencement of program	For employee enrolled in Emory Healthcare or Emory University medical plan, reimbursement up to 50% after completion of program Maximum one reimbursement per employee	For Healthcare employees, send an e-mail to tobacco.free@emoryhealthcare.org for application to enroll. For University employees, please call FSAP at 404.727.4328	Available for employees, spouses and SSDPs enrolled in Emory Healthcare or Emory University medical plans

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16	GetQuit Plan - Online Pfizer	Behavioral and Medical Management	Online	A step-by-step plan to assist you in becoming a non-smoker; GetQuit only takes minutes a day and offers personalized online support for one year with Chantix	Yes	12 months	$0	Online support and Tier Zero prescription drugs	The access code is in the prescription information packet. This site is available to you with your prescription of Chantix given to you by your physician. http://www.chantix.com/support-plan.aspx	Participants will be eligible for this free online support with their prescription for Chantix. For employees enrolled in Emory Healthcare or Emory University medical plan, reimbursement up to 50% after completion of program. Maximum one
17	Freedom from Smoking (FFS) American Lung Association	Behavioral	In-person Class	Emory-sponsored, eight-week, facilitated tobacco cessation program	No	8 weeks - 1.5 hour classes	$50	Reimbursement up to $50 for employee only after completion of program Maximum one reimbursement per employee	Contact FSAP at 404-727-4328 to enroll.	students, faculty, staff
18	Tier Zero Drugs Medco;On-site Pharmacy; Retail Pharmacy	Medical Management	Prescription Drug	Single management drug therapy with participant's primary care physician	Yes	Physician recommendation	$0	Tier Zero prescription drugs: Nicotine NS Nicotrol inhaler ZybanChantix	Contact The Pharmacy at Emory, Emory Benefits Tier Zero Web site for a full list, your PCP, EVIP line, etc.	Available for employees, spouses and SSDPs enrolled in Emory medical plans
19	Aetna BREATHE (Simple Steps to a Healthier Life)	Behavioral	comprehensive online program	Based on 7 key principles, *HealthMedia® BREATHE™* crafts a quit plan that plays to your strengths to help get you past old roadblocks.	No	unlimited?	$0		Login to Aetna Navigator, click on Health Programs, then on Simple Steps to a Healthier Life, then My HealthMedia Programs, then Quit Smoking	Available for employees, spouses and SSDPs enrolled in Emory Healthcare or Emory University medical plans

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20	Oxford College: Health Services	medication intervention, behavioral, activist	educational, medical management, peer support	students may make appointment with providers, there is 1 full-time NP and one half time NP, students may get a prescription for medications. There is also a new tobacco cessation initiative group on campus, started by the health educator, it is rudimentary but aims to find out what students would like in terms of resources. There was also a recent staff meeting to discuss using smoking status as a general measure of well-being. In the future, Oxford would like to connect their students to the main Emory campus and be involved with initiative here.	NP or health educator		activism group free		during medical or couseling appointment, call 770.784.8376 to make appt. For activism related to tobacco cessation, please contact Amanda Yu, Health Educator at amanda.p.yu@emory.edu	students
21										

2008 NCHA Snapshot: Other Substance Use at Emory

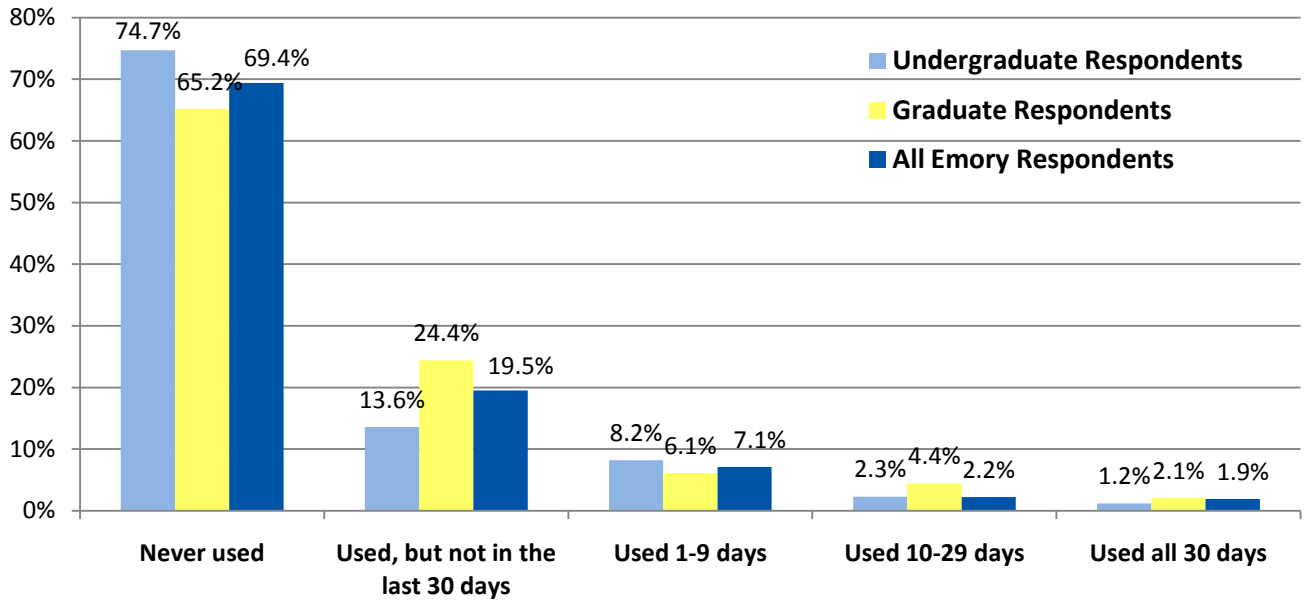
The *2008 NCHA Snapshot Series* consists of summary reports prepared by Emory University Student Health and Counseling Services using data from the National College Health Assessment (NCHA), administered in Fall 2008 at Emory to undergraduate, graduate, and professional students (n=1,394) and a Fall 2008 national comparison sample (n=26,685).

This snapshot examines NCHA respondents' reported use of tobacco, marijuana, prescription medications, and other substances of abuse. For detailed information specifically about alcohol use, see the *2008 NCHA Snapshot: Alcohol Use at Emory*.

The majority of respondents have never used tobacco or marijuana; however, after alcohol, these are the most common substances used among Emory respondents

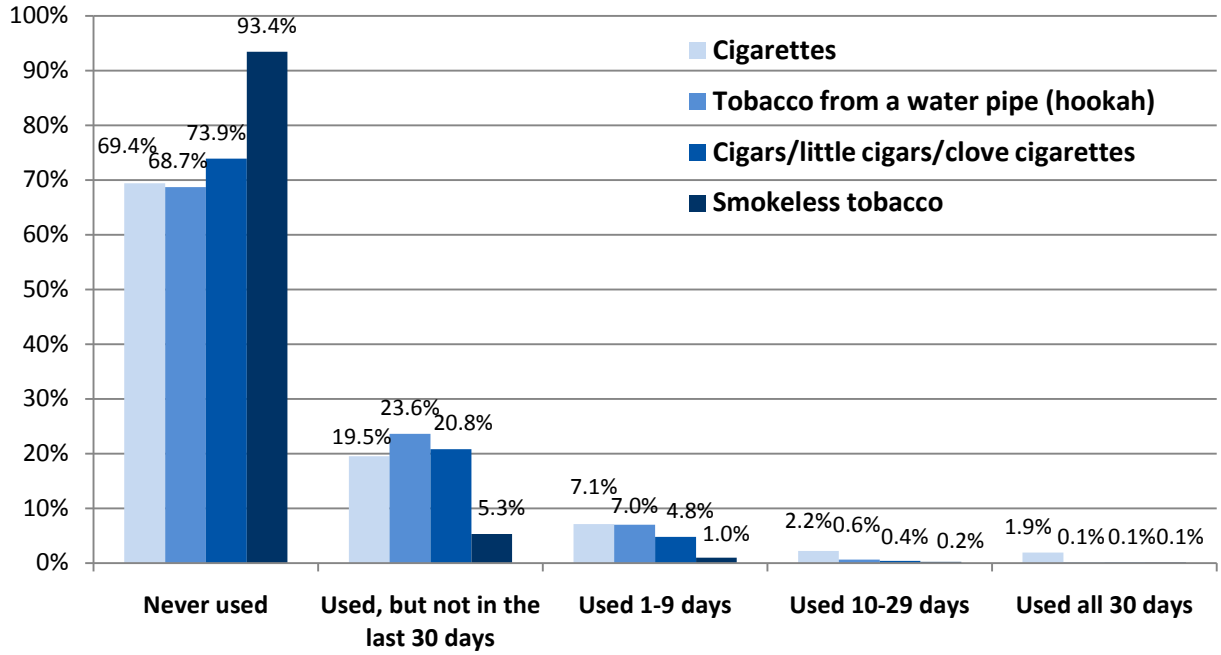
As shown in Figure 1, the majority of Emory respondents had never used cigarettes and undergraduate and graduate respondents had similar rates of smoking cigarettes in the last 30 days. However, more graduate respondents reported having ever used cigarettes as compared to undergraduate respondents.

Figure 1: Cigarette Use in Last 30 Days: Emory Undergraduate v. Graduate Respondents
Undergraduate: n=601; Graduate: n=753



Of the various types of tobacco products used in the last 30 days, Emory respondents reported similar use of cigarettes and tobacco from a water pipe (hookah), with cigars/little cigars/clove cigarettes being used slightly less. Substantially fewer respondents had ever used or recently used smokeless tobacco. Figure 2 depicts the breakdown of responses for each product.

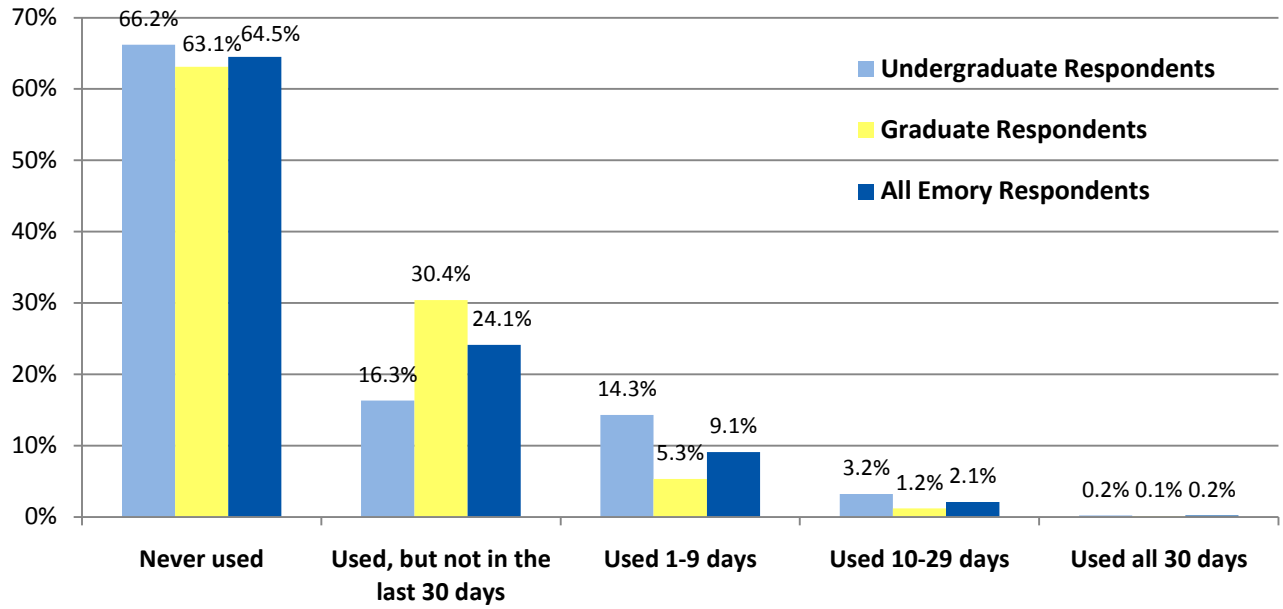
Figure 2: Tobacco Use in Last 30 Days



As shown in Figure 3, the majority of Emory respondents had never used marijuana and undergraduate and graduate respondents had a similar rate of non-use. However, among respondents who had used marijuana, many more undergraduate respondents reported using this substance in the last 30 days.

Figure 3: Marijuana Use in the Last 30 Days: Undergraduate v. Graduate Respondents

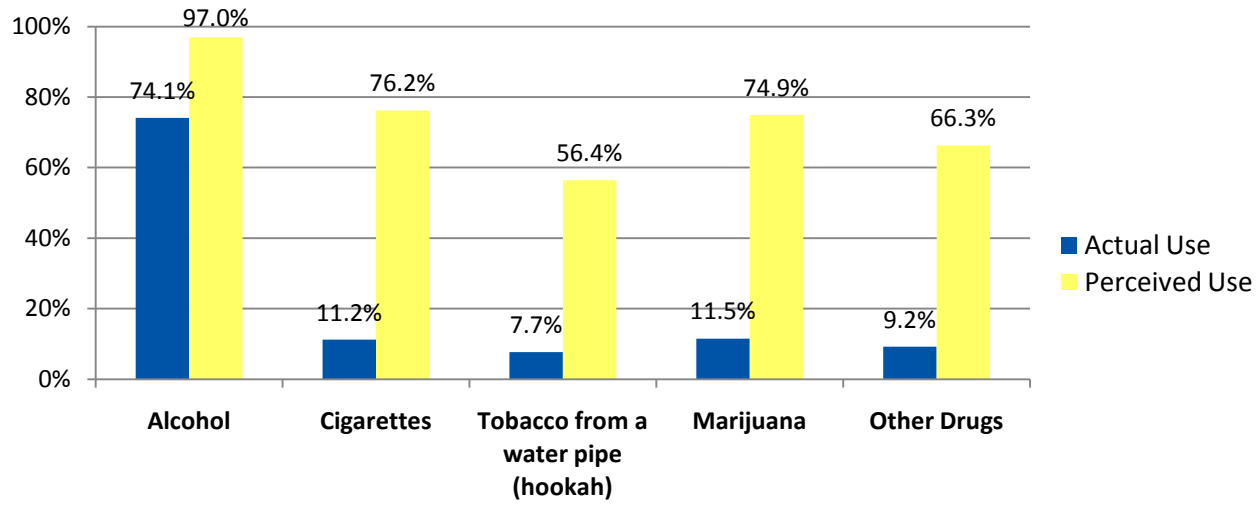
Undergraduate: n=603; Graduate: n=751



Misperceptions About Peers' Substance Use

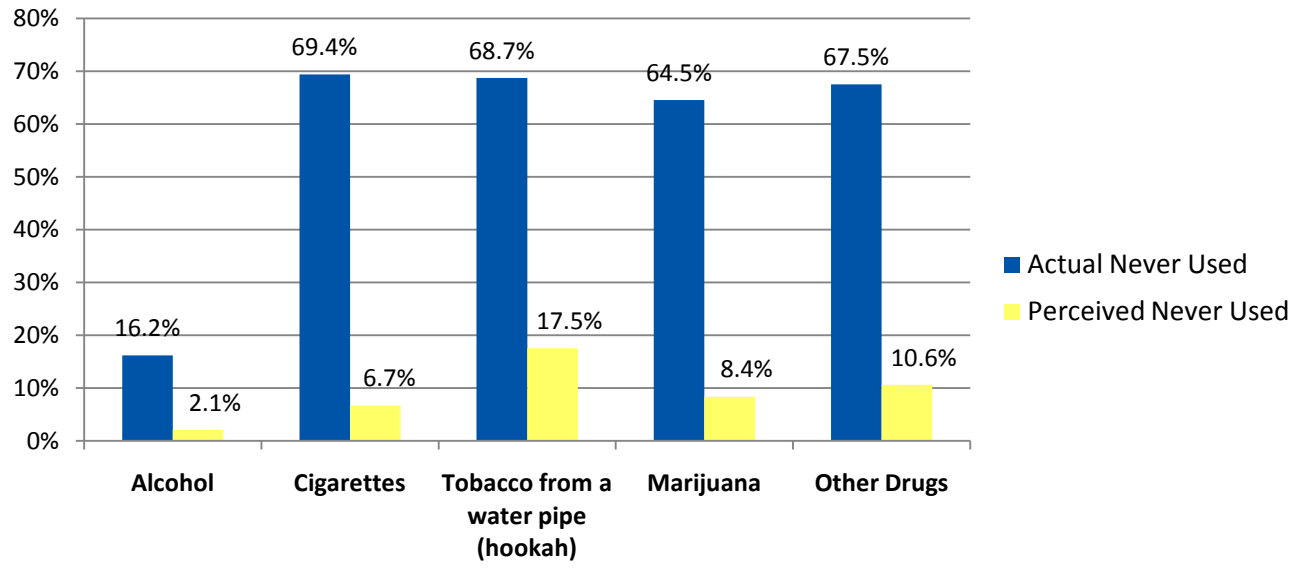
Emory respondents had substantial misperceptions about their peers' substance use. Figure 4 shows the discrepancy between Emory respondents' actual substance use versus their perceptions of a typical Emory student's substance use. Because individuals sometimes engage in behaviors because they believe them to be normative, these misperceptions may have significant implications.

Figure 4: Actual v. Perceived Substance Use in the Last 30 Days



Similarly, respondents also vastly underestimated the large number of their peers who reported never having used multiple substances, as depicted in Figure 5.

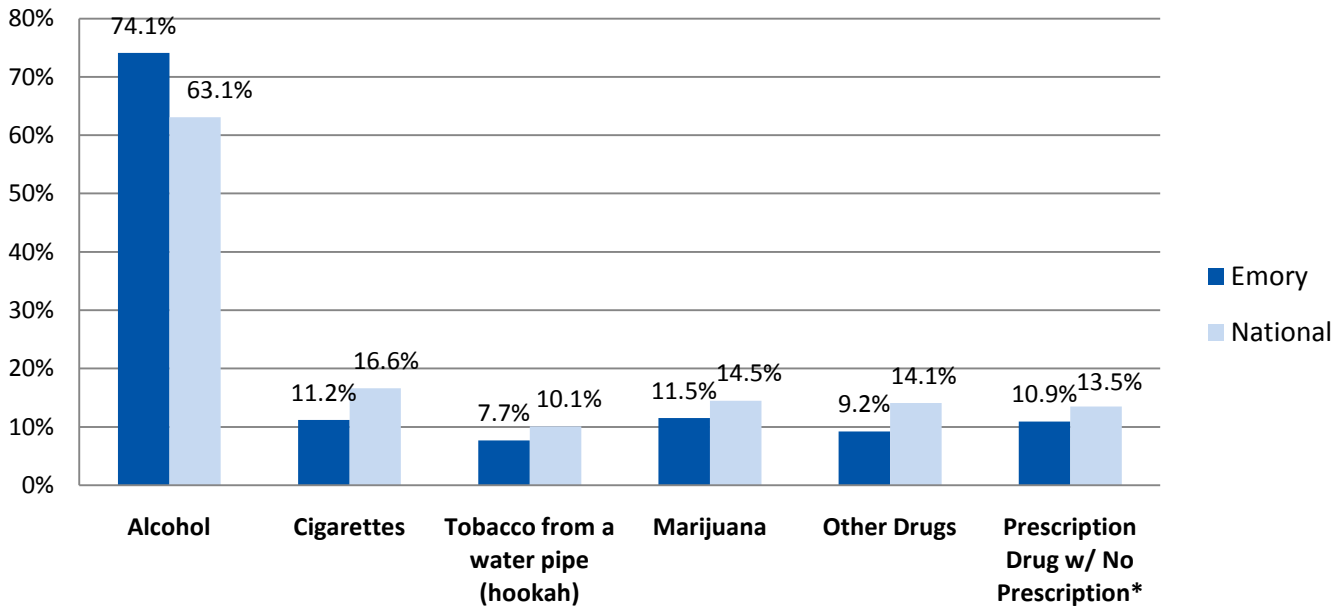
Figure 5: Actual v. Perceived Substance Non-Use in the Last 30 Days



Comparison of Emory Respondents and their National Peers

National respondents reported similar but higher rates of substance use than Emory respondents, with the exception of alcohol. However, a possible contributing factor for this may be that Emory's sample has substantially more graduate students than the national sample, and more graduate respondents reported drinking alcohol than undergraduate respondents (for a more thorough explanation, see the *2008 NCHA Snapshot: Alcohol Use at Emory*).

Figure 6: Substance Use in Last 30 Days: Emory v. National Respondents



*Data for prescription drug use with no prescription was for 12 months instead of 30 days

Prescription Drug Use

Some respondents reported using prescription drugs that were not prescribed to them within the last 12 months. Table 1 provides the percentage of Emory and national respondents that reported using each category of prescription drug without a prescription. Emory respondents had similar but lower rates of use than the national reference group.

Table 1: Prescription Drug Use Without a Prescription in Last 12 Months: Emory v. National Respondents

	Emory Respondents	National Respondents
Pain killers	5.2%	8.6%
Stimulants	4.5%	5.6%
Sedatives	4.0%	4.4%
Antidepressants	2.5%	3.1%
Erectile dysfunction drugs	0.9%	1.0%

Other Illicit Substance Use

The vast majority of Emory respondents had never used the illicit substances listed in Table 2. Of those respondents who had used each substance, very few had used it in the last 30 days. National respondents reported similar rates of non-use.

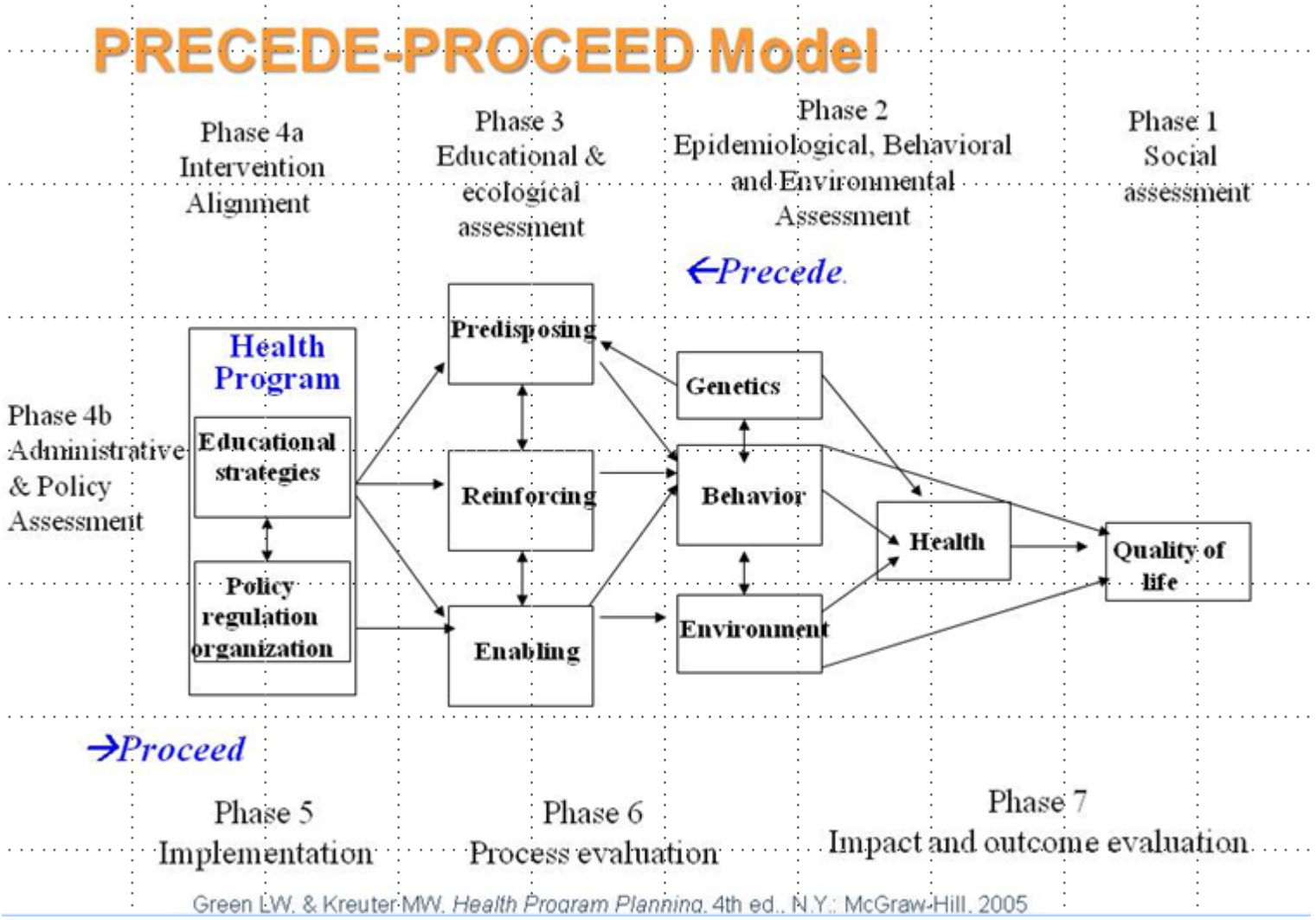
Table 2: Other Illicit Substance Use

	Never	No, not in last 30 days	In last 30 days
Hallucinogens	93.3%	6.3%	0.5%
MDMA (ecstasy)	94.4%	5.3%	0.2%
Sedatives:	94.5%	4.0%	1.4%
Cocaine	94.9%	4.3%	0.8%
Opiates	98.0%	1.7%	0.3%
Methamphetamine	98.3%	1.6%	0.1%
Anabolic steroids	99.6%	0.4%	0.1%

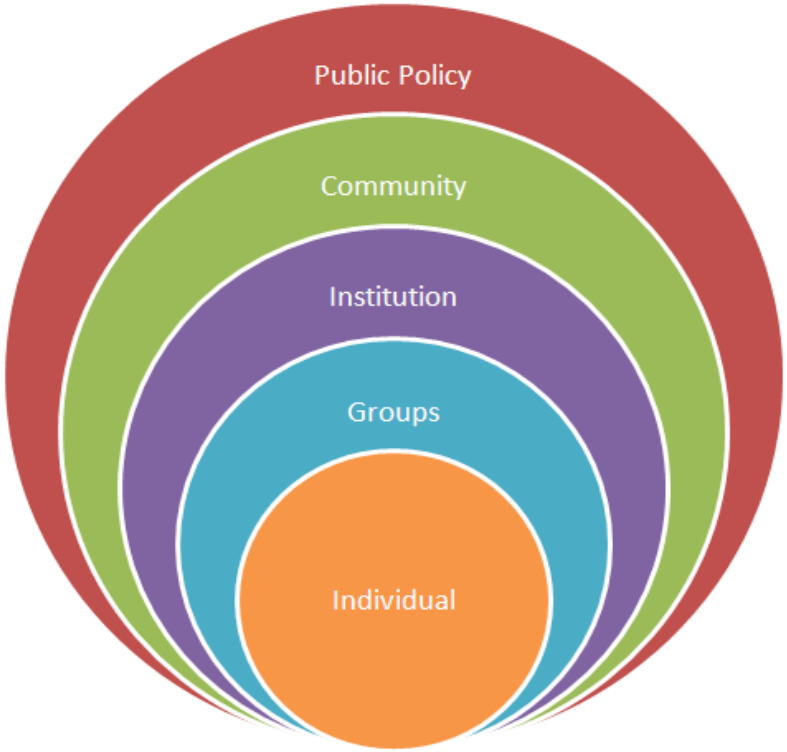
Emory's primary resource to help students feel and perform at their best:
Student Health and Counseling Services: www.studenthealth.emory.edu

For more information, visit studenthealth.emory.edu/ncha.

Citation for Emory-specific data: *American College Health Association. American College Health Association-National College Health Assessment II: Emory University Executive Summary Fall 2008. Baltimore: American College Health Association; 2009.*
Customized analyses provided by Alyssa Lederer, MPH, CHES and Maureen Wakhisi, MPH. 12/09


PRECEDE-PROCEED Model
Phase 4a
Intervention
Alignment
Phase 3
Educational &
ecological
assessment
Phase 2
Epidemiological, Behavioral
and Environmental
Assessment
Phase 1
Social
assessment
←Precede
Phase 4b
Administrative
& Policy
Assessment
Health
Program
Educational
strategies
Policy
regulation
organization
Predisposing
Reinforcing
Enabling
Genetics
Behavior
Environment
Health
Quality of
life
→Proceed
Phase 5
Implementation
Phase 6
Process evaluation
Phase 7
Impact and outcome evaluation
Green LW. & Kreuter MW. Health Program Planning. 4th ed.. N.Y.: McGraw-Hill. 2005

An Ecological Model at Emory



(Adapted from McLeroy, Bibeau, Steckler, Glanz, 1988)