

Impetus for the Collaborative and Work-To-Date

BACKGROUND

- For the past six years, several states have engaged in significant initiatives to promote and support sustainable changes in the healthcare system to address tobacco use.
- In the spring of 2007, Massachusetts Tobacco Control Program organized the first meeting of a 7-state collaboration to share best practices and challenges in this work
- We have documented our learning to date and begun to build a model for change.

IMPETUS

- Share in-depth state experience to promote or support *sustainable* changes in the healthcare system to address tobacco use
- Learn how each state has invested in health systems change, the scope of state-funded initiatives, and what has worked
- Identify barriers and facilitators to change *at the state level*, at the healthcare *organization level* and in the *larger environment*

WORK-TO-DATE

- All-day meeting June 15 Meeting, Hotel at MIT, Cambridge Mass with 7 states (MA, WI, NY, ME, VT, RI, NH) and 25 participants
- Two conference calls with 7 states
- Creation of listserv for information exchange
- Documentation of all information from June 15 meeting and creation of data collection frameworks.
- Identification of “hot button” issues
- Invited 6 additional states to participate in collaborative (OH, IA, OK, CO, MN, WA)
- Invited 13 states and national organizations (RWJ/AED, CDC, NAQC, TCLN) to meet at NCTOH today, October 25, 2007.

DATA COLLECTION AND HSC FRAMEWORKS (SEE ATTACHED TABLES)

During the June 15 meeting in Cambridge, we sought to:

- identify strategies the state tobacco control programs were currently undertaking and in which health systems;
- identify potentially effective approaches to health systems change; and
- identify what barriers each state had encountered or addressed.

After the initial meeting of the collaborative, we analyzed data collected at this meeting and categorized these barriers and strategies according to a simplified *ecological model* with three levels:

- the health care organization itself as agent for change (O);
- the state tobacco control programs as change agents (SCA); or
- the external environment as a context that can promote or inhibit change (ExE).

AIMS GOING FORWARD

Aim 1: Continue in-person and web-ex meetings of this emerging group of tobacco cessation health systems change interventionists. Systematically collect and analyze data collected at these meetings on barriers and effective strategies used by participating states.

Aim 2: Investigate states in the forefront of facilitating health systems changes that support tobacco cessation in their patient populations and develop/refine a model based on comparison of effective health systems change across seven or more states striving to facilitate such changes.