The Oklahoma Leadership Academy for Wellness and Smoking Cessation Summit
Sheraton Midwest City Hotel at the Reed Conference Center
Midwest City, OK
April 20 - 21, 2011

ACTION PLAN

EXECUTIVE SUMMARY

On April 20-21, 2010, thirty-six leaders and experts in public health, behavioral health and tobacco control came together with a goal to create an action plan for Oklahoma State to reduce smoking prevalence among people with behavioral health disorders. Partners were well-aware that people with behavioral health disorders are disproportionately burdened by the harmful effects of smoking and tobacco use. At the summit, the partners designed an action plan to address the issue of tobacco dependence. The summit was supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Smoking Cessation Leadership Center (SCLC) in a new initiative called, Leadership Academies for Wellness and Smoking Cessation.

Terry Cline, Ph.D., Commissioner of Health, Secretary of Health and Human Services, Oklahoma State Department of Health, welcomed the group during dinner on the evening of April 20, 2011. Cline informed participants, “You were selected to be here because you are individuals who can make a difference in Oklahoma, and I’m confident that you can make changes happen. I think we can see a decline in smoking prevalence in the next 5 or so years especially among individuals with behavioral health issues. And we’ll be able to tie it back to the work in this room. This is the confidence I have about the people in this room.”

Jolie Bain Pillsbury, PhD, facilitated the event. Each participant expressed their interest in the summit. Themes that emerged from the group’s interests were daunting statistics, passion for those served, personal connections, clear perception that it is possible and necessary to make changes, and interest in resources (see Appendix A). Participants also reviewed a data-filled Gallery Walk of Oklahoma. Before dinner concluded, Tracey Strader, MSW, Executive Director, Oklahoma Tobacco Settlement Endowment Trust, shared a story about a woman who opted to avoid going to her day treatment classes in order to avoid smoking with her peers at the treatment center.

The following morning, Terri White, MSW, Commissioner, Oklahoma Department of Mental Health and Substance Abuse Services, welcomed the group with reflections of the dinner event, and hoped that the day would be a chance for Oklahoma to address the startling statistics that 44% of cigarettes in the US are smoked by persons with behavioral health disorders. Steven A. Schroeder, MD, Director, Smoking Cessation Leadership Center, presented on research on smoking prevalence, health effects, and innovations in the management of smoking cessation.

By the end of the summit, the partners answered the following questions:
1. Where are we now?
2. Where do we want to be?
3. How will we get there?
4. How will we know if we are getting there?

The following action plan details the group’s recommended strategies and next steps.
Where are we now (baseline)? Where do we want to be (target)?

Oklahoma partners adopted the following baseline and target measures. The primary measure will reduce smoking prevalence among adult behavioral health consumers, and the secondary measure will reduce staff smoking prevalence by end-of-year 2015.

<table>
<thead>
<tr>
<th>ODMHSAS Consumers</th>
<th>MH</th>
<th>SAS</th>
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<tbody>
<tr>
<td>Baseline (2009)</td>
<td>62%</td>
<td>74%</td>
</tr>
<tr>
<td>Target (2015)</td>
<td>60%</td>
<td>60%</td>
</tr>
</tbody>
</table>

**ODMHSAS Consumers**

- MH: 62% (Baseline 2009), 60% (Target 2015)
- SAS: 74% (Baseline 2009), 60% (Target 2015)

**ODMHSAS Staff Smoking**

- Staff: 21.6% (Baseline May 2010), 20.0% (Target 2015)
How will we get there (multiple strategies)? How will we know we are getting there (impact evaluation)?

Participants adopted five overarching strategies to reach the target: data development, quitlines and social media, peer recovery support services, staff quit, and provider education strategies. Select partners volunteered to be committee liaisons to help mobilize the work moving forward.

<table>
<thead>
<tr>
<th>ADOPTED GROUP STRATEGIES</th>
<th>LIAISON(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Development</td>
<td>Carrie Slatton-Hodges</td>
</tr>
<tr>
<td>Quitlines / Social Media</td>
<td>Jennifer Smith</td>
</tr>
<tr>
<td>Peer Recovery Support Services (PRSS)</td>
<td>Jim Orsi &amp; Donna Woods</td>
</tr>
<tr>
<td>Staff Quit</td>
<td>Terri White and Terry Cline</td>
</tr>
<tr>
<td>Provider Education</td>
<td>Linda Eakers</td>
</tr>
</tbody>
</table>

The following five grids outline each committee group's proposed strategies, commitments, timeline, and impact measurements. Committees will use these grids to track progress.
**Strategy: Identify and gather data needed to support the baseline and strategies**

*(Laura Beebe, Susan Haws, Peggy Hudson, Carrie Slatton-Hodges, John Tassey)*

*Liaison: Carrie Slatton-Hodges*

<table>
<thead>
<tr>
<th>WHAT</th>
<th>HOW</th>
<th>WHO</th>
<th>WHEN</th>
<th>IMPACT</th>
<th>MEASURE</th>
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</thead>
<tbody>
<tr>
<td>Calculate prevalence of tobacco use among staff (All staff to include housekeeping, CNAs, providers and administrators)</td>
<td>Site-specific methods to collect data with individual and group incentive to complete survey</td>
<td>ODMHSAS TSET VAMC</td>
<td>Annually</td>
<td>Statewide</td>
<td>Identify intermediate steps to track progress toward goals (quit attempts, reduce # per day, days w/o tobacco, etc.)</td>
</tr>
<tr>
<td>Calculate prevalence of tobacco use among clients</td>
<td>Staff-collected initial assessment and reassessment available now in DMHSAS, Medicaid and VHA databases (Seek IHS &amp; tribal data)</td>
<td>ODMHSAS TSET VAMC</td>
<td>Six months to one year</td>
<td></td>
<td>Identify intermediate steps to track progress toward goals (quit attempts, reduce # per day, days w/o tobacco, etc.)</td>
</tr>
<tr>
<td>Integrate data from participating agency databases</td>
<td>Agencies to review DMHSAS data template for ease of integration</td>
<td>ODMHSAS VAMC HIS (TSET)</td>
<td>End of calendar year 2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop data plans to meet the data requirements of the other strategies</td>
<td>Collaborate with strategy stakeholders to their specific develop data plan</td>
<td>Liaisons from other strategy groups</td>
<td>Dependent on timelines of other strategies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Strategy: QUITLINE & SOCIAL MEDIA

(Amity Ritze, Ashley Cline, Dr Schroeder, Catherine Saucedo, Tracey Strader, Jennifer Smith, Mac McCrory)

**Liaison: Jennifer Smith**

<table>
<thead>
<tr>
<th>WHAT</th>
<th>HOW</th>
<th>WHO</th>
<th>WHEN</th>
<th>IMPACT</th>
<th>MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quitline collection on MH/SA data</td>
<td>Coordinate to data development</td>
<td>Tracey</td>
<td>Initial call has been placed to F&amp;C. Tracey will get necessary changes in place.</td>
<td>This data will be incorporated into all physician/provider education.</td>
<td>Quitline reports, OUE reports</td>
</tr>
<tr>
<td></td>
<td>Will update population intake information to include this data</td>
<td>Catherine</td>
<td>By July 1, 2011</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>to send suggested intake questions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work with Free and Clear to fine tune quit line services to meet the needs of MH/SA tobacco users</td>
<td>Review recommendations from Behavioral Health Advisory Forum and ask F&amp;C to comply</td>
<td>Tracey, Catherine</td>
<td>August, 1 2011</td>
<td>Increase quit rates by MH/SA callers</td>
<td>Quitline reports based on new MH/SA intake data</td>
</tr>
<tr>
<td></td>
<td></td>
<td>to send report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop and implement communication plan.</td>
<td>Work with all departments (DMH/SA/) and other partners to streamline efforts.</td>
<td>Tracey and Mac, et al. Jennifer will initiate first mtg. Jeff Dismukes, Tom &amp; Linda, Mac, Ashley, Jessica Hawkins, Sjonna, Tracey</td>
<td>Late May, 2011, develop communication plan.</td>
<td>Reaching partners, providers, staff with message. This step will determine the flow of the rest of our process strategy.</td>
<td>Sjonna and Jeff will determine what and how to measure Ongoing committee input and participation</td>
</tr>
<tr>
<td>BASED ON COMMUNICATION PLAN: Create tailored messages for MH/SA partners and staff</td>
<td>Keep in mind internet may work better for some partners than others (DBSA clients). Consider ways to target via websites (smokefree.gov or becomeanex.org).</td>
<td>TSET (Tracey and Sjonna) NAMI (Mac) DBSA OSDH (Jen) Catherine to send examples</td>
<td>Fall, 2011</td>
<td>Distributed information will be clear and geared to the target audience.</td>
<td>Decrease in tobacco use rates</td>
</tr>
<tr>
<td>Task</td>
<td>Activity</td>
<td>Responsible Parties</td>
<td>Start Date/Year</td>
<td>Expected Outcomes</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------</td>
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<td>----------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Distribute OTH materials through providers and partners</td>
<td>Work with current summit partners to distribute materials</td>
<td>Jen, Tracey, Ashley</td>
<td>Fall, 2011</td>
<td>Increase OTH usage rates and overall decline in tobacco use</td>
<td></td>
</tr>
<tr>
<td>Expand all marketing to include: Twitter, Facebook, Listservs, websites, etc. Launch web-only Quitline</td>
<td>Will meet with Sjonna to create ideas, but distribution will come from outside partners (fewer restrictions). Will send twitter, fb, etc. accounts to all partners at summit to increase viral marketing</td>
<td>Mac, Ashley, Jen, Sjonna</td>
<td>Fall, 2011</td>
<td>Increased awareness, more interventionists, more social support, more quit attempts</td>
<td></td>
</tr>
<tr>
<td>Create posters to provide to support groups</td>
<td>NAMI will create, produce and distribute poster with general facts about smoking and MI/SA and include 800 number to post at AA sites or other support group environments. Promote NAMI Hearts and Mind video too.</td>
<td>Mac, Teresa P</td>
<td>Fall, 2011 (Pilot)</td>
<td>Number of “friends”, “tweets”, and site visits.</td>
<td></td>
</tr>
<tr>
<td>Partner with Prevention Network within APRC (Area Prevention Resource Center) to create awareness</td>
<td>Provide newly created and existing materials, resources</td>
<td>Tracey, Jessica Hawkins, Ashley</td>
<td>Fall, 2011</td>
<td>Increased awareness, more interventionists, more social support, more quit attempts</td>
<td></td>
</tr>
<tr>
<td>Create a speakers bureau to help providers and staff understand the quitline</td>
<td>Incorporate a sample quitcall into the OTH presentation; Have expert speakers on webinars; TV, Radio,</td>
<td>Jen, Amity, Tracey</td>
<td>September, Recovery Month; October, Mental Health Month; November,</td>
<td>Increased awareness, more interventionists, more social support, more quit attempts</td>
<td></td>
</tr>
</tbody>
</table>
### Increase Fax Referrals from BH providers and Recovery Support specialists

<table>
<thead>
<tr>
<th>News outlets</th>
<th>GASO</th>
<th>Attempts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborate with Provider training committee and RSS training committee to make sure FAX referral is included in basic training.</td>
<td>Tracey, Jen, Tom, Linda</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

### Market to Insurance providers/brokers

<table>
<thead>
<tr>
<th>News outlets</th>
<th>GASO</th>
<th>Attempts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase MIYB – 1 800 Quit Now awareness and activity around Behavioral Health</td>
<td>Amity, Jen</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

### "red phones" within treatment centers

<table>
<thead>
<tr>
<th>News outlets</th>
<th>GASO</th>
<th>Attempts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phones were available to residential clients. These phones go directly to quitline. See if AT&amp;T or others will sponsor phone line.</td>
<td>Mike B, Susan</td>
<td>???</td>
</tr>
</tbody>
</table>

### Press Release of Summit

<table>
<thead>
<tr>
<th>GASO</th>
<th>Attempts</th>
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</thead>
<tbody>
<tr>
<td>Terrie White will “get it done”</td>
<td>Terrie White, et. Al Mac McCrory</td>
</tr>
</tbody>
</table>

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**Strategy: PRSS**

(Donna Woods, Jim Orsi, James Greenwood, Birdie Johnson, Mike Brose, Caletta McPherson, Teresa Peden)

*Liaisons: Jim Orsi & Donna Woods*

<table>
<thead>
<tr>
<th>What</th>
<th>How</th>
<th>Who</th>
<th>When</th>
<th>Impact</th>
<th>Measure</th>
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<tbody>
<tr>
<td>Train peer recovery support specialists to play a direct role to facilitate tobacco cessation in consumers.</td>
<td>Identify a peer support specialist that is in each facility that will be a wellness and tobacco</td>
<td>Jim Orsi and Caletta McPherson, Tom Thomson, Peggy</td>
<td>June 30, 2011</td>
<td>Through Developing Workforce that can assist the people we serve</td>
<td># of Wellness and Tobacco cessation champions</td>
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</table>
Incorporate tobacco cessation information in training curriculums
Develop Additional specialty training in tobacco cessation.
Consider Rx for Change Peer to Peer curricula http://rxforchange.ucsf.edu/

<table>
<thead>
<tr>
<th>Cessation champion.</th>
<th>Swarbrick, Linda Eakers</th>
<th>July 31, 2011</th>
<th>with tobacco cessation education and resources, we will reduce tobacco use in consumers.</th>
<th>Completed curriculum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Orsi, David Harris, Amber Guerrero</td>
<td></td>
<td>December, 2011</td>
<td>Increase awareness /decrease tobacco use</td>
<td>Completed curriculum</td>
</tr>
<tr>
<td>Jim Orsi, David Harris</td>
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</table>

Train peers in faith based community (i.e., Celebrate Recovery) to play a direct role to facilitate tobacco cessation education in people with behavioral health issues.

Faith based organizations partner with other providers for educational opportunities.

Broaden peer recovery support specialists training to include not only ODMHSAS, but also faith and community organizations inclusive of tobacco cessation education.

Create ways to celebrate

<table>
<thead>
<tr>
<th>Teresa Peden, Donna Woods, Birdie Johnson, James Greenwood</th>
<th>March, 2012</th>
<th>Expanded community education</th>
<th># of faith based organizations involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Orsi, Coletta McPherson, Birdie Johnson, James Greenwood, Donna Woods, Mike Brose, Teresa Peden</td>
<td>March, 2012</td>
<td># of faith based organizations involved</td>
<td># of faith based organizations that are involved</td>
</tr>
</tbody>
</table>

# of faith based organizations involved
# of Peers trained
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<tr>
<th>WHAT</th>
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<th>WHEN</th>
<th>IMPACT</th>
<th>MEASURE</th>
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<tbody>
<tr>
<td>Sustain the peer support recovery specialists group as a planning</td>
<td>Set future meetings.</td>
<td>Jim Orsi and Caletta McPherson</td>
<td>Establish mtg. by June 30, 2011</td>
<td>Further work on community efforts</td>
<td>Quarterly Meetings</td>
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<tr>
<td>coalition for future tobacco cessation endeavors.</td>
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<tr>
<td>Increase the tobacco quit rate among the staff</td>
<td>Focus groups with outside facilitator and/or listening sessions with</td>
<td>Target initial conversations</td>
<td>Planning meeting by May 30</td>
<td>Culture change, (policy is in place)</td>
<td>6 or 13 month quit rate follow up</td>
</tr>
<tr>
<td>Decrease tobacco use among staff</td>
<td>certain groups, use education, quitline awareness, increase access</td>
<td>with policy setters within the</td>
<td></td>
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<td>with employees</td>
</tr>
<tr>
<td></td>
<td>to pharmacotherapy.</td>
<td>agencies—Terri White, Terry</td>
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<td></td>
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<td>Cline, ODMHSAS, OSDH</td>
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<td>Leads: Steve Buck, Neal Hann.</td>
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<tr>
<td>Education, including quitline awareness</td>
<td>Education, including quitline awareness</td>
<td>Bob MacCaffree, Cortney Yarholer</td>
<td>Meeting by June 15th to discuss</td>
<td>Increased knowledge and motivation to quit</td>
<td>Increased quit card distribution</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HRD staff</td>
<td>education</td>
<td></td>
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<tr>
<td>Survey the larger group</td>
<td>Survey the larger group</td>
<td>Terri White, Mark Reynolds,</td>
<td>Survey sent out by Fall 2011</td>
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<tr>
<td></td>
<td></td>
<td>Cortney</td>
<td></td>
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<tr>
<td>Code of conduct signed by employees.</td>
<td>Bert Russell</td>
<td>June 1 example of draft language to group</td>
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<td>------------------------------------------</td>
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<tr>
<td>Discount for not smoking on health insurance premiums aka &quot;Values based design&quot;</td>
<td>OC Gibb, Strong and Healthy OK, wellness coach, (agency heads, executive office to weigh in). Terry Cline and Bert Russell to get background data</td>
<td>Data/background information to group by June 1</td>
<td>Increased participation in wellness program</td>
<td>Enrollment in the program</td>
<td></td>
</tr>
<tr>
<td>Employee recognition for quitting, By management for bringing down group prevalence By peers</td>
<td>Terri White—Management program Cortney Yarholer—Peer program</td>
<td></td>
<td>Incentive for non-smokers to support co-workers to quit.</td>
<td></td>
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<tr>
<td>Pay for performance</td>
<td>Terri White— Durand Crosby, Blue Cross/Blue Shield will collaborate, Bert Russell is contact</td>
<td>In contract for July 2012</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Innovative use of technology, social media, electronic reminders as pilot program</td>
<td>Terry Cline to contact RWJF</td>
<td>January 2012 planning meeting</td>
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</tbody>
</table>
Strategy: PROVIDER EDUCATION

(Ray Tainpeah, Barbara Underwood, Sallie McLaughlin, Sally Carter, Stan Ardoin, Maleah Rowe, Vivian Steven, Linda Wright Eakers, Gail Boe, Thomas Thomson)

_Liaison: Linda Wright Eakers_

<table>
<thead>
<tr>
<th>WHAT</th>
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<th>WHO</th>
<th>WHEN</th>
<th>IMPACT</th>
<th>MEASURE</th>
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</thead>
</table>
| Practice Facilitation and Process evaluation of current service provider cessation services  
  Pilot facilities only at first | Mail/e-mail surveys and on-site evaluation of facilities | ODMHSAS and other identified partners | By July 1, 2012 | Standardized integration of cessation into practice | Plan of implementation for identified facilities |
| Identifying Core Competencies  
  Based on provider type | Short Term Work Group | Stan Ardoin  
  Gail Boe  
  Linda Eakers  
  Tom Thomson  
  Ray Tainpeah | Begin July 2011 | Staff competency  
  Consumers tobacco use rate | Core Comp Document |
| Provide staff training in core comps | Annual Cessation Conference  
  7th Generation Conference  
  Other on-going training  
  Web-Based Training  
  Consider Rx for Change curricula [http://rxforchange.ucsf.edu/](http://rxforchange.ucsf.edu/) | ODMHSAS  
  OSDH  
  OHCA  
  OHA  
  Tribal Nations  
  OU – OTRC  
  Others  
  TBI | Begin June 2011 | Staff competency and confidence in provision of training. Increased staff buy-in for cessation services | # Staff assessed for core comps.  
  # Staff provided training in core competencies |
| Improve/increase reimbursement options for cessation services | Development of core comps to demonstrate | OSDH  
  ODMHSAS | By July 1, 2012 | Increase of cessation | Increase in reimbursement |
<table>
<thead>
<tr>
<th>Consistent services. Increase buy-in from payors</th>
<th>OHCA OID Insurers/other payors</th>
<th>Services by service providers</th>
<th>Options and amounts available to service providers</th>
</tr>
</thead>
</table>

The Oklahoma Leadership Academy for Wellness and Smoking Cessation Summit (draft)
Next Steps

Communications
- Begin communications among and between groups
- Create Timeline for the following.
  - Liaison Conference Calls
  - Group as a whole: Tulsa and OK Terry White suggests video conference call

Immediate Timeline:
4/22/11 –
- Press release, share with all participants so they can send along with their logo
May 2011:
- Quitline/Social Marketing committee convenes Communications Plan meeting
June 2011:
- All other groups have something on their action plan to include in timeline

(Please pull other dates as determined in the committees’ strategies.)

Technical Assistance
- SCLC will provide an e-mail list of all the participants as well as one of each of the committee members for liaisons to use to set up first call/meetings.
**Closing Remarks and Appreciations**

At the conclusion of the summit, closing remarks were delivered by Oklahoma leadership, and participants provided final words of appreciation.

“Thank you for being here. Thank you to our visitors. I can see new implantation strategies outlining right now, and I look forward to seeing our progress over the years. Not only is this critically important work, this can actually be fun.”
- Terry Cline, Ph.D., Commissioner of Health, Secretary of Health and Human Services, Oklahoma State Department of Health

“Thank you for your participation. The next step is a critical moment for us. Having a timeline would be very helpful. We’re glad to have the SCLC to support and help us along the way.”
- Tracey Strader, MSW, Executive Director, Oklahoma Tobacco Settlement Endowment Trust

“This summit is the first time this group ever came together. What a huge difference this will make on the whole of Oklahomans. I really believe we can do this. I’ve seen this [summit] happen; we’ve seen some of the work and heard the discussion. We are part of something that folks thought we would never break through, and it is going to save lives in Oklahoma... We should “beat Maryland” in every way involved. If you all stay engaged with us, I believe we can make the change.”
- Terri White, MSW, Commissioner, Oklahoma Department of Mental Health and Substance Abuse Services

**Appreciations from All Participants**

- Grateful to be a part of today
- Much more motivated now than I came in today
- “It takes a village to change a life.” Need to involve everyone in the community.
- Incredible journey for all of us.
- Today was beyond my expectations. Inspired by the group and mission in front of us. Excited to focus on a group that has not been attended to before.
- I believe in the work we can do. “Yes we can.”
- This meeting today has rekindled the fire to work together again between agencies.
- Will walk away with motivation to do this differently and better. Very inspiring and encouraging seeing people from different agencies. Grateful for Terri White and Terry Cline for being here.
- Today is a fruition of our lives’ work and dreams. We think big because we have big goals in our state. It’s when we sit and decide together that we achieve those goals.
- Repeatedly impressed by the prominent role that data play in our work today and moving forward.
- Everyone on this room has the energy to “be the change you want to be.” Glad to be a part of this group.
• Gone from pessimistic to overly excited. Proud.
• Enjoyed meeting so many wonderful people.
• Very impressed with the Oklahomans in this group. You’re in the midst of a norm change when the “change” is considered taboo. How luckily you all are to work on something to make progress, be virtuous, and save lives.
• Thanks to the planning committee. We chose the words “Action Plan” intentionally. Encourage you all to keep moving.
• Didn’t think there was something we can all do in tobacco control until today.
• Excited to hear from tobacco control and public health.
• It ain’t just our numbers that are stubborn. I take away the energy from the group. Amazing to me what people come up with. “You’ve just been on the mountain top...” Let’s stay on the mountain top.
• Excited to go back to our team and share everything I’ve learned.
• Encouraged and thankful for being part of the project.
• We have the resources to get the work done. Oklahoma has abundance. What we need to get done is already here.
• Very hopeful and excited.
• Feel blessed because I get to save lives all the time. This is another opportunity to save lives.
• Grateful to be here. Today has been awesome.
• I now have the tools to bring back to the veterans, and am thankful.
• Came here with hope, and will leave here with that faith.
• I love the passion. Please keep it up. We’ve got to move the needle. Encouraged by what I’ve witnessed today.
• With a dedicated “plan” we can make it to the promise land.
• So impressed today with the creativity. The variety of ideas and people has been amazing.
• Impressed with all the different partners that have stayed engaged. Energized and thank you very much.
• OK has the infrastructure to succeed.
• Season of celebration.
## APPENDIX A

**Partners discussed interest in the summit at dinner (April 20) and morning (April 21, 2011) introductions.**

### Interests

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### Passion for Those We Serve

| We care a lot about reducing and preventing tobacco use especially among people with mental illnesses. |
| Knowing people who have smoked and died – hate the loss. |
| A few years ago, realized the physical struggles of our clients related to tobacco. Now’s the time to do something about that. |
| One of the reasons I’m here is that it’s part of “day job.” Have had multiple family members who have succumbed to tobacco and tobacco illnesses. Having worked in public health field for over 30 years, I have certainly seen clients smoke at high rates and it breaks my heart to see tobacco take a toll on health and financial. |
| I am passionate in the issue. At my organization, we have a passion for wellness and mental health. Worked with NAMI to de-stigmatize issues. Worked in healthcare for 16 years, and prior to my current position, the last 5 years dedicated to serve the uninsured. |
| Celebrate recovery. Would like to see people in recovery to be better educated while working on their own issues. My heart goes out to people who have lung complications. |
| Have people in our families affected by tobacco use. Want to help all people to end tobacco dependence. People with mental illnesses are a large population whom we serve. |
| Provide services to housing units for people with serious mental illnesses. Watch clients use tobacco at a high rate. Seven deaths per year lost in my organization due to cardiovascular-related diseases. Big reason to why I am here. |
| Interest in community norm changes. Help tribes to tie tobacco dependence into the community for excellence model. When you’re making a community norm change, we’ve got to understand that people with addictions and mental illnesses are part of our community. We need to tap that as a community norm change. |
| Do what I can to establish effectiveness of the issue. Contribute to the evidence-base. |
| As tribal liaison, here to see what I can do to give insight and carry on to the tribes who aren’t able to be present at this time. Look at initiative to reduce tobacco, its effect, and look at cultural implications of tobacco. |
| We’ve been working with tobacco cessation within our tribe, mostly at the hospital and clinics, and hope to affect other tribes to get them smoke-free as well. Appreciative of this opportunity to sit with you all and learn, and hopefully contribute. |
| Work with veterans. Housing, drug-related issues, etc. Learn as much as I can about smoking to help veterans and their families. |

### Personal Connection

| We've been working with tobacco cessation within our tribe, mostly at the hospital and clinics, and hope to affect other tribes to get them smoke-free as well. Appreciative of this opportunity to sit with you all and learn, and hopefully contribute. |
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served in the military. Grandfather died from emphysema due to smoking. As you know, smoking prevalence is very high in the VA. We owe it to our veterans.

Favorite aunt was a smoker.

Both parents died of cancer from smoking and second hand smoke. I feel there is a need to educate all individuals for people we work with. Let them be aware of the disease of tobacco, deaths related. Interested in learning more for helping providers, faith based communities, and schools.

On Monday I went to a funeral of a person in recovery who died due to smoking of cancer in the lungs. I’m tired of living in silos. How can we bring our work together? I don’t want to continue to see people die from smoking.

**Clear Perception That It Is Possible and Necessary to Make Changes and Save Lives**

Promote norm change and save lives.

You have a lot of real talent in the state, yet your numbers are stuck. And you’re competing with states you shouldn’t be in competition with. Here to help you move along.

Hope to help people quit smoking and prevent young people to start smoking. Took us 28 years to establish a campus-wide tobacco free campus; nonetheless it became official in 2008.

When first started as a social worker, I thought that if I could help at least one person, my career is worthy. Now that I’m further in my career, I want to help tens of thousands of people. I want systems-level change that will touch lives and deeply benefit them, and keep them from suffering. That is important for me. Proud to be a part of this group. This is a very worthy exercise to make the most important changes.

Started with cessation programs in 1990. Want to continue to see momentum of change over time.

Interested in this subject for many years. If we could impact the clients that we have, we would reduce the use of tobacco in OK by a very significant amount. That might be the tipping point.

**Resources**

Here to learn from all of you because I’m new.

Most members of those we serve are in residential care. Here to learn and share with my group.

Interested in knowing how we can link resources to those people who are uninsured, at risk, and are not well represented to resources.

In my role, I am acutely aware of tobacco. I am here to learn everything that I can to help people in my community.

Here because I like the people whom we serve and want the best for them. This is an opportunity to gather resources.

My program provides tobacco use cessation services. I want to learn what I can bring back to my program.

Be able to provide technical assistance today and moving forward.

Provide smoking cessation services for tribal clinics’ clients and employees. Learn to better coordinate smoking cessation services for the people who are tribal members and employees.

Understand the population that I’m providing technical assistance to, and be able to provide the best resources possible.

Directing smoking cessation program in clinic for about 10 years. Excited to be here. Provide cessation services, particularly with populations with behavioral health problems. Here to learn and be part of this exciting event. Want to teach others to be passionate about tobacco cessation.
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