Goal 1: Develop a Tobacco Cessation Program focused on evidenced-based clinical guidelines that is seamlessly integrated in CHC's care processes.

Strategy 1-1: Confirm the participation of five CHC clinic sites to serve as Phase II pilot program implementation sites in which tobacco cessation interventions specifically designed for the populations served by CHC’s will be implemented.

Description: CCMCN is committed to developing and implementing a comprehensive Tobacco Cessation Program throughout its network of CHC’s. The program’s long-term goal is to reduce tobacco use and thereby improve clinical outcomes and the quality of life for CHC patients. During the planning process (Phase I) five CHC’s expressed strong interest in participating as program development sites in Phase II.

Developmental sites, located in both urban and rural areas, include: 1) Clinica Campesina - Lafayette clinic site, 2) Pueblo Community Health Center - Pueblo and Avondale, 3) Valley-Wide Health Systems, Inc. – Center clinic site, 4) High Plains Community Health Center – Lamar, and 5) Mountain Family Medical Center (MFHC) - Black Hawk clinic site. As shown in the table below, these CHCs serve a large Latino population.

<table>
<thead>
<tr>
<th>Program Development Sites – Patient Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Latino Patients</strong></td>
</tr>
<tr>
<td>Clinica Campesina</td>
</tr>
<tr>
<td>Pueblo</td>
</tr>
<tr>
<td>Valley-Wide</td>
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<tr>
<td>High Plains</td>
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<td>MFHC</td>
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</table>

Denominator reflects total patients who consented to report this data element.
Table 1-1: Objectives Related to Strategy 1-1

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<tr>
<th>Objectives</th>
<th>Activities</th>
<th>Responsible Person</th>
<th>Measurement of Accomplishment</th>
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</table>
| Developmental sites confirm their commitment to participate, and begin preparation to commit time, energy, and resources to the implementation of the Tobacco Cessation Program. | • Identify tobacco cessation leaders and key implementation staff.  
• Augment the membership of the Advisory Group to ensure that all program development sites are represented.  
• CCMCN will facilitate discussions with program development sites regarding their roles and responsibilities. | • CCMCN staff  
• CHC staff                                                                                                           | Program development sites are engaged to participate in the program development process by January 2007. |

Strategy 1-2: Hire, orient and fully train the Tobacco Cessation Program Coordinator, the IT/Data Coordinator, and the Program Assistant. Please refer to Job Descriptions for each of these positions in Appendix

Description: In order to seamlessly integrate the Tobacco Cessation Program into existing CHC operations, the Tobacco Cessation Program Coordinator must be familiar with the Health Disparities Collaboratives, setting aims and measures, quality improvement PDSA cycles, tobacco cessation clinical guidelines implementation, resources, and tools, CCMCN’s role/association with CHC’s, and CHC’s’ philosophy, culture and patient population.

The CHC’s have participated in the HRSA Health Disparities Collaboratives (HDC) for the past ten years. Since many aspects of the Collaboratives can be applied to the Tobacco Cessation Program the Tobacco Cessation Program Coordinator needs to be familiar with the tenets of the program. The HDC’s call for a transformation in the delivery of care that affects how providers engage patients, how patients understand and participate in managing their own care, and how communities learn to strengthen the provider-patient partnership.
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<th>Objectives</th>
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</table>
| The Tobacco Cessation Program Coordinator, the IT/Data Coordinator, and the Program Assistant will be hired and fully trained. | • CCMCN will develop orientation program that includes the following key activities:  
  o Tobacco cessation education  
  o Chronic Care Model  
  o Setting aims and measures  
  o PDSA Cycles  
  o CHC’s operations  
  o Site visit to a well-developed Tobacco Cessation Program  
  o National educational programs related to Health Disparities Collaboratives  
  • Program Coordinator will work closely with CHC’s and CCMCN during orientation period.  
  • CCMCN will produce a Tobacco cessation Program Newsletter that will provide updates of program implementation to all CHCs within the network as a way to communicate important updates. | • CCMCN  
  • Pilot sites | Tobacco Cessation Program Coordinator, IT/Data Manager, and Program Assistant hired, oriented and fully trained by mid-March 2007. |
Strategy 1-3: Implement site-specific tobacco cessation approaches at five pilot sites.

**Description:** In Phase II, each of the five pilot sites will need to:

1. Identify a lead person at the pilot site to work with Tobacco Cessation Program Coordinator and CCMCN staff.
2. Identify specific patient population or clinic team that will participate in Tobacco Cessation Program. For example, during site visits we learned that some CHC were interested in implementing the program with pregnant women and others were interesting in implementing the program in a specific clinic location.
3. The following activities will be implemented during this next grant phase at each pilot site:
   a. Baseline data collection tool will be refined for each individual site an implemented (Please refer to Appendix B)
   b. Baseline data collection will be completed and implemented within the work flow of each pilot site
   c. Providers and staff will participate in an education program (this will also include a pre/post test)
   d. Tobacco cessation clinical guidelines will be systematically implemented. Pilot sites will identify who/how patients will be approached in a culturally sensitive environment:
      i. Asked about tobacco use
      ii. Advised to quit
      iii. Document in MR (flow sheet, problem list or EMR)
      iv. Refer to Quitline
      v. Institute a follow-up system to check to see if patient has been in contact with Quitline
   e. Participate in program evaluation as it relates to process improvements – audit new system processes

CHCs will create and implement these new system redesigns within their established PDSA infrastructure or they may create a new team to focus specifically on Tobacco Cessation Program. CCMCN will assist CHC’s in the integration of a new Tobacco Cessation Program infrastructure within existing CHC operational processes, and build upon and enhance existing CHC-specific care models. These models and processes center around CHC’s participation in the Bureau of Primary Health Care’s (BPHC’s) Health Disparities Collaboratives (HDC), and include: maintaining chronic disease registries, delivering Planned Care according to the Chronic Care Model, conducting group visits, empowering patients with self-management educational strategies, and completing Plan-Do-Study-Act (PDSA) cycles to successfully improve processes and outcomes. The HDC apply an Improvement Model (PDSA Cycles) developed by the Associates in Process Improvement and tested and used in many Institute for Healthcare Improvement (IHI) sponsored Collaboratives. When used with the Chronic Care Model, PDSA Cycles provide a process to improve the quality of care at an accelerated pace. Appendix C provides more information about the CHC approach to Quality Improvement and Practice Redesign.
### Table 1-3: Objectives Related to Strategy 1-3

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<th>Objectives</th>
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<tbody>
<tr>
<td>Pilot sites will create site-specific models of care.</td>
<td>• Each pilot site will choose a work team to develop and implement the Tobacco Cessation Program.</td>
<td>CCMCN</td>
<td>Site specific models of care implemented in conjunction with Webcast education sessions from April – June 2007.</td>
</tr>
<tr>
<td></td>
<td>• The work team will develop set specific aims, redesign processes and develop new care delivery strategies for Tobacco Cessation which incorporate the principles of the HDC and PDSA cycles into the developmental process.</td>
<td>Tobacco Cessation Program Coordinator, Pilot sites</td>
<td></td>
</tr>
</tbody>
</table>

**GOAL 2**: Implement effective approaches to tobacco cessation, which are culturally, socio-economically, linguistically, and geographically appropriate and sensitive to the needs of CHC patients in Colorado.

**Strategy 2-1**: Develop and implement a Tobacco Cessation Educational Program for CHC clinical and non-clinical staff that includes cultural competency training.

**Description**: CCMCN staff, in collaboration with the Advisory Committee and the Medical Director, will develop a comprehensive educational program based on tobacco cessation best practices that will incorporate the most recent clinical guideline recommendations, NRT, Quitline procedures and harm reduction techniques. A key educational strategy will be the development and dissemination of a facilitated Webcast presentation. The Webcast, which will be authorized for CME credit, will discuss the principles of effective primary care-based tobacco cessation interventions that have proved successful in various settings. Participants will be able to:

- Understand the principles of effective clinic tobacco cessation programs.
- Appropriately prescribe tobacco cessation aids.
- Use community resources to promote tobacco cessation in their clinics.
- Discuss harm reduction strategies with patients/families if not interested in quitting.
- Communicate with patients about tobacco cessation in a culturally competent manner.
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<th>Objectives</th>
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<th>Measurement of Accomplishment</th>
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</table>
| Develop curriculum using available material addressing the clinical management of tobacco cessation and harm reduction for CHC providers. | • Components of curriculum will include:  
  o Clinical guidelines  
  o NRT  
  o Referral process to Quitline/Quitnet  
  o Harm reduction techniques  
  o Clinic process for addressing tobacco cessation within clinic system  
  o Patient self-management and accountability techniques  
  • Develop and implement a Webcast for widespread distribution  
  • Develop and implement a Training Manual for each CHC  
  • Obtain CME credit and COPIC ERS Points for training program | • CCMCN staff  
  • CCGC | Webcast presentation first week of April 2007. |
| Implement tobacco cessation training program in pilot sites. | • Schedule training dates at the pilot sites  
  • Conduct Webcast training sessions | • Tobacco Cessation Program Coordinator  
  • CCMCN’s Director of Quality Improvement | Training program presented at all pilot sites by end of June 2007. |
Strategy 2-2: Cultivate and promote approaches to Tobacco Cessation that are effective in minority populations.

Description: Tobacco cessation programs in CHC’s will be successful only if approaches are sensitive to cultural differences. While all racial/ethnic groups are vulnerable to nicotine addiction and no consistent differences exist in the severity and symptoms of addiction across racial/ethnic groups, a review of tobacco cessation programs nationally reveals that targeted cessation strategies are associated with higher success rates. To be culturally appropriate, tobacco control programs must reflect the targeted racial/ethnic group’s cultural values, consider the group’s psychosocial correlates of tobacco use, and use strategies that are acceptable and credible to members of the group. These considerations are particularly important for CCMCN member CHC’s since the majority of their patient populations come from minority and low-income groups.

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<tbody>
<tr>
<td>Determine specific interventions, approaches strategies for identified clinic populations.</td>
<td>• Review the cultural differences and similarities of patient populations served in pilot sites, to apply appropriate strategies. • Develop specific tobacco cessation strategies that address: o Barriers to access of program elements o Language barriers between patients and providers o Access to care barriers often experienced by low-income patients (transportation, day-care, cost of health care services)</td>
<td>CCMCN • Pilot Sites</td>
<td>Incorporation of culturally-appropriate interventions by April 2007.</td>
</tr>
</tbody>
</table>
**GOAL 3:** Collaborate with other tobacco cessation initiatives including the State’s Tobacco Education and Prevention Program (STEPP), the Colorado Clinical Guideline Collaborative (CCGC), National Jewish Medical and Research Center, the Latino Statewide Tobacco Prevention and Education Network (LSTPEN), and the Community Health Association of Mountain and Plains States (CHAMPS).

**Strategy 3-1:** Continue overall collaboration with STEPP and affiliated organizations on Tobacco Cessation statewide efforts.

**Description:** CCMCN will partner with organizations affiliated with the State’s Tobacco Cessation Education and Prevention Program (STEPP) that are also working on Tobacco Cessation. Given that a number of tobacco cessation initiatives are under way, CCMCN will promote a collaborative environment in which skills and lessons learned are shared. CCMCN anticipates that these partnerships will promote evidence-based practice as well as assure the optimal use of resources. CCMCN consulted with these organizations during the planning phase of the Tobacco Cessation Program and will continue during Phase II.

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<tr>
<td>To exchange tobacco cessation information with other community-based and government organizations throughout the grant cycle.</td>
<td>Encourage a collaborate learning environment by inviting other organizations to participate in: • Advisory Group meetings • Educational symposium • CCMCN sharing results of CHC Tobacco Cessation Planning survey</td>
<td>• CCMCN • Pilot sites</td>
<td>Continued collaboration as evidenced by attendance at Advisory Group meetings and educational symposium conducted in June 2007.</td>
</tr>
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</table>

**Strategy 3-2:** Continue collaboration with the Latino Research and Policy Center (LRPC), which coordinates the Latino Statewide Tobacco Prevention and Education Network (LSTPEN).

**Description:** The Latino Research and Policy Center (LRPC) coordinates the Latino Statewide Tobacco Prevention and Education Network (LSTPEN). The LSTPEN project is currently gathering trend data on smoking and tobacco cessation in Colorado’s Latino population, and assembling data on best community practices. LSTPEN expects to develop community-based Tobacco Cessation
programs and has shared their comprehensive literature survey, job descriptions, and resource materials with CCMCN. LSTPEN conducted a door-to-door patient survey in the San Luis Valley and agreed to include questions in their survey that will reveal Latino Healthcare Attitudes and Perceptions and information related specifically to Tobacco Cessation interventions available through health care providers (Appendix F, p 82). Our collaborative efforts with LSTPEN on this survey will be invaluable to our development of successful Tobacco Cessation approaches for the Latino population we serve at CHC’s.

Table 3-2: Objectives Related to Strategy 3-2

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<tr>
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</table>
| Acquire survey findings from LSTPEN. Use the information from the LSTPEN survey to help develop Tobacco Cessation approaches for the Latino population. | Continue working collaboratively with LSTPEN staff. | • CCMCN’s Director of Quality Improvement  
• Medical Director  
• LSTPEN | • Develop approach for Tobacco Cessation specific for the Latino population and implement at pilot sites by June 2007. |

Strategy 3-3 (formerly 3-4 as 3-3 collaborate with NJC omitted): Collaborate with the Community Health Association of Mountain and Plains States (CHAMPS) on educational strategies for Tobacco Cessation.

Description: The Community Health Association of Mountain/Plains States (CHAMPS) is a nonprofit membership association of community, migrant and homeless health centers (CHC’s) in Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming. CHAMPS is accredited to provide Continuing Medical Education credits through the American Association of Family Practice. Our collaborative efforts with CHAMPS will be paramount in creating the educational Webcast and in marketing the Tobacco Cessation Program resources and tools on the CHAMPS website (www.champsonline.org).

Table 3-3: Objectives Related to Strategy 3-3

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<tr>
<th>Objectives</th>
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<th>Measurement of Accomplishment</th>
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</table>
| Develop and execute educational Webcast in collaboration with CHAMPS by the first week of April 2007. | Continue working collaboratively with CHAMPS staff. | • Director of Quality Improvement  
• Medical Director  
• CHAMPS | Complete Webcast education program by April 2007. |
**GOAL 4:** Contribute to the analytical study of Tobacco Cessation in underserved, underinsured, and minority CHC patients in Colorado. Develop and implement data collection systems and practice-based research evaluation studies to monitor, measure, and help understand program effectiveness and benchmark successful interventions.

**Strategy 4-1: Develop a comprehensive CHC Tobacco Cessation Program Evaluation Plan with Measurable Quality Improvement Goals and Benchmarks.**

**Description:** CCMCN will construct a Tobacco Cessation Program Evaluation Plan based on interventions implemented at the Pilot Sites to be used during Program expansion to other CCMCN CHCs (Phase III).

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</table>
| A comprehensive program evaluation plan will be written.                   | Review baseline outcomes collected and set benchmarks for realistic and feasible outcomes improvement. | • Director of Quality Improvement  
• Medical Director               | Evaluation Plan is completed by June 2007                                   |
| Benchmarks for quality improvement categories will include: Process Outcomes, Provider Outcomes and Patient Outcomes. |                                                                            |                              |                                                        |

**Strategy 4-2: Implement baseline data collection tools for process outcomes.**

**Description:** Collection tools will be developed that focus on process issues related to changing how the CHC’s identify tobacco users, incorporate clinical guidelines, and follow-up with patients. Each pilot site will have specific workflow processes to consider. For example, a patient flow sheet may need to be revised to include a place for documenting that a patient was asked about tobacco use, advised to quit, and referred to Quitline. A draft of a collection tool was developed to measure if these items are being documented appropriately (Appendix B). Each CHC will determine a process by which they will collect data regarding: 1) identification of patients who are tobacco users, 2) documentation of the type and quantity of tobacco use, and 3) documentation of brief counseling or other intervention offered, 4) documentation of the initiation of follow-up activity.
### Table 4-2: Objectives Related to Strategy 4-2

<table>
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<th>Objectives</th>
<th>Activities</th>
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<th>Measurement of Accomplishment</th>
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</table>
| Pilot sites will provide input to a baseline data collection tool to measure process outcomes. | • Literature review of successful collection tools  
  • Site process data collection analysis  
  • Test collection tool | • CCMCN  
  •                                           | By February 2007, site specific collection tool for process outcomes developed. |
| Pilot sites will collect process outcomes data.                           | • Integrate collection tool into daily workflow                            | • CCMCN  
  • Tobacco Cessation Program Coordinator | Data collection implemented between March and April 2007.                  |
| By March 2007, will identify the process for working with the CCGC and the Quitline to obtain provider-specific feedback on patients enrolled in the Quitline. | • Implement Quitline Fax Consent Process so Quitline may contact patient.  
  • Develop reports with Quitline staff in order to customize data about patient outcomes for CHC providers. | • Director, Quality Improvement  
  • Pilot sites  
  • Quitline | Feedback loop will be customized and operational between CCGC, CCMCN and the pilot sites by June 2007. |

**Strategy 4-3: Develop and implement a baseline patient assessment.**

**Description:** Baseline patient assessments will be conducted at non-pilot sites.

### Table 4-3: Objectives Related to Strategy 4-3

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<th>Objectives</th>
<th>Activities</th>
<th>Responsible Person</th>
<th>Measurement of Accomplishment</th>
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<tbody>
<tr>
<td>Develop a valid, reliable baseline patient assessment regarding</td>
<td>Tailor NJC’s patient assessment to be performed in non-pilot sites.</td>
<td>• CCMCN</td>
<td>Methodology determined and draft</td>
</tr>
<tr>
<td>Objectives</td>
<td>Activities</td>
<td>Responsible Person</td>
<td>Measurement of Accomplishment</td>
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<td>perceptions of tobacco cessation interventions.</td>
<td>A patient survey tool will be developed, approved and a plan initiated for implementation at selected CHC’s.</td>
<td><strong>CCMCN</strong>&lt;br&gt;<strong>Tobacco Cessation Program Coordinator</strong></td>
<td>tool developed by March 2007 Patient assessments performed between April and June 2007.</td>
</tr>
</tbody>
</table>

**Strategy 4-4: Develop and implement a methodology to measure Provider Outcomes (Perceptions and Behaviors).**

**Description:** A baseline provider perceptions assessment modeled after National Jewish Medical and Research Center’s “Environmental Tobacco Smoke” Card Study will be incorporated into the first 10 minutes of the provider education Webcast. The assessment will measure baseline perceptions of providers’ knowledge and application of tobacco cessation counseling and interventions and how valuable they think they are in relation to other patient conditions and competing priorities.

Findings from the baseline provider perceptions assessment will be compared to a follow-up assessment of providers and patients. Providers will complete a follow-up provider practice self-assessment after three months. Patients will also be asked to fill out a patient perceptions card to measure their perceptions of tobacco cessation-focused discussion, counseling, services, interventions, or other assistance provided during patient visit. The patient assessment will also measure the patient’s rating of the value of other potential tobacco cessation services, which may potentially assist patients (group visits, group counseling, free NRT, promotoras).

The Tobacco Cessation Program Coordinator will facilitate the completion of the cards and will coordinate with CHC staff the seamless integration of this part of the study. No protected health information (PHI) will be collected from patients. Approximately 200 patient and provider cards will be collected per pilot site. Provider and patient follow-up assessments will be modeled after the National Jewish Hospital and Research Center’s “Environmental Tobacco Smoke” Card Study. Follow-Up Assessments will measure: 1) physicians’ self-assessment of practice after specific training on the use of tobacco cessation counseling and interventions during patient visit, 2) patients’ perception of tobacco cessation counseling and interventions provided during patient visit, 3) patients’ perceptions of services, interventions, or other assistance which may potentially assist them in the cessation of tobacco use.
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<tbody>
<tr>
<td>Refine provider baseline assessment and incorporate it into Webcast.</td>
<td>Director of Quality Improvement refine and implement a model baseline provider assessment based on research evidence.</td>
<td>• Director of Quality Improvement</td>
<td>Completed baseline provider perceptions assessment in Webcast by April 2007.</td>
</tr>
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<tr>
<td>Develop and conduct provider and patient assessments for CHC’s.</td>
<td>CCMCN Director of Quality Improvement develop and implement baseline provider and patient assessments for use in CHC’s, which encompass all tobacco cessation interventions.</td>
<td>• Director of Quality Improvement</td>
<td>Completed provider and patient follow-up assessments for CHC’s Tobacco Cessation Program by April 2007.</td>
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</table>
| Conduct baseline provider perceptions assessment and Webcast education session at all CHC pilot sites. | Director of Quality Improvement will train newly hired Tobacco Cessation Program Coordinator on facilitating provider education sessions. | • Director of Quality Improvement  
 • Tobacco Cessation Program Coordinator | Completed provider baseline assessments and Webcast Education sessions by June 2007. |
**GOAL 5:** Share lessons learned, approaches implemented, and prepare for expansion and sustainability in Phase III.

**Strategy 5-1: Plan for and implement symposium in June 2007.**

**Description:** An educational symposium will be an effective way for the pilot sites, the Advisory Group, and Program Staff to present progress in implementation and evaluation of the CHC Tobacco Cessation Program, and to plan for program sustainability. The symposium will be a valuable forum for non-pilot CHC’s to learn about implementation approaches and for CCMCN to identify expansion sites for the next phase.

**Table 5-1: Objectives Related to Strategy 5-1**

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<th>Objectives</th>
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</table>
| Plan and prepare for symposium with all interested parties. | • Determine agenda for symposium and potential invitees.  
• Determine date/time.  
• Each pilot site will present their new/revised model of care and baseline data.  
• CCMCN will present evaluation data and benchmarks of successful interventions.  
• Group will plan for next phase of Tobacco Cessation Program development/implementation. | • CCMCN  
• Pilot sites | • Completion of symposium in June 2007 |

Description: A Tobacco Cessation Program Resources and Strategies Guide will be a valuable tool for new clinics to have before initiating their own comprehensive Tobacco Cessation Program. The Guide will include:

- Overview of a Tobacco Cessation Program
- Summary of planning activities
- Initiation of work teams – documentation of meetings
- Documentation of PDSA Cycles
- Data collection Tools
- Baseline patient survey tool
- Summary of educational process

The Resources and Strategies Guide will be evolve over time as the CHC Tobacco Cessation Program expands to more clinic sites and is sustained at initial pilot sites. The eventual goal is to develop a “how to” guide for CHC’s to sustain a successful program.

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</table>
| Begin preparation of a Tobacco Cessation Program Resources and Strategies Guide to be used as the CCMCN expands the Tobacco Cessation Program to other CHC’s. | CCMCN staff along with the Tobacco Cessation Program Coordinator will document the work processes during Phase II. | • CCMCN  
• Tobacco Cessation Program Coordinator | A Tobacco Cessation Program Resources and Strategies Guide will be assembled by June 2007. |