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Award Number: DAMD17-00-1-0586

TITLE: A Model DOD Systems Approach for Tobacco Cessation

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REPORT DATE: October 2004

TYPE OF REPORT: Annual

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release;
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20050819094

REPORT DOCUMENTATION PAGEForm Approved
OMB No. 074-0188

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503

1. AGENCY USE ONLY (Leave blank)		2. REPORT DATE October 2004	3. REPORT TYPE AND DATES COVERED Annual (1 Oct 2003 - 30 Sep 2004)	
4. TITLE AND SUBTITLE A Model DOD Systems Approach for Tobacco Cessation			5. FUNDING NUMBERS DAMD17-00-1-0586	
6. AUTHOR(S) Harry A. Lando, Ph.D.				
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) University of Minnesota Minneapolis, MN 55455-2070 E-Mail: lando@epi.umn.edu			8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES) U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012			10. SPONSORING / MONITORING AGENCY REPORT NUMBER	
11. SUPPLEMENTARY NOTES				
12a. DISTRIBUTION / AVAILABILITY STATEMENT Approved for Public Release; Distribution Unlimited				12b. DISTRIBUTION CODE
13. ABSTRACT (Maximum 200 Words) Military personnel have a smoking rate of approximately 30%, and recent evidence indicates this rate is no longer decreasing. Given the costs in terms of health care expenditures and decreased troop readiness, more must be done to decrease smoking in the military. This project is a group-randomized trial to test the effectiveness of intervention programs in increasing smoking cessation rates of active duty personnel and TRICARE Prime beneficiaries. Approximately 150 smokers and 100 nonsmokers per base will be followed after the 18-month intervention to assess smoking status. Fourteen military installations have been chosen (4 Army and 10 Air Force) to participate in this project to date, with seven installations randomly assigned to Organizational Support/Enhanced Programs (OSEP) and seven to Usual Practice (UP). The OSEP includes tobacco cessation intervention training for health care providers as well as other members in the community, pharmacological support, policy changes, and a media campaign. The UP installations will be provided intervention materials following the completion of follow-up surveys, approximately 24 months after the baseline survey. Currently, 4 sites have completed the intervention and the cohort selected for follow-up is being surveyed. The next 4 sites are starting the intervention and have completed the baseline survey. The final 6 sites are projected to begin the baseline survey and the intervention this fall and winter.				
14. SUBJECT TERMS HRT				15. NUMBER OF PAGES 8
				16. PRICE CODE
17. SECURITY CLASSIFICATION OF REPORT Unclassified	18. SECURITY CLASSIFICATION OF THIS PAGE Unclassified	19. SECURITY CLASSIFICATION OF ABSTRACT Unclassified	20. LIMITATION OF ABSTRACT Unlimited	

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INTRODUCTION:

The study is designed to test a community intervention that adheres to the Department of Defense clinical practice guidelines on tobacco use cessation. Originally, this study was developed to evaluate the efficacy of an intervention on smoking prevalence in the Air Force, Navy, Marines, and Army. However, after numerous administrative delays which were out of the control of the project team, which were noted in last year's annual report, the Navy and Marines were removed from the study. In order to maintain the scientific integrity of the research, additional sites were selected from the Air Force and Army. The project intervention combines state-of-the-art components from community trials with empirically supported clinical interventions to form a unique, comprehensive tobacco control program for military installations.

BODY:

At the end of the fourth year of the study, several milestones have been achieved which will benefit the military's efforts to reduce tobacco use. The following is a summary of our significant accomplishments to date.

1. Development and initial evaluation of tools and products which will be given to the DoD.

- a. DoD Comprehensive Community Tobacco Plan. The plan includes detailed guidance and resources for intervention in the following areas: (i) leadership and policy; (ii) community action teams, (iii) primary care and dentistry, (iv) junior enlisted, (v) community based tobacco intervention training, and (vi) social marketing. The plan was developed with input from military leaders and tobacco control scientists and has been field tested on 2 military bases. This plan has the potential of forming the basis of tobacco control programs for military installations worldwide.
- b. A tailored website which houses resources including (i) articles addressing tobacco, (ii) power point presentations and speakers notes, (iii) access to a listserve, (iv) links to important tobacco web sites, (v) project materials, and (vi) links to emails of project investigators. Currently the website is password protected. However, it will be opened to all DoD personnel at the conclusion of the study. This website promises to serve as a valuable resource for military tobacco control efforts.
- c. A tailored training program consisting of three modules: (1) a set of "awareness raising" briefings – over 500 slides total; (2) A "Intervention and Referral" 2-hour skills building course, and (3) "Motivation and Assist" 2 hour skills building course. This training has been adapted based on feedback from the installations. It has become one of the favorite components of this projects from participating installations.

2. We have successfully implemented the project at 4 Air Force installations (Whiteman, Tinker, Minot, and Hill). Progress has been made in each of the six areas of intervention outlined in the community plan. These four original sites are currently completing the follow-up survey. Key accomplishments have included:

- √ Reducing tobacco use a clear priority for installation
- √ An increase in the number and quality of tobacco related newspaper articles and information materials

- ✓ Medical personnel and leadership more keenly aware of DoD Tobacco Practice Guidelines
- ✓ Increased number of brief interventions occurring in primary care
- ✓ Engaging junior enlisted in tobacco control efforts
- ✓ Securing the consultation of media/marketing experts to design social marketing efforts which convince junior enlisted that tobacco use is inconsistent with military service
- ✓ Conduct of focus groups to determine messages/themes that resonate with junior enlisted personnel regarding tobacco.
- ✓ Hundreds of installation personnel trained in brief tobacco interventions and tobacco control advocacy
- ✓ Highly visible leadership support for tobacco control efforts
- ✓ Produced a large volume of tobacco control briefings, tailored materials, informational sheets, and clinical materials for installation personnel
- ✓ Whiteman AFB established a walk-in clinic for smokers in primary care
- ✓ Sponsored conferences at military installations focusing on tobacco control

3. We negotiated and secured pharmacotherapy from pharmaceutical industry to support increased military installation interventions. We have developed an algorithm for ordering, shipping, and distribution of the both the nicotine gum and the nicotine patch.

4. Secured funding from the American Legacy Foundation to add an additional component to the study which will allow us to develop a marketing campaign targeting 18-24 year olds in the military. This additional funding allows us to conduct focus groups with several groups of individuals in order to identify key themes for our marketing campaign. We have conducted all of the focus groups in the Air Force and are beginning to conduct the same focus groups in the Army.

5. Successful recruitment of the following military installations into the study:

Table 1: Military Installations Selected for the STAR Project

Installation	First	Last	Phone	Email
Hill AFB	Carolyn S.	Bennett	801-777-1215	carolyn.bennett@hill.af.mil
Tinker AFB	Brenda	Irwin	405-734-5505	Brenda.irwin@tinker.af.mil
Whiteman AFB	Janet	Rudderham	660-687-1199	Janet.Rudderham@whiteman.af.mil
Minot AFB	Dianna	Skidmore	701-723-2990	dianna.skidmore@minot.af.mil
Hurlburt Field AFB	Kirk	Tresch	850-884-4292	Kirk.tresch@hurlburt.af.mil
Pope AFB	Nelta	Jean-Pierre	910-394-4292	Nelta.jean-pierre@pope.af.mil
Goodfellow AFB	Karen	Bartholomeo	325-654-5686	Karen.bartholomeo@goodfellow.af.mil
Altus AFB	Jeanine	Hatfield	580-379-5647	Jeanine.hatfield@altus.af.mil

Fort Jackson	Patricia	Hick	803-751-5251	patricia.hick@se.amedd.army.mil
Fort Leonardwood	Cindy	Plank	573-596-0491	cynthia.plank@cen.amedd.army.mil
Fort Carson	Bridget	Minihane	719-526-3848	bridget.minihane@cen.amedd.army.mil
Fort Riley	Jennifer	Fenti	785-239-7520	jennifer.a.fenti@us.army.mil

6. Reconnaissance visits to each of the bases to brief leadership and assess tobacco control infrastructure. These trips included introduction to the community plan, motivating bases about the project, identifying the main point of contact, briefing the command, and touring the base. The presentation of the community plan was tailored to be service-specific. No intervention components or assessment instruments were implemented during the visit – it was informational and motivational only. We have learned that given the very long delays which occur from base recruitment until IRB approval, significant loss of installation motivation for the study occurs without the reconnaissance trips.

7. Publications and presentations at national and international scientific conferences.

1. Haddock, C.K., Parker, L.C., Taylor, J.E., Poston, W.S.C., Lando, H., & Talcott, G.W. An analysis of messages about tobacco in military installation newspapers. *American Journal of Public Health*. In Press.
2. Taylor, J.E., Poston, W.S.C., Pyle, S.A., Haddock, C.K., Lando, H., & Talcott, W.G. How well do health care providers document tobacco use? A Review of Medical and Dental Charts from the Air Force. *Proceeding of the 12th World Conference on Tobacco or Health*.
3. Lando, H.A., Taylor, J.E., Haddock, C.K., Poston, W.S.C., Talcott, W.G., & Schmidt, L. (November 2003). A Comprehensive Approach to Reducing Tobacco Use among Young Adults in the Military. Presented at the *American Public Health Association 131st Annual Meeting and Exposition, San Francisco, CA*.
4. Taylor, J.E., Poston, W.S.C., Pyle, S.A., Haddock, C.K., Lando, H., & Talcott, W.G. How well do health care providers document tobacco use? A Review of Medical and Dental Charts from the Air Force. Presented at the 12th World Conference on Tobacco or Health, Helsinki, Finland.
5. Lando, H., Haddock, C.K., Talcott, G.W., Schmidt, L.A., Muramoto, M.L., Xaverius, P.K., Poston, W.S.C., & Taylor, J.E. (November 2002). Department of Defense Comprehensive Tobacco Intervention Program: Project STAR. *Proceedings from the 2002 National Conference on Tobacco or Health, San Francisco, CA*, p. 128.
6. Lando, H., Xaverius, P., Haddock, C., Poston, C., Talcott, G., Schmidt, L. A comprehensive approach to reducing tobacco use among young adults in the military. Presidents' Symposium: Tobacco use by young adults: Challenges and opportunities for intervention. Society for Research on Nicotine and Tobacco, New Orleans, LA, February 2003.

8. Comprehensive media analysis of tobacco control messages on 24 military bases over 2 years (includes the Navy and Marine bases in addition to the newly selected sites). Using a structured and reliable coding system, we conducted a content analysis of health information in

12 military installation newspapers. We will continue this analysis in the newly recruited installations. This information will be used as process data to determine if the project impacts how tobacco-related information is disseminated.

In addition to the above milestones, several conferences were hosted throughout the year to unite key researchers and discuss critical components of the project. These conferences included convening key members of the research team in February 2004 to discuss the project in Scottsdale, AZ at the annual SRNT meeting. In March 2004, a select group of team members meet in Minnesota to discuss IRB issues and prepare for a presentation in April. In May 2004, several of the investigators met to present in Puerto Rico to Fort Detrick. In June 2004 a select group of the team met in Tucson, AZ to work on revising the training. In September 2004, the research team met in San Antonio to discuss Army IRB issues and to brainstorm about tailoring the intervention to troops that are deployed.

In the ongoing effort to monitor the progress of the grant, military and research representatives participate in a weekly teleconference.

REPORTABLE OUTCOMES:

1. Haddock, C.K., Parker, L.C., Taylor, J.E., Poston, W.S.C., Lando, H., & Talcott, G.W. An analysis of messages about tobacco in military installation newspapers. *American Journal of Public Health*. In Press.
2. Taylor, J.E., Poston, W.S.C., Pyle, S.A., Haddock, C.K., Lando, H., & Talcott, W.G. How well do health care providers document tobacco use? A Review of Medical and Dental Charts from the Air Force. *Proceeding of the 12th World Conference on Tobacco or Health*.
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CONCLUSIONS:

Since the project is still ongoing, we do not offer any conclusions to report at this time. We can suggest, however, that IRB process be made easier to navigate when going through multiple

branches of the military. We would specifically suggest convening of a multiservice IRB for projects conducted in more than one branch of the military.

APPENDICES:

None.

BINDING:

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