

## Organizational Policy and Practice: Tobacco Assessment

This **Organizational Policy and Practice: Tobacco Assessment** document is provided by the Behavioral Health and Wellness Program (BHWP) at the University of Colorado for exemplary purposes only. The items included on this page represent only a portion of survey items typically included as part of this assessment for partnering organizations. Depending on the situation, additional follow-up questions will likely be appropriate. *Please note, survey items are unpublished.* **Please reference the following citation when using items from this sample survey:**

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If you would like a tailored survey or evaluation plan designed specifically for your organization or program, please contact BHWP to request these services at (303) 724-3714 or [bh.wellness@ucdenver.edu](mailto:bh.wellness@ucdenver.edu).

This **Organizational Policy and Practice: Tobacco Assessment** is designed to evaluate [organization name]'s current tobacco control initiatives. **The survey is designed to be completed by a single, senior employee with knowledge of the organization's tobacco policies and practices.** If an organization is comprised of multiple clinic sites, it may be appropriate for a senior-level employee *at each site* to complete the survey. Please complete all sections.

For each of the 35 questions that follow in this survey, respondents should select one of the options from this set of six possible responses:

- *Not currently considering/decided against*
- *Considering but not yet actively planning*
- *Actively planning for 3-6 months from now*
- *Scheduled for implementation in the next 3 months*
- *Currently occurring, but only sometimes or in some cases (please explain): \_\_\_\_\_*
- *Currently occurring, consistently across the entire agency*

1. Does your agency provide **tobacco education** to clients or patients through **printed or other media** (e.g., signs or brochures)?
2. Do staff and/or providers at your agency receive **routine, updated training** on evidence-based **tobacco cessation strategies and interventions**?
3. Do agency staff and/or providers ask about and document tobacco use (including vaping/ENDS) for all clients or patients at **intake**?

4. Do agency staff and/or providers **regularly ask about and document** tobacco use (including vaping/ENDS) for all clients or patients during appointments?
5. Do agency staff and/or providers **advise all tobacco/nicotine users to quit at every visit**?
6. Do agency staff and/or providers assess **nicotine dependence** of clients or patients who use tobacco?
7. For clients or patients who use tobacco, do treatment or service plans (or chronic disease management plans) include nicotine dependence?
8. Do agency staff and/or providers assess clients' or patients' **willingness to quit at every visit**?
9. For clients or patients who use tobacco, do treatment or service plans (or chronic disease management plans) include **tobacco cessation goals**?
10. Are agency staff and/or providers held accountable for performing tobacco screening, assessment, and/or counseling through an **established systemic protocol** (e.g., electronic medical record/chart audits, agency supervision, care team reporting structures)?
11. Are all tobacco-using clients or patients provided a specific pharmacotherapy **recommendation\*** at your agency? *\*Here, "recommendation" means suggesting (in collaboration with the client or patient) a specific medication and a proper starting dosage based on the client or patient's current tobacco use and/or nicotine dependence level.*
12. Is pharmacotherapy **prescribed onsite** at your agency?
13. Do agency staff and/or providers monitor client or patient **medication adherence**?
14. Do agency staff and/or providers provide **tobacco cessation counseling** to clients or patients **onsite**?
15. Are **psychoeducational and/or support groups addressing tobacco use** held **onsite**?
16. Does your agency use CPT/HCPCS **billing codes** for tobacco cessation services?
17. Are clients or patients who use tobacco referred to your state **quitline**?
18. Are clients or patients who use tobacco **referred to other agencies** for tobacco cessation support?
19. Is the **interior** of your agency tobacco-free?
20. Is your agency **campus** tobacco-free?
21. Are all **new staff** comprehensively trained on agency policies related to tobacco (including vaping/ENDS)?
22. Are agency staff expected to **remain** tobacco free (including vaping/ENDS) during their **entire workday** (i.e. staff cannot use tobacco even on their own time, e.g., "smoke breaks," mealtimes)?

23. Are **staff prohibited** from exhibiting evidence of tobacco use (e.g., smelling of smoke)?
24. Are tobacco-related policies **being enforced** through specific procedures?
25. Does your electronic health record (EHR) infrastructure include **tobacco/nicotine use and/or treatment fields**?
26. Does your agency document tobacco/nicotine use and treatment **elsewhere** in the client or patient record?
27. Are tobacco use **indicators** (at a client or patient level) regularly compared with those **from previous years** at your agency to better characterize the needs of your client or patient population?
28. Are tobacco control **services** provided by your agency regularly compared with those provided in **previous years** at your agency?
29. Does your agency maintain a "**tobacco registry**"?
30. Does your agency offer **peer-delivered services for tobacco cessation**?
31. Does your agency offer **peer navigator services** to refer clients or patients and connect them with resource providers (e.g., getting clients or patients enrolled into Medicaid)?
32. Does your agency have a process in place to **track referrals** to external organizations for **tobacco cessation**?
33. Is being tobacco-free a **prerequisite for employment** at your agency?
34. Have "**Tobacco Champions**" been identified at your agency?
35. Does your agency offer **tobacco cessation services and supports to staff**?