

KEEP IT SACRED



National Native Network
A New Quitline Resource:
American Indian Commercial Tobacco Program



A New Quitline Resource: American Indian Commercial Tobacco Program

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- Funding for this webinar was made possible by the Centers for Disease Control and Prevention DP13-1314 Consortium of National Networks to Impact Populations Experiencing Tobacco-Related and Cancer Health Disparities grant. Webinar contents do not necessarily represent the official views of the Centers for Disease Control and Prevention.
- No commercial interest support was used to fund this activity.

Accreditation

The Indian Health Service (IHS) Clinical Support Center is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The IHS Clinical Support Center designates this live activity for 1 hour of *AMA PRA Category 1 Credit™* for each hour of participation. Physicians should claim only the credit commensurate with the extent of their participation in the activity. .

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This activity is designated 1.0 contact hour for nurses.

CE Evaluation and Certificate

- Continuing Education guidelines require that the attendance of all who participate be properly documented.
- To obtain a certificate of continuing education, you must be registered for the course, participate in the webinar in its entirety and submit a completed post-webinar survey.
- The post-webinar survey will be emailed to you after the completion of the course.
- Certificates will be mailed to participants within four weeks by the Indian Health Service Clinical Support Center.

Learning Objectives


By the end of this webinar, participants will be able to:

1. Identify the key elements of the AICTP as a means to meet the needs of the population and improve engagement of evidence-based cessation strategies.
2. Inform state and tribal partners of the AICTP in an attempt to increase reach into AI populations through quitline services.
3. Inform state and tribal partners of the AICTP to lessen the impact of commercial tobacco on the American Indian Population.



AMERICAN INDIAN

Commercial Tobacco Program




Review Objectives
Welcome and Introductions
AICTP Process
Questions

Agenda

- Identify the key elements of the AICTP as a means to meet the needs of the population and improve engagement of evidence-based cessation strategies.
- Inform state and tribal partners of the AICTP in an attempt to increase reach into AI populations through quitline services.
- Inform state and tribal partners of the AICTP to lessen the impact of commercial tobacco on the American Indian population.


Objectives



Our Mission since 1899 is to heal, to discover and to educate as a preeminent healthcare institution.

National Jewish Health physicians and researchers are at the forefront of a new era in healthcare that embraces a personalized, preventive approach to medicine.

National Jewish Health



We continue to focus on personalized medicine through our wellness programs.

QuitLogix is the largest non-profit tobacco cessation program in the nation.

We enroll hundreds of individuals a day from all over the United States and have helped over 1 million participants with their quit attempt.

National Jewish Health

Public Health Guidelines (2008)

- Multiple interventions
- Identify, document and treat
- *Counseling and medications* are effective
- Individual, group and telephonic counseling are effective
- Motivational treatment for those unwilling to quit

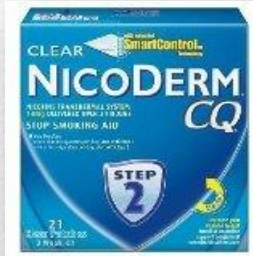
2014 CDC Best Practices for Cessation

- Promote health systems change
- Expanding insurance coverage and utilization of proven cessation treatments
- Supporting state quitline capacity

The Evidence



Personalized Coaching (5 calls)
English and Spanish speaking coaches

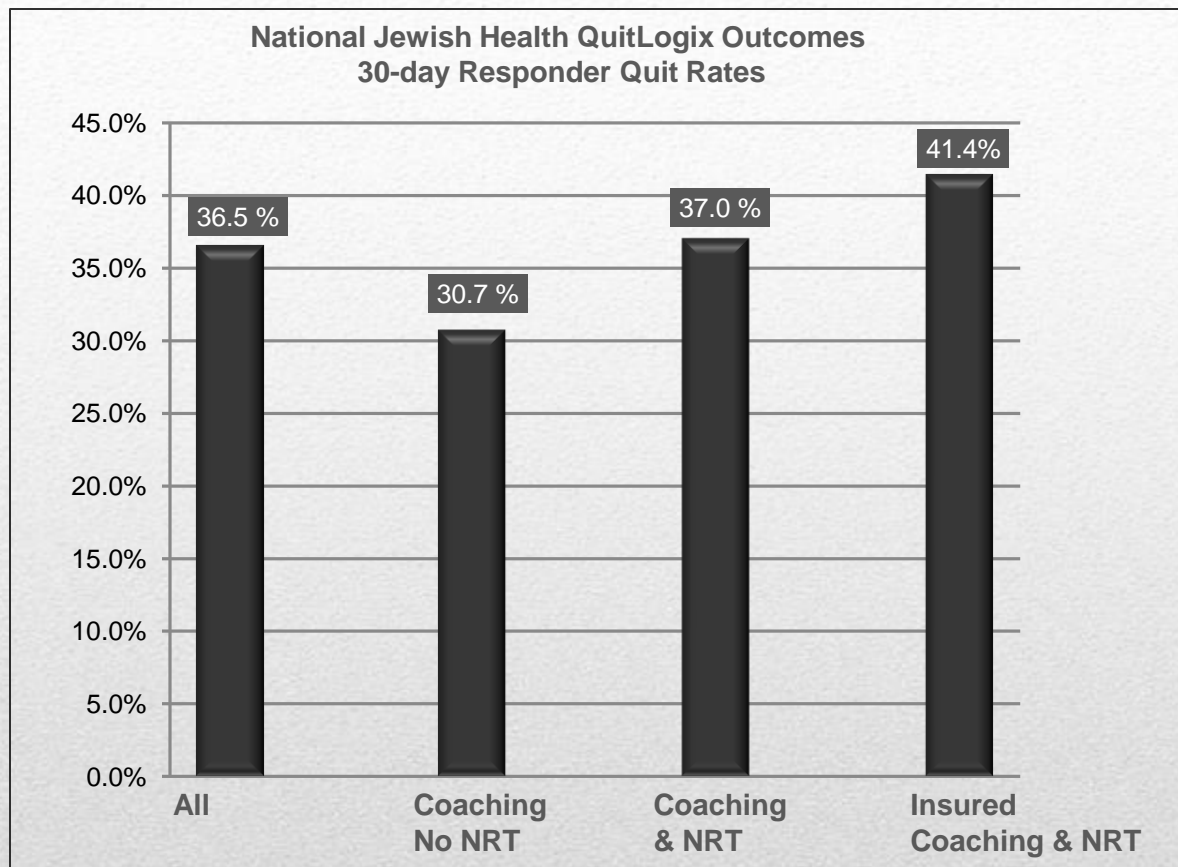


Nicotine Replacement Therapy
Smoking Cessation Prescriptions



Websites
Texting
Email
App
Educational Materials

QuitLogix



QuitLogix Outcomes

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NJH Support Team



Lorelei (Kim) Akiwenzie





Sereina House

- *Is this program possible?*
- *How will the program be received within the community?*
- *Native American vs. American Indian*

Early Program Questions

- American Indians (AI) are more likely to smoke and have more difficulty quitting
- Express a strong interest in quitting - have lower quit rates and difficulty maintaining long term abstinence
- NJH has observed that AI callers have lower rates of engagement and utilization of quitline services

Background

- Almost 20% drop out at intake
- About 60% drop out after one coaching call
- About 20% complete three or more coaching calls, or the minimum number recommended for an effective cessation intervention
- AI callers complete an average of 1.7 coaching calls, just under half of the NJH average of 3.2 coaching calls per participant.

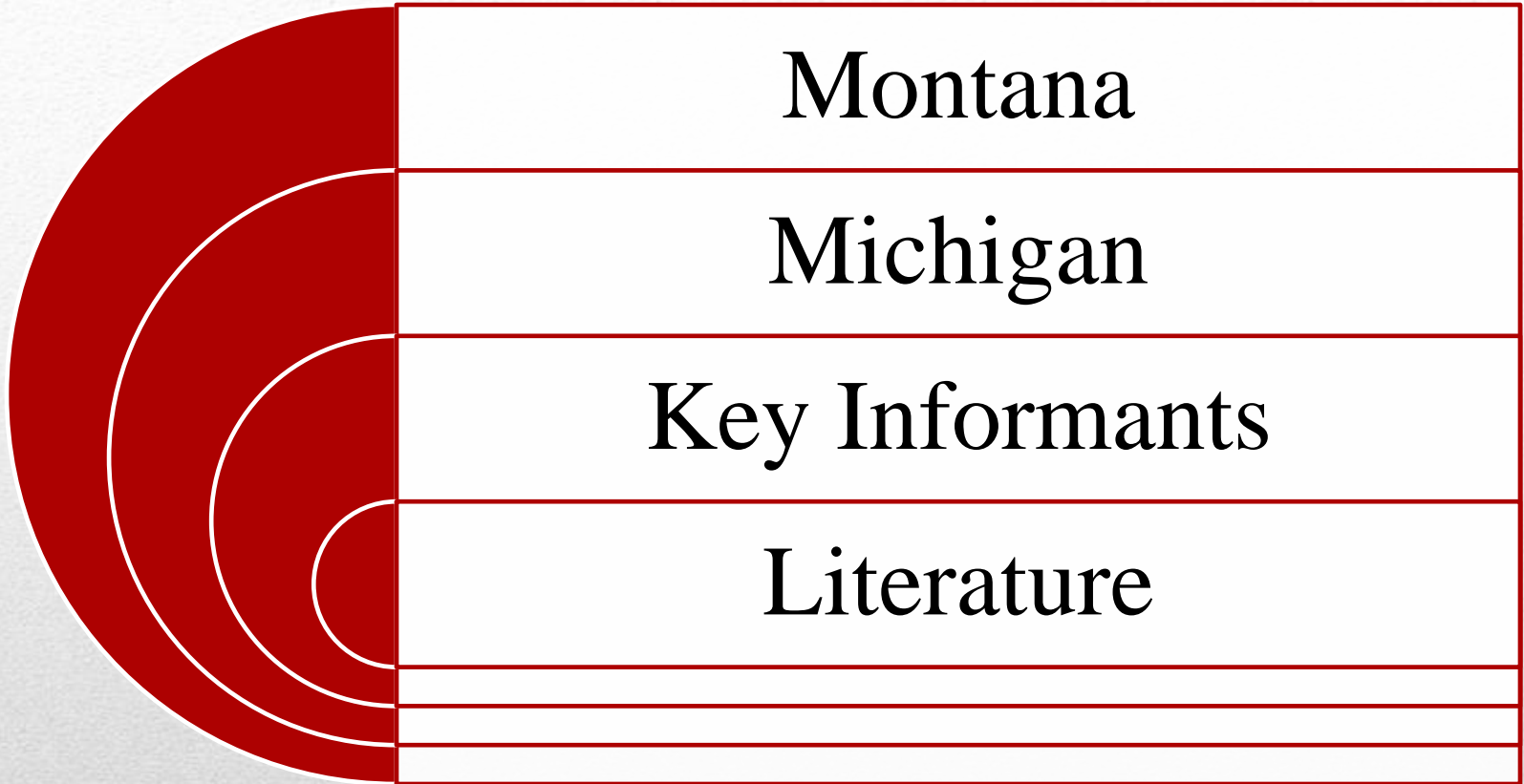
Why this is important?

- **There is strong support both among NJH collaborators and in the literature about the need for better evidence-based protocols for this underserved population. To date, effective smoking cessation programs designed specifically for a heterogeneous population of American Indians do not exist. A few attempts at the tribal level have proven effective and a few untested attempts have been made for diverse groups.**

Purpose

- Create dedicated coaching program with a culturally sensitive coaching protocol to better meet the needs
- Improve engagement of AI's in tobacco cessation services
- Help our state partners increase reach into AI populations
- Lessen the impact of tobacco cessation on this population
- *It should be noted that while smoking cessation is considered a very positive outcome, with this population, we have set our goal to a reduction the use of tobacco products which is associated with harm reduction for the tobacco user.

Goals



Information Sources

Total Participants	Ages	Tribal Affiliations
57	55 and older – 28%	10 tribes
Female – 72%	36-55 – 49%	
Male – 18%	16-34 – 22%	

Talking Circle Participants – MT

Total Participants	Ages (16 of 26)	Tribal Affiliations
26	60+ - 25%	4 tribes
Female – 77%	50-59 - 31%	
Male – 13%	40-49 – 31%	
	30-39 – 13%	

Talking Circle Participants – MI

1

- Culturally Sensitive Terminology

2

- Coaching

3

- Intake

4

- Commercial vs. Sacred Tobacco

5

- Culturally Responsive Interventions

Themes

- Phone or Web-phone protocols offered
- 10 coaching calls
- 7 reset attempts for a enrolled participants
- 3 reset attempts for referrals
- NRT: 8 weeks of patch/gum/mini-lozenge sent in 4 week shipments
- Combo therapy is available.

AICTP

- Alabama
- Arkansas
- Colorado
- Michigan
- Montana
- Nevada
- Pennsylvania
- Wyoming

States Participating



- 1-855-372-0037

Direct Number

- August 1 – November 20th
 - Declined to Participate at Intake - 10
 - Enrolled with only 1 coaching call - 26
 - Enrolled with 2 or more calls - 41
 - Total called to AICTP - 77
 - Total enrolled - 67
 - % that only completed intake - 13%
 - % that only complete intake or cc1 - 33.8%
 - % who have had at least 2 calls - 61.2%

Quitline Stats

1

- Collaborate

2

- Refine Program

3

- Spread the Word

4

- Monitor participant experience

Next Steps

- <https://americanindian.quitlogix.org/>
- <http://www.keepitsacred.org/>
- <https://www.crihb.org/>
- www.americanindiancancer.org
- <http://smokingcessationleadership.ucsf.edu/webinar/archived/cme-credits/commercial-tobacco-use-and-american-indianalaska-native-people>
- <http://www.cdc.gov/tobacco/campaign/tips/groups/american-indian-alaska-native.html>

Resources

- lukowskia@njhealth.org
- 303-728-6533

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