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NATIONAL NATIVE NETWORK

**Technical Assistance Webinar**

# The American Indian Commercial Tobacco Program: Five Year Evaluation

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2018 – PhD – Social Work - University of Pittsburgh – Pittsburgh, Pennsylvania

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# The American Indian Commercial Tobacco Program: Five Year Evaluation

**Thomas Ylioja, PhD, MSW**

Thomas Ylioja, PhD, is the Clinical Director for Health Initiatives at National Jewish Health. He is a licensed social worker with years of health care practice and research experience, and expertise working with individuals who use tobacco and other substances. Dr. Ylioja focuses his work with people who have health disparities or who have social disadvantage. Nationally, he collaborates with researchers, clinicians, and state health departments to build strong connections between health systems and the tobacco cessation programs of National Jewish Health.

# Faculty Disclosure Statement

- Funding for this webinar was made possible by the Centers for Disease Control and Prevention DP18-1808 Consortium of 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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# 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 presented digitally upon completion of evaluation.

# Learning Objectives/Outcomes

**At the conclusion of this activity, the healthcare team will be able to:**

1. Evaluate evidence-based strategies for treating commercial tobacco use and dependence.
2. Implement a brief intervention for commercial tobacco treatment.



# The American Indian Commercial Tobacco Program at Five Years



**AMERICAN INDIAN**  
Commercial Tobacco Program





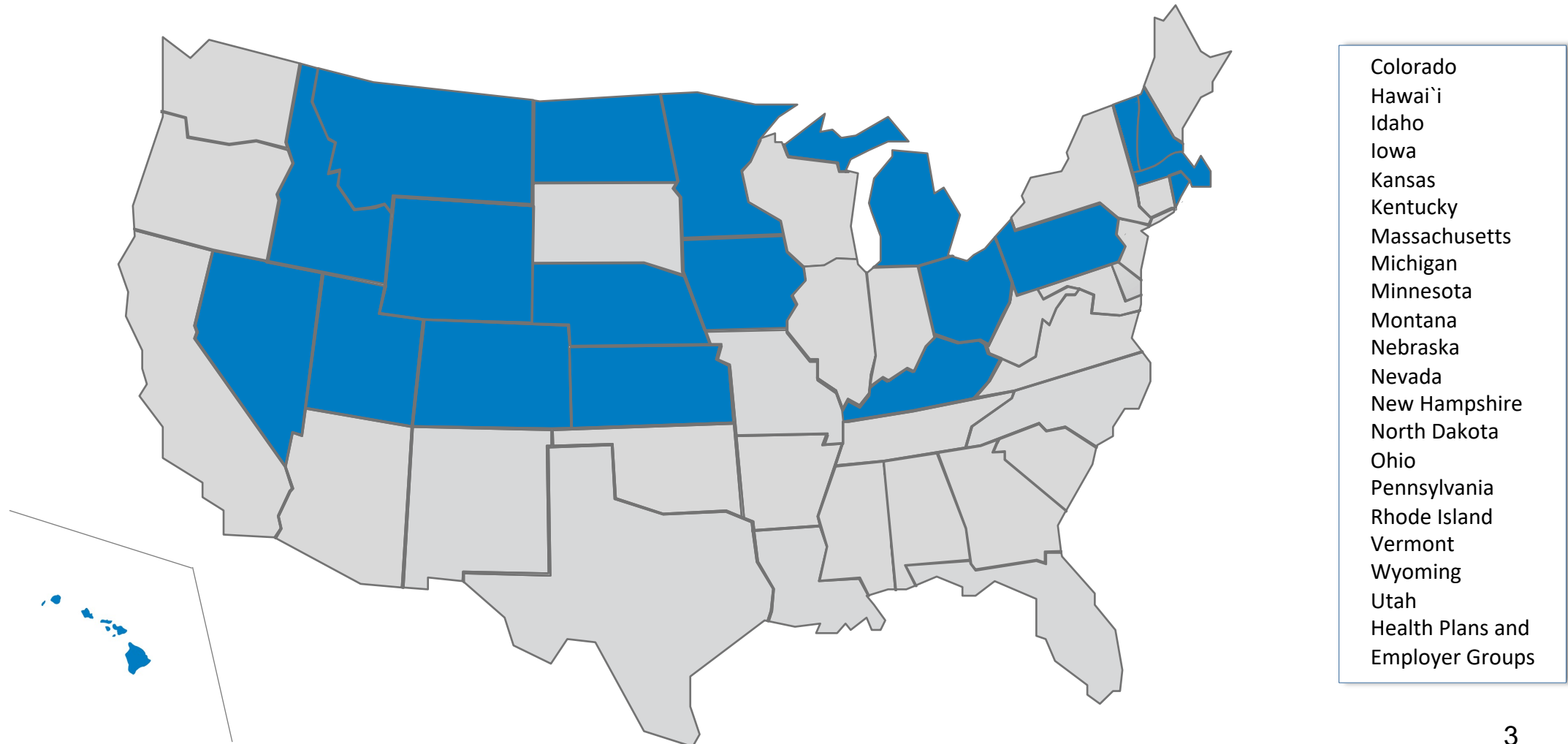
# About National Jewish Health

- Founded in 1899
- Dedicated to respiratory health for over 122 years
- Nonprofit nonsectarian academic medical research center
- Ranked by *U.S. News and World Report* as the nation's leading respiratory hospital for 25 years



## About QuitLogix<sup>®</sup>

- Developed in 2002, QuitLogix<sup>®</sup> is our comprehensive commercial tobacco treatment program
- Currently the largest nonprofit provider of telephone-based Quitline services in the U.S.
- The program is **evidence-based** and builds on our expertise in treating respiratory illnesses
- We consistently achieve **one of the highest** quit rates in the nation — 37% of our state quitline participants quit commercial tobacco when they use counseling and medications
- We have assisted more than **2 million people** with their quit attempts





# Evidence Based Approach

- Implements AHRQ clinical practice guidelines for treating commercial tobacco use and dependence delivering counseling and medications
- Quitlines are recommended by AHRQ guidelines and the Surgeon General
  - Multi-session proactive telephone counseling increases quit rates by 38%
  - Completing three or more counseling sessions increases quit rates by 27%
  - Provider referrals increase quit rates by 25% compared to only giving the phone number
    - Implementing Ask, Advise, Connect in clinical settings increases referrals and ultimately enrollment with the quitline

## Evidence Based Approach

- Cessation medications are effective, and more effective when combined with counseling
- Interactive, personalized text message and online programs increase quit rates
- Quitlines, as the hub of cessation services, offer phone, web, medication, and text programs
- Quitlines accept referrals from health care providers by fax, online portals, or eReferral directly from the medical record
- Quitlines remain positioned as the most accessible commercial tobacco treatment resource for people interested in quitting

## QuitLogix<sup>®</sup> Program Features

- Coaching with experienced Tobacco Treatment Specialists
- Nicotine replacement therapy (NRT) or prescription medication for eligible participants
- Personalized educational materials
- A suite of eHealth services
  - Web
  - Text
  - Email





# Commercial Tobacco and American Indians

- American Indians have higher rates of smoking cigarettes by race
- Rates vary by region, with highest prevalence in upper Midwest/Plains regions
  - Coincides with states where National Jewish Health operates Quitline services
- Commercial tobacco use is primary driver of early death and disability in the United States, and causes health problems disproportionately impacting AI communities
  - Heart disease, lung cancer, and diabetes
- Interest in quitting is similar to other groups

# Traditional Tobacco Movement

- History and role of tobacco varies by tribe
- History of traditional tobacco within the context of colonialism, loss of land and freedom to practice traditional ways, and the introduction of commercial tobacco products
- Importance of distinguishing [traditional tobacco](#) from commercial tobacco products when discussing prevention, control or treatment
- Connecting commercial tobacco cessation to reclamation of tradition

# Culturally Tailored Cessation Services

- Culturally tailored programs increase engagement though may not increase quit rates
- Community-based participatory approach to developing and adapting programs
- Presenting accurate and specific information in culturally responsive ways
- Trusted messengers, especially community members, and flexibility in the program
- Using traditional tobacco can be protective or a risk factor for quitting commercial tobacco, and requires careful conversation, community/elder support and guidance
- Requires commitment of funders, providers, and community to offer and promote



# American Indian Quitline Callers

- National data shows proportional reach of Quitline services among AI people who smoke commercial tobacco
- Lower overall rates of engagement in Quitline services (NJH internal data)
  - 20% dropped out after intake
  - 60% drop out after one coaching call
  - 20% complete three or more coaching calls (recommended for effective intervention)
- Completed average of 1.7 coaching calls compared to 3.2 coaching calls for all participants

# Understanding Need

- If motivation is the same, why is engagement lower among AI callers?
- Reasons might include: (Lukowski, et al, 2016)
  - Lower education levels
  - Earlier age of commercial tobacco initiation
  - Higher mental health comorbidity
  - More physical health problems
  - High community prevalence = more likely to live with another smoker and impact on quitting norms
  - Trust in external health care services (Twyman, et al, 2014)
  - Culturally tailored messages about commercial tobacco (Gould, et al, 2012)

# Understanding Need

- Literature review of best practices
- Worked with subject matter experts in several states
- Community input through talking circles in Montana and Michigan in 2013/2014
  - Feeling a cultural connection to the Coach was most important
  - Does not need to be from the same tribe as long as the Coach has ties to a tribe
  - Culturally responsive communication from intake through coaching process
  - Distinguish traditional from commercial tobacco



# American Indian Commercial Tobacco Program

- American Indian Coaches
- Flexible intake and coaching process
- Longer duration of support (10 calls) and quit medications
- Dedicated website and toll-free to reach the program directly
- Launched August 2015

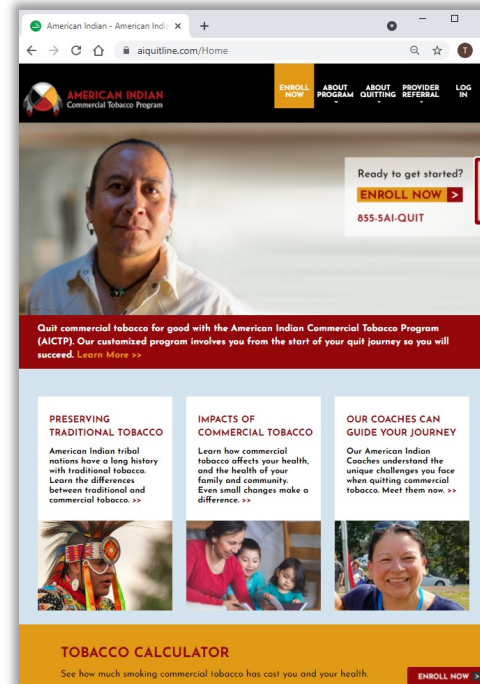


**AMERICAN INDIAN**  
Commercial Tobacco Program

# AICTP

- [AIQuitline.com/org](http://AIQuitline.com/org)
- 855-5AI-QUIT (524-7848)
- Promotional toolkit with images selected by AI community members and participant reasons for quitting

## Website



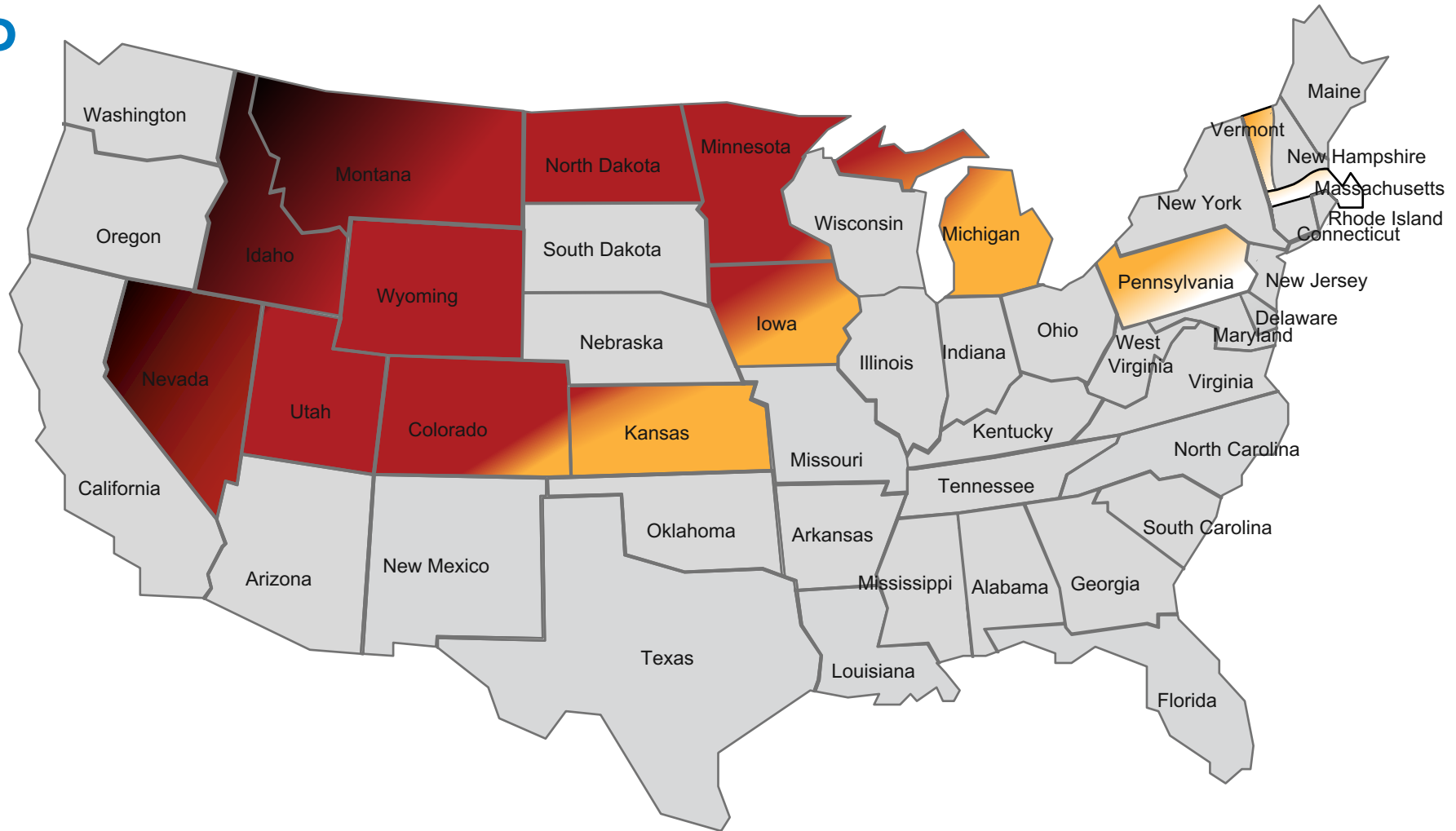
## Posters and rack cards



## Web banners



# AICTP



## Five Year Evaluation (2020)

- Of all American Indian callers, 14% opt to enroll in AICTP
- Slightly older callers with lower education levels, and more men
- More report having a mental health condition, especially depression/anxiety, substance use and PTSD
- More live on tribal land
- Nearly all smoke cigarettes, and more smoke cigars or use chew/dip compared to AI callers in standard program



## Five Year Evaluation (2020)

- Of AI participants who enroll and complete a coaching call:
  - 52% completed three or more calls compared to 26% in standard program
  - 14% completed all 10 calls, compared to just 10% who complete five call standard program
  - Complete 3.9 calls on average, compared to 2.1 calls in standard program
- Fewer participants in AICTP used NRT (71% vs 79%) as more required medical authorization (27% vs 17%) to access medication benefit
  - Takes more coaching calls to access NRT
  - Used more NRT on average, 6.1 weeks vs 5.6 weeks

## Five Year Evaluation (2020)

- 35% of AICTP participants with at least two coaching calls made a quit attempt
  - Participants who made a quit attempt were more likely to not report a mental health condition, have received a quit medication
- 66% of participants who did not make a quit attempt, reported they reduced the number of cigarettes smoked per day
  - Participants who completed more coaching calls were more likely to report they reduced their cigarettes per day
- Seven month follow up quit rate was 38%, compared to national benchmark of 30%

## Five Year Evaluation (2020)

- Very high perception that coaching, text/email were welcoming
- Very high satisfaction with coaching, text/email, and free medications
- 94% would recommend AICTP to another AI person trying to quit
- 42% used only the AICTP during their quit attempt

## Five Year Evaluation (2020)

- *When I saw the commercial on the TV I had my doubts but as I talked to my coaches I realized that I could do this. I was in poor health. I'm a diabetic with heart disease. All I did was make up my mind that I was going to quit and my coaches stood on the side and gave me the push I needed. Thank you! My life has changed a lot.*
- *We touched on the importance of tobacco in traditional ceremonial practices and how that effects my quit. It was very helpful.*
- *I felt that Natives can understand the struggle against cigarettes for Natives. Thank you, I now have 9 months without a cigarette and I own my success to the Native American quit line.*

# Summary

- Culturally tailoring Quitline services for commercial tobacco treatment with American Indians increases engagement
- A culturally tailored Quitline program for American Indians is effective for quitting, and exceeds national benchmarks for service
- Requires long-term commitment from all stakeholders to sustain, from funding to promoting the service, to build trust with the community, and to demonstrate the program can be integrated into the traditional tobacco movement by reducing commercial tobacco use in American Indian communities



# Questions?

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