

American Indian Commercial Tobacco Program



AMERICAN INDIAN
Commercial Tobacco Program



**National Jewish
Health®**



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



Michigan Tobacco Quitlink Program Features

- Coaching with experienced Tobacco Treatment Specialists
- Nicotine replacement therapy (NRT) or prescription medication for eligible participants
- Personalized educational materials
- A suite of digital services
 - Mobile-optimized web
 - Keyword interactive texting
 - Email messages
 - eCoaching chat
 - Live text coaching



Work with Priority Populations

- Training for coaches with subject matter experts in the community
 - Develop coaching guidelines and participant education
- Participant education materials, web pages, video testimonials
- Evaluation projects
- Special programs (approach)
 - Pregnancy and postpartum program
 - My Life, My Quit™
 - Behavioral Health
 - American Indian Commercial Tobacco Program



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

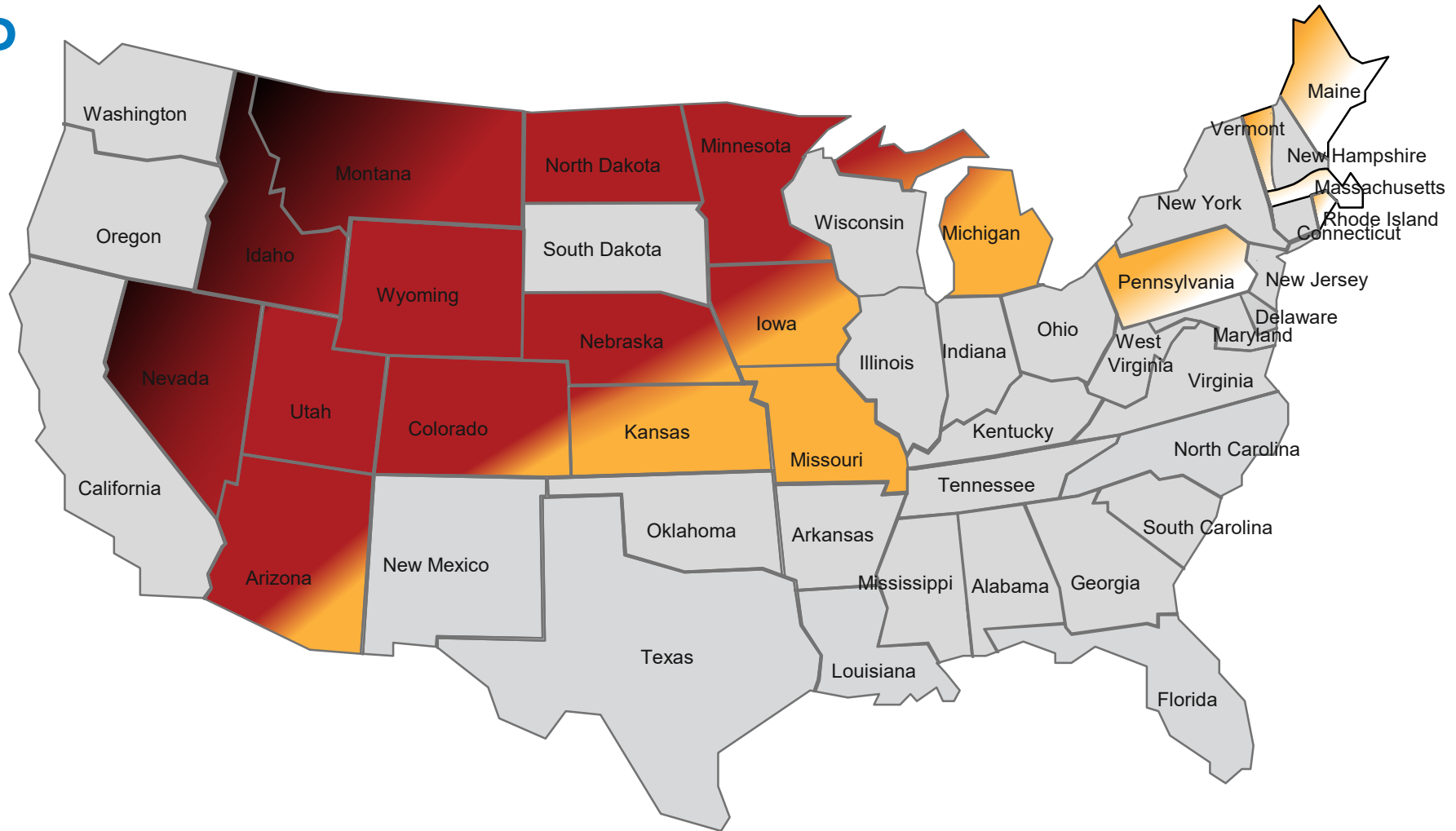
American Indian Commercial Tobacco Program

- 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



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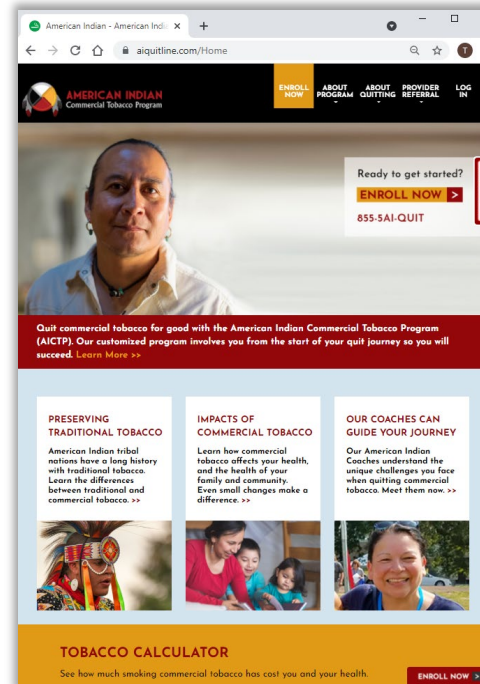
AICTP



AICTP

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

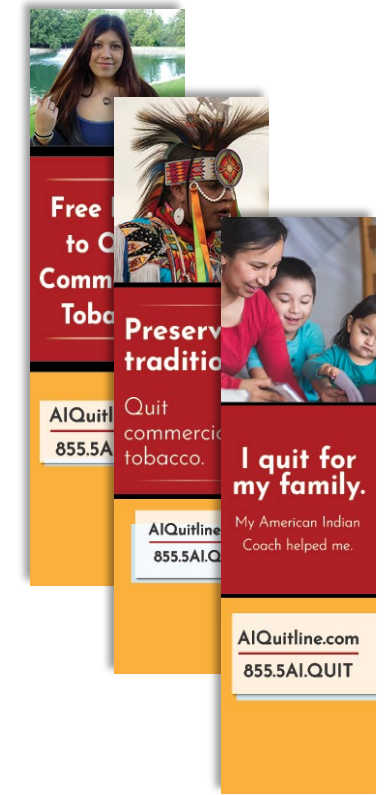
Website



Posters and rack cards

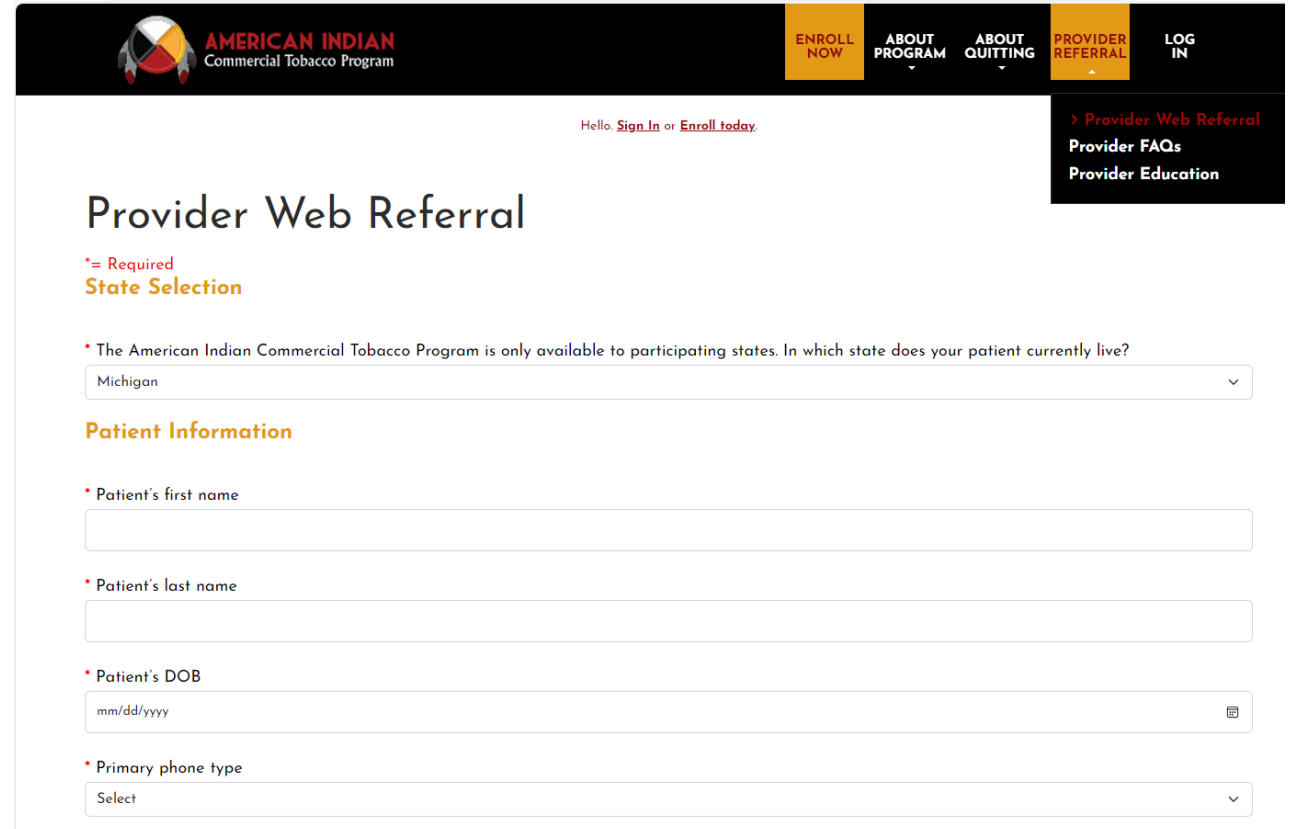


Web banners



Referring to AICTP

- AIQuitline.com/.org redirects to a MI specific site. Providers can select the web referral option.
- Fax form available on the Michigan.quitlogix.org website



The screenshot shows the 'Provider Web Referral' form on the American Indian Commercial Tobacco Program website. The header includes the program logo and navigation links: ENROLL NOW, ABOUT PROGRAM, ABOUT QUITTING, PROVIDER REFERRAL (highlighted), and LOG IN. A user greeting says 'Hello. Sign In or Enroll today.' The form title is 'Provider Web Referral' with a note '* = Required'. The 'State Selection' section has a dropdown menu with 'Michigan' selected. The 'Patient Information' section includes fields for 'Patient's first name', 'Patient's last name', 'Patient's DOB' (with a date format 'mm/dd/yyyy' and a calendar icon), and 'Primary phone type' (with a dropdown menu showing 'Select').

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ENROLL NOW ABOUT PROGRAM ABOUT QUITTING PROVIDER REFERRAL LOG IN

Hello. [Sign In](#) or [Enroll today](#).

> [Provider Web Referral](#)
[Provider FAQs](#)
[Provider Education](#)

Provider Web Referral

* = Required

State Selection

* The American Indian Commercial Tobacco Program is only available to participating states. In which state does your patient currently live?

Michigan

Patient Information

* Patient's first name

* Patient's last name

* Patient's DOB

mm/dd/yyyy

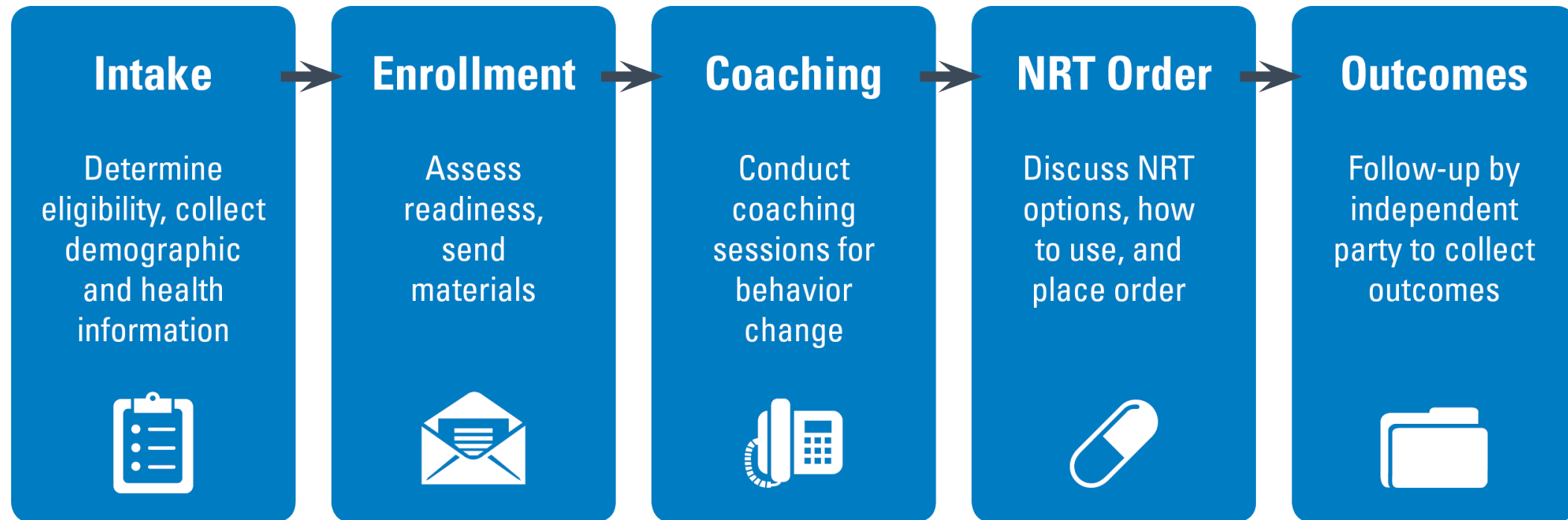
* Primary phone type

Select

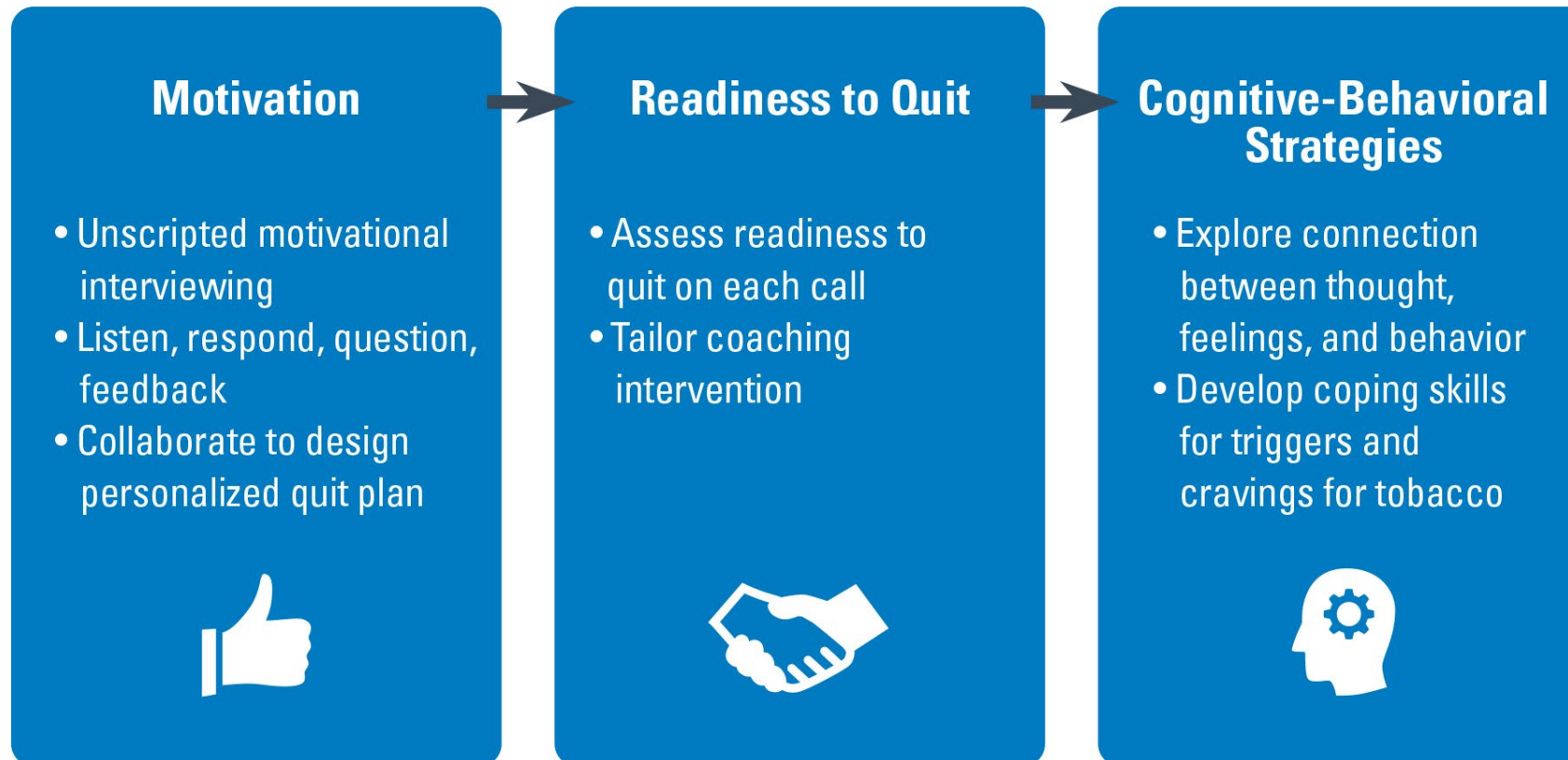
Referring to AICTP

- HIPAA-covered healthcare providers can receive feedback on the referral up to five time points:
 - When the referral is received
 - When the referral is closed with the outcome (e.g., completed intake, unreachable, declined)
 - When the person changes their enrollment status (e.g., enrolled, become unreachable, complete the program)
 - When NRT is ordered

Process Flow



Telephone-based Coaching



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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