

# TOBACCO DEPENDENCE TREATMENT CONTINUING EDUCATION PROGRAM

## FOR HEALTH & HUMAN SERVICE PROFESSIONALS

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## INTRODUCTION



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*The use of traditional tobacco, whether smoked or chewed, has played a spiritual and/or social role in American Indian culture for thousands of years. Tobacco is a sacred plant. It is used as a vehicle for prayers, often burned and offered as a sacrifice, and as a strong medicine used during ceremonies.*

*Because many American Indian tribes use tobacco in this sacred way—for ceremonies, hospitality, healing, and offerings—the consumption of commercial tobacco dishonors that role. Tobacco was not intended to be used in the form of a cigarette or chew for personal pleasure. Historic and enduring relationships with traditional tobacco needs to be recognized and addressed when shaping meaningful and culturally-respectful tobacco-related talks in American Indian communities that use tobacco for traditional and ceremonial purposes.*



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## INTRODUCTION

According to the United States (US) Census Bureau, in 2008 the population of American Indians and Alaska Natives (AI/AN) in the United States (US) was 4,861,963. The US Department of Interior Indian Affairs reports that as of January 2010 there are 564 federally recognized American Indian and Alaska Native tribes, plus an unknown number of tribes without federal recognition. Each tribe has its own culture, beliefs, and practices. The term Alaska Native is used to describe people of Athabaskan, Tsimshian, Tlingit, Haida, Eskimo, and Aleut descent.

Daily chronic use of commercial tobacco has become a health hazard among American Indian and Alaska Native populations, who have the highest rate of commercial tobacco use of any ethnic and racial category in the United States. Some tribes have prevalence rates as high as 40 percent. Nicotine dependence has become a serious public health problem that has too often been inadequately addressed in Indian Country. Not only has commercial tobacco contributed significantly to morbidity and mortality rates within American Indian and Alaska Native communities, but rates of smoking during pregnancy are higher among AI/AN women compared with women from other racial and ethnic groups. Despite the tragic health consequences of commercial tobacco use, physicians and other health and human service providers often fail to assess and treat commercial tobacco use consistently and effectively.

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# INTRODUCTION

## Purpose

The purpose of the *Indian Health Service Tobacco Dependence Treatment Speaker's Kit* is to equip health and human service providers with the knowledge and skills of evidence-based practices in tobacco prevention and control within present day health and human service systems. The information contained in the Speaker's Kit has been professionally designed and assembled to be presented as a stand alone presentation. However, 25 Supplementary PowerPoint presentations, slides, graphics, resources and references have also been developed to encourage the speaker to customize a presentation which will meet the needs and interests of their audience.

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*You can make a difference by becoming involved and presenting the facts about the impact of commercial tobacco use on Native people's health and quality of life. You can also expand your sphere of influence by making presentations or giving talks to colleagues in the health and human service field. Professionals and health influencers including physicians, nurses, dentists, respiratory therapists, health educators, and many others, are important within American Indian and Alaska Native communities. They have the ability to influence change in response to the lifesaving information that you provide. The Speaker's Kit has been designed to assist you to assume a leadership role in your community as a tobacco-control advocate for systems change, which will reduce the burden commercial tobacco use has placed on American Indian and Alaska Native people.*



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# INTRODUCTION

## Speaker's Kit Sections

There are eight (8) tabbed sections within the Speaker's Kit. The sections are as follows:

- Introduction
- Presentation Planning
- Program Forms
- Continuing Education
- Power Points
- Resources
- Background
- References

The Speaker's Kit provides you with a compendium of information, resources, and visual aids which will add to the depth of your presentation content and delivery. The Speaker's Kit is designed to provide you with the information you need to be an effective presenter.



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# INTRODUCTION

## The “Core” PowerPoint Presentation

The “Core” PowerPoint presentation is designed to deliver information on tobacco dependence, the components of a brief tobacco cessation intervention, and identify tobacco cessation resources. This presentation includes the information necessary for the learner/audience member to meet the following educational goals:

1. The ability to confidently discuss the negative impact of tobacco use on health and quality of life
2. The knowledge to apply evidence-based techniques to perform a brief tobacco cessation intervention as a routine practice
3. The ability to describe relevant resources to assist patients, clients, family, or friends to abstain from tobacco use

The “Core” and the 25 Supplemental PowerPoint presentations are designed to be displayed with an LCD projector and contain speaker’s notes providing additional information and references. However, if an LCD projector is not available it is recommended that you print copies of your presentation and distribute to each attendee. Additional information about preparing for your presentation is discussed in the Presentation Planning section of the Speaker’s Kit.

Finally, the “Core” PowerPoint presentation has been designed and approved for Continuing Education (CE)/ Continuing Medical Education (CME) unit issuance through several Accrediting Agencies. Use all slides included in the “Core” PowerPoint presentation if you are planning to offer Continuing Education units. Refer to the Continuing Education section of the Speaker’s Kit for additional information on this topic.

## Why Provider Education Matters

Patients report that **physician advice** to abstain from commercial tobacco use is their **single most important motivating factor to attempt to quit** (Fiore et al., 2008). Tobacco Dependence Treatment programs largely depend on health and human service provider referral of patients. Thus, certifying health and human service providers to deliver a consistent, evidence-based message is critical. This increases the commercial tobacco user's ability to understand what is needed to make a successful quit attempt as all health influencers are delivering a similar quit message. This is especially true when working with American Indian and Alaska Native who use stories and repeated messaging to share cultural experiences and pass down generational knowledge.

It is important to provide formal and non-formal educational opportunities for health and human service providers and their staff to receive evidence-based information to deliver a consistent message. Offering Continuing Education/ Continuing Medical Education (CE/CME) units provides an incentive for healthcare providers to attend an educational presentation. By providing CE/ CME units, healthcare providers meet their annual requirements to stay up-to-date and accredited within their specialty. These opportunities could be in the form of in-services or presentations. Below is a list of topics that could be presented:

- The burden of tobacco use in terms of morbidity and mortality within American Indian communities
- The availability of effective tobacco dependence treatment as it pertains to counseling and nicotine replacement therapy
- The importance of screening at every encounter
- The evidence of the Five A Model construct
- The evidence-based interventions addressing tobacco use
- The coding and billing for reimbursement of treatment for tobacco dependence
- The importance of documenting tobacco use in Electronic Health Records (EHR)

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## INTRODUCTION

### **Tobacco Dependence Treatment Program Updates**

Indian Health Service periodically updates its Tobacco Dependence Treatment program content based on emergent knowledge in the field of tobacco control. This new information will be available on the HealthCare Partnership website with IHS specific resources: [www.healthcarepartnership.org/IHS/enabling\\_resources.htm](http://www.healthcarepartnership.org/IHS/enabling_resources.htm). Be sure to check this site monthly and prior to any speaking engagement to ensure you are up-to-date and in the know. Nothing impresses an audience more than a well prepared speaker.

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# PRESENTATION PLANNING

*Many American Indians and Alaska Natives hold spirituality close to their heart. It is an essential part of their being, one that cannot be separated from their physical or mental self. It defines their nature and identity and is tied to all they say and do. Spirituality is central to American Indian and Alaska Native culture. Tobacco is a part of the expression of that spirituality for many American Indian tribes. Therefore, the sacred and traditional uses of tobacco must not be ignored nor omitted.*

## **Presentation Planning**

Preparing for a public speaking event can be time consuming and anxiety provoking. If you have never planned a public speaking event from start to finish, this section has been designed to provide you with a practical guide to promote an efficient, positive experience. Developing a timeline and checklist of tasks is helpful. Below is a step-by-step planning guide.



# PRESENTATION PLANNING

## Presentation Planning Checklist

Several weeks prior to event:	Completed	Date
Establish a contact person at site to schedule and confirm all event planning	<input type="checkbox"/>	
Inquire to see if CE/CME are requested – the IHS Clinical Support Center supports CE/CME for this program	<input type="checkbox"/>	
Obtain an estimate of number of attendees, professional affiliations, and topic of interest	<input type="checkbox"/>	
Make room reservation in space large enough to accommodate estimated number of attendees	<input type="checkbox"/>	
Check handicapped accessibility	<input type="checkbox"/>	
Ask Site/Event Coordinator if they would be available to assist with: Sign-In Sheet, distribution of presentation materials and Evaluation Form, and collection of Evaluation Form, if you do not have an Assistant	<input type="checkbox"/>	
Reserve Audio/Video Equipment, Computer, LCD Projector and/or TV/DVD, if needed	<input type="checkbox"/>	
One month prior, send presentation for approval.	<input type="checkbox"/>	
<b>At least two weeks prior, send:</b> <ol style="list-style-type: none"> <li><b>1. Program Notification Form</b></li> <li><b>2. Signed Speaker Disclosure/Bio Form</b></li> <li><b>3. Program Announcement</b></li> </ol>	<input type="checkbox"/>	
Send Program Announcement to site/event coordinator for posting and distribution (see Program Forms section)	<input type="checkbox"/>	
Review Speaker's Kit PowerPoint materials and select or adapt presentation to meet the needs and interest of the attendees	<input type="checkbox"/>	

One week prior to event:	Completed	Date
Confirm event with Site/Event Coordinator	<input type="checkbox"/>	
Confirm number of attendees	<input type="checkbox"/>	
Request list of attendees' contact information, if available	<input type="checkbox"/>	
Make name tags or table tents, if contact information is available	<input type="checkbox"/>	
Prepare copy of presentation for each attendee	<input type="checkbox"/>	
Make additional copies of presentation for unexpected attendees ~10% above expected number of attendees	<input type="checkbox"/>	
Select materials from the Resource section of the Speaker's Kit that you want to show/display	<input type="checkbox"/>	
Make copies of Resource materials that you may want to distribute to each attendee	<input type="checkbox"/>	

# PRESENTATION PLANNING

## Presentation Planning Checklist

If applicable, send map to attendees and describe room location	<input type="checkbox"/>	
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One day prior to event:	Completed	Date
Contact Site/Event Coordinator to confirm event date/time/room location, thank Site/Event Coordinator for opportunity to present, and discuss any outstanding issues or concerns	<input type="checkbox"/>	
Confirm with Site/Event Coordinator the estimated number of attendees. Obtain contact information, prepare name tags or table tents, if applicable	<input type="checkbox"/>	
Prepare a Thank You card for Site/Event Coordinator and any other site personnel who assisted with planning and execution of event. Compose personal note, bring to event for distribution	<input type="checkbox"/>	
Make checklist of all items you need to bring to the event (Computer, PowerPoint on CD or Jump Drive, copies of PowerPoint, copies of Resource materials, Speaker's Kit, Name Tags or Table Tents, Sign-in Sheet (see Presentation Forms section), Evaluation Form (see Presentation Forms section), and Program Summary Report (see Presentation Forms section)	<input type="checkbox"/>	

Day of event:	Completed	Date
Prepare signs directing people to room location	<input type="checkbox"/>	
Review checklist and gather all presentation materials, place materials in chronological order of use	<input type="checkbox"/>	
Arrive at least one hour prior to event and meet with Site/Event Coordinator or designee to set-up room and familiarize with materials and form distribution and collection	<input type="checkbox"/>	
Present with confidence, for you <b>ARE</b> prepared!!!	<input type="checkbox"/>	

Immediately after event:	Completed	Date
Check Evaluation Forms for completeness	<input type="checkbox"/>	
Thank Site/Event Coordinator for their assistance and distribute Thank You card	<input type="checkbox"/>	
Send all appropriate Evaluation Forms and Summary of Attendees	<input type="checkbox"/>	



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## PRESENTATION PLANNING


The HealthCare Partnership is available to assist with all aspects of planning. Please contact us through one of the following:

*HealthCare Partnership  
2030 E Speedway Blvd Ste 120  
Tucson, AZ 85719*

*Phone: (520) 318-7253  
Fax: (520) 318-7032*

*hcpinfo@email.arizona.edu*

*[www.healthcarepartnership.org/ihs](http://www.healthcarepartnership.org/ihs)*



*Tell me and I'll forget.  
Show me and I may not remember.  
Involve me and I'll understand.*

— Proverb

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## PRESENTATION TIPS

### **Scheduling Presentations/Talks**

**It is recommended that the Tobacco Dependence Treatment Program be incorporated in the context of a previously existing meeting or conference within your practice, work, or community setting.**

Examples include the following:

- In-service sessions
- Behavioral health conferences
- Brown bag lunch programs
- Community meetings
- Dental conferences
- Grand rounds presentations
- Medical conferences
- Nursing conferences
- Pharmacy conferences
- Service club meetings
- Youth group meetings
- Staff meetings
- Cultural Events
- Talking circles



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## PRESENTATION TIPS

### **Presentation Logistics**

Over the past several decades technology has greatly improved the interactive capabilities of Speakers with their audience. However, when technology does not work as planned, a Speaker must always be able to go on without all the bells and whistles. A key to ensuring your technology will work is to check all equipment prior to presenting. If you are using technology provided by the site, be sure to get the name and phone number of the on-site technology support person. Contact that person several days before your presentation to ensure the site's technology will be up and running for your scheduled engagement. Below is a list of equipment you may be using for your presentation. Be sure to check to see if it is in working condition:

- Laptop (with DVD/CD or “jump” drive capabilities)
- LCD projector
- Projection screen (or clean blank wall)
- Speaker's Kit CD
- Lavalier or hands-free microphone, if necessary

### **Remember, Room Setup Matters**

- Round table (for small groups)
- U-shaped tables (for medium-sized groups)
- Classroom style (for large groups)
- Table for display materials and handouts
- Small table for teaching materials (if necessary)

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## PRESENTATION TIPS

### **Your Speaker's Kit CD**

The enclosed CD contains the “Core” Tobacco Dependence Treatment PowerPoint, 25 Supplemental PowerPoint presentations, photos, and several of the Resource materials. If the CD becomes damaged, please visit the HealthCare Partnership’s web-site where you can download all CD materials at [www.healthcarepartnership.org/IHS/enabling\\_resources.htm](http://www.healthcarepartnership.org/IHS/enabling_resources.htm).

**You may also contact the HealthCare Partnership for technical assistance at 520-318-7253 x 170.**

You must have Microsoft PowerPoint 97 or newer installed on your computer to access PowerPoints from the CD, and you must have at least 16 MB of free space on your hard drive for the presentation to run properly. Follow the instructions below to save them to your hard drive. Afterward, you can customize a presentation to address the needs of your audience.

**Step 1** Load the CD into the CD drawer of your computer.

**Step 2** Click on the “My Computer” icon on the desktop.

**Step 3** Double click on the “CD Drive” icon.

**Step 4** The CD file will open.

**Step 5** Save the presentation(s) you want to utilize to your hard drive.

**Tip** - Create a file where you want to store the presentations (in “My Documents,” for example) and drag the presentations from the CD to the new file (you can do this all at once by clicking the first title and pressing “Shift” while you click the bottom title; drag the complete list).

**Step 6** Double-click on a presentation to open and view.

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## PRESENTATION TIPS

### PowerPoint 101

If you have never worked with PowerPoint, the following information has been provided to help you adapt your PowerPoint presentation(s) to meet your needs.

### Creating a New Slide

To create a new slide with customized information, click “Insert,” then select “New Slide.” Choose the slide design that fits your needs. Click in the text areas to add your text or insert a graphic. Be sure to adhere by all copyright regulations. Some of the slides in your customized presentation will have speaker’s notes. To view these, click on “View,” then select “Notes Page.” Add your personal speaker notes to your new slides here.

### Save a Customized Presentation

When customizing a presentation, you will not be able to save it on the original Speaker’s Kit CD. You will have to save the file to a disk of your own, or to your computer. To do so, select “Save As” and rename the file.

### Help

Select “Help”, then “Microsoft PowerPoint Help”. The Office Assistant will appear. Type your question and press “Enter”. If you need further help in PowerPoint (tutorial), ask the Office Assistant about the tutorial and it will link you to web-based directions.

### Animate Text and Objects

Select “Slide Show”, click “Custom Animation”. In the dialog box *Slide Objects Without Animation*, select the text or object you want to animate. Click “Animate”, and then choose to animate the item *On Mouse Click* or *Automatically*. Click the “Effects” tab and select options you want. Repeat these steps for every object you want to animate. Click the “Preview” button to view your animation settings.

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## PRESENTATION TIPS

### Add Transitions to a Slide Show

Slide transitions are the visual movements as one slide changes to another. If you desire this effect select “Slide Show”, then “Slide Transition”. In the *Effect* box click the transition you want, and select any other options, then click “Apply”. If you would like to apply the transition to *all* slides in your presentation (including Slide Master), click “Apply to All”.

### Print a Presentation

Select “File”, select “Print”. In the *Print What?* box at the bottom left of the dialog box choose from the following: *slides* (to make transparencies), *handouts* (with 3, 6, or 9 slides per page), *notes pages* (for your reference for slides), or *outline*. Click “OK”.





## PRESENTATION TIPS

### Flip Chart

The flip chart is a reference tool that can be used instead of or in concert with your PowerPoint presentation, and may be preferred by some sites. Ask Site/Event Coordinator about preference. The PowerPoint presentation titled “Breaking the Hook” is included on the CD provided in the Speaker’s Kit. This presentation combines Tobacco Dependence Treatment information with illustrations created by Native American students and represents aspects of Native American life and spirituality.



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# PRESENTATION TIPS

## Six Important Presentation Tips

### Presentation Tip 1: Know your audience

- Your presentation will have maximum impact when you make the information relevant to your specific audience. Tailor your message to fit their professional/personal needs.
- You may use humor if you know your audience well enough; however, tobacco-related stories and personal anecdotes may be better suited to the occasion.
- Some technical terms of tobacco education (words like “cessation” and “stillbirth”) are not easily translated or are offensive. Choose your words carefully and select those that are sensitive and clear.
- Tobacco is a sacred and respectful medicinal plant; speaking about tobacco negatively and only as a drug that causes disease is both limited and disrespectful. Consider tobacco as medicine and a sacred offering, and distinguish between traditional uses and commercial tobacco use.
- Communities are tied by family and traditions, avoid communication that may be interpreted as aggressive, disrespectful, or condescending.
- Knowing traditional roles and your place in the community is of utmost importance. Only those who are older or who are in roles of authority can inspire others to quit commercial tobacco. These may include elders, council members, and traditional healers. Others must be properly introduced, and may offer education and information. Do not give advice unless asked to do so.
- The *Basic Tobacco Intervention Skills Certification for Native Communities* can be conducted in the Native way. It may be opened with a blessing or prayer, usually by an elder in the audience at the request of the presenter. People can gather, usually in talking circles, where ideas are made meaningful with context, stories and anecdotes. **Gratitude** is shown for knowledge and information, and with a wish to go out and do well. Participants are challenged to return to their communities and work to make a difference. Brainstorm sessions challenge your communities to develop plans to become involved. The session can then be closed with another blessing or prayer.



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## PRESENTATION TIPS

### **Presentation Tip 2: Engage your audience**

- Information about tobacco, presented without emotion or spirituality, loses its power of humanity and values. Speak from the heart by sharing short stories about yourself, your family, and your life experiences.
- For a culture that values respectful communication, time must be allowed to listen, reflect, and respond. The rapid pace of the standard program needs to be slowed down.
- Be aware of your body language. Be sure to smile and use open posture; this will put both you and your audience at ease.
- Avoid standing behind a podium. Allow for movement. This will also ensure that you focus on connecting with your audience, rather than focusing downward on the podium as you read your notes.
- Avoid turning your back to the audience when referring to a slide. Instead, turn slightly to the side while using your hand to direct them to the information briefly, and then face front again.
- Take charge of the number of questions and answers during the presentation. If allowing questions will make you exceed your allotted time, ask participants to see you after the program with specific questions. Passing out note cards at the beginning of the presentation and collecting questions at the end will also help you decide what questions will be relevant to your audience. Remember, not everyone will be interested in the same question.
- Talking Circles can also be used to engage your audience, making it more conversational and interactive.

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## PRESENTATION TIPS

### **Presentation Tip 3: Keep it simple and use your notes sparingly**

- Do not depend on your notes to convey the information; instead, use them as a backup. A conversational and friendly style will convey information in a more engaging manner.
- Attendees have handouts, so they don't need the entire slide to be read to them. Instead, emphasize the highlights and fill in the blanks for information not given in the slide itself.
- If there is an auto-clicker available, use it or have someone operate slide progression for you. This will allow you to walk around and engage the audience rather than standing at the computer/podium.
- Project your voice with good energy. Nothing bores an audience more than a speaker who does not appear sincere or interested in the information she or he is presenting.

### **Presentation Tip 4: Use a Single Overriding Communication Objective (SOCO)**

Most people will forget 95 percent of what you say. Each audience member may come away with different vital information, but what is the one message that you want everyone to remember after your presentation?

**Reinforce your message through a “*Single Overriding Communication Objective*”.** State your SOCO (your “main message”) at the beginning of the presentation, reinforce it in the middle of the presentation, and conclude the presentation by energetically restating your SOCO.

#### **SOCO Examples:**

- “Keep Tobacco Sacred!”
- “Tobacco Treatment and Interventions Save Lives!”
- “Provide a Five-A Intervention at Every Encounter”
- “You Can Make a Difference”

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## PRESENTATION TIPS

### **Presentation Tip 5: Keep up with your slides**

- Change the slides in a timely manner; don't linger on a slide if you have finished presenting its content.
- At the close of the presentation, simply turn off the projector or build in a blank slide. Viewing an unrelated slide during a presentation summary will distract your audience.

### **Presentation Tip 6: Practice, practice, practice!**

- The more you practice the content you will be presenting, the more confident and organized you will appear during the presentation. If you are presenting the material for the first time, rehearse several times before the presentation date.
- End the presentation on time! An audience will love you for finishing early, but may be resentful if the presentation runs over by even a few minutes. A speaker who doesn't finish within the allotted timeframe appears disorganized and insensitive to the audience.

*Reflection/Action*





## CONTINUING EDUCATION



The Tobacco Dependence Treatment (TDT) continuing education programs are a collaborative project between the IHS Tobacco Control Task Force and the University of Arizona HealthCare Partnership. TDT continuing education programs have been approved by the Indian Health Service Clinical Support Center (CSC) Office of Continuing Education (OCE). The CSC is accredited as a sponsor of continuing education (CE) by the Accreditation Council for Continuing Medical Education (ACCME), the American Nurses Credentialing Center Commission on Accreditation (ANCC), and the American Council on Pharmaceutical Education (ACPE). The CSC also collaborates with the IHS Division of Oral Health (DOH) who sponsors continuing dental educations for dentists, hygienists, and dental assistants. The DOH grants continuing education credits through the American Dental Association Continuing Education Recognition Program (ADA CERP) for dentists. Endorsement by these boards requires that all activities demonstrate educational, ethical, and medical standards of the highest quality. The enhanced practitioner knowledge gained through continuing education translates into practice competence and increased protection of the public's health. To reduce the potential for bias and assure content reliability, the HealthCare Partnership's clinical material is based on the best research evidence currently available and is regularly updated.



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## CONTINUING EDUCATION REQUIREMENTS

Presentations must be submitted to and approved by the IHS Tobacco Control Task Force presentation review committee **one month** prior to the scheduled presentation date. Once the presentation is approved the presenter must submit the required CSC forms to the TCTF presentation review committee. The committee will then submit a formal request for continuing education credit approval to the IHS Clinical Support Center.

Provided that program objectives are met and evaluation instruments are completed the Tobacco Dependence Treatment Continuing Education Program has been approved for 1.0 or 2.0 Continuing Education/Continuing Medical Education units.

### **One month prior to presentation...**

- Submit proposed presentation to the IHS Tobacco Control Task Force presentation review committee; [megan.wohr@ihs.gov](mailto:megan.wohr@ihs.gov) Subject: Request for Speaker Continuing Education Credits

### **Once the presentation is approved...**

- Submit the following documents to the IHS Tobacco Control Task Force presentation review committee; [megan.wohr@ihs.gov](mailto:megan.wohr@ihs.gov)
  1. Final presentation
  2. Program Notification Form
  3. Signed Speaker Disclosure/Bio Form
  4. Program Announcement

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## CONTINUING EDUCATION REQUIREMENTS

**Continuing Education credit can only be granted when evaluation forms and the summary of attendees are completed at the conclusion of each program.** The IHS Tobacco Control Task Force and the HealthCare Partnership requires your completed forms **within 10 working days after the speaker presentation** in order to enter the information into a database and generate an Evaluation Summary Report for the speaker.

### **Once the presentation is completed:**

- Mail the following forms to the University of Arizona HealthCare Partnership
  1. Evaluation Form
  2. Program Summary Report
  3. Sign-In Sheet
  4. Summary of Course Attendance Form

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ATTENTION: Renee Sayre  
The University of Arizona HealthCare Partnership  
2030 E. Speedway, Suite 120  
Tucson, AZ 85719

(520) 318-7253, ext. 170  
(520) 318-7032 (fax)  
**hcpinfo@email.arizona.edu**



# *Certificate of Completion*

*Tobacco Dependence Treatment Program  
Awarded To*

*Louise Strayer, BSc, RN, MSc*

*For attending the 1.0 hour Tobacco Dependence Treatment Program on March 5, 2009.  
This program took place in Tucson, AZ and was presented by Mary Gilles, MD.*

*Mary Gilles, MD*

Mary Gilles, M.D., Medical Director  
HealthCare Partners  
The University of Arizona



Arizona's First University  
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Continuing Education for this program has been approved by the following accredited providers:

- This activity has been reviewed and is acceptable for up to 3.0 Prescribed credits by the American Academy of Family Physicians. Of these credits, 1.0 conforms to the AAFP criteria for evidence-based CME clinical content. CME credit has been increased to reflect 2 for 1 credit for only the EB CME portion. When reporting AAFP credit, report total Prescribed and Elective credit for this activity. It is not necessary to label credit as evidence-based CME for reporting purposes.
- This program meets Chemical Dependency Requirements for the Arizona Board of Dental Examiners.
- This program has been approved by the Arizona Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation (ANCC).
- This program has been approved for contact hours from the Arizona Society for Respiratory Care.

This certificate may be submitted for continuing education units to: State of Arizona Board of Behavioral Health Examiners and Arizona Department of Education. Other accrediting organizations usually accept these CE hours as reciprocal hours; participants may submit this





# PROGRAM FORMS

## **Speaker's Kit Program Forms**

This section of the Speaker's Kit contains the following forms:

- Tobacco Dependence Treatment Program Notification
- Speaker Disclosure and Bio
- [CSC CE Sign-In Sheet](#)
- [Tobacco Dependence Treatment Program Evaluation](#)
- [Tobacco Dependence Treatment Program Summary Report](#)
- [CSC CE Summary of Course Attendance](#)

Forms listed in blue font should be returned to the HealthCare Partnership office within 10 days following your presentation in order for participants to receive their Continuing Education Certificate.

You should be familiar with each program form and be able to answer any question raised about a form by an audience member. As time goes by, you may decide you have site specific form(s) that you will utilize each time you present. It is recommended that you add these forms to your Speaker's Kit and Presentation Planning Checklist. It is also recommended that you bring your Speaker's Kit to each presentation. This will allow you to have all your materials accessible and reproducible at a moment's notice.



# TOBACCO DEPENDENCE TREATMENT

## PROGRAM FOR HEALTH AND HUMAN SERVICE PROFESSIONALS

### PROGRAM NOTIFICATION



Submit proposed presentation to the IHS Tobacco Control Task Force presentation review committee:  
megan.wohr@ihs.gov  
Subject: Request for Speaker Continuing Education Credits

Questions? HealthCare Partnership • 2030 E. Speedway Blvd. • Suite 120 • Tucson • AZ • 85719 • (520) 318-7253 x170

____/____/____	____	____
Today's Date	Speaker Name	Email
____/____/____	____	Session <input type="checkbox"/> Open <input type="checkbox"/> Closed
Presentation Date	Time	Number Expected to Attend
Presentation Location		Room City
Audience Type	CE Provided by CSC: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 1.0 hrs <input type="checkbox"/> 2.0 hrs	
Speaker Organization		Address
City	State	Zip County
(____) _____	(____) _____	(____) _____
Telephone	Cell	Fax

#### SPEAKER TO PROVIDE

☐ PowerPoint Presentation ☐ Current Disclosure and Bio Form *(if not on file)*

Notes/Comment \_\_\_\_\_

#### HCP OFFICE USE ONLY ~ ROUTING

<input type="checkbox"/> ID # _____	<input type="checkbox"/> HCP Packets	<input type="checkbox"/> Online Event Calendar
<input type="checkbox"/> Promotional Flyer	<input type="checkbox"/> Program Summary Report Sent	<input type="checkbox"/> Email/Call Speaker
<input type="checkbox"/> Certificates Mailed	<input type="checkbox"/> Invoice/Inventory	<input type="checkbox"/> Send Material







# DISCLOSURE OF FINANCIAL OR PROPRIETARY INTEREST



Relative to the educational activity under discussion, all **providers, planners, presenters, speakers, and content experts** must **disclose to the audience, prior to the activity whether or not** there are: 1) any vested or financial interest(s) or relationship(s) with the manufacture(s) of commercial product(s) or provider(s) of commercial services or 2) any uses of unlabeled products under investigational use. Disclosure does not prohibit the provision of courses or the awarding of CE credit; merely, there must be proper planning, proper disclosure, and the proper documentation kept on file. The intent is to provide the audience the information to form their own judgments. Disclosures should cover relationships in place currently or up to 12 months preceding the activity.

**CE Activity or Meeting:** Basic Tobacco Intervention Skills Certification **CSC File #** 5464  
**Your Name & Credentials:** \_\_\_\_\_  
**Your Role In this Activity:** ☐ **Planner** ☒ **Faculty/Speaker** ☐ **Content Expert/Target Audience**  
**Title of Presentation(s):** Basic Tobacco Intervention Skills Certification  
**Date of Presentations(s):** \_\_\_\_\_

**Please check one of the following two boxes:**

- ☐ I (and immediate family members) **do not** have any financial arrangements or affiliations with any corporate organizations.
- ☐ I (and/or immediate family members) **do** have financial interests, arrangements, or affiliations with one or more corporate organizations. The financial arrangements or affiliation are as follows:

Nature of Affiliation / Financial Interest	Name and Description of Commercial Interest
<input type="checkbox"/> Receipt of Honorarium or Expenses for this Lecture	_____
<input type="checkbox"/> Consultant	_____
<input type="checkbox"/> Speakers Bureau	_____
<input type="checkbox"/> Major Stock Shareholder	_____
<input type="checkbox"/> Researcher	_____
<input type="checkbox"/> Other Financial or Material Interest	_____

- ☐ **Please attest to the following by marking this box:** I will make the audience aware of any “off label” or investigational uses described for any medications discussed. Further, when discussing specific medications, I will use generic names, and/or if I mention trade names, I will mention the trade names of similar products by other manufacturers.

**Signature:** \_\_\_\_\_  
Please complete this form and **return it to your CE Coordinator**.

**To be completed by the CE Coordinator:**

- ☐ Information from this form was included in the preconference publicity.
- ☐ Information from this form was disclosed in the course materials

**If a conflict of interest exists, how will you, the coordinator, resolve it before the activity takes place?**  
**Please contact CSC about this.**

- ☐ Prior review of the content of a presentation with special attention to the best available evidence, and requirements for revision as need be.
- ☐ Ask the speaker to recuse him/herself from the activity.
- ☐ Ask the person in question to divest themselves of the financial relationship.
- ☐ Assign the speaker a different topic.
- ☐ Other: \_\_\_\_\_



# BIOGRAPHIC DATA FORM



NAME & CREDENTIALS:

\_\_\_\_\_

PRESENT POSITION/TITLE: Basic Tobacco Intervention Skills Certification

\_\_\_\_\_

BUSINESS ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

CONTACT INFORMATION:

--	--	--

Business Telephone No.

Fax No.

Email Address

EDUCATION: (Include basic preparation through highest degree held)

DEGREE (BSN, MSN, etc.)	INSTITUTION (Name/City/State)	MAJOR AREA OF STUDY	YEAR DEGREE AWARDED
1.			
2.			
3.			
4.			

**ADDITIONAL INFORMATION: PLEASE DO NOT ATTACH RESUMES OR CV's IN LIEU OF COMPLETING THIS SECTION.** (Describe your professional experience or areas of expertise which contribute to your involvement in THIS continuing education activity. This might include your educational background, publications, or experience.)

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# TOBACCO DEPENDENCE TREATMENT

## PROGRAM FOR HEALTH AND HUMAN SERVICE PROFESSIONALS

### EVALUATION FORM



\_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date      \_\_\_\_\_ Speaker(s) Name      \_\_\_\_\_ Title of Activity

\_\_\_\_ Name      \_\_\_\_\_ Degree(s)

\_\_\_\_ Employer      \_\_\_\_\_ Job Title

Do you need CE Credits to renew your professional licence?      ☐ Yes      ☐ No      If yes, what profession? \_\_\_\_\_

\_\_\_\_ Mailing Address work/home (please circle one)      \_\_\_\_\_ City      \_\_\_\_\_ State      \_\_\_\_\_ Zip      \_\_\_\_\_ County

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Home Telephone      Work Telephone      Cell Phone

(\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_

Fax Number      Email Address

\_\_\_\_ Signature (required for CME/CEU)

**Quality Improvement Survey: Please circle the response below that best reflects your opinion of today's program and presenter(s).**



Strongly Disagree      Disagree      Undecided      Agree      Strongly Agree

As a result of this activity, I will be able to meet each of the following objectives:

1	2	3	4	5	1) the ability to confidently discuss the negative impact of tobacco use on health and quality of life;
1	2	3	4	5	2) the knowledge to apply evidence-based techniques to perform a brief tobacco cessation intervention as a routine practice;
1	2	3	4	5	3) and the ability to describe relevant resources to assist patients, clients, family, or friends to abstain from tobacco use.
1	2	3	4	5	The objectives were related to the overall purpose/goal(s) of the activity.
1	2	3	4	5	My personal/professional objectives for this program were well met.
1	2	3	4	5	I attended this program because the content was relevant to my practice.
1	2	3	4	5	The presentation content related appropriately to the objectives.
1	2	3	4	5	The program reflected current issues.
1	2	3	4	5	The information presented was based on the best evidence available.
1	2	3	4	5	The learning materials (case studies, problem-based activities, etc.) were of high quality.
1	2	3	4	5	The presenter(s) applied the material covered to the practice setting.
1	2	3	4	5	The presenter(s) demonstrated a thorough knowledge of the subject matter.
1	2	3	4	5	The instructional methods were useful in preparing me to teach others about the subject.
1	2	3	4	5	The meeting/educational facilities (including space, location, food, etc.) were appropriate.
1	2	3	4	5	My knowledge of the subject <i>before</i> the training was less than it is now.
1	2	3	4	5	My knowledge of the subject has increased since attending the training.
1	2	3	4	5	I am now capable and confident to put this new knowledge into action.
1	2	3	4	5	It is highly likely that I will change my practice as a result of this conference.
1	2	3	4	5	I would recommend this program to my colleagues.
1	2	3	4	5	This presentation was free from commercial bias. (If 1 or 2, please comment below.)

NOTES/COMMENTS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Activities Assessment:** What tobacco control activities do you currently incorporate or intend to begin incorporating into your practice setting as a result of this training:

Current	As a result of training	(check all that apply; please choose at least two)
<input type="checkbox"/>	<input type="checkbox"/>	Ask patients/clients about tobacco use at each visit
<input type="checkbox"/>	<input type="checkbox"/>	Implement a system (e.g. vital sign stamps, medical history form, progress note, problem list, cover sheet, computerized record system) to ask patients/clients about tobacco use at each visit
<input type="checkbox"/>	<input type="checkbox"/>	Discuss the importance of quitting with patients/family/friends not ready to quit
<input type="checkbox"/>	<input type="checkbox"/>	Document tobacco prevention/cessation activities in the patient/client record
<input type="checkbox"/>	<input type="checkbox"/>	Actively distribute educational materials to tobacco users
<input type="checkbox"/>	<input type="checkbox"/>	Help patients/clients develop quit plans
<input type="checkbox"/>	<input type="checkbox"/>	Instruct patients/clients in the use of medications for tobacco cessation
<input type="checkbox"/>	<input type="checkbox"/>	Provide follow-up contact for tobacco users
<input type="checkbox"/>	<input type="checkbox"/>	Refer patients/clients/family/friends to helpline (1-800-QUITNOW)
<input type="checkbox"/>	<input type="checkbox"/>	Refer patients/clients/family/friends to cessation services at (please specify agency):
<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify):
<input type="checkbox"/>	<input type="checkbox"/>	None

**Presenter Evaluation** Please evaluate the presenters on their expertise and teaching strategies, where 5 is the highest, best, most and 1 is the least, lowest, worst. **(REQUIRED for CSC CME/CEU)**

Name of Presenter:	Expertise of Presenter					Appropriateness of teaching strategies				
1.	1	2	3	4	5	1	2	3	4	5
2.	1	2	3	4	5	1	2	3	4	5
3.	1	2	3	4	5	1	2	3	4	5
4.	1	2	3	4	5	1	2	3	4	5

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What barriers, if any, do you anticipate encountering as you make changes in your practice?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Which of the following competency areas do you feel have been improved as a result of this activity?

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Patient Care    | <input type="checkbox"/> Medical Knowledge    | <input type="checkbox"/> Practice-Based Learning | <input type="checkbox"/> System-Based Practice |
| <input type="checkbox"/> Professionalism | <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Quality Improvement     | <input type="checkbox"/> Informatics           |

Please list topics you would like to hear in the future.

\_\_\_\_\_  
 \_\_\_\_\_

**I am interested in becoming a Speaker.** ☐ Yes ☐ No

Additional Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# TOBACCO DEPENDENCE TREATMENT

## PROGRAM FOR HEALTH AND HUMAN SERVICE PROFESSIONALS

### PROGRAM SUMMARY REPORT



**Speakers:** Upon completion of your Tobacco Dependence Treatment continuing education presentation, please fill out and return this form, along with completed registration/evaluation forms, CSC course attendance summary form, and sign-in sheet to:  
HealthCare Partnership · 2030 E. Speedway Blvd. · Suite 120 · Tucson · AZ · 85719

**Questions?** tel (520) 318-7253 x 170 · fax (520) 318-7032

\_\_\_\_/\_\_\_\_/\_\_\_\_ Session Date Speaker Name Email

\_\_\_\_ Presentation Location Room

\_\_\_\_ City State Zip

\_\_\_\_ Total Number Attendees

Session Duration: ☐ 1.0 hrs ☐ 2.0 hrs  
CE Provided by CSC: ☐ Yes ☐ No ☐ 1.0 hrs ☐ 2.0 hrs

### PROGRAM COMPLETION CHECKLIST

- ☐ Program Summary Reports completed and attached
- ☐ Evaluation forms completed and checked for legibility
- ☐ Participants' names on evaluation forms
- ☐ Presenter initials and date on all forms

### NOTES/COMMENTS

### OFFICIAL USE ONLY

Received: \_\_\_\_\_ Workshop ID: \_\_\_\_\_



# SUMMARY OF COURSE ATTENDANCE

**To be completed by Continuing Education Coordinator.** Hours are total for activity compiled from sign-in sheets. Please type information. Include addresses where certificates are to be mailed directly to participants (if individual addresses are not provided, certificates will be mailed to the CE Coordinator).

Course Title : \_\_\_\_\_ CSC File # \_\_\_\_\_

Date : \_\_\_\_\_ Location: \_\_\_\_\_

NAME AND FACILITY or PERSONAL ADDRESS (Where the certificate is to be mailed)	PROFESSION (MD, RN, LPN, OTHER, etc)	SSN (Last four digits only)	TOTAL HRS ATTENDED
EX. John Doe Phoenix Indian Medical Center 4212 N. 16 <sup>th</sup> Street Phoenix, AZ 85016	MD	1234	13.5




# POWERPOINT PRESENTATIONS

The enclosed CD-ROM provides a standard or “core” Tobacco Dependence Treatment presentation. In addition to the core presentation, you may wish to further customize your PowerPoint for a particular audience using other slides on the CD-ROM. Enclosed in this section are printed handouts of the “core” and “background” PowerPoint presentations.







## RESOURCES



# IHS Tobacco Control Task Force Enabling Resources

Pocket Guide



Smoking Checklist



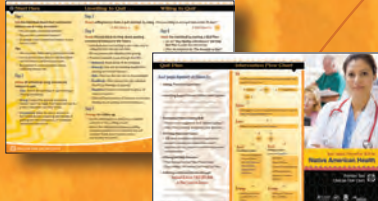
Self-Management Trifold



Smokeless Tobacco Self-Management Trifold



Provider Tool



Smokeless Tobacco Pocket Guide



Smokeless Tobacco Provider Tool



IHS Fieldbook



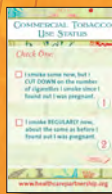
to view and download resources:

[www.healthcarepartnership.org/IHS](http://www.healthcarepartnership.org/IHS)

to order resources:

[www.nativeamericanprograms.org](http://www.nativeamericanprograms.org)

Commercial Tobacco Use Survey



Maternal & Child Health Companion Guide



Table Tents



Speaker's Kit



Tobacco Dependence Reimbursement Guide



Lifesaver Flyer



Posters







# MANAGE THE DISEASE THAT COMPLICATES WELLNESS: COMMERCIAL TOBACCO USE IMPROVE GPRA COMMERCIAL TOBACCO TREATMENT INTERVENTIONS

GPRA (GOVERNMENT PERFORMANCE AND RESULTS ACT)

## ASK SCREEN FOR COMMERCIAL TOBACCO USE AT EVERY VISIT AND DOCUMENT HEALTH FACTOR

- DO YOU USE COMMERCIAL TOBACCO?
- DO YOU CHEW COMMERCIAL TOBACCO?
- HAVE YOU EVER USED COMMERCIAL TOBACCO?
- ARE YOU EXPOSED TO SECONDHAND SMOKE?

YES | NO → CONGRATULATE!

- Current Smoker
- Current Smokeless (snuff/chewing tobacco)
- Current Smoker & Smokeless
- Cessation Smoker (is quitting now)
- Cessation Smokeless (is quitting now)
- Previous Smoker (quit smoking > 6 months)
- Previous Smokeless (quit smokeless > 6 months)
- Ceremonial Use Only
- Smoker in the Home
- Exposure to Environmental Tobacco Smoke
- Never Used Commercial Tobacco

\*\*Use free text comment box to document quantity of tobacco use / history / exposure\*\*

## ADVISE ENCOURAGE COMMERCIAL TOBACCO CESSATION & DOCUMENT WITH PATIENT EDUCATION CODES

- CONSIDER CREATING A PICK LIST OF FREQUENTLY USED COMMERCIAL TOBACCO CODES OR SELECT FROM ENTIRE CATEGORY LISTING

## ASSESS DETERMINE READINESS TO QUIT

- USE COMMENTS TO DOCUMENT STAGE OF CHANGE

- | Stage of Change   | Description  |
|-------------------|--|
| Pre-contemplation | No intention to quit in next 6 months  |
| Contemplative     | Intends to quit within the next 6 months   |
| Preparation       | Willing to set a quit date within the next 30 days   |
| Action            | Has quit using commercial tobacco for less than 6 months (change Health Factor to Cessation Smoker/Smokeless)                                  |
| Maintenance       | Has remained commercial tobacco free for more than 6 months (change Health Factor to Previous Smoker/Smokeless)                                |
| Relapse           | Using commercial tobacco again after a period of being tobacco-free (change Health Factor to Current Smoker/Smokeless if original use resumed) |

## ASSIST NOT READY TO QUIT

- OFFER EDUCATIONAL LITERATURE ON DETRIMENTAL EFFECTS OF COMMERCIAL TOBACCO USE ON HEALTH.
- REMIND CLIENT THAT YOU WILL ASK ABOUT COMMERCIAL TOBACCO USE AT EVERY VISIT.

## READY TO SET A QUIT DATE IN NEXT 30 DAYS

### DOCUMENT QUIT DATE IN EDUCATION

### SELECT CORRESPONDING POINT OF VISIT (POV) CODE; INCLUDE COUNSELING CODE

- 00406 – SMOKE/TOBACCO COUNSELING 3-10 MINUTES
- 00407 – SMOKE/TOBACCO COUNSELING > 10 MINUTES

## ARRANGE DOCUMENT CESSATION TREATMENT PLAN

- ORDER A CONSULT TO IN-HOUSE CESSATION PROGRAM, OR DOCUMENT REFERRAL TO EXTERNAL CESSATION PROGRAM (E.G. STATE QUIT LINE) IN PRIMARY PROVIDER NOTE.
- ORDER APPROPRIATE PHARMACOTHERAPY & DOCUMENT FOLLOW-UP PLANS ON NOTE

IMPROVE CLINIC MEASURES

COMMERCIAL TOBACCO USE TREATMENT







## BACKGROUND

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### **HealthCare Partnership Overview**

*The University of Arizona HealthCare Partnership (HCP), formerly the Arizona Cessation Training and Evaluation (ACTEV) project, develops multi-modal programs to meet the needs of health and human service systems promoting clinical practice guideline-based tobacco dependence interventions. The HCP is responsible for the design, content, program adaptation, course instruction, material distribution, evaluation and delivery of accredited Continuing Medical Education (CME) and Continuing Education (CE) credits for the Tobacco Dependence Treatment Continuing Education programs. By providing CME and CE credits, the HCP is able to bring busy healthcare and community health workers together to earn credit for attending a presentation or workshop that fills a workplace or continuing education requirement.*





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## HEALTHCARE PARTNERSHIP

The HealthCare Partnership's core education programs includes: Certification Programs, Instructor Programs, and Health and Human Service Professional Programs. The programs are taught at The University of Arizona, as well as nationally and internationally by certified instructors. The University of Arizona Faculty Instructors host any of the programs listed below and are available to deliver services to your place of business. Please contact the HealthCare Partnership at 1-520-318-7253 x170 for additional information regarding this program delivery option.

Certification Programs	Instructor Programs	Health and Human Service Professional Program
Basic Tobacco Intervention Skills: <ul style="list-style-type: none"><li>• Medical and Allied Health</li><li>• Maternal and Child Health</li><li>• Native American</li><li>• Spanish-Language</li></ul>	Basic Tobacco Intervention Skills Instructor: <ul style="list-style-type: none"><li>• Medical and Allied Health</li><li>• Maternal and Child Health</li><li>• Native American</li><li>• Spanish Language</li></ul>	Tobacco Dependence Treatment Continuing Education Program
Tobacco Treatment Specialist	Tobacco Treatment Specialist Instructor	

We encourage you to visit us on the web at [www.healthcarepartnership.org](http://www.healthcarepartnership.org). Our Online Learning Center is produced in English and Spanish. You can establish an Online Learner account providing access to a wealth of tobacco related information and articles. The Online Learning Center can be accessed through our website or at [www.aztreattobacco.org](http://www.aztreattobacco.org).

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## INDIAN HEALTH SERVICE

The mission of the Indian Health Service is to raise the health status of the American Indian and Alaska Native people to the highest level possible. The **Division of Epidemiology (DEDP)** functions as the leading office in IHS for disease epidemiology, prevention and control activities for general infectious and chronic diseases as well as the following specific health conditions: cancer, **tobacco use**, breast and cervical cancer, vaccine-preventable diseases, sexually-transmitted diseases, and disease outbreaks. Additional activities of the DEDP include providing high level, responsive expertise on public health subject matter and methods, and strengthening the capacity for, and practice of, public health through mentoring, training and development of a network of proactive, responsive tribally-operated epidemiology centers for tribes and regions.

### **Indian Health Service Tobacco Control Task Force**

The Indian Health Service Tobacco Control Taskforce (TCTF) was established in 2004. The mission, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest level possible through prevention and reduction of tobacco-related disease. The Task Force consists of volunteer representatives from across the Indian Health System as well as partners from tobacco control organizations. To learn more about the Task Force visit:  
*[www.ihs.gov/Epi/index.cfm?module=epi\\_tobacco\\_projects](http://www.ihs.gov/Epi/index.cfm?module=epi_tobacco_projects).*

### **Indian Health Service and The Government Performance and Results Act (GPRA)**

The **Government Performance and Results Act** (GPRA) was established by Congress in 1993 and requires Federal Agencies, such as Indian Health Service, to demonstrate that they are using funds effectively. The law requires agencies to have a 5-year Strategic Plan in place and to submit Annual Performance Plans and Reports with their budget requests. The IHS Clinical Reporting System National GPRA & PART Report Performance Measure List and Definitions Version 9.0 provide performance definitions and measures for Tobacco Use and Exposure Assessment in section 2.4.4 and Tobacco Cessation in section 2.4.5. These two sections of the report provide important information regarding how denominators, numerators, and logic models are developed and utilized. Documentation of Tobacco Use and Exposure and Tobacco Cessation is important to meeting GPRA measures. Federal Agencies who do not meet GPRA measures or do not comply with GPRA data collection policies are subject to a 1% to 5% fiscal penalty. Healthcare providers who work within the IHS system should take time each year to review revisions in these two sections to ensure they are meeting all GPRA requirements.

### **Indian Health Service Reimbursement for Tobacco Dependence Treatment Intervention**

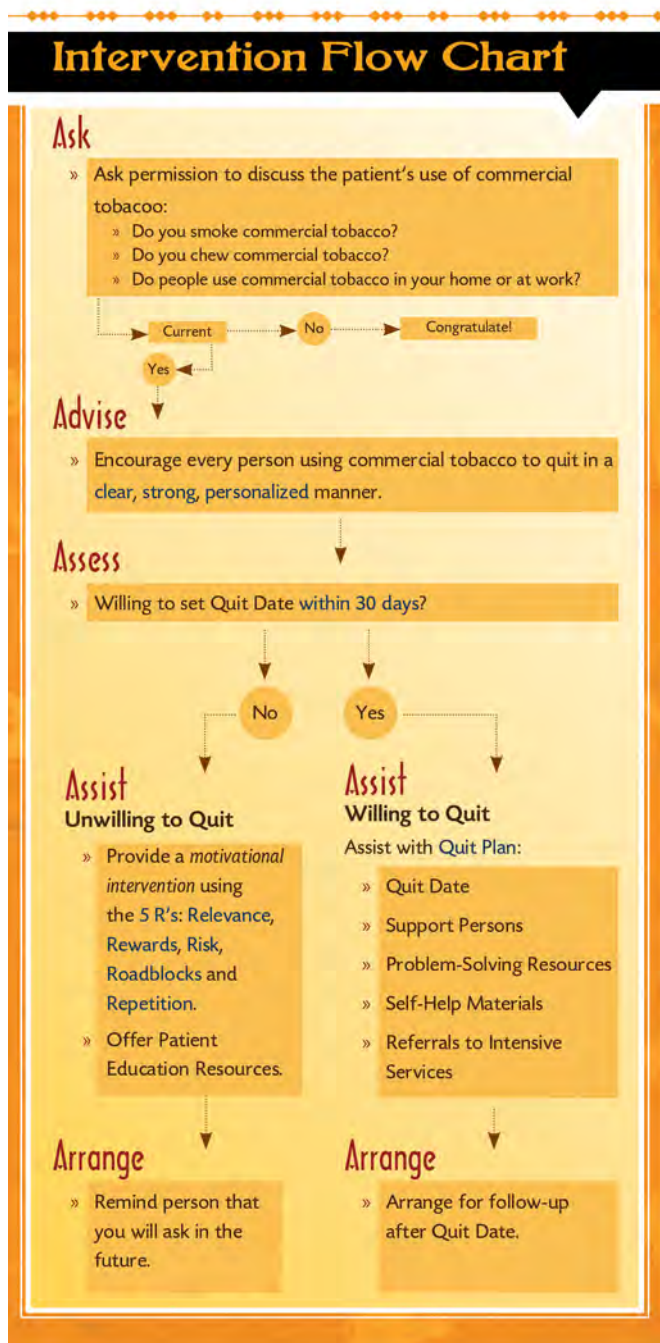
Indian Health Service Health Care Providers are eligible for reimbursement of tobacco dependence treatment interventions. Included in the Resource section of the Speaker's Kit is the *Improve GPRA Commercial Tobacco Treatment Interventions* poster (2011). Refer audience members who have questions about reimbursement with this handout. It gives the information necessary to code, bill, and be reimbursed for tobacco dependence treatment services.

# TOBACCO INTERVENTION OVERVIEW

One of the primary resources for tobacco control professionals, health and human service providers, and the United States public is the Public Health Service Guideline, Treating Tobacco Use and Dependence: 2008 Update. The document states that the first step in treating tobacco use and dependence is to identify tobacco users. Effective and sensitive identification of tobacco use has the potential to move people toward a quit attempt and opens the door for successful treatment.

Asking patients about their use of commercial tobacco products can be a sensitive and uncomfortable encounter for both patient and clinician. Therefore, when identifying tobacco users, it is recommended that clinicians ask permission to review the health risks of commercial tobacco use with the patient. Clinicians should be prepared to discuss the traditional and/or ceremonial uses of tobacco by the people in the area.

Once you have familiarized yourself with the traditional cultural uses of tobacco and have acquired permission, you may begin a brief/intermediate intervention. A brief intervention (three to five minutes) of tobacco counseling by a health or human service provider increases patient quit rates by 30 percent and by 60 percent if the provider is licensed. The behavior change principles known as the Five A's outline a sequence of support activities that are effective for helping patients to change health risk behaviors:





## REFERENCES



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## REFERENCES

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