

# Relaunching an Effective Tobacco Use Dependence Treatment Continuing Education and Certification Program in Ventura County Public Health

**Authors:** Zenán Salazar, MPH – The University of Arizona HealthCare Partnership, Tucson AZ; Yaderi Salazar Ortega, BS – Ventura County Behavioral Health, Oxnard, CA; Vicky Gonzales – Ventura County Public Health, Oxnard, CA; Samantha Olivas, MPH – Ventura County Public Health, Oxnard, CA; Selfa Saucedo, MPH – Ventura County Public Health, Oxnard, CA; Renee Sayre, BS – The University of Arizona HealthCare Partnership, Tucson AZ; Mae-Kuang Chen, PhD, MS, MA – The University of Arizona HealthCare Partnership, Tucson AZ; Mary E. Gilles, MD – The University of Arizona HealthCare Partnership, Tucson AZ; Randa M. Kutob, MD, MPH – The University of Arizona HealthCare Partnership, Tucson AZ.

## ABSTRACT

Ventura County Public Health in Oxnard, CA relaunched its Tobacco Dependence Treatment Continuing Education and Certification Program to train healthcare and public health professionals to help patients quit smoking, vaping, and chewing tobacco.

In partnership with the University of Arizona HealthCare Partnership, the program provides certification and continuing education based on the U.S. Public Health Service Clinical Practice Guideline: *Treating Tobacco Use and Dependence* (2008), focusing on behavioral strategies and medication options.

From October 2022 to June 2024, over 300 professionals completed the training, reporting increased confidence and lasting use of the methods. The program has been especially effective for diverse groups, including Hispanic communities facing challenges to quitting (CDC, 2022).

## BACKGROUND

Tobacco use remains a serious public health issue in the U.S., especially among diverse groups. Smoking rates are higher among non-Hispanic American Indian/Alaska Native adults (27.1%), non-Hispanic Black adults (14.4%), and some Hispanic subgroups, like Dominican and Puerto Rican men, compared to the national average (12.5%) (Cornelius et al., 2022). Barriers such as limited access to care and fewer healthcare interventions make quitting harder (CDC, 2022).

To address this, Ventura County Public Health Tobacco Education & Prevention Program partnered with the University of Arizona HealthCare Partnership in 2022 to relaunch the Certification program that equips professionals to provide effective, evidence-based treatment using national guidelines (Fiore et al., 2008).

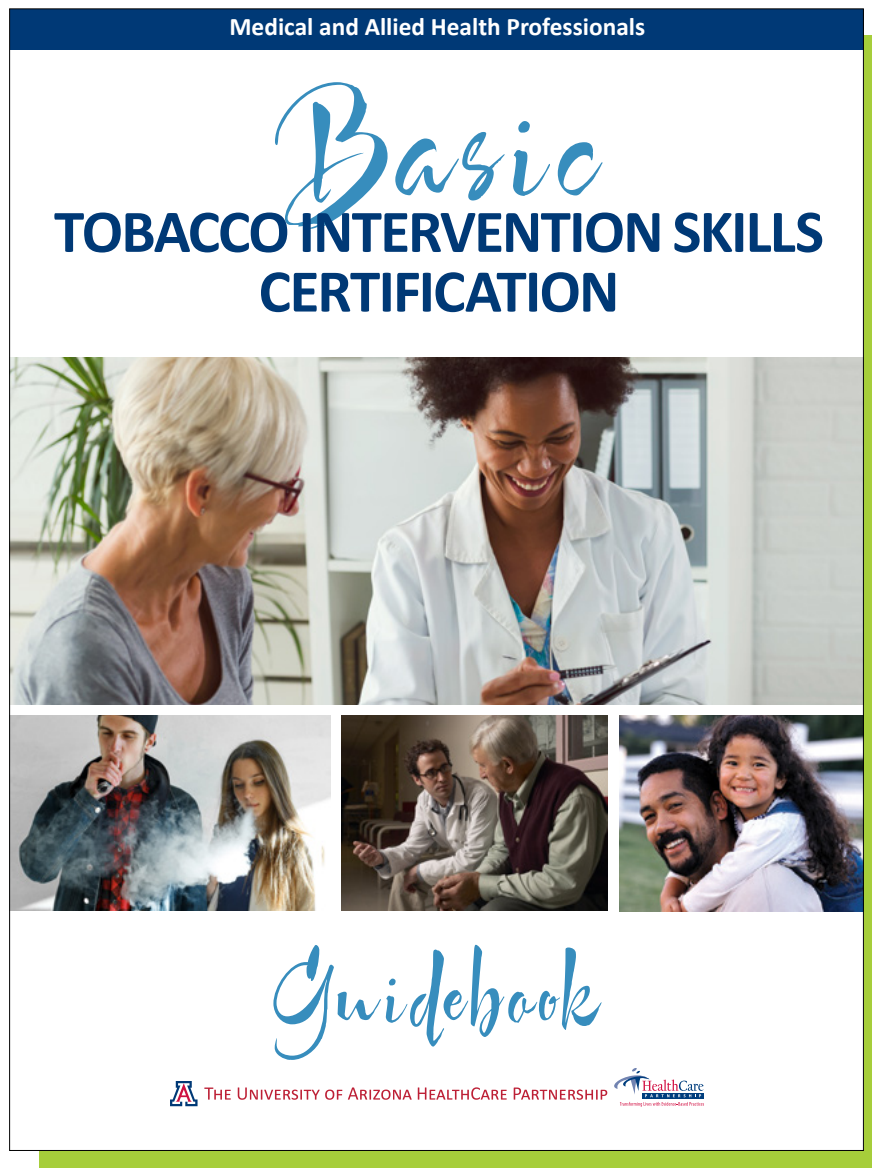
## METHODS

### Program Model

Since 1998, the University of Arizona HealthCare Partnership (HCP) has created 15 accredited, evidence-based continuing education and certification programs for different healthcare roles and settings. These programs equip providers in delivering brief tobacco use interventions and referring patients to more intensive care when needed. Learn more at: [healthcarepartnership.arizona.edu](https://healthcarepartnership.arizona.edu)

### Content

In October 2022, Ventura County Public Health (VCPH) relaunched its *Basic Tobacco Intervention Skills (BTIS) Certification Program* using the University of Arizona HCP's 2021 curriculum for Medical & Allied Health Professionals. The updated, evidence-based curriculum and training focuses on:



- The "5 A's" Model
- Brief motivational interviewing
- Social determinants of health
- Tobacco use as a chronic condition
- Secondhand smoke and e-cigarette aerosol
- Vaping and noncombustible tobacco use risks
- Harm reduction
- FDA regulations
- Billing codes
- Lung cancer screening (LDCT)
- Medication use

The program gives healthcare providers practical tools to deliver brief interventions during routine visits and support long-term tobacco dependence treatment (HCP, 2021).

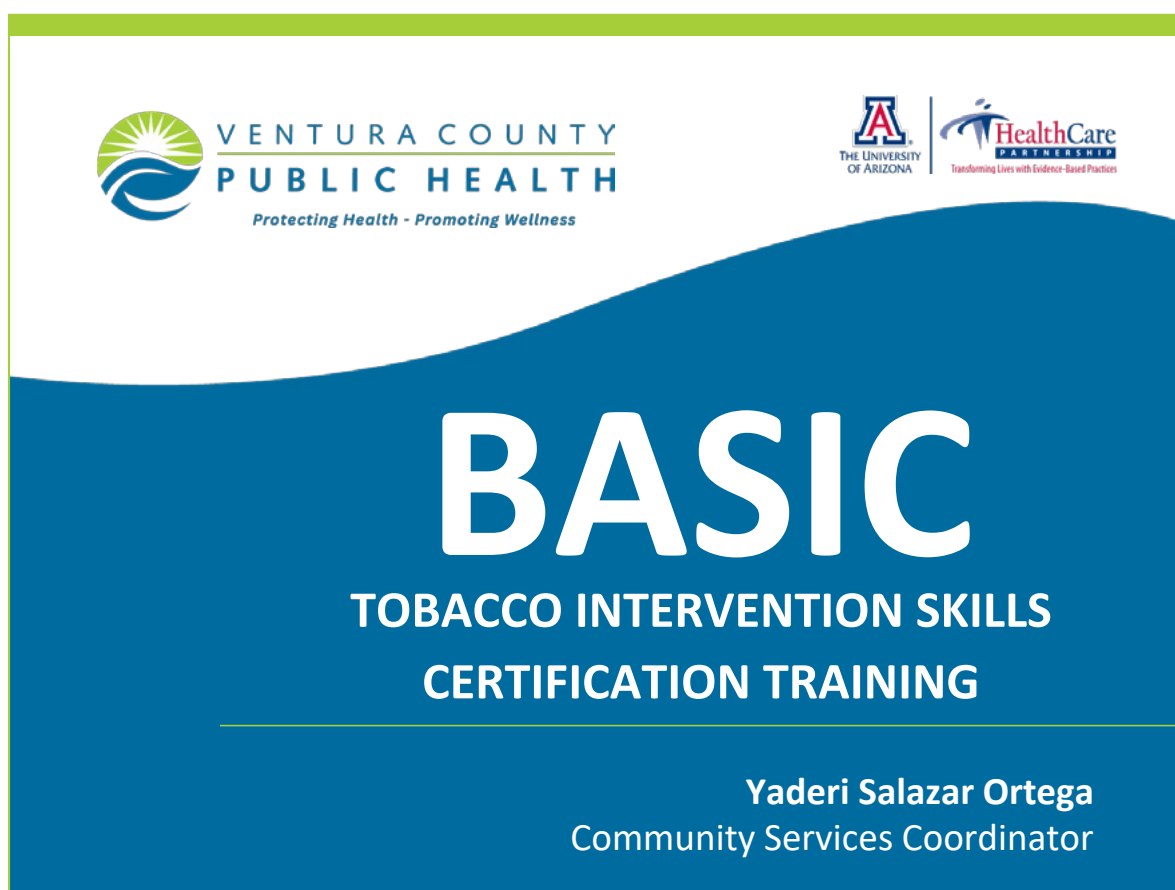
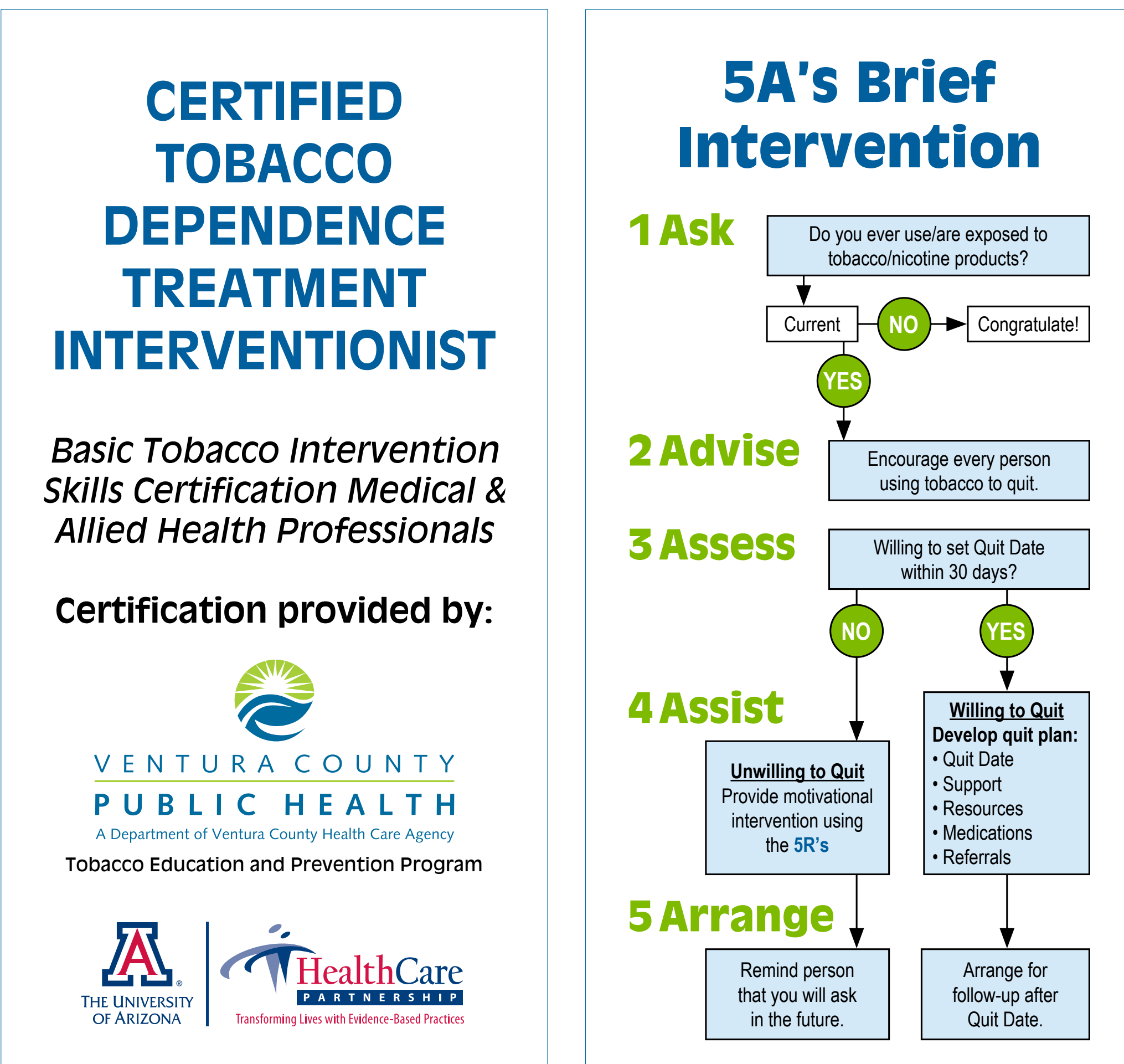
### Delivery

From October 2022 to June 2024, 357 professionals in Ventura County completed the training, starting with an initial cohort of 19 community health and human service workers. To support long-term impact, three VCPH staff earned Instructor-level certification.

Participants were able to receive 4.0 CEUs or CMEs, with credit options available through various licensing boards.

Instructor materials included an Instructor's Manual, customizable slides with videos and notes, and a facilitator guide for in-person or virtual sessions – allowing VCPH to tailor the program locally and ensure sustainability.

### 5A's Model



## EVALUATION

### Evaluation Design

The program evaluation measured changes in knowledge, confidence, skills, intentions, and practice using established learning and behavior models:

- Bandura's Self-Efficacy (1977, 1997) and Social Cognitive Theory (1986)
- Moore's Outcomes Assessment Model (1994, 2009)
- Ajzen's Theory of Planned Behavior (1991)
- Knowles' and Freire's adult learning principles (Knowles, 1979, 1980; Freire, 1972)

### Evaluation tools included:

- Pre/Post Knowledge Tests
- Pre/Post Self Confidence Ratings
- Surveys on Current vs. Intended Practice
- Skills Demonstration
- Satisfaction Survey
- Follow-up Assessment to track application of skills and system-level change

### Participant Characteristics and Attendance

- 357 professionals completed 24 in-person *Basic Tobacco Intervention Skills Certification for Medical & Allied Health Professionals* sessions between October 13, 2022, and June 25, 2024.
- Most participants identified as female and Hispanic or Latina.
- Racial/ethnic breakdown:
  - 66% Hispanic or Latino
  - 17% White
  - 10% Asian
- Demographics reflect Ventura County and California's population (U.S. Census Bureau, 2020).
- 86% of participants had completed college or post-graduate education.

## OUTCOMES

### Program Satisfaction

- Participants rated satisfaction with program objectives, format, and delivery highly (mean score: 4.8 out of 5).
- 98% (n = 351) agreed the content was appropriate for their professional roles.

### Knowledge and Skills Assessment

- On average, participants (n = 357) answered 14 out of 15 posttest knowledge questions correctly.
- Most participants (n = 355) successfully completed two observed skills demonstrations. These were evaluated using a checklist after practicing scenarios based on a simulated provider-patient video and Guidebook resources.

### Participant Self-Confidence Change: PRE & POST Program

- 97% of participants (n = 347) completed both pre- and post-program self-confidence surveys.
- Average self-confidence scores **increased statistically significantly**, from 3.14 (SD = 1.06) pre-program to 4.40 (SD = 0.64) post-program,  $t(346) = 27.54$ ,  $p < .01$ , indicating stronger confidence in delivering brief tobacco cessation interventions.

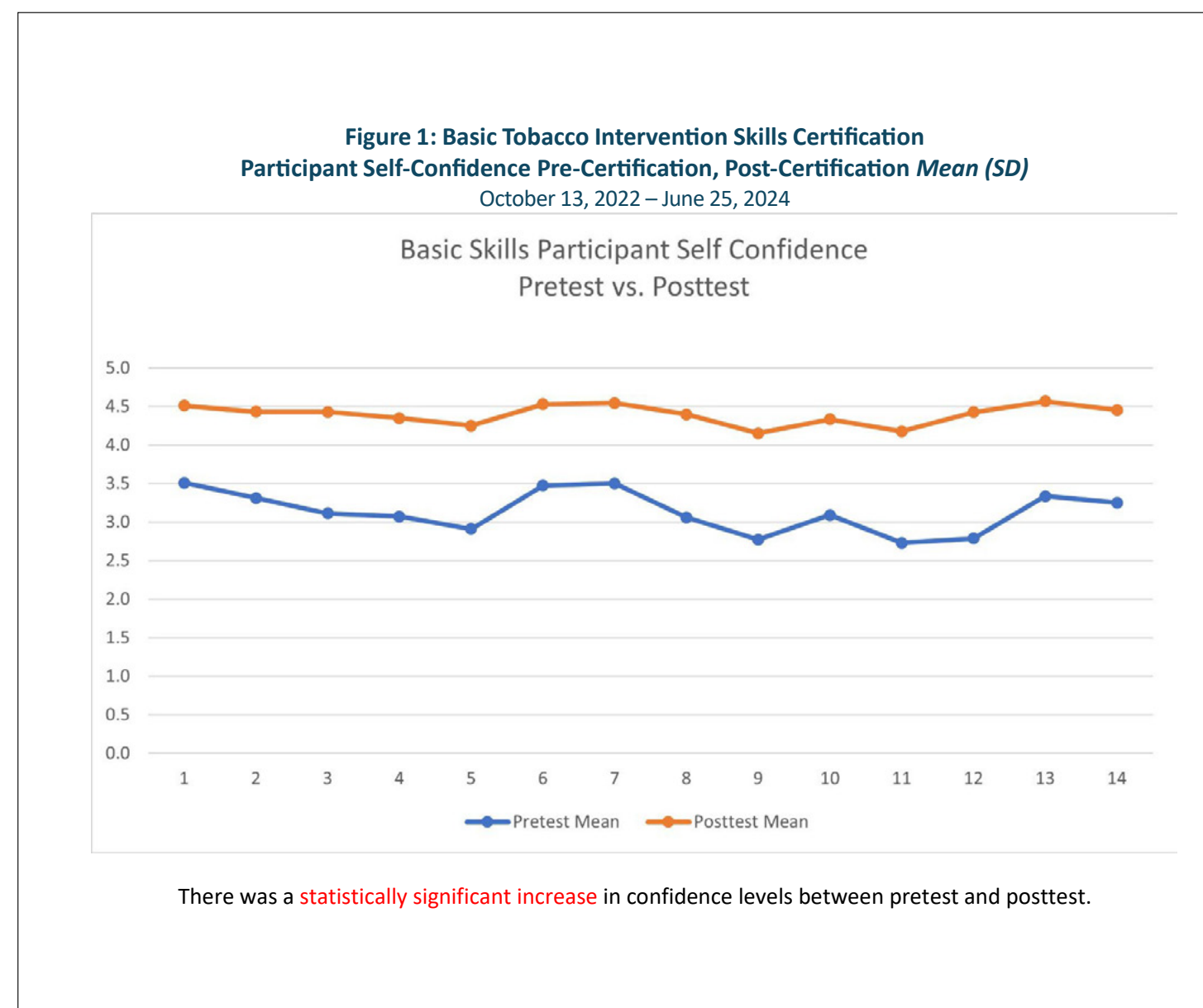


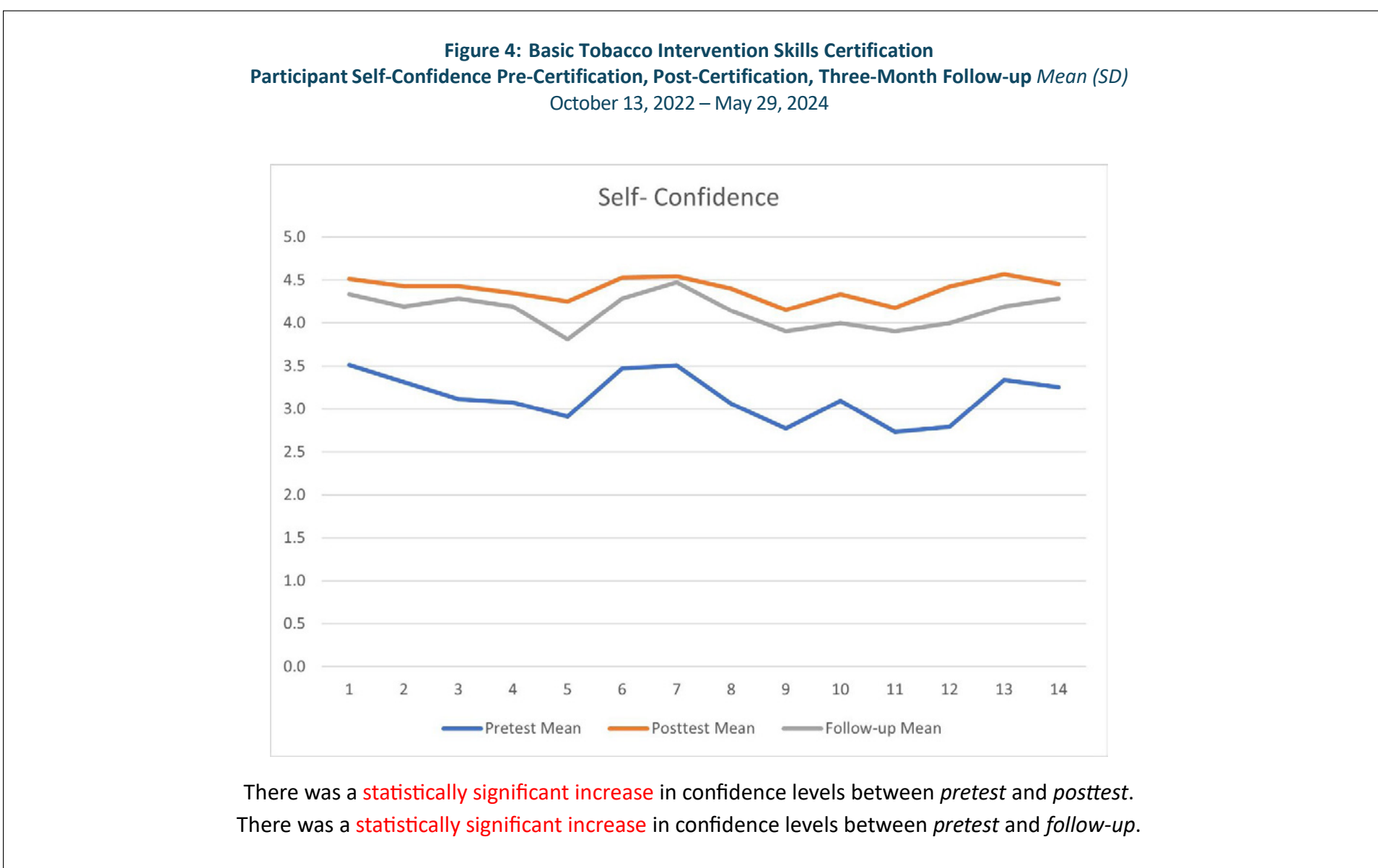
Table 3: Basic Tobacco Intervention Skills Certification for Medical & Allied Health Professionals Participant Self-Confidence Pre-Certification, Post-Certification, Three-Month Follow-up Mean (SD)			
October 13, 2022 – June 25, 2024			
[Indefinitely not confident, Slightly confident]			
	Pretest Mean(SD)	Posttest Mean(SD)	Follow-up Mean(SD)
1. I can screen for and assess tobacco use	3.5 (1.1)	4.5 (0.6)	
2. I can accurately assess my clients' motivation to quit	3.3 (1.0)	4.4 (0.6)	
3. I can perform a brief intervention for tobacco cessation	3.1 (1.1)	4.4 (0.6)	
4. I can explore issues related to smoking and quitting even with someone NOT INTERESTED in quitting	3.1 (1.0)	4.4 (0.6)	
5. I can accurately assess the dependence level of my clients	2.9 (1.1)	4.3 (0.7)	
6. I can effectively use patient education materials for tobacco cessation	3.5 (1.0)	4.5 (0.6)	
7. I can provide clients with accurate information regarding the health benefits of quitting	3.5 (1.0)	4.6 (0.6)	
8. I can personalize the benefits of quitting with each individual client	3.1 (1.1)	4.4 (0.6)	
9. I can create office protocols to support tobacco cessation	2.8 (1.0)	4.2 (0.8)	
10. I can provide clients with simple advice and instructions about nicotine replacement therapy	3.1 (1.1)	4.3 (0.7)	
11. I can describe first-line pharmacotherapies for tobacco cessation	2.7 (1.1)	4.2 (0.8)	
12. I can help clients develop a personalized plan for quitting	2.8 (1.1)	4.4 (0.6)	
13. I can list at least two community resources to assist patients with tobacco cessation	3.3 (1.1)	4.6 (0.5)	
14. I can arrange for appropriate follow-up for my clients	3.3 (1.1)	4.5 (0.6)	

### Sample Participant Comments on the Most Valuable Aspects of the Program

- "Getting to practice the 5 A's with a partner."
- "Being able to discuss quitting tobacco options with confidence."
- "All the information provided, how to guide clients in their cessation journey, updated types of nicotine products, and visual aids."
- "5 A's, more detailed assessments, quit plans, referrals to Call it Quits program."
- "Asking patients each visit about tobacco use, the types, interest in quitting, and providing resources."
- "Helping patients quit, making a connection that is relevant for them. Following up with the patients who have the intent and have quit to see the progress and to see if they need additional support."

### Participant Self-Confidence: Pre-, Post-, and 3-Month Follow-Up

- Twenty-one participants (6%) completed self-confidence surveys before training, immediately after, and at three-month follow-up, all focused on delivering the 5 A's tobacco intervention.
- At three months, confidence levels were slightly lower than immediately posttraining but **remained significantly higher than pre-training** – indicating sustained improvement in confidence to deliver the 5 A's tobacco intervention.



### Implementing Guideline-Based Systems Change

- After completing the *Basic Tobacco Intervention Skills Certification for Medical & Allied Health Professionals*, most participants planned to adopt tobacco treatment systems recommended by national guidelines.

• **Assessment ↔ Treatment ↔ Pharmacotherapy ↔ Documentation & Tracking ↔ System Change**

- Many said these approaches were new to their practice but had started putting them in place within three months of the training.



## CONCLUSION

Ventura County Public Health, in partnership with the University of Arizona HealthCare Partnership, delivered the *Basic Tobacco Intervention Skills Certification for Medical & Allied Health Professionals* program to train providers in the evidence-based 5 A's Model for treating tobacco dependence.

- From October 2022 to June 2024, 357 providers completed the program.
- At 3-month follow-up:
  - 76% reported regularly delivering brief tobacco interventions (avg. 4/month).
  - 50% made referrals to intensive cessation services (avg. 3/month).
  - Confidence in delivering interventions increased significantly and was sustained over time.
- The program aligns with the U.S. Public Health Service Clinical Practice Guideline (2008) by improving provider skills and system supports for tobacco treatment.
- Trained providers contribute to lasting behavior change among those using tobacco and nicotine products through counseling, pharmacotherapy, and referrals.
- This model expands the network of tobacco control providers and offers a scalable approach to improve health outcomes in diverse communities.

## REFERENCES

- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211. [https://doi.org/10.1016/0749-5978\(91\)90020-T](https://doi.org/10.1016/0749-5978(91)90020-T)
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191–215. <https://doi.org/10.1037/0033-295X.84.2.191>
- Centers for Disease Control and Prevention. (2022). *Helping Hispanic/Latino people quit tobacco*. U.S. Department of Health and Human Services. <https://www.cdc.gov/tobacco-health-equity/collection/hispanic-latino-quittingtobacco.html>
- Cornelius, M. E., Loretan, C. G., Wang, T. W., Jamal, A., & Homa, D. M. (2022). Tobacco product use among adults – United States, 2020. *Morbidity and Mortality Weekly Report*, 71(11), 397–405. <https://doi.org/10.15585/mmwr.mm7111a1>
- Fiore, M. C., Jaén, C. R., Baker, T. B., et al. (2008). Treating tobacco use and dependence: 2008 update. *Clinical practice guideline*. U.S. Department of Health and Human Services, Public Health Service. <https://www.ncbi.nlm.nih.gov/books/NBK63952/>
- Freire, P. (1972). *Pedagogy of the oppressed*. Herder and Herder.
- HealthCare Partnership (HCP). (2021). *Basic Tobacco Intervention Skills Certification for Medical & Allied Health Professionals: Guidebook*. Tucson, AZ: The University of Arizona, Arizona Board of Regents.
- Knowles, M. S. (1979). *The adult learner: A neglected species* (2nd ed.). Gulf Publishing.
- Knowles, M. S. (1980). *The modern practice of adult education: From pedagogy to andragogy* (2nd ed.). Cambridge Books.
- Moore, D. E., Green, J. S., & Gallas, H. A. (2009). Achieving desired results and improved outcomes: Integrating planning and assessment throughout learning activities. *The Journal of Continuing Education in the Health Professions*, 29(1), 1–15. <https://doi.org/10.1002/chp.20001>



[hca.venturacounty.gov/public-health/tobacco-education-and-prevention/](https://hca.venturacounty.gov/public-health/tobacco-education-and-prevention/)  
805-201-STOP (7867)



HealthCare Partnership, The University of Arizona  
1717 E. Speedway Blvd., Suite 3106, Tucson, AZ 85721-0151  
520-626-9344 • [hcpinfo@arizona.edu](mailto:hcpinfo@arizona.edu) • [healthcarepartnership.arizona.edu](https://healthcarepartnership.arizona.edu)