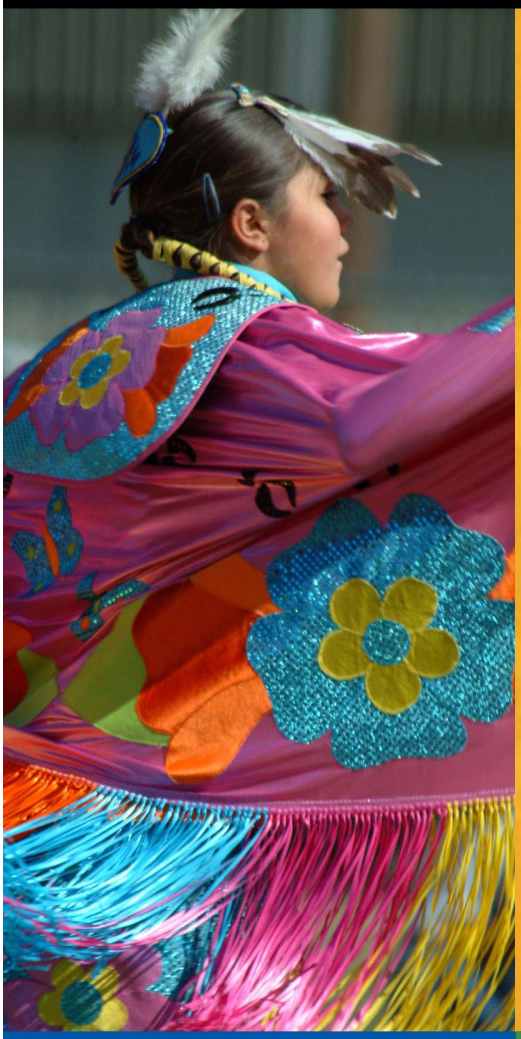
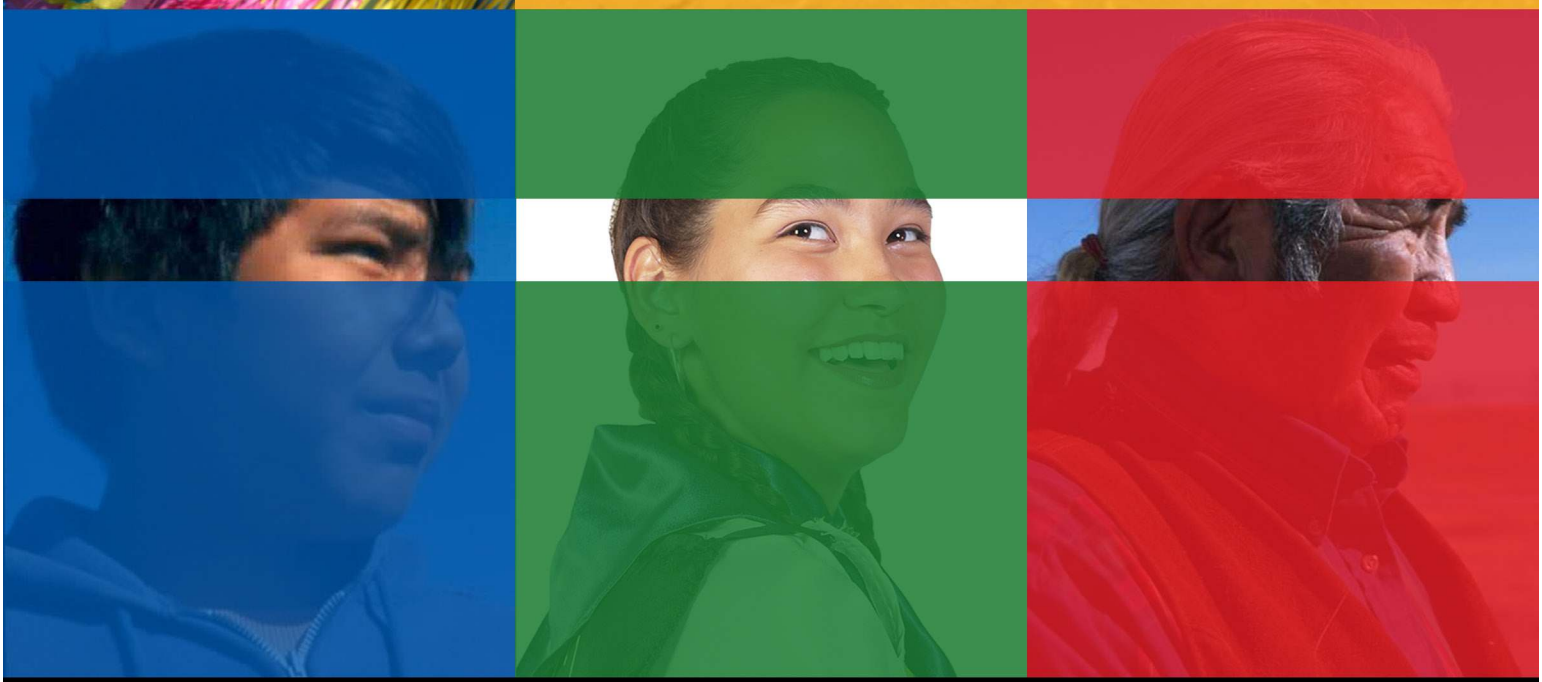


THE POWER OF POSSIBILITY...FOSTERING

Strong Healthy Native Communities



THE UNIVERSITY OF ARIZONA HEALTHCARE PARTNERSHIP

TOBACCO DEPENDENCE TREATMENT CONTINUING EDUCATION PROGRAMS

THE POWER OF POSSIBILITY...

Table of Contents

HealthCare PARTNERSHIP
Transforming Lives with Evidence-Based Practices

THE UNIVERSITY OF ARIZONA

THE POWER OF POSSIBILITY...

HealthCare Partnership Mission

The mission of the HealthCare Partnership is to actively contribute to a healthier nation by working to change individual health risk behaviors and health & human service systems by identifying evidence-based strategies to promote the prevention and treatment of commercial tobacco use and dependence.

HealthCare Partnership Program Guiding Principles

Population-Based and Inclusive

- Community-Based, Local, & Tribal Projects and Cessation Providers
- Statewide Contractors
- Healthcare Systems

Capacity-Building and Sustainable

- Training-of-Trainer Model
- American Heart Association Cardiopulmonary Resuscitation (CPR) and Advanced Cardiac Life Support (ACLS) Model

Evidence-Based

- US Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence*
- Adapted for Specialty Clinical Areas and Health Disparity Populations

Theoretical Foundations

- Social Cognitive Learning Theory
- Adult Education Methods and Techniques
- Behavior Modification Theory
- Ajzen's Theory of Planned Behavior

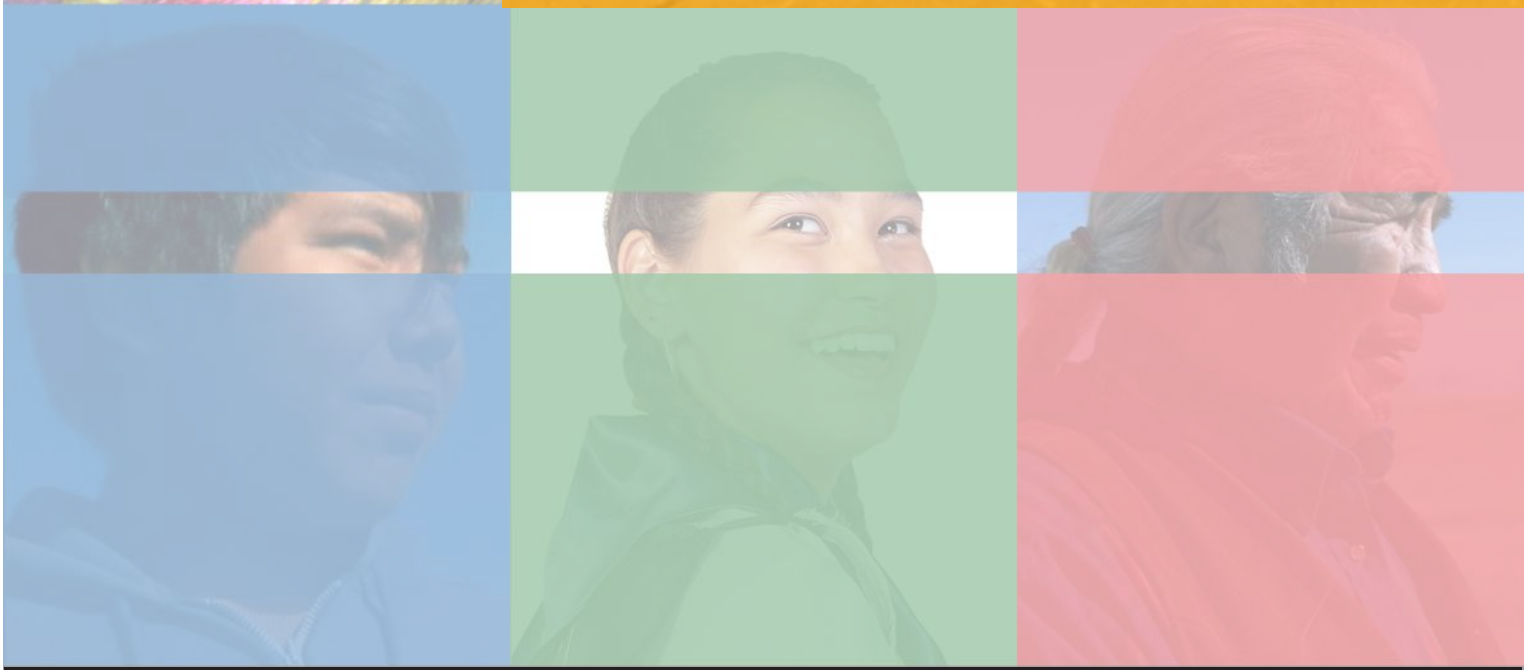
Inspire Community Participation

Learn, Teach, Practice, and Establish Systems
to Help People Abstain from Tobacco Use

"I would like to express my appreciation and that of my staff for your efforts to provide Basic Tobacco Intervention Skills Certification. The staff believes that your course provides us the tools that we will need to help effect changes in our community, and those changes, however small, will start us down the road to better health."

~ Indian Health Service, Hopi Health Care Center

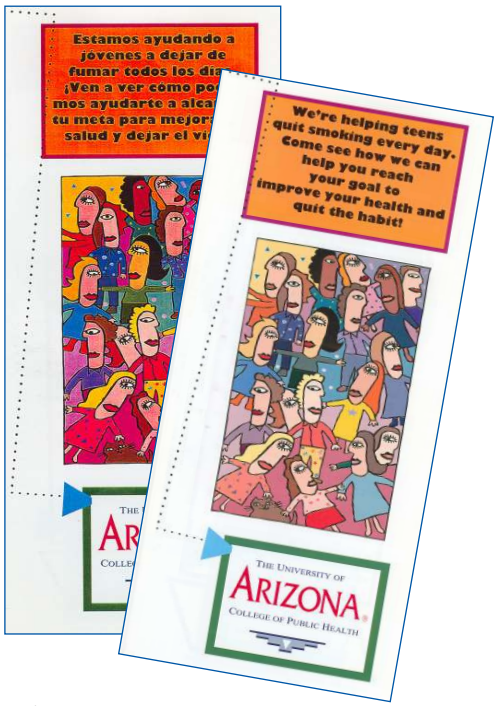
INTRODUCTION



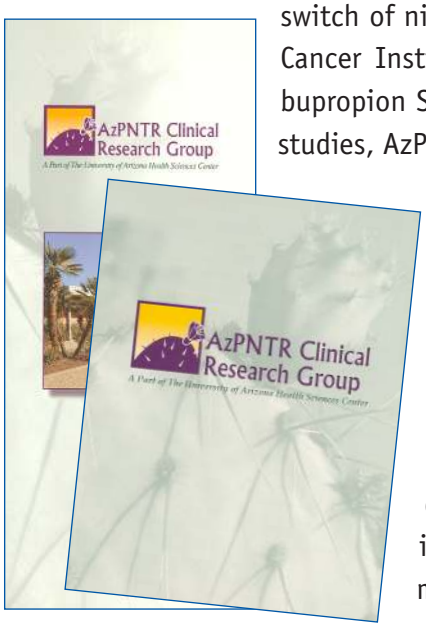
THE POWER OF POSSIBILITY...

Historical Overview

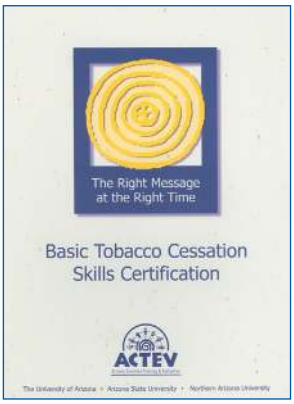
The University of Arizona HealthCare Partnership, previously called the Arizona Cessation, Training and Evaluation Program (ACTEV), was initially funded by the Arizona Department of Health Services Office of Tobacco Education and Prevention (ADHS-TEPP) in 1998 to design, develop, implement, evaluate and perpetuate a community-based tobacco dependence treatment educational program. This program has evolved into the successful Tobacco Dependence Treatment Continuing Education Programs at The University of Arizona.



Prior to the 1998 ACTEV project, core personnel held leadership positions with the Arizona Program for Nicotine and Research (AzPNTR) at The University of Arizona Health Sciences Center. Historically, the emphasis of AzPNTR was on pharmacotherapy for smoking cessation. AzPNTR conducted several of the seminal Phase II and III clinical trials that were used to determine medication safety and efficacy in the treatment of tobacco dependence. Some of those studies were instrumental in obtaining FDA approval for the medication being tested, or for determining that a medication was not efficacious/safe enough to seek FDA approval. AzPNTR also conducted several Phase IV clinical trials, such as research assessing efficacy and medication use patterns in a Hispanic population. HCP personnel participated in investigations looking at the prescription to over-the-counter switch of nicotine replacement products, and provided leadership to a National Cancer Institute funded research study evaluating the safety and efficacy of bupropion SR (Zyban®) in adolescent smokers. In addition to pharmacotherapy studies, AzPNTR conducted a variety of behavioral and motivation investigations studying the trajectory of tobacco use and abstinence.



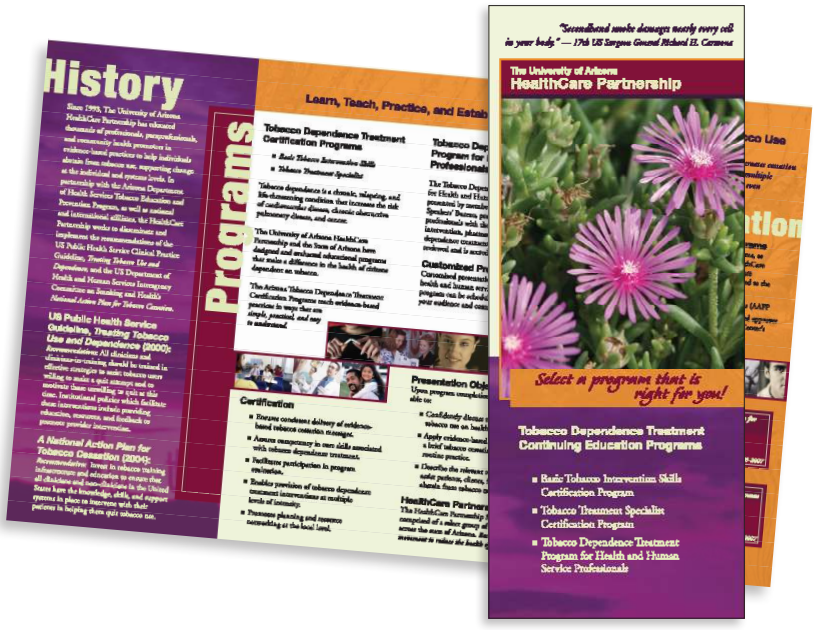
HCP core personnel coauthored grants and contracts that supported a variety of tobacco prevention and treatment initiatives such as the implementation of an educational program for lay health paraprofessionals working with pregnant and postpartum women in Women, Infants and Children (WIC) Nutritional Supplementation Programs. Louise Strayer, BSc, RN, MSc coordinated with Zenén Salazar, MPH to develop the infrastructure and launch the Arizona Smokers' Helpline in 1997. The HealthCare Partnership has contributed to the development and implementation of curricula at The University of Arizona's



College of Medicine to teach future medical and allied health professionals the knowledge and skill set necessary to deliver brief/low intensity tobacco cessation interventions and encourage patient health risk behavior changes. Mary Gilles, MD, currently teaches this program to medical students and Internal Medicine residents at The University of Arizona Medical Center and the Southern Arizona VA Health Care System.

HCP faculty and staff teach continuing education and certification workshops statewide, nationally, and internationally for health and human service professionals as well as community members representing a variety of disciplines. Educational activities are a central part of the HealthCare Partnership mission. Student internships, in-service training, technical assistance, and courses related to enhancing the skills and understanding of evidence-based brief and intensive interventions with regard to tobacco dependence treatment are regularly requested and delivered by faculty and staff.

Louise Strayer, BSc, RN, MSc, was the original Principal Investigator to research, design, test, implement and evaluate the Certification skills-focused program based on an integrated Five A Model approach to meet Arizona's requirements for continuing education and certification leading to system changes. Through this effort, and in collaboration with numerous state organizations and the three state universities, a community-based model was implemented statewide and resulted in: (1) dissemination of tobacco dependence prevention and treatment education and training based on the US Public Health Service Clinical Practice Guideline; (2) certification of education and training; and (3) evaluation of education and tobacco dependence treatment services.



The educational programs developed by the HealthCare Partnership have received national attention, endorsement, and replication. In 2005, the US Centers for Medicare and Medicaid (CMS) requested public comments prior to their decision to reimburse Medicare providers for smoking cessation counseling services. Comments posted on the CMS website by leaders in the field of tobacco control and public health referenced the work of HCP as a standard for provider education. (See www.cms.hhs.gov/mcd/viewdecisionmemo.asp?id=130 and www.cms.hhs.gov/mcd/viewpubliccomments.asp?nca_id=130)

HealthCare Partnership Tobacco Dependence Treatment Continuing Education Programs

The University of Arizona HealthCare Partnership
Tobacco Dependence Treatment Continuing Education Programs

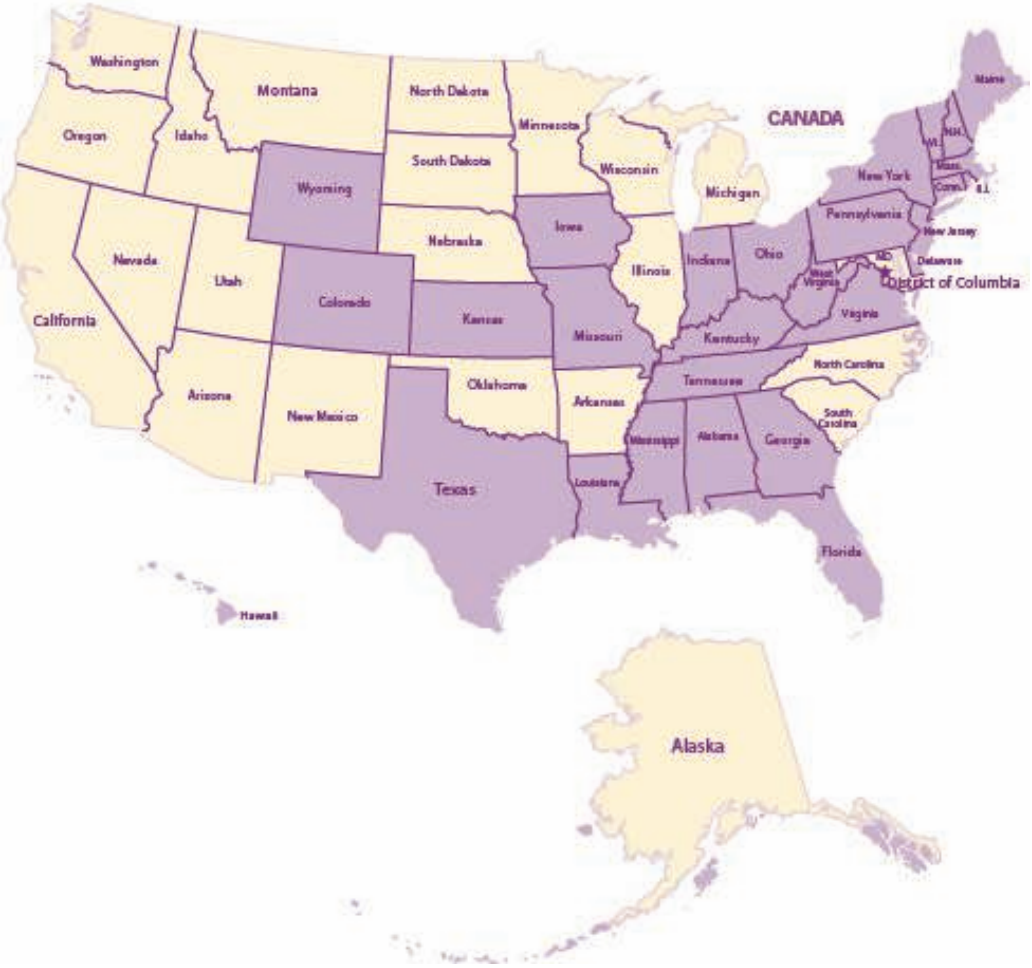
Program	Requirements	Objectives	Logistics
Tobacco Dependence Treatment Program for Health & Human Service Professionals	• Participation in choice of specialized tobacco control educational program • Program evaluation	• Confidently discuss information on the health consequences of tobacco use and dependence • Demonstrate the ability to apply evidenced-based methods and techniques to conduct a Brief Tobacco Cessation intervention • Describe the relevant national, state and community resources available to assist clients/patients who use tobacco to abstain from continued use	• Three-month follow-up processed under contractual agreement
Tobacco Dependence Treatment Program for Health & Human Service Professionals Speaker Orientation	• Successful completion of Basic Tobacco Intervention Skills program • Participation in choice of specialized tobacco control educational program	• Effectively disseminate Tobacco Dependence Treatment program(s) within professional environment and beyond, reaching diverse populations • Support systems and policies that assess and treat tobacco use consistently, as recommended by the US Public Health Service Clinical Practice Guideline: *Treating Tobacco Use and Dependence* • Present and evaluate the corresponding Tobacco Dependence Treatment program	• Speakers are invited to customize program presentations by including information specific to their areas of expertise • Speakers participate in ongoing information exchange on new developments in the field
Certificate			
Basic Tobacco Intervention Skills Also adapted for: • Maternal & Child Health • Medical & Allied Health Professionals * • Native American Health • Spanish-Language	• Written exam • Skills demonstration	• Conduct the evidence-based Five A Model brief intervention recommended by the US Public Health Service Clinical Practice Guideline: *Treating Tobacco Use and Dependence* as adapted to diverse and/or specialty clinical communities • Demonstrate ability to apply program knowledge and skills to effectively treat dependence on tobacco.	• No current expiration timeframe • Three-month follow-up processed under contractual agreement
Basic Tobacco Intervention Skills INSTRUCTOR Also adapted for: • Maternal & Child Health • Medical & Allied Health Professionals * • Native American Health • Spanish-Language	• Corresponding Basic Skills certificate • Written exam • Successful evaluated instruction of first Basic Skills workshop within 3 months of instructor certification * *Additional criteria may apply for Medical & Allied Health Professionals Instructor*	• Deliver the evidence-based Five A Model brief intervention recommended by the US Public Health Service Clinical Practice Guideline: *Treating Tobacco Use and Dependence* as adapted to diverse and/or specialty clinical populations • Instruct and evaluate the corresponding Basic Tobacco Intervention Skills certification program	• Certification expires 2 years from successful completion of Basic Skills Instructor Certification processed upon request. • Delivered by faculty instructors and/or certified instructional specialists
Basic Tobacco Intervention Skills Instructional Specialist Also adapted for: • Medical & Allied Health Professionals*	• Corresponding Basic Skills certificate • Corresponding Basic Skills Instructor certificate • Successful evaluated instruction of first Basic Skills Instructor program within 3 months of Instructional Specialist certification * *Additional criteria may apply for Medical & Allied Health Professionals Instructional Specialist*	• Provide external affiliates with the core methods and techniques to replicate the Tobacco Dependence Treatment Continuing Education model as administered by The University of Arizona HealthCare Partnership	• Delivered by faculty instructors and/or certified instructional specialists • Program infrastructure requirements to be established by partnering affiliate
Tobacco Treatment Specialist Also adapted for: • Spanish-Language	• Basic Skills certificate (in any certification track) • Successful completion of Tobacco Treatment Specialist Certification online posttest (www.aztreattobacco.org) • Skills demonstration	• Deliver intensive interventions and services within the structure of existing nationally recognized programs • Serve as a resource on tobacco dependence treatment for health and human service professionals/ paraprofessionals and community health workers	• Certification expires 2 years from successful completion of Tobacco Treatment Specialist Practicum. Recertification processed upon request
Tobacco Treatment Specialist Instructor	• Basic Skills certificate (in any certification track) • Tobacco Treatment Specialist certificate • Successful evaluated instruction of first Tobacco Treatment Specialist practicum within 3 months of Instructor certification	• Deliver intensive interventions and services within the structure of existing nationally recognized programs • Serve as a resource on tobacco dependence treatment for health and human service professionals/ paraprofessionals and community health workers • Instruct and evaluate the Tobacco Treatment Specialist Practicum	
Tobacco Treatment Specialist Instructional Specialist	• Basic Skills certificate (in any certification track) • Tobacco Treatment Specialist certificate • Tobacco Treatment Specialist Instructor certificate • Successful evaluated instruction of first Tobacco Treatment Specialist Instructor program within 3 months of Instructional Specialist certification	• Provide external affiliates with the core methods and techniques to replicate the Tobacco Dependence Treatment Continuing Education model as administered by The University of Arizona HealthCare Partnership	• Program infrastructure requirements to be established by partnering affiliate
¡Déjate de ese Vicio!	• Tobacco Treatment Specialist Certificate and/or completion of nationally recognized intensive treatment program • Fluent in Spanish language	• Facilitate the evidence-based, Spanish-language intensive tobacco cessation program, *¡Déjate de ese Vicio!*	

The HealthCare Partnership's core programs include: the **Tobacco Dependence Treatment Program for Health & Human Service Professionals**, the **Basic Skills INSTRUCTOR**, and the **Tobacco Treatment Specialist INSTRUCTOR** and the **INSTRUCTIONAL Specialist**. HealthCare Partnership Faculty Instructors are available to teach all programs upon request.

HealthCare Partnership Model Today

Since its inception, the HealthCare Partnership has worked with community decision makers representing disparate populations such as Native American tribes, lay community health workers (promotores) who provide health services to Arizona's Spanish-speaking communities, and representatives from the lesbian, gay, bisexual, and transgender communities to sensitively customize health messages and interventions that effectively meet the unique needs of each community. The Basic Tobacco Intervention Skills Certification Program is available in five adaptations to serve diverse populations.

Between December 1998 and August 2012, approximately **14,500 health and human service providers** successfully completed one or more certification programs. Between July 2000 and August 2012, approximately **7,700 individuals** participated in the HealthCare Partnership (HCP) Tobacco Dependence Treatment Program



Geographical representation of HealthCare Partnership Program diffusion, 2003 – 2012

for Health and Human Service Professionals. The HCP model continues to demonstrate the **capacity to support effective, self-sustaining programs**. During the initial years of implementation, Arizona intensive tobacco treatment providers were required to be certified through HCP certification courses. The programs have been evaluated through **pre- and posttests of certification participants' knowledge, skills, and confidence**, as well as **documentation of interventions** provided by certified intensive tobacco treatment providers and **tracking of systems change**.

The expertise of the HealthCare Partnership faculty and staff, along with evidence-based teaching/learning resources and evaluation design, has resulted in external diffusion, replication, and sustainability of The University of Arizona HealthCare Partnership Tobacco Dependence Treatment Continuing Education Programs.

AMERICAN LEGACY FOUNDATION	"Promotores Contra el Tabaco en la Frontera" Basic Tobacco Intervention Skills and INSTRUCTOR Certification for Maternal & Child Health
AMERICAN LUNG ASSOCIATION	Freedom from Smoking®, 2006
ARIZONA	Arizona Department of Health Services El Rio Community Health Center La Frontera Community Services Southern Arizona Veteran's Administration Health Care System St. Elizabeth's of Hungary Clinic The University of Arizona College of Pharmacy TriWest Healthcare Alliance
AUSTRALIA	Queensland Police Service Academy
CALIFORNIA	California Rural Indian Health Board (CRIHB) National Office of Samoan Affairs (NOSA) Ventura County Medical Center Ventura County Public Health Department
CANADA	Registered Nurses' Association of Ontario Cancer Care Ontario, Aboriginal Tobacco Strategy Health Canada, First Nations & Inuit Health Branch Wabano Centre for Aboriginal Health First Nations Training & Consulting Services Aboriginal Nurses Association of Canada Northwestern Ontario Region Cancer Centre
GLAXOSMITHKLINE	Basic Tobacco Intervention Skills and INSTRUCTOR Certification for Medical & Allied Health Professionals
GUAM	Department of Public Health & Social Services Guahan Project National Cancer Institute Cancer Information Services
HAWAI'I	Hawai'i State Department of Health Hawai'i Community Foundation Hawai'i Island Tobacco-Free Partnership Hawai'i Women, Infant and Children (WIC) Program
HEALTH & WELLNESS COACHING AGENCIES	Active Health Management Aetna Diversity Wellness Healthways, Inc. Nurtur Health Onlife Health, Inc. WebMD
INDIANA	Smokefree Indiana
MAINE	MaineHealth-Center for Tobacco Independence

MARYLAND	Baltimore County Public Health Department
MINNESOTA	Minnesota Partnership for Action Against Tobacco Chicanos/Latinos Unidos en Servicio (CLUES)
NEVADA	State of Nevada, Department of Health & Human Svcs. Tobacco-Free Babies Project
OKLAHOMA	Cherokee Nation Health Services Indian Health Service Oklahoma City Inter-Tribal Health Board Oklahoma Tobacco Use Prevention Services Osage Nation Communities of Excellence
OREGON	Linn County Public Health Next Door/American Legacy Foundation National Tribal Tobacco Prevention Network
PFIZER	Basic Tobacco Intervention Skills and INSTRUCTOR for Medical & Allied Health Professionals
PUERTO RICO	Universidad de Puerto Rico
SOUTH DAKOTA	Aberdeen Area Indian Health Service
TEXAS	El Paso Community Voices Healthcare for the Underserved/American Legacy Foundation Center for Border Health Research
US DEPARTMENT OF HEALTH AND HUMAN SERVICES	Office on Women's Health

The University of Arizona HealthCare Partnership has successfully developed professional networks to further build capacity and intensify their reach to American Indian(AI)/Alaska Native (AN) Communities. The following entities have worked in partnership with HCP to meet the goal of reducing health risk behaviors among individuals in Native communities:

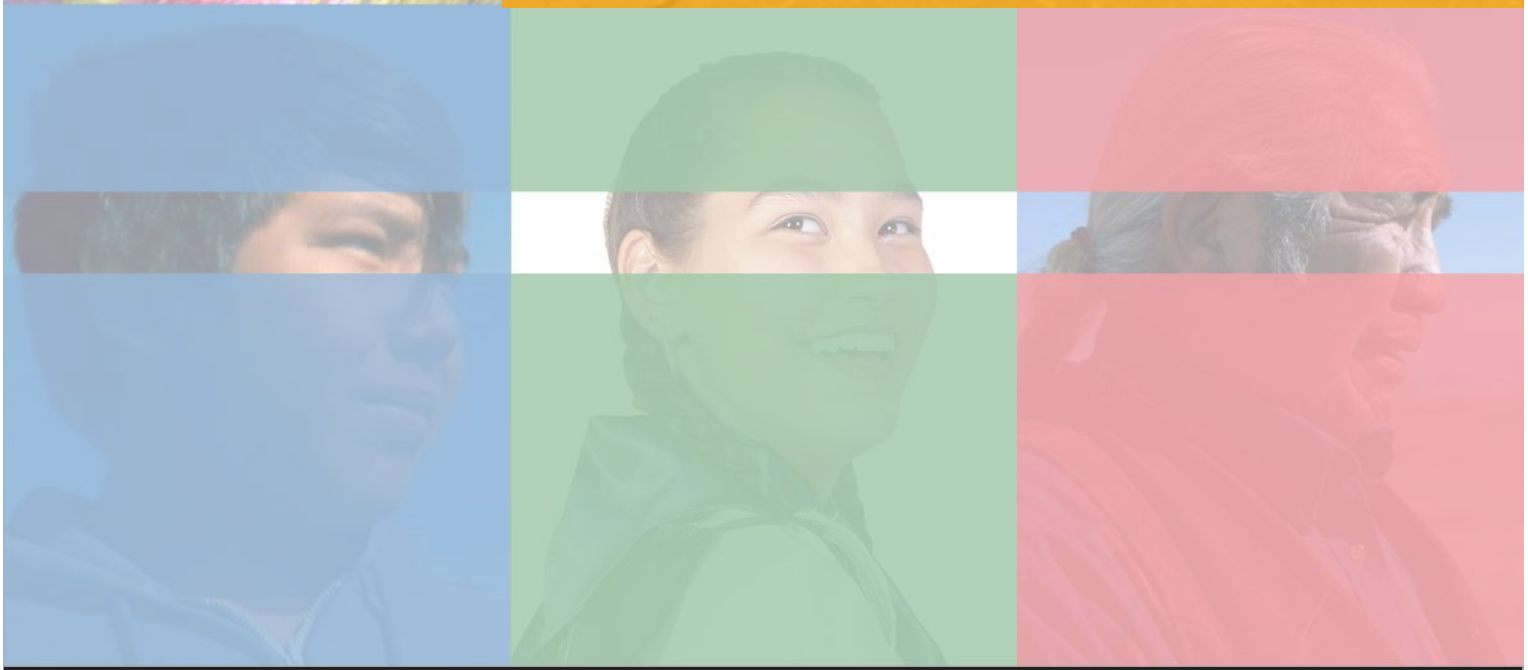
ARIZONA	Ak-Chin Indian Center Diabetes Prevention Program Arizona Department of Health Services Chinle Indian Health Service Cibecue Indian Health Center Colorado River Indian Tribes Fort Defiance Indian Hospital Fort McDowell Yavapai Nation Fort Yuma Indian Hospital Four Corners Regional Health Center Gila River Indian Community Health Care Hopi Health Care Hualapai Tribe Health Department Inter Tribal Council of Arizona Kaibab Band of Paiute Tribe Kayenta Indian Health Service Unit Pinon Indian Health Center Native American Community Health Center, Inc./Native Health Navajo Area Indian Health Service Navajo Nation Behavioral Health Services Navapache Regional Medical Center – Arizona Northern Navajo Medical Center Pascua Yaqui Tribe of Arizona Parker Indian Health Center Phoenix Indian Medical Center San Carlos Indian Hospital Pinon Indian Health Service Salt River Pima-Maricopa Indian Community San Carlos Apache Tribe San Juan Southern Paiute Tribe Sells Indian Health Service Hospital Southwest Navajo Tobacco Education Prevention Project Tohono O'odham Nation Tsaile Indian Health Center Tucson Area Indian Health Service Tucson Indian Center Whiteriver Indian Health Service Winslow Indian Health Care Center Winslow Navajo Health Education Program
US PUBLIC HEALTH SERVICE INDIAN HEALTH SERVICE COLLABORATIVE SITES	American Indian Health Service of Chicago Albuquerque Area Indian Health Service – New Mexico Anadarko Indian Health Center – Oklahoma Cass Lake Indian Health Service Unit – Minnesota Choctaw Nation Health Services – Oklahoma Claremore Indian Hospital - Oklahoma Crownpoint New Mexico Indian Health Service Crow Agency Indian Health Service – Montana Fort Belknap Indian Health Center – Montana Fort Hall Indian Health Clinic – Idaho

US PUBLIC HEALTH SERVICE INDIAN HEALTH SERVICE COLLABORATIVE SITES (cont.)	Gallup Indian Medical Center – New Mexico Jicarilla Indian Health Service Unit – New Mexico Kaw Nation Indian Health Care – Oklahoma Lawton Indian Hospital – Oklahoma Mescalero Indian Health Service Unit – New Mexico Northern Navajo Indian Health Service – Shiprock Pine Ridge Indian Hospital – South Dakota Santa Fe Indian Hospital – New Mexico White Earth Indian Health Service – Minnesota Winnebago Indian Health Service – Nebraska Ysleta del Sur Pueblo Indian Health Service – New Mexico Zuni Indian Health Service – New Mexico
AMERICAN INDIAN TRIBAL COLLABORATIVE SITES	Aberdeen Area Tribal Chairmen's Health Board/Health Education and Promotion Council – South Dakota Alaska Native Tribal Health Consortium Black Hills Center for American Indian Health – South Dakota California Rural Indian Health Board Chehalis Tribal Wellness – Washington Cherokee Nation of Oklahoma Cheyenne River Sioux Tribe – South Dakota Cheyenne Arapahoe Tribes – Oklahoma Confederated Tribes of Warm Springs – Oregon Confederated Salish and Kootenai Tribes – Montana Creek Nation Health Systems – Oklahoma Crow Tribe Health & Human Services – Montana Ely-Shoshone Tribe – Nevada Eufala Indian Health Center – Oklahoma Fond du Lac Indian Resource Center – Minnesota Forest County Potawatomi Community Health & Wellness Center Great Plains Tribal Chairmen's Health Board Great Lakes Inter-Tribal Council of Michigan Indian Walk-in Center – Utah Kaibab Paiute Tribe – Arizona Kalispell Tribe of Montana Keweenaw Bay Indian Community – Michigan Mille Lacs Band of Ojibwe Public Health – Minnesota Missoula Indian Center – Montana Muskogeee (Creek) Nation – Oklahoma National Office of Samoan Affairs (NOSA) National Tribal Prevention Network - Oregon Oglala Sioux Tribe Rapid City CHR Program – South Dakota Oklahoma City Inter-Tribal Health Board Oklahoma Tobacco Use Prevention Services Osage Nation Communities of Excellence – Oklahoma Pawnee Nation of Oklahoma Shoshone-Bannock Tribes – Idaho Southern Ute Health Center - Utah Tanana Chiefs Council of Alaska

I really enjoyed your course and learned a lot about tobacco addiction and the impact on public health. I was particularly struck by the statistics regarding the medical value of helping a patient stop smoking versus other types of screening procedures. This points to the underwhelming public health effort here, in contrast to that applied to other methodologies (mammogram, colonoscopy, etc.).

—United States Public Health Service Provider/Researcher MD, PhD
National Cancer Institute Advanced Technology Center
Laboratory of Pathology Center for Cancer Research
College Park, Maryland
June 2012

BACKGROUND



THE POWER OF POSSIBILITY...
Commercial Tobacco Use in American Indian/ Alaska Native Communities

Vulnerable populations, such as American Indians and Alaska Natives (AI/ANs) and individuals living in poverty, experience tobacco related health disparities that contribute to their high morbidity and mortality rates. Data from the National Survey on Drug Use and Health (2009, retrieved at http//www.oas.samhsa.gov/2k9smokelessTobacco/smokelessTobacco.htm.) reports a 48.7% prevalence rate among AI/AN adults. This is the highest smoking rate of the major racial/ethnic groups in the United States. They also report high levels of chronic diseases associated with commercial tobacco use including cancer, diabetes, chronic obstructive pulmonary disease, heart disease, ulcer, asthma and stroke.

The United States have experienced decades of extraordinary policy change and changes in social norms to discourage the initiation of and encourage abstinence from commercial tobacco use. A number of forces have united to provide unprecedented support of quitting for people dependent on tobacco: 1) 2009 Congressional tobacco tax increase; 2) Smoke-free air laws including restaurants and bars; 3) Medicaid coverage for evidence-based smoking treatment interventions; 4) H.R. 1256 Family Smoking Prevention and Control Act; and 5) S. 1147, PACT Act. However, due to geographic isolation, cultural issues, and Tribal sovereignty, these efforts at preventing initiation and helping those who are dependent on tobacco to quit have little traction on tribal lands. American Indian (AI) and Alaska Native (AN) communities who endure the greatest health consequences from commercial tobacco use and dependence are **isolated** from existing public health efforts.

Nicotine dependence is a serious public health problem that has too often been inadequately addressed in tribal areas. Information about the development of strategies and programs to treat tobacco dependence that target this specific population group is scarce (Centers for Disease Control and Prevention, 2008, retrieved at http://www.cdc.gov/mmwr/PDF/wk/mm5844.pdf).

There is evidence that AI/AN commercial tobacco users want to quit. A study from Brown University School of Medicine states that minority women are an extremely important population to target for tobacco dependence treatment because they tend to have less access to services and appear to be less responsive to intervention programs aimed at the majority culture, particularly when other health issues appear to be more pressing (King, Borrelli, Black, Pinto & Marcus, 1997). They concluded that an intervention that **recognizes the distinction between sacred and secular tobacco** and that teaches American Indians to engage in tobacco use assessment has greater likelihood of being accepted among this group.

The 2008 PHS Guideline: *Treating Tobacco Use and Dependence*, states that more research is needed in the areas of cultural adaptations of proven treatments, medications and quitlines for AI/AN populations. According to the Wisconsin Network on Tobacco Prevention and Poverty, the success of an intervention in an AI/AN community is dependent on integrating, understanding, and negotiating community, kinships, and relationships (Wisconsin Network on Tobacco Prevention & Poverty, retrieved at http://www.tobwis.org/uploads/media/Disparities-CultureOfPoversty.pdf). The Basic Tobacco Intervention Skills Certification for Native Communities program addresses these concerns.

Designed as a capacity-building model, HCP replicated the successful distribution models validated by the American Red Cross and American Heart Association Cardiopulmonary Resuscitation (CPR) and Advanced Cardiac Life Support (ACLS): each-one-teach-one. The capacity building intent is actualized by implementing a train-the-trainer method to encourage organizational ownership and continued diffusion and sustainability. To date, the program is replicated in seven states, as well as the territory of Guam, Cancer Care Ontario and Health Canada, and has certified and/or awarded continuing education credits to approximately 22,000 participants and certified nearly 600 Instructors.

It is the belief of the HealthCare Partnership (HCP) that evidence-based tobacco dependence treatment interventions will promote a Five A Model low intensity/brief intervention as a standard of care improving the health of American Indian peoples. The standardization of brief interventions will create systems leading to reduction of commercial tobacco use. Additionally, those individuals who use tobacco will demonstrate increases in number of quit attempts, and progression along the stages of willingness to change.

Our previous work has shown that our tested multi-modal education program has the capability of developing resources for and implementing a Certification program that is highly valued and is effective in generating health and human service providers who are able to and will intervene to assist tobacco users to consider quitting commercial tobacco and to take evidence-based actions to move them toward a successful quit (Figure 1).

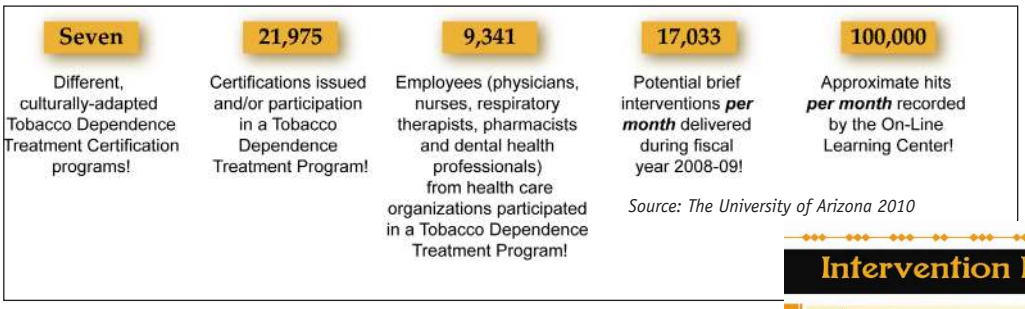


Figure 1: Capacity Building

The HealthCare Partnership has worked to systematize culturally responsive brief tobacco dependence treatment interventions within Indian Health Service clinics and Tribal health and wellness programs. This is accomplished by Certifying health and human service providers in a tested brief intervention, integrating the Five A Organizational Construct Ask, Advise, Assess, Assist and Arrange along with the evidence based concepts of the Transtheoretical Model of willingness to change (Prochasaka & DiClimente, 1983), Motivational Interviewing (Miller & Rollnick, 2002), Ajzen's Theory of Planned Behavior (Ajzen, 1991), and Shared Decision-Making between provider and patient (Whitlock, Orleans, Pender & Allen, 2002).

Searight (2009), asserts that the Five A's (Ask, Advise, Assess, Assist, Arrange) technique is an efficient strategy for addressing health risk behaviors such as smoking (Figure 2). Additionally, the U.S. Preventive Services Task Force concluded that the Five A Model construct provides a framework to report tobacco cessation behavioral intervention findings (Whitlock, Orleans, Pender & Allen, 2002).

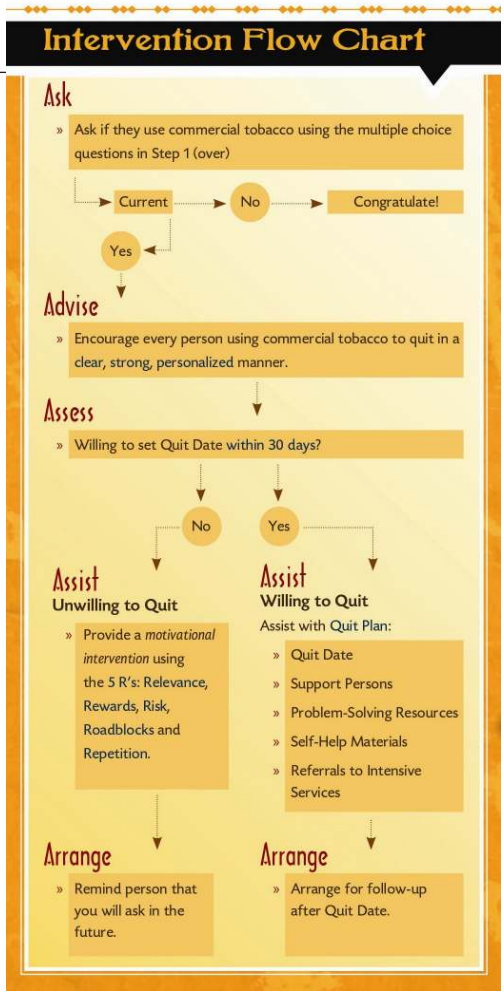


Figure 2: Algorithm for Tobacco Dependence Treatment

Low Intensity/Brief Interventions Alter High Health Risk Behaviors

There is strong consistent evidence that tobacco use, sedentary lifestyle, and improper diet lead to negative clinical and functional health outcomes (USPTF, 1996) and that smoking cessation, physical activity, and dietary improvement lead to positive health outcomes.

Thus, changing health risk behaviors has the greatest potential of any current approach for decreasing long-term disability and premature death from chronic disease, and for improving the quality of life across diverse populations (Koop, 1996). By integrating low-intensity/brief interventions into health and human service settings, we have enormous capacity and power to motivate health promotion and disease prevention.

The 1996 edition of the Guide to Clinical Preventive Services by the USPSTF concluded: "Effective interventions that address personal health practices...[of]...primary prevention...hold greater promise for improving overall health than many secondary preventive measures, such as routine screening for early disease. Therefore, clinician counseling that leads to improved personal health practices may be more valuable than conventional clinical activities, such as diagnostic testing" (USPTF, 1996).

People seeking health care from federally-funded clinics and/or Medicaid reimbursed providers may not be responsive to treatments that are inconsistent or have not been adapted to their cultural frame of reference. Complicating access to treatment, a large proportion of providers are unaware of what coverage is available for the prevention and treatment of health risk behaviors. Provider education programs have focused on conventional medical communities, **neglecting diverse community-based health care and wellness providers** who see at-risk individuals within their service settings.

In alliance with the Native American Cancer Program we propose to further build upon The University of Arizona HealthCare Partnership continuing education/certification contributions to continue to Make a Difference in the lifestyle choices of our American Indian people by systematizing culturally responsive brief evidence-based treatment interventions within tribal communities. This may be accomplished by certifying providers in a tested brief intervention, integrating the Five A Organizational Construct Ask, Advise, Assess, Assist and Arrange.

Changing health risk behaviors has the greatest potential of any current approach for decreasing morbidity and mortality and for improving the quality of life across diverse populations. It is essential that providers along with health and human service systems address health risk behaviors and routinely and systematically identify and provide quality evidence-based treatments. The University of Arizona HealthCare Partnership (HCP) programs have the potential of positively impacting the comprehensive tobacco control objectives of the National Cancer Institute.

Smoking cessation counseling remains the leading preventive health care intervention with the highest yield for patients in terms of life expectancy.

- *Individuals who quit at 50 years of age can add 6 years of life expectancy. If quitting at age 30, can add up to 10 years (Doll, BMJ 2004)*
- *Screening for colorectal cancer adds 7.3 days to 21.9 days depending on strategy (Frazier, JAMA 2000)*
- *Mammography adds 9.8 days for women aged 60 – 69, 11.7 days for women aged 50 – 59 (Kattlove, JAMA 1995)*

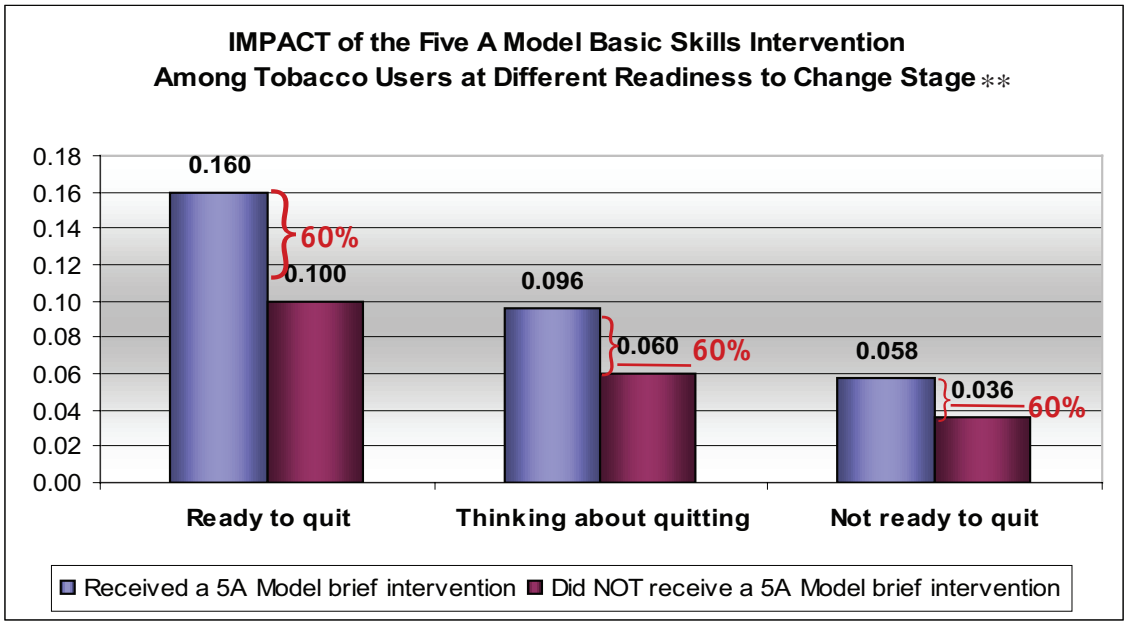
The HCP model recognizes differing contexts, intensities, culturally diverse populations, and professional roles in delivery of tobacco treatment interventions. As such, HCP employs a training-of-trainers, stepped-care model to build sustainable capacity within health and human service institutions, schools, worksites, and communities.

Brief Smoking Cessation Interventions are Cost-Effective & Cost-Saving!

A dynamic modeling study on the cost-effectiveness of various face-to-face smoking cessation interventions in The Netherlands found that minimal counseling (3-12 minutes) by a general practitioner (GP) is cost-effective, and even cost-saving, when compared with current practice (Feenstra, Hamberg-van Reenen, Hoogenveen, and Rutten-van Mölken, 2005).

Over $84 million USD in health-care costs for smoking related diseases were saved in one year (Feenstra, Hamberg-van Reenen, Hoogenveen, and Rutten-van Mölken, 2005).*

Overall, persons dependent on tobacco who receive at least a Five A Model brief intervention have approximately a 60% greater likelihood of quitting.



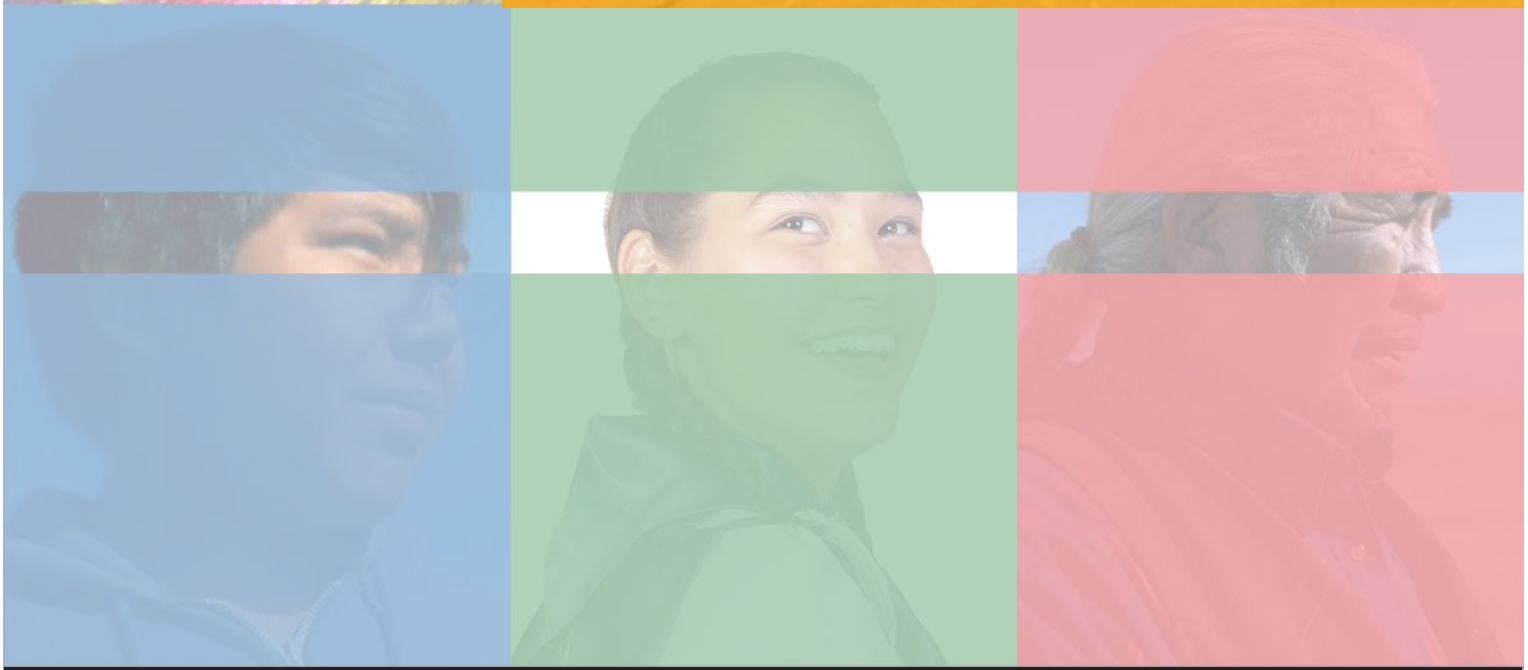
**Reference: Feenstra, T.L., Hamberg-van Reenen, H.H., Hoogenveen, R.T., and Rutten-van Mölken, M.P.M.H. (2005). Cost-effectiveness of face-to-face smoking cessation interventions: A dynamic modeling study. Value in Health, 8, 178-190.*

***References: Abrams, D. B., Orleans, C. T., Niaura, R. S., Prochaska, J. O., & Velicer, W. F. (1996). Integrating individual and public health perspectives for treatment of tobacco dependence under managed health care: A combined stepped-care and matching model. Annals of Behavioral Medicine, 18, 290-304; Fiore, M. C., Bailey, W. C., Cohen, S. J., Dorfman, S. F., Goldstein, M. G., Gritz, E. R., et al. (2000). Treating tobacco use and dependence: Clinical practice guideline. Rockville, MD: United States Department of Health and Human Services; Prochaska, J. O., & Velicer, W. F. (1997). The transtheoretical model of health behavior change. American Journal of Health Promotion, 12, 38-48.*

"The case report forms monitored were in excellent order, and because of the efficiency of the staff it was a very productive visit. Many thanks for your excellent work in keeping the visits regular, documented well, and the case report forms completed correctly."

~ GlaxoSmithKline

EVALUATION



THE POWER OF POSSIBILITY...

Evaluation

In the first year of program dissemination and evaluation of the *Tobacco Cessation Basic Intervention Skills Certification* workshop, **974 individuals earned certification**. Pre- and posttest assessments of participants' self-efficacy regarding implementation of interventions demonstrated significant gains which were **durable at 3-month follow-up**. Follow-up interviews with a sample of 497 Basic Skills participants who were at least 3 months post certification found that **80.9% had performed a brief intervention** since completing certification (58.6% in the previous 30 days), and **74.8% had made a referral to intensive cessation services** since completing certification (57.5% in the previous 30 days) (Muramoto, et al., 2000).

Follow-up of 82 participants who proceeded to the second level of the certification program to become Cessation Specialists demonstrated that 48.8% of certified Cessation Specialists were delivering intensive services, 69.0% were teaching Basic Skills classes, and 35.4% were engaged in both instructing and offering intensive services. Client outcomes for Cessation Specialists were tracked by the statewide evaluation system. In the 2000–2001 *Arizona Adult Tobacco Cessation Program* final report, statisticians noted that **clients of Cessation Specialist–certified facilitators** had approximately **130% greater likelihood of quitting** at three-month follow-up, and **approximately 200–240% greater likelihood at 6-month** follow-up. The long-term effectiveness of abstinence increased for Cessation Specialist–certified facilitators.

Since 1998, a comprehensive continuing education and certification program continues to be managed, enhanced, delivered and evaluated by by HealthCare Partnership (HCP) personnel. The evaluation design for the program is based on the recommendations of stakeholders, consultation with the Division of Academic Resources, Testing, & Evaluation at The University of Arizona Health Sciences Center, and review of the evidence-based literature. The evaluation design measures confidence using Bandura's (1977) model of Self-Efficacy, and future intention applying Ajzen's (1991) Theory of Planned Behavior. Evaluation methods include:

- Pre-Survey of Current Tobacco Control Systems
- Self-Confidence Pretest/Posttest
- Skills Demonstration
- Knowledge Pretest/Posttest
- Satisfaction Survey
- Instructor Summary Report
- Post-Survey of Current Practice and Intended Practice Change
- Follow-up

Evaluation of the HCP continuing education and certification model addresses process and outcome, using both quantitative and qualitative methods for data collection. Measures collected for evaluation are described below and include process, initial, intermediate, and long-term outcomes. Participant satisfaction for process measures are rated on a five-point Likert scale.

As self-efficacy, knowledge, and skills are critical predictors of behavior change, we use pre- and post-measures of self-efficacy, knowledge posttests, and a skills demonstration observation checklist assessing brief intervention skills demonstrated in standard instructor demonstrations (i.e., role plays). An open-book knowledge exam is used to measure participants' ability to comprehend and access the information presented, rather than discriminate based on information committed to memory during the certification workshop. Future intention to provide tobacco dependence treatment interventions is measured using pre- and post-surveys of current practice and intended practice change. Behavior change is assessed for intent and follow through by incorporating Public Health Service (PHS) Guideline recommended tobacco control strategies into practice as a result of participation in HealthCare Partnership (HCP) continuing education programs.

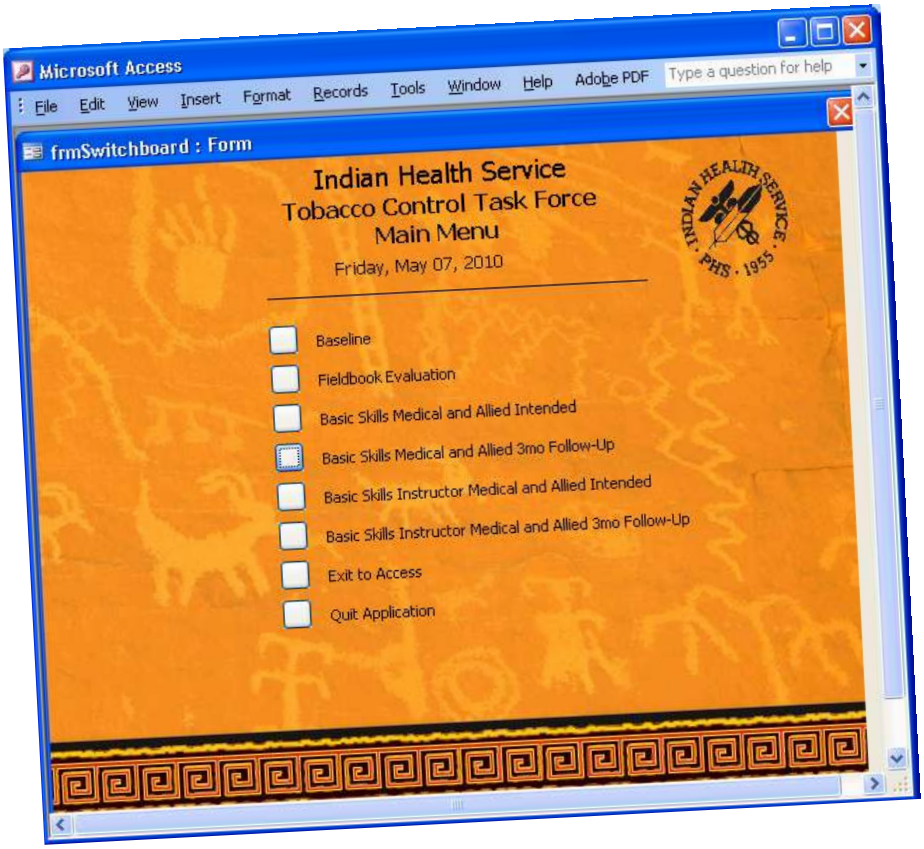
Data are gathered at the workshop location through pre- and post-certification surveys, and by mail and telephone for 3-month follow-up, as well as at 6-month follow-up when permissible.

Descriptive statistics of satisfaction measures are used for quality assurance and program improvement. Self-efficacy is assessed via a two-way analysis of variance (ANOVA) and Bonferroni-corrected t tests. The participant's mean response rate to all questions serves as the outcome variable, and workshop site location and time point (pre-certification, post-certification, 3 months, and 6 months) serve as independent variables. Non-parametric versions of these tests are used for individual questions. Data management, participant follow-up, and participant re-certification are central to consistent, accurate, and credible programming.

Evaluations **consistently demonstrate high participant satisfaction** with HCP programs. Participants gain knowledge, skills, and self-efficacy from the program, and **these gains carry over into the field** over time. Evaluation comparisons with replication States share similar results.

HealthCare Partnership Databases

The HealthCare Partnership's databases are industrial-standard databases developed using Microsoft ACCESS 2000 front and end, residing on a SQL server. The databases allow remote data entry. Security control is provided through user identification and passwords maintained in the SQL server and programmed into the forms as required.



Demographics

The majority of participants attending the HealthCare Partnership Tobacco Dependence Treatment Certification Programs adapted for Native Communities were female and of American Indian ethnicity. This pattern is consistent with previous HealthCare Partnership Certification Programs offered to American Indian Health and Human Service sites.

Table 1: Demographic Figures for Participants attending Certification Programs for American Indian Communities.

November 2003 – September 2012

		BSMA (N=508)	BSNA (N=168)	BSNC (N=101)	BSIMA (N=118)	BSINA (N=74)	BSINC (N=32)	TS (N=20)	TSI (N=11)
Age Range		22 - 72	20 -64	23 -74	24 - 71	16 - 64	27 - 71	24 - 71	31 - 58
Gender	Male	25%	28%	28%	36%	28%	19%	35%	18%
	Female	75%	72%	72%	64%	72%	81%	65%	82%
Ethnicity	American Indian	55%	63%	63%	35%	69%	50%	45%	55%
	Asian	4%	2%	2%	4%	3%	7%	0%	0%
	African American	3%	4%	4%	5%	3%	7%	5%	9%
	Hispanic or Latino	1%	8%	8%	1%	3%	7%	0%	0%
	Caucasian	34%	15%	15%	51%	10%	21%	40%	27%
	Multiethnic	2%	4%	4%	3%	4%	7%	10%	9%
	Other	0%	6%	6%	1%	9%	0%	0%	0%

BSMA = Basic Skills Certification for Medical & Allied Health Professionals

BSNA = Basic Skills Certification for Native Americans

BSNC = Basic Skills Certification for Native Communities

BSIMA = Basic Skills INSTRUCTOR Certification for Medical & Allied Health Professionals

BSINA = Basic Skills INSTRUCTOR Certification for Native Americans

BSINC = Basic Skills INSTRUCTOR Certification for Native Communities

TS = Tobacco Treatment Specialist

TSI = Tobacco Treatment Specialist INSTRUCTOR Certification

Professionals, Paraprofessionals and Community Health Leaders Represented at Certification Programs

November 2003 – September 2012

Addiction Counselor	Clinical Lead Nurse	Driver/Interpreter
Advanced Clinical Dental Hygienist	Community Activity Aide	Drug & Alcohol Counselor
Area Diabetes Consultant	Community Health Educator	Early Childhood Health and Development Branch
Assistant Chief Pharmacist	Community Health Representative Coordinator/Nurse Case Manager	Education Specialist
Assistant Chief, Clinical Pharmacy Services	Community Health Representative Generalist	Education Technician
Ass't Director National Community Health Representative Program	Community Health Worker Community Health Administrator	Epidemiologist
Asthma Health Educator	Community Liaison	Family Nurse Practitioner
Behavioral Health Aide	Community Nutrition Coordinator, Acting Diabetes	Family Practice Physician
Care Giver / Social Services	Community Outreach Coordinator	Health & Wellness Coordinator
Case Manager / Lifestyle Coach	Community Wellness Specialist	Health Coach, Educational Development Manager
Certified Nurse Practitioner	Cultural Consultant	Health Education Specialist
Certified Nursing Assistant	Dental Assistant	Health Fitness Specialist
Cessation Systems Coordinator	Dental Chief	Health Information Specialist CAC
Chief Dental Officer	Dental Hygienist	Health Liaison Worker
Chief Nurse Executive	Dental Officer	Health Promotion and Disease Prevention Coordinator
Chief of Pharmacy	Dentist, Tobacco Coordinator	Health Promotion Specialist
Chief, Chronic Disease Group	Deputy Chief Pharmacist	Health Resource Administrator
Chief, Public Health Education	Diabetes and Tobacco Cessation Counselor	Health Specialist
Children's Coordinator	Diabetes Educator RN	Health System Administrator
Chronic Disease Epidemiologist	Diabetes Manager	Health Technician
Clinic & Community Health Supervisor	Diabetes Prevention Specialist	Healthy Lifestyles Specialist
Clinic Director	Dietitian	HIV case manager
Clinical Assistant	Director of Community Health	HIV Services Coordinator
Children's Coordinator	Director of Nursing	HIV/AIDS Worker
Chronic Disease Epidemiologist	Director of Student Health	Home & Community Care Coordinator
Clinic & Community Health Supervisor	Director Tobacco Control	Home Care Nurse
Clinic Director	Director, Sexual Assault Nurse Examiner	Human Resources Director
Clinical Assistant	Disparities Coordinator	LPN Home Care

MCH Field Worker	Pharmacist, Tobacco Control Specialist	Regional Chief Dentist WXR
MCH/WIC Coordinator	Pharmacy Director	Registered Dental Hygienist
Medical Assistant	Pharmacy Resident	Respiratory Therapist
Medical Record Technician/Coder	Pharmacy Specialist	Smoking Cessation Educator
Mental Health Child Specialist	Pharmacy Student	Social Services Director
Mental Health NP	Pharmacy Technician	Social Worker
Native American Outreach Coordinator	Phlebotomist/Lab	South Dakota QuitLine Project Coordinator
Native American Tobacco Educator	Physician	Study Conductor/ Research Assistant
Nurse Assistant	Physician Assistant-GPRA Coordinator	Substance Abuse Counselor
Nurse Consultant	Prenatal Manager	Tobacco Cessation Specialist
Nurse Educator	Prevention Specialist	Tobacco Control Program Project Director
Nurse Practitioner	Primary Care Nurse	Tobacco Health Educator
Nurse Supervisor	Program Director/Epidemiologist	Tobacco Outreach Coordinator
Nutritionist / Case manager	Psychiatric Nurse	Tobacco Use Prevention Specialist
Optical Technician	Public Health Advisor/National Community Health Representative Director	Tribal Education Specialist
Optometrist	Public Health Educator	Wellness Specialist
Outpatient Nursing	Public Health Nurse	Wellness Technician
Outreach Program Coordinator	Public Health Nurse/Diabetes Coordinator	Youth Activities Specialist
Outreach Specialist	Quit4lifeCoach	Youth Advocate
Patient Advocate Coordinator	REACH Grant Coordinator/Health Educator	Youth Program Coordinator
Patient Educator		

Knowledge and Skills Assessments

Participants completed baseline surveys for Program content knowledge and skills. Average scores for each measure are listed below.

Table 2: Average knowledge and skills scores for applicable programs.

	BSMA (N =508)	BSNA (N=168)	BSNC (N=101)	BSIMA (N=118)	BSINA (N=74)	BSINC (N=32)	TS (N=20)
Knowledge	13.8 of 15	22 of 25	14.6 of 15	22.6 of 25	21.3 of 25	14.1 of 15	N/A
Skills	11.9 of 12	29.5 of 30	12 of 12	N/A	N/A	N/A	41.0 of 42

BSMA = Basic Skills Certification for Medical & Allied Health Professionals

BSNA = Basic Skills Certification for Native Americans

BSNC = Basic Skills Certification for Native Communities

BSIMA = Basic Skills INSTRUCTOR Certification for Medical & Allied Health Professionals

BSINA = Basic Skills INSTRUCTOR Certification for Native Americans

BSINC = Basic Skills INSTRUCTOR Certification for Native Communities

TS = Tobacco Treatment Specialist Certification

Confidence Change

Tobacco Dependence Treatment Certification & Continuing Education Programs utilize Bandura's (1977) model of self-efficacy, which states that self-confidence is associated with behavior change. The evidence-based certification/continuing education programs aim to promote the confidence of the participants' ability to deliver tobacco dependence treatment low-intensity (brief) and/or intensive interventions with the intent to mobilize systems change. The graphs on the following pages demonstrate that participants significantly increased their confidence levels from pretest to posttest.

THE POWER OF POSSIBILITY...

Evaluation Summary Results

Basic Tobacco Intervention Skills Certification

Self-Confidence Change Pretest/Postest
Satisfaction Survey
Instructor Summary Report
Three Month Follow-up

Self-Confidence Change Pretest/Postest
Basic Tobacco Intervention Skills Certification Program Participant

From November 2003 to September 2012, a total of 777 health and human service providers who deliver services to American Indian people participated in a Tobacco Dependence Treatment Basic Skills Certification Program adapted for implementation within Native community health and wellness settings:

- Of the 508 participants in the Medical Basic Tobacco Intervention Skills Certification Program, 432 participants (85%) completed the pretest and posttest self-confidence instruments, $t(424)=-25.95$ $P<.0001$.
- Of the 168 participants in the Native American Basic Tobacco Intervention Skills Certification Program, 142 participants (85%) completed the pretest and posttest self-confidence instruments, $t(141)=-17.13$ $P<.0001$.
- Of the 101 participants in the Native Communities Basic Tobacco Intervention Skills Certification Program, 101 (100%) completed the pretest and posttest self-confidence instruments, $t(100)=-12.06$ $P<.0001$

Participants in the Native-adapted Basic Tobacco Intervention Skills Certification Programs significantly increased their confidence levels to deliver a brief smoking cessation intervention. See Table 3 and Figures 1, 2 and 3.

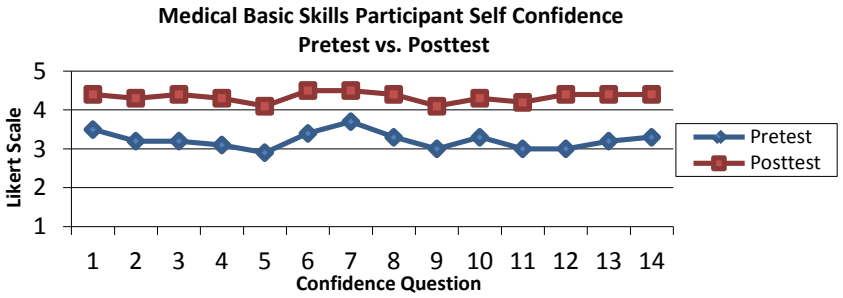
Table 3: Basic Tobacco Intervention Skills Certification Program Participant Self-Confidence, Pretest and Posttest Mean (SD)

November 2003 – September 2012

	Self-Confidence Measure	*Medical Basic Skills N = 432*				*Native American N = 142*				*Native Communities N = 101*			
	(1=Definitely Not Confident, 5=Definitely Confident)	Pretest		Post-test		Pretest		Post-test		Pretest		Post-test	
1.	I can screen for and assess tobacco use	3.5	(1.3)	4.4	(0.7)	3.0	(1.3)	4.5	(0.6)	3.5	(1.1)	4.2	(0.7)
2.	I can accurately assess my clients' motivation to quit	3.2	(1.0)	4.3	(0.8)	3.1	(1.2)	4.4	(0.6)	3.1	(1.1)	4.1	(0.7)
3.	I can perform a brief intervention for tobacco cessation	3.2	(1.0)	4.4	(0.7)	2.7	(1.2)	4.4	(0.7)	3.3	(1.0)	4.3	(0.7)
4.	I can explore issues related to smoking and quitting even with someone NOT INTERESTED in quitting	3.1	(1.0)	4.3	(0.7)	3.5	(1.3)	4.6	(0.5)	3.2	(1.0)	4.2	(0.7)
5.	I can accurately assess the dependence level of my clients	2.9	(1.2)	4.1	(0.8)	3.2	(1.4)	4.5	(0.6)	2.9	(1.1)	4.0	(0.8)
6.	I can effectively use patient education materials for tobacco cessation	3.4	(1.0)	4.5	(0.7)	2.9	(1.4)	4.3	(0.8)	3.5	(1.0)	4.3	(0.7)
7.	I can provide clients with accurate information regarding the health benefits of quitting	3.7	(1.2)	4.5	(0.7)	2.9	(1.4)	4.6	(0.6)	3.6	(0.9)	4.4	(0.6)
8.	I can personalize the benefits of quitting with each individual client	3.3	(1.0)	4.4	(0.7)	3.1	(1.5)	4.7	(0.6)	3.3	(1.0)	4.3	(0.7)
9.	I can create office protocols to support tobacco cessation	3.0	(1.0)	4.1	(0.8)					3.0	(1.1)	3.9	(0.8)
10.	I can provide clients with simple advice and instructions about nicotine replacement therapy	3.3	(1.0)	4.3	(0.7)					3.3	(1.1)	4.3	(0.7)
11.	I can describe first-line pharmacotherapies for tobacco cessation	3.0	(1.3)	4.2	(0.9)					2.9	(1.2)	4.1	(0.8)
12.	I can help clients develop a personalized plan for quitting	3.0	(1.0)	4.4	(0.7)					3.1	(1.1)	4.3	(0.7)
13.	I can list at least two community resources to assist patients with tobacco cessation	3.2	(1.0)	4.4	(0.7)					3.2	(1.2)	4.2	(0.7)
14.	I can arrange for appropriate follow-up for my clients	3.3	(1.0)	4.4	(0.7)					3.3	(1.1)	4.3	(0.7)

Figure 1: Medical Basic Skills Certification Participant Average Self-Confidence, Pretest and Posttest Scores by Confidence Question

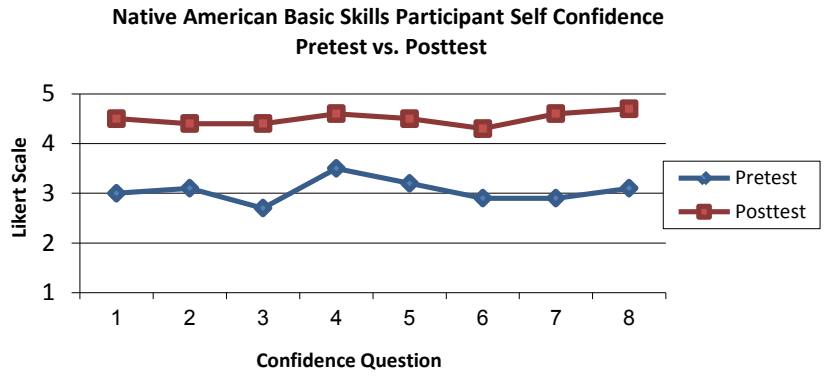
November 2003 – September 2012 N = 432



There was a statistically significant increase in confidence levels between pretest and posttest.

Figure 2: Native American Basic Skills Certification Participant Average Self-Confidence, Pretest and Posttest Scores by Confidence Question

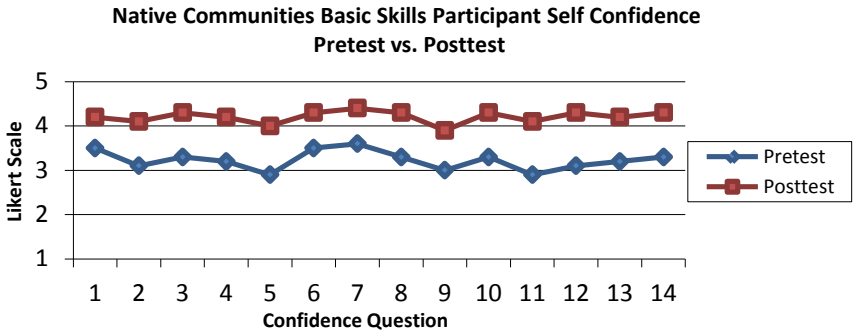
November 2003 – September 2012 N = 142



There was a statistically significant increase in confidence levels between pretest and posttest.

Figure 3: Native Communities Basic Skills Certification Participant Average Self-Confidence, Pretest and Posttest Scores by Confidence Question

November 2010 – September 2012 N = 101



There was a statistically significant increase in confidence levels between pretest and posttest.

Participant Satisfaction

Basic Tobacco Intervention Skills Certification

Participant Satisfaction

HealthCare Partnership (HCP) Program Evaluations consistently demonstrate high participant satisfaction post-program. Participants gain knowledge, skills, and self-efficacy as a result of successfully completing the program, and these gains carry over into the field over time.

Basic Tobacco Intervention Skills Certification Program Participant Satisfaction

From November 2003 to September 2012, a total of 777 health and human service providers who deliver services to American Indian people participated in a Tobacco Dependence Treatment Basic Skills Certification Program adapted for implementation within Native community health and wellness settings:

- Of the 508 participants in the Medical Basic Tobacco Intervention Skills Certification Program, 469 participants (92%) completed the participant satisfaction survey.
- Of the 168 participants in the Native American Basic Tobacco Intervention Skills Certification Program, 145 participants (86%) completed the participant satisfaction survey.
- Of the 101 participants in the Native Communities Basic Tobacco Intervention Skills Certification Program, 94 (93%) completed the participant satisfaction survey.

Responses are based on a five-point Likert scale, with 5 indicating strong agreement. It is evident from these responses that the integrated program was effective in achieving its objectives, as well as meeting high standards for format and presentation. See Table 4.

Table 4: Basic Tobacco Intervention Skills Certification Program Participant Satisfaction Posttest Mean (SD)

November 2003 – September 2012

	Participant Satisfaction Measures	*Medical Basic Skills N = 469*		*Native American Basic Skills N = 145*		*Native Communities Basic Skills N = 94*	
	(1=Strongly Disagree, 5=Strongly Agree)	Mean	(SD)	Mean	(SD)	Mean	(SD)
1.	The educational objectives were well met	4.6	(0.6)	4.5	(0.5)	4.5	(0.7)
2.	The instructor(s) demonstrated a thorough knowledge of the subject matter	4.7	(0.5)	4.7	(0.5)	4.7	(0.6)
3.	The presentation content related appropriately to the objectives	4.7	(0.5)	4.7	(0.5)	4.6	(0.6)
4.	I would recommend this program to my colleagues	4.7	(0.5)	4.8	(0.4)	4.6	(0.6)
5.	The content reflected current issues	4.7	(0.6)	4.6	(0.6)	4.6	(0.7)
6.	The instructor(s) applied the material covered to the practice setting	4.7	(0.5)	4.7	(0.5)	4.6	(0.7)
7.	I attended this program because the content was relevant to my practice	4.5	(0.7)	4.6	(0.6)	4.4	(0.8)
8.	My objectives for this program were well met	4.6	(0.6)	4.7	(0.5)	4.6	(0.7)
9.	The instructor(s) did not demonstrate product bias during the presentation	4.7	(0.7)	4.4	(0.9)	4.7	(0.6)

Sample Participant Comments

What was the most valuable part of your participation in the Basic Tobacco Intervention Skills Certification Program?

Knowledge, application and participant self-efficacy

To quit smoking myself/thinking about setting a date not sure yet.
The knowledge and confidence I gained by attending the course
My knowledge of this subject was none and now it is limited so it did help.
5 A's and understanding nicotine just like any drug addiction, the biological aspect
Information that is relevant to our facility and the tips for use in RPMS and EHR. Examples from today really help me to apply the information.
Insight into an actual up and running Tobacco Cessation Program
Info about pharmacological interventions and the information (statistics, conversation points) to tell my patients, both who are willing and unwilling
The tobacco use by the native cultural activities
The 5 As framework; it gives us a structure to use to have a good conversation around tobacco use.
Learning how to use guidebook. Being intervening with others. All the information has given me a different outlook on tobacco screening.
The importance of quitting cigarettes or all tobacco products
The discussion of cultural issues as they relate to tobacco use.
Improve the health of my people with a brief intervention
Learning the most current treatments, effects of tobacco treatment strategies
Having the book (Guidebook) is helpful when I need to refresh my memory. The training helped me realize that an intervention can take place outside of a formal smoking cessation appointment.
The GPRA report and how it's important to push tobacco cessation. Prevention as opposed to dealing with after effects of smoking
Gaining confidence with the skills needed for smoking cessation

Using myself as an example in helping others who are not ready to quit
Information given to the individual that should be aware of how documentation of screening is important for GPRA measurement
All information! I am in the learning process about tobacco prevention and information and counseling techniques were great.
The course reinforced what I already know. It also helped me to think about different approach / techniques depending on a patient's stage.
All of it was great. I leaned I can do an intervention.
Makes me feel able to succeed with more patients
Learning more about medications, and quick assessment and brief interventions
Setting up a referral system
Gaining the knowledge about smoking addiction and the challenges involved in quitting
Quick and easy assessment questions for use and dependence level
Being able to help a patient create a plan to quit more successfully
That I can apply it in my daily practice. I can easily transfer this learning experience into a practical skill to me!
Feeling confident to deliver brief smoking cessation encounters with patients & knowing what to do if they do want to quit
To reiterate my knowledge on smoking cessation and products that could be used to help.
The info on the 5 A's and how to present to clients
Current updates and pharmacotherapy
5 A's (repeated)
Applicability of the information presented. Learning how another IHS clinic uses this information.
Learning process about tobacco use
The knowledge of the intervention and the handouts
Ample knowledge of why people smoke - how they fail & why. And how to reinforce a positive attitude in smoking cessation
Knowledge and skills of smoking intervention
Learning ideas and medicines to use in my smoking cessation groups
Current statistics
All health professionals need to intervene at each visit. Second-hand smoke is also a risk.
Profound positive effects of brief intervention
Good presentations specifically for smoking but could be used in other areas for change
Learning to assess patients for willingness to quit - up until now, we have only seen the patient after someone else has assessed them.
The Quit Plan and 5 A's (repeated)
The guidance and strategies recommended to perform an intervention
The detailed information for brief intervention in most settings
Understanding the process it takes for a person to quit smoking
Common protocol for IHS
Reinforcing tailored messages, depending on the specific stage of change they are in
Knowing I will be able to provide better service to customers and patients

Materials and resources provided

Clinician flow chart; the detailed information on the medications
Handouts and books. Very professionally done - easy to look up and find information.
Fieldbook is a great resource and the handbook we went over today!
The handy pocket-size info and ability to copy info for handouts for patients

Resource materials and quit plan/ motivational interviewing guide
The guidebook, handouts, sample cessation assessment (5 A's) that can be reproduced in any clinic or health setting
The culturally relevant materials
All resources that are reproducible for other providers in my area. Love the book and video were very helpful.
The videos and the booklet were very helpful.
The presentation of the materials
Booklets, Video and talking
Written materials to take back with me and use the presentations over the materials was beneficial
Five A's, handouts and materials, video (repeated)
Giving me the tools to use as a guideline for tobacco education
All the pre-printed materialHandouts and Open discussion
Provided tools to use for patients and community members
Resources, updated information, activities, handouts and guidebooks
Tools for starting up tobacco cessation clinic at our facility

Program interactivity and practice

Basic information for non-clinicians and role plays with tool describing basic format as a checklist - very helpful. Quit Plan tool is fabulous, too.
All of the written information - very easy to follow layout / format. I can see myself using this book in the future.
Practice the 5 A's - gave you more "Thinking" of smoking Cessation Screening / Assessments
Case studies and video
Role play, 5 As (Repeated)
Variety of information, pamphlets, handouts, audio visual - very interactive
Seeing all the examples and going through small exercises, to see and identify patients at different stages and with different roadblocks and how to personalize the message
Most valuable was the role playing exercises, as it gave me time to explore different scenarios we will likely encounter with our patient populations.
Developing and sharing "scripts" for patient intervention
Learning how to perform a brief intervention
Learning to ask the basic questions, advise, assess, assist, arrange
Presentations / Videos / Learning Materials
Discussion
Presentation and small group exercises
Cultural discussion
Learning to use the tools for assessment and patient handouts Role play
Lots of good info, useful to practice in pairs

Program delivery and instructors

Their knowledge of IHS RPMS EHR systems
Standardized training easily learned by a variety of teaching techniques
Small group work Seemed the right amount of all different types of learning tools.
Half-day program - materials well worked out and complementary to video; mixed instructors (team)
Presenters are aware of IHS issues and knowledgeable concerning information.
Adult learning and open discussion
Having the resources, pointing out the most important staff, role playing - I really liked the use of the short video clips

The breakout sessions were great practice. I also liked that it was tailored to the IHS patient population.
The non-judgmental attitude of the instructor; and also that he is an IHS employee
Small group setting Excellent knowledgeable presenters Interesting input. Quick but easy material
Expertise of instructor (Repeated)
Discussion - Learning from the others in the group. Knowledgeable instructor
The guidebook will serve as an excellent resource and is probably the most valuable; however the "hands on" clinical knowledge of the instructor was great as well.
Excellent presenter/instructor
The guidebook and group discussionThe instructor was also very helpful and encouraged questions.
Balance of A/V, question and answer time, and role playing
The experience of the instructor and the reference of material to my profession
The information provided in addition to the knowledge of the instructors. The videos were also very useful.
The instructors did a great job.
Just getting the information, handouts -- whole course
The presenters – they kept you interested.
Knowledgeable and promoting a "can do" atmosphere

The University of Arizona HealthCare Partnership
Tobacco Dependence Treatment Continuing Education Programs

HealthCare PARTNERSHIP
Transforming Lives with Evidence-Based Practices

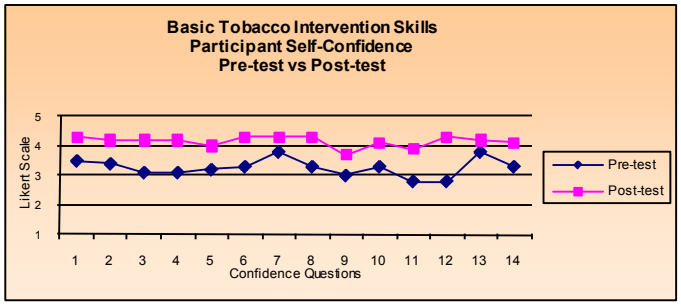
Native Communities Basic Tobacco Intervention Skills Certification

Dear Instructor:
Thank you for instructing the Native Communities Basic Tobacco Intervention Skills Certification program held on DATE at LOCATION in CITY, STATE. The summary report for this program is as follows:

Instructor Summary Report DATE 11 Participants

Confidence Change

- Nine (9) participants completed all items on the Pre-test, Post-test Self-Confidence instruments.
- Nine (9) participants completed the Quality Improvement instrument.
- The statistics for the Pre-test, Post-test, Self-Confidence instruments are as follows:



Result: Participating in the Basic Tobacco Intervention Skills Certification program raised participants' confidence levels to deliver a brief tobacco cessation intervention.

Confidence Change (N = 9)

(1=definitely not confident, 5=definitely confident)	*Pretest mean (SD)*	*Posttest mean (SD)*
1. I can screen for and assess tobacco use.	3.8 (1.0)	4.3 (0.5)
2. I can accurately assess my clients' motivation to quit.	3.6 (0.9)	4.2 (0.4)
3. I can perform a brief intervention for tobacco cessation.	3.2 (1.1)	4.2 (0.4)
4. I can explore issues related to smoking and quitting, even with someone NOT INTERESTED in quitting.	2.9 (0.9)	4.2 (0.4)
5. I can accurately assess the dependence level of my clients.	3.1 (1.2)	4.0 (0.9)
6. I can effectively use patient education materials for tobacco cessation.	3.4 (1.0)	4.3 (0.5)
7. I can provide clients with accurate information regarding the health benefits of quitting.	3.7 (1.1)	4.3 (0.5)
8. I can personalize the benefits of quitting with each individual client.	3.1 (1.1)	4.3 (0.5)
9. I can create office protocols to support tobacco cessation	3.0 (0.9)	3.7 (0.5)
10. I can provide clients with simple advice and instructions about nicotine replacement therapy.	3.1 (1.3)	4.1 (0.6)
11. I can describe first-line pharmacotherapies for tobacco cessation.	2.8 (1.4)	3.9 (0.9)
12. I can help clients develop a personalized plan for quitting.	2.6 (1.2)	4.3 (0.5)
13. I can list at least two community resources to assist patients with tobacco cessation.	3.9 (0.9)	4.2 (0.4)
14. I can arrange for appropriate follow-up for my clients.	3.6 (1.0)	4.1 (0.3)

THE UNIVERSITY OF ARIZONA. Arizona's First University.
HealthCare PARTNERSHIP

Certification Statistics

- Eleven (11) people attended the workshop; Eleven (11) surveys were received.
- Nine (9) of the attendees were successful in completing the certification requirements. They were awarded the Native Communities Basic Tobacco Skills Intervention Certificate.
- The average total years of education completed were 16.5.
- The participants have worked in tobacco control for an average of 5 years.
- Selected professions represented in this program were:
  - ·Clinical/Community Dental Hygienist
  - ·Program manager
  - ·Educator
  - ·HIV case manager
  - ·Nurse Practitioner
- Selected organizations represented by the attendees were:
  - ·Medical Center

Knowledge & Observation Skills

- Nine (9) participants successfully completed the 15-item post-workshop knowledge test.
  - Their average score was 96%
- Eleven (11) participants successfully completed the 12-item Observation Skills Checklist.
  - Their average score was 11.7

Quality Improvement Statistics (N=9)

(1. Strongly Disagree 2. Disagree 3. Undecided 4. Agree 5. Strongly Agree)	*Average Score (SD)*
1. The educational objectives were well met	4.3 (0.5)
2. The instructor(s) demonstrated a thorough knowledge of the subject matter.	4.7 (0.5)
3. The presentation content related appropriately to the objectives.	4.6 (0.5)
4. I would recommend this program to my colleagues.	4.6 (0.5)
5. The content reflected current issues.	4.7 (0.5)
6. The instructor(s) applied the materials covered to the practice setting.	4.4 (0.5)
7. I attended this program because the content was relevant to my practice.	4.7 (0.5)
8. My objectives for this program were well met.	4.3 (0.5)
9. The instructor(s) did not demonstrate product bias during the presentation.	4.8 (0.4)

Comments From the Field:

What was the most valuable part of your Basic Skills for Native Communities Certification?

- Acquiring materials needed for working with patients who smoke.
- Discussion - Learning from the others in the group. Knowledgeable instructor.
- The discussion of cultural issues as they relate to tobacco use.
- Expertise of instructor.
- Skills / plan of step by step actions.

THANK YOU for your contributions toward improving the Nation's health "one individual at a time!" The deleterious health effects of tobacco dependence are the Nation's number one priority for treatment and prevention. The ultimate beneficiaries of your contributions are tobacco users and their families. It is said that nothing is more liberating than fighting for a cause bigger than yourself.

Louise J. Strayer

Louise J. Strayer, BSc, RN, MSc
Appointed Personnel/Director
The University of Arizona HealthCare Partnership

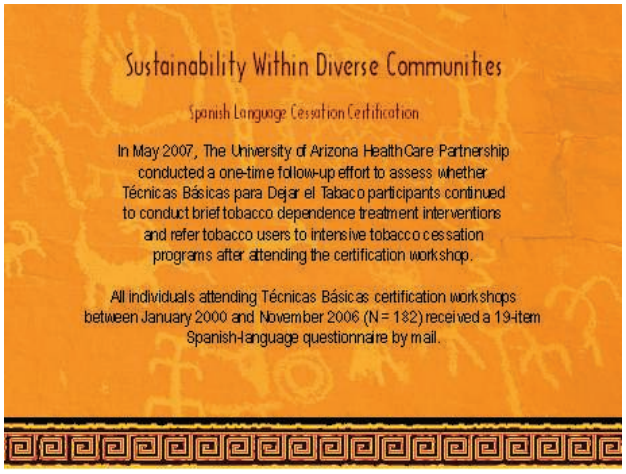
THE POWER OF POSSIBILITY...

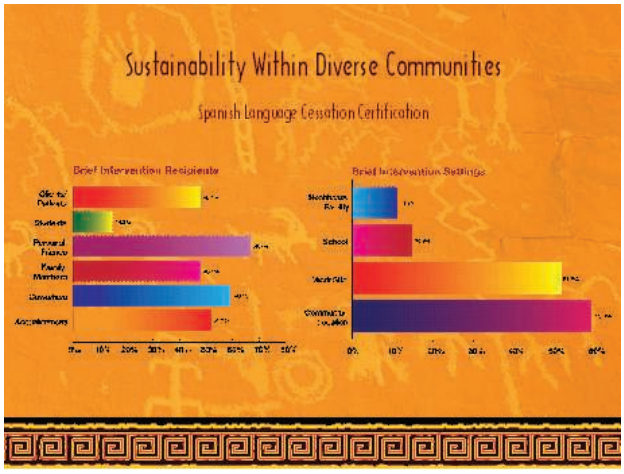
Three Month Follow-up

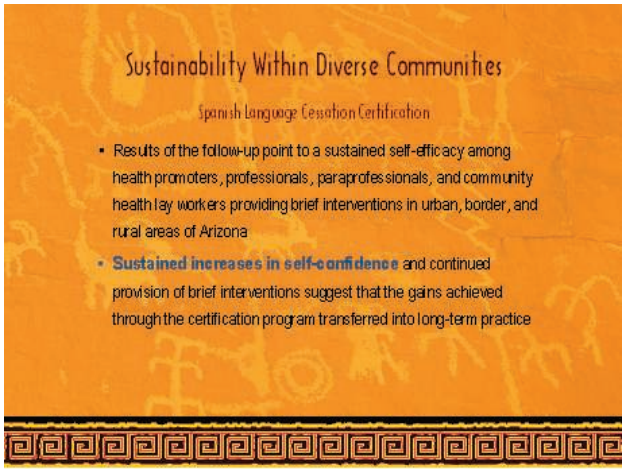
Basic Tobacco Intervention Skills Certification

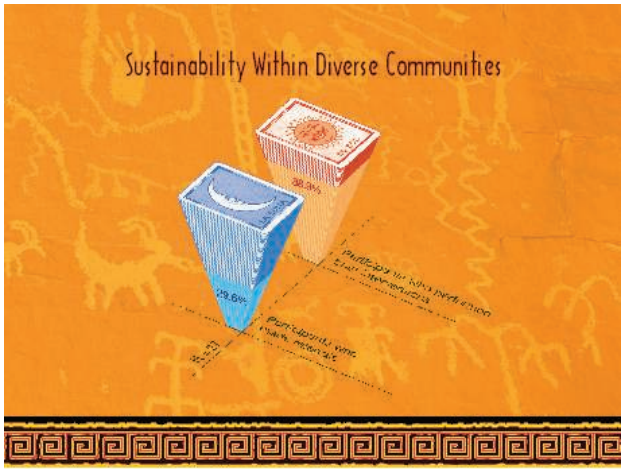
Three Month Follow-up

Follow-up surveys were administered at three months post program attendance. Data from these surveys are used to evaluate the sustainability of confidence in performing tobacco dependence treatment, as well as the frequency with which participants delivered brief interventions and made referrals to intensive services. This information is critical in establishing the link between self confidence and the actual implementation of tobacco dependence treatment, a relationship on which the establishment of systems to prevent and treat the use of commercial tobacco relies.









Participant Self Confidence Change Pretest, Posttest, and Follow-up Basic Tobacco Intervention Skills Certification

Results indicate that the positive effects of the Certification Programs on the participants from American Indian health and wellness settings follow the trend noted in previous University of Arizona Certification Program data, which includes national and international affiliates. Evaluation of follow-up data reveals that participant self confidence regarding implementation of tobacco dependence treatment showed significant gains which were durable at three months. While there is a slight drop in confidence from posttest to follow-up, confidence levels at follow-up remain significantly increased compared to pretest levels. Of the 777 Basic Tobacco Intervention Skills Certification Program participants, 74 (10%) completed the requested instruments, including pretest, posttest, and three month follow-up self confidence instruments. Aggregated values for pretest, posttest, and follow-up self-confidence data results are reflected for the following programs. See Table 5 and Figure 4.

- Medical Basic Tobacco Intervention Skills Certification Program
- Native American Basic Tobacco Intervention Skills Certification Program
- Native Communities Basic Tobacco Intervention Skills Certification Program

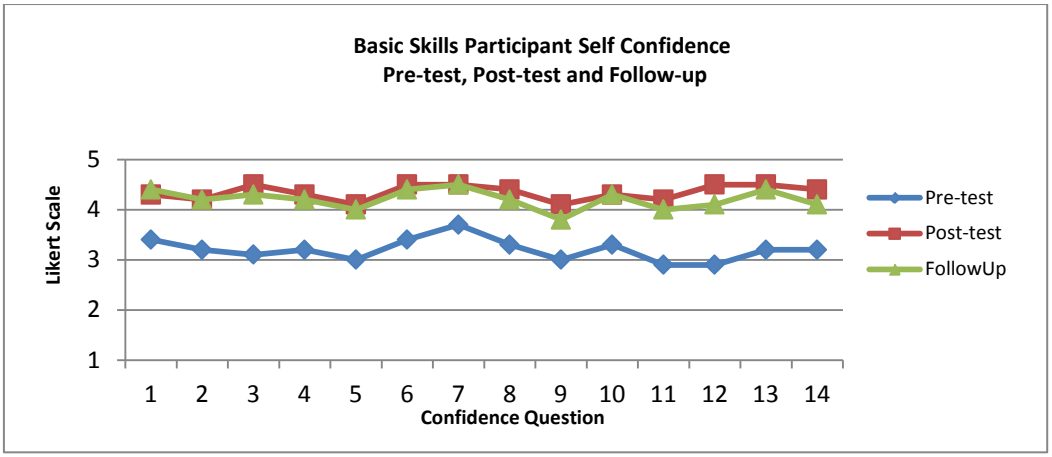
Table 5: Basic Tobacco Intervention Skills Certification Program Participant Self confidence Pretest, Posttest and Three Months Post Mean (SD)

November 2003 – September 2012 N = 74

	Self confidence Measure (1=Definitely Not Confident, 5=Definitely Confident)	Pre-test		Post-test		Follow-up	
1.	I can screen for and assess tobacco use	3.4	(1.4)	4.3	(0.9)	4.4	(0.9)
2.	I can accurately assess my clients' motivation to quit	3.2	(1.3)	4.2	(1.0)	4.2	(0.8)
3.	I can perform a brief intervention for tobacco cessation	3.1	(1.4)	4.5	(0.9)	4.3	(0.8)
4.	I can explore issues related to smoking and quitting even with someone NOT INTERESTED in quitting	3.2	(1.3)	4.3	(0.9)	4.2	(0.9)
5.	I can accurately assess the dependence level of my clients	3.0	(1.3)	4.1	(1.0)	4.0	(1.0)
6.	I can effectively use patient education materials for tobacco cessation	3.4	(1.4)	4.5	(0.9)	4.4	(0.7)
7.	I can provide clients with accurate information regarding the health benefits of quitting	3.7	(1.3)	4.5	(0.8)	4.5	(0.8)
8.	I can personalize the benefits of quitting with each individual client	3.3	(1.4)	4.4	(0.9)	4.2	(0.9)
9.	I can create office protocols to support tobacco cessation	3.0	(1.2)	4.1	(0.9)	3.8	(1.1)
10.	I can provide clients with simple advice and instructions about nicotine replacement therapy	3.3	(1.3)	4.3	(0.9)	4.3	(0.8)
11.	I can describe first-line pharmacotherapies for tobacco cessation	2.9	(1.5)	4.2	(1.1)	4.0	(1.1)
12.	I can help clients develop a personalized plan for quitting	2.9	(1.3)	4.5	(0.8)	4.1	(0.9)
13.	I can list at least two community resources to assist patients with tobacco cessation	3.2	(1.3)	4.5	(0.8)	4.4	(0.8)
14.	I can arrange for appropriate follow-up for my clients	3.2	(1.3)	4.4	(0.9)	4.1	(1.0)

Figure 4: Self confidence Scores at Three Months Post Program Participation Compared to Pretest and Posttest Survey

Basic Skills Participant Self Confidence Survey
November 2003 – September 2012 N = 74



There was a sustained increase in participant self confidence to deliver a brief intervention three months post program.

Based on self-report, 82.1% of participants (55 of 67) indicated that they had performed a brief intervention since the program using the skills they acquired through certification. The average number of brief interventions performed per respondent in the past 30 days was eleven.

Based on self-report, 72.1% of participants (49 of 71) indicated that they had made a referral to one or more intensive tobacco cessation program(s) or group(s). The average number of referrals made in the past 30 days was five.

Additional comments provided by participants at three month follow-up

I like the flip chart. It's very helpful to illustrate the "process."

The training was an excellent source of "how to" for me and increased my understanding of how to better work with people addicted to nicotine.

I have not done too many tobacco cessation interventions. I am currently shadowing my director. I do not feel comfortable yet, without her present, but feel I can do the job.

I am currently not working in a clinical billet. If I were to return to clinical care I would use the 5 As.

I would like more pamphlets to give out to our patients.

It was a good training.

THE POWER OF POSSIBILITY...

Evaluation Summary Results

Basic Tobacco Intervention Skills INSTRUCTOR Certification

Self-Confidence Change Pretest/Postest
Satisfaction Survey
Instructor Summary Report
Three Month Follow-up

Participant Self-Confidence Change Pretest/Posttest Basic Tobacco Intervention Skills INSTRUCTOR Certification

Between November 2003 and September 2012, a total of 224 Basic Skills Certified health and human service providers who deliver services to American Indian people participated in a Tobacco Dependence Treatment Basic Skills INSTRUCTOR Certification Program adapted for implementation within Native health and wellness settings. Successful certified Instructor candidates earn certification to teach and to certify community members to deliver an evidence-based 5 A model brief tobacco dependence treatment intervention:

- Of the 118 participants in the Medical Basic Tobacco Intervention Skills INSTRUCTOR Certification Program, 82 participants (69%) completed the pretest and posttest self-confidence instruments, $t(81)=-8.38$ $P<.0001$.
- Of the 74 participants in the Native American Basic Tobacco Intervention Skills INSTRUCTOR Certification Program, 54 participants (73%) completed the pretest and posttest self-confidence instruments, $t(53)=-6.72$ $P<.0001$.
- Of the 32 participants in the Native Communities Basic Tobacco Intervention Skills INSTRUCTOR Certification Program, 32 (100%) completed the pretest and posttest self-confidence instruments, $t(30)=-3.87$ $P<.0005$

Participants in all adaptations of the Basic Tobacco Intervention Skills INSTRUCTOR Certification Programs significantly increased their confidence levels to deliver a Tobacco Dependence Treatment Basic Skills Certification Program. See Table 6 and Figure 5.

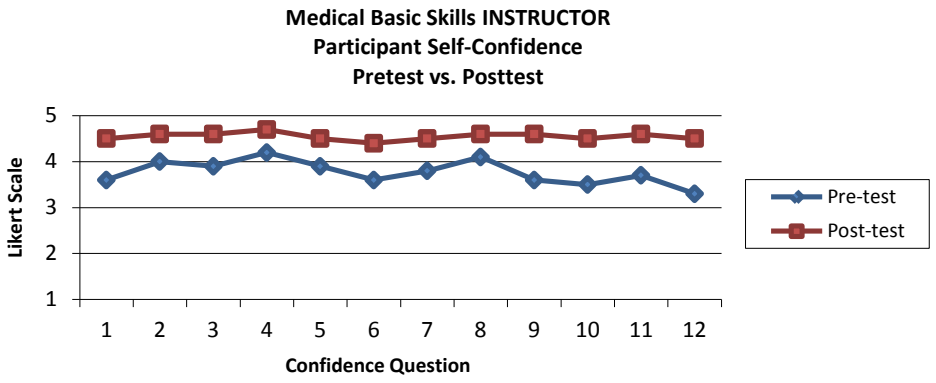
Table 6: Basic Tobacco Intervention Skills INSTRUCTOR Certification Program Participant Self-Confidence, Pretest and Posttest Mean (SD)

November 2003 – September 2012

	Self-Confidence Measure	*Medical Basic Skills INSTRUCTOR N = 82*				*Native American Basic Skills INSTRUCTOR N = 74*				*Native Communities Basic Skills INSTRUCTOR N = 32*			
	(1=Definitely Not Confident, 5=Definitely Confident)	Pretest		Post-test		Pretest		Post-test		Pretest		Post-test	
1.	I can provide a brief overview of the Basic Skills content	3.6	(1.1)	4.5	(0.6)	3.7	(1.2)	4.4	(0.6)	4.2	(0.6)	4.6	(0.5)
2.	I can explain the biological, psychological and sociocultural components of tobacco dependence	4.0	(1.0)	4.6	(0.6)	3.8	(1.0)	4.3	(0.7)	4.3	(0.6)	4.5	(0.6)
3.	I can describe the Readiness to Change Model	3.9	(1.1)	4.6	(0.5)	4.0	(1.0)	4.5	(0.7)	4.2	(0.8)	4.5	(0.6)
4.	I can explain the Five A Model as it relates to brief tobacco dependence treatment interventions	4.2	(0.9)	4.7	(0.5)	3.7	(1.1)	4.5	(0.7)	4.3	(0.8)	4.7	(0.5)
5.	I can describe first- and second-line medications for tobacco cessation	3.9	(1.0)	4.5	(0.7)	3.5	(1.1)	4.4	(0.6)	4.1	(0.9)	4.5	(0.6)
6.	I can identify office systems to support tobacco dependence treatment	3.6	(1.2)	4.4	(0.7)	3.5	(1.1)	4.6	(0.6)	4.0	(0.9)	4.4	(0.6)
7.	I can answer tobacco-specific participant questions	3.8	(1.1)	4.5	(0.6)	3.3	(1.2)	4.4	(0.7)	4.3	(0.6)	4.5	(0.5)
8.	I can use effective presentation skills	4.1	(0.9)	4.6	(0.6)					4.2	(0.6)	4.4	(0.7)
9.	I can facilitate the participant Skills Demonstration observations using the skills checklist	3.6	(1.1)	4.6	(0.6)					4.1	(0.7)	4.6	(0.5)
10.	I can follow the logistics in setting up a Basic Skills course	3.5	(1.1)	4.5	(0.6)					4.0	(0.9)	4.5	(0.7)
11.	I can use the Instructor Manual in preparing to teach the Basic Skills course	3.7	(1.1)	4.6	(0.5)					4.1	(0.8)	4.6	(0.5)
12.	I can teach the Basic Skills course	3.3	(1.2)	4.5	(0.6)					3.8	(0.9)	4.5	(0.6)

Figure 5: Medical Basic Skills INSTRUCTOR Certification Participant Average Self-Confidence, Pretest and Posttest Scores by Confidence Question

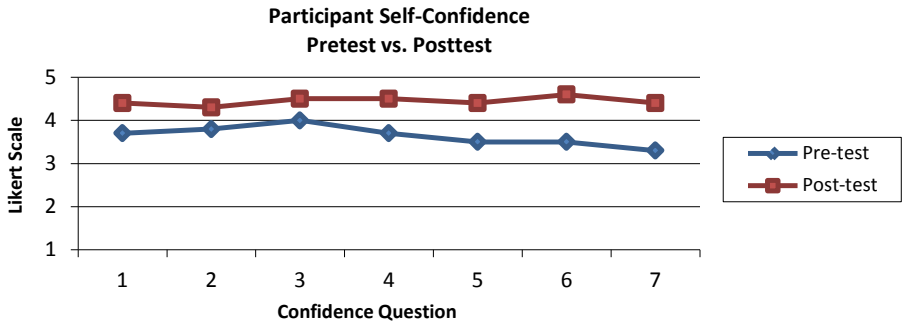
November 2003 – September 2012 N = 82



There was a **statistically significant increase** in confidence levels between pretest and posttest.
The variability in pretest confidence stabilized after INSTRUCTOR Program completion.

Figure 6: Native American Basic Skills INSTRUCTOR Certification Participant Average Self-Confidence, Pretest and Posttest Scores by Confidence Question

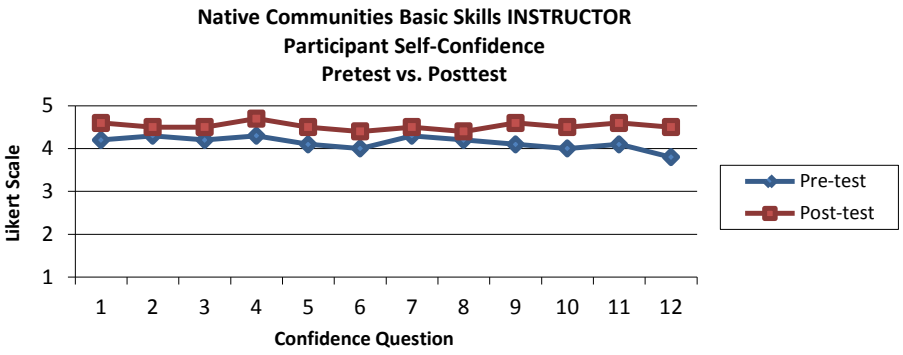
November 2003 – September 2012 N = 54



There was a **statistically significant increase** in confidence levels between pretest and posttest.
The variability in pretest confidence stabilized after INSTRUCTOR Program completion.

Figure 7: Native Communities Basic Skills INSTRUCTOR Certification Participant Average Self-Confidence, Pretest and Posttest Scores by Confidence Question

November 2010 – September 2012 N = 101



There was a **statistically significant increase** in confidence levels between pretest and posttest.
The variability in pretest confidence stabilized after INSTRUCTOR Program completion.

Participant Satisfaction

Basic Tobacco Intervention Skills INSTRUCTOR Certification

Participant Satisfaction Pretest/Posttest
Basic Tobacco Intervention Skills INSTRUCTOR Certification

Between November 2003 and September 2012, a total of 224 Basic Skills Certified health and human service providers who deliver services to American Indian people participated in a Tobacco Dependence Treatment Basic Skills INSTRUCTOR Certification Program adapted for implementation within Native community health and wellness settings. Successful Instructor candidates earned certification to teach and certify community members to deliver an evidence-based 5 A model brief tobacco dependence treatment intervention:

- Of the 118 participants in the Medical Basic Tobacco Intervention Skills INSTRUCTOR Certification Program, 113 participants (96%) completed the participant satisfaction survey.
- Of the 74 participants in the Native American Basic Tobacco Intervention Skills INSTRUCTOR Certification Program, 71 participants (96%) completed the participant satisfaction survey.
- Of the 32 participants in the Native Communities Basic Tobacco Intervention Skills INSTRUCTOR Certification Program, 32 (100%) completed the participant satisfaction survey.

Responses are based on a five-point Likert scale, with 5 indicating strong agreement. It is evident from these responses that the integrated program was effective in achieving its objectives, as well as meeting high standards for format and presentation. See Table 7.

Table 7: Basic Tobacco Intervention Skills INSTRUCTOR Certification Program Participant Satisfaction Posttest Mean (SD)

November 2003 – September 2012

	Participant Satisfaction	*Medical Basic Skills N = 113*	*Native American Basic Skills N = 71*	*Native Communities Basic Skills N = 32*
	(1=strongly disagree, 5=strongly agree)	Mean (SD)	Mean (SD)	Mean (SD)
1.	The Basic Skills Instructor course was valuable	4.7 (0.5)	4.7 (0.5)	4.8 (0.4)
2.	There was ample time for discussion	4.3 (0.5)	4.3 (0.7)	4.6 (0.6)
3.	The Basic Skills Instructor course maintained my interest	4.6 (0.7)	4.5 (0.7)	4.7 (0.5)
4.	The Basic Skills Instructor course was well organized	4.6 (0.6)	4.7 (0.5)	4.7 (0.5)
5.	The learning objectives of the Basic Skills Instructor course were clearly outlined	4.6 (1.0)	4.7 (1.0)	4.8 (0.4)
6.	The information presented during the course was too advanced	2.6 (1.4)	2.1 (1.3)	2.0 (1.1)
7.	The length of the Basic Skills Instructor course was too long	2.7 (1.4)	2.4 (1.2)	2.1 (0.0)
8.	The Teach Back Activity was useful	4.3 (0.8)	4.3 (0.7)	4.5 (0.6)
9.	The location of the course was convenient	4.4 (0.8)	4.3 (0.8)	4.6 (0.7)
10.	The facility should be used for courses in the future	4.4 (0.7)	4.1 (1.0)	4.6 (0.7)

The University of Arizona HealthCare Partnership
Tobacco Dependence Treatment Continuing Education Programs

HealthCare PARTNERSHIP
Transforming Lives with Evidence-Based Practices

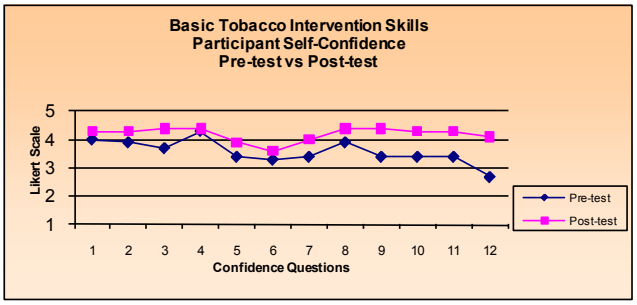
Native Communities Basic Tobacco Intervention Skills Instructor Certification

Dear Instructor:
Thank you for instructing the Native Communities Basic Tobacco Intervention Skills Instructor Certification program held on DATE at LOCATION in CITY, STATE. The summary report for this workshop is as follows:

Instructor Summary Report DATE 8 Participants

Confidence Change

- Seven (7) participants completed all items on the Pre-test, Post-test Self-Confidence instruments.
- Seven (7) participants completed the Quality Improvement instrument.
- The statistics for the Pre-test, Post-test, Self-Confidence instruments are as follows:



Result: Participating in the Basic Tobacco Intervention Skills Instructor Certification workshop raised participants' confidence levels to deliver a Basic Tobacco Intervention Skills Program.

Confidence Change (N=7)

(1=definitely not confident, 5=definitely confident)	*Pretest mean (SD)*	*Posttest mean (SD)*
1. I can provide a brief overview of the Native Communities Basic Skills content.	4.0 (0.0)	4.3 (0.5)
2. I can explain the biological, psychological and sociocultural components of tobacco dependence.	3.9 (0.9)	4.3 (0.5)
3. I can describe the Readiness to Change Model.	3.7 (1.0)	4.4 (0.5)
4. I can explain the Five A Model as it relates to brief tobacco dependence treatment interventions.	4.3 (0.5)	4.4 (0.5)
5. I can describe first- and second-line medications for tobacco cessation.	3.4 (1.1)	3.9 (0.9)
6. I can identify office systems to support tobacco dependence treatment.	3.3 (1.1)	3.6 (0.5)
7. I can answer tobacco-specific participant questions.	3.4 (1.1)	4.0 (0.6)
8. I can use effective presentation skills.	3.9 (0.7)	4.4 (0.5)
9. I can facilitate the participant Skills Demonstration observations using the skills checklist	3.4 (1.1)	4.4 (0.5)
10. I can follow the logistics in setting up a Native Communities Basic Skills course.	3.4 (1.1)	4.3 (0.8)
11. I can use the Instructor Manual in preparing to teach the Native Communities Basic Skills course.	3.4 (1.1)	4.3 (0.5)
12. I can teach the Native Communities Basic Skills course.	2.7 (0.5)	4.1 (0.7)

THE UNIVERSITY OF ARIZONA. Arizona's First University. HealthCare PARTNERSHIP

Certification Statistics

- Seven (7) people attended the workshop; Seven (7) surveys were received.
- Seven (7) of the attendees were successful in completing the certification requirements. They were be awarded a Native Communities Basic Tobacco Intervention Skills Instructor Certificate.
- The average total years of education completed were 17.4.
- The participants have worked in tobacco control for an average of 6 years.
- Selected professions represented in this program were:
  - ·Clinical/Community Dental Hygienist
  - ·Educator
  - ·Program Manager
  - ·Public Health Nurse
- Selected organizations represented by the attendees were:
  - ·Ramah Navajo School Board
  - ·IHS, Chinle Pinon
  - ·Intertribal Council of Michigan

Knowledge Skills

- Seven (7) participants successfully completed the 15-item post-workshop knowledge test.
  - Their average score was 92%

Quality Improvement Statistics (N=7)

(1. Strongly Disagree 2. Disagree 3. Undecided 4. Agree 5. Strongly Agree)	*Average Score (SD)*
1. The Basic Skills Instructor course for Native Communities was valuable.	4.6 (0.5)
2. There was ample time for discussion.	3.0 (1.2)
3. The Basic Skills Instructor course for Native Communities maintained my interest.	4.4 (0.5)
4. The Basic Skills Instructor course for Native Communities was well-organized.	4.1 (0.9)
5. The learning objectives of the Basic Skills Instructor course for Native Communities were clearly outlined.	4.1 (0.4)
6. The information presented during the course was too advanced.	1.9 (0.4)
7. The length of the Basic Skills Instructor course for Native Communities was too long.	2.0 (0.0)
8. The Teach Back Activity was useful.	4.0 (0.6)
9. The location of the course was convenient.	4.1 (1.1)
10. The facility should be used for courses in the future.	3.9 (0.9)

Comments From the Field:

What do you think was the most useful part of this course?

- Materials provided
- 5 As
- Step by step training.
- Practice

THANK YOU for your contributions toward improving the Nation's health "one individual at a time!" The deleterious health effects of tobacco dependence are the Nation's number one priority for treatment and prevention. The ultimate beneficiaries of your contributions are tobacco users and their families. It is said that nothing is more liberating than fighting for a cause bigger than yourself.

Louise J. Strayer, BSc, RN, MSc
Appointed Personnel/Director
The University of Arizona HealthCare Partnership

THE POWER OF POSSIBILITY...

Three Month Follow-up

Basic Tobacco Intervention Skills INSTRUCTOR Certification

Participant Self Confidence Change Pretest, Posttest, and Follow-up Basic Tobacco Intervention Skills INSTRUCTOR Certification

Results indicate that the positive effects of the Certification Programs on the participants from American Indian health and wellness settings follow the trend noted in previous University of Arizona Certification Program data, which includes national and international affiliates. Evaluation of follow-up data reveals that participant self confidence to instruct a Tobacco Dependence Treatment Basic Tobacco Intervention Skills Certification Program showed gains which were durable at three months. While there is a slight drop in confidence from posttest to follow-up, confidence levels at follow-up remain significantly increased compared to pretest levels. Of the 224 Basic Tobacco Intervention Skills INSTRUCTOR Certification participants 17 (8%) completed the requested instruments, including pretest, posttest, and three month follow-up self confidence instruments. Aggregated values for pretest, posttest, and follow-up self confidence data results are reflected for the following programs. See Table 8 and Figure 8.

- Medical Basic Tobacco Intervention Skills Certification Program
- Native American Basic Tobacco Intervention Skills Certification Program
- Native Communities Basic Tobacco Intervention Skills Certification Program

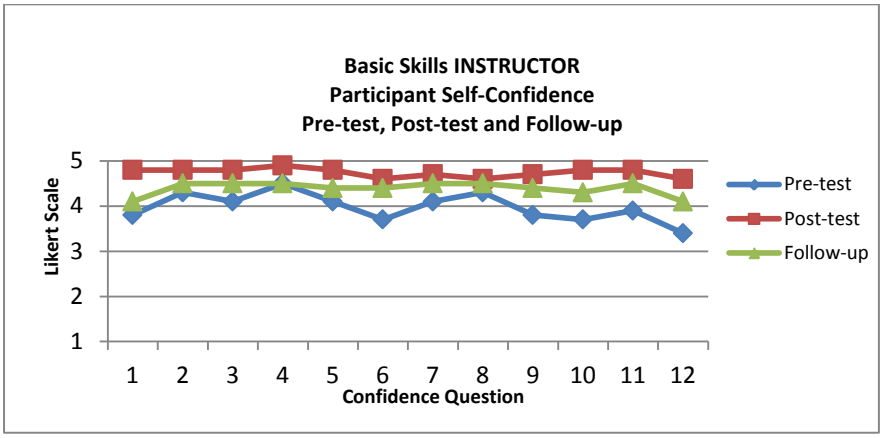
Table 8: Basic Tobacco Intervention Skills INSTRUCTOR Certification Participant Self-confidence Pretest, Posttest and Three Months Post Mean (SD)

November 2003 – September 2012 N = 17

	Self confidence Measure (1=Definitely Not Confident, 5=Definitely Confident)	Pre-test		Post-test		Follow-up	
1.	I can provide a brief overview of the Basic Skills content	3.8	(1.2)	4.8	(0.4)	4.1	(0.8)
2.	I can explain the biological, psychological and sociocultural components of tobacco dependence	4.3	(0.8)	4.8	(0.4)	4.5	(0.7)
3.	I can describe the Readiness to Change Model	4.1	(1.2)	4.8	(0.4)	4.5	(0.6)
4.	I can explain the Five A Model as it relates to brief tobacco dependence treatment interventions	4.5	(0.5)	4.9	(0.3)	4.5	(0.7)
5.	I can describe first- and second-line medications for tobacco cessation	4.1	(1.0)	4.8	(0.4)	4.4	(0.8)
6.	I can identify office systems to support tobacco dependence treatment	3.7	(1.2)	4.6	(0.7)	4.4	(1.1)
7.	I can answer tobacco-specific participant questions	4.1	(0.8)	4.7	(0.5)	4.5	(0.6)
8.	I can use effective presentation skills	4.3	(0.7)	4.6	(0.6)	4.5	(0.6)
9.	I can facilitate the participant Skills Demonstration observations using the skills checklist	3.8	(1.3)	4.7	(0.6)	4.4	(0.7)
10.	I can follow the logistics in setting up a Basic Skills course	3.7	(1.2)	4.8	(0.4)	4.3	(0.9)
11.	I can use the Instructor Manual in preparing to teach the Basic Skills course	3.9	(1.1)	4.8	(0.4)	4.5	(0.8)
12.	I can teach the Basic Skills course	3.4	(1.2)	4.6	(0.7)	4.1	(1.0)

Figure 8: Self confidence Scores at Three Months Post Program Participation Compared to Pretest and Posttest Survey

Basic Skills INSTRUCTOR Participant Self Confidence Survey
November 2003 – September 2012 N = 17



There was a sustained increase in participant self confidence to teach a Basic Tobacco Intervention Skills Certification Program three months post program.

THE POWER OF POSSIBILITY...

Evaluation Summary Results

Tobacco Treatment Specialist Certification

Self-Confidence Change Pretest/Posttest
Satisfaction Survey
Instructor Summary Report
Three Month Follow-up

Participant Self-Confidence Change Pretest/Posttest Tobacco Treatment Specialist Certification

Between November 2003 and September 2012, a total of 20 Basic Skills Certified health and human service providers who deliver services to American Indian people participated in a Tobacco Treatment Specialist Certification Program adapted for Native community health and wellness settings. Of the 20 participants in the Treatment Specialist Program, 14 participants (70%) completed the pretest and posttest self-confidence instruments.

Participants completing a Native-adapted Tobacco Treatment Specialist Certification Program significantly increased their confidence levels to deliver an intensive smoking cessation intervention, $t(13)=-3.41$ $P=.0047$. See Table 9 and Figure 9.

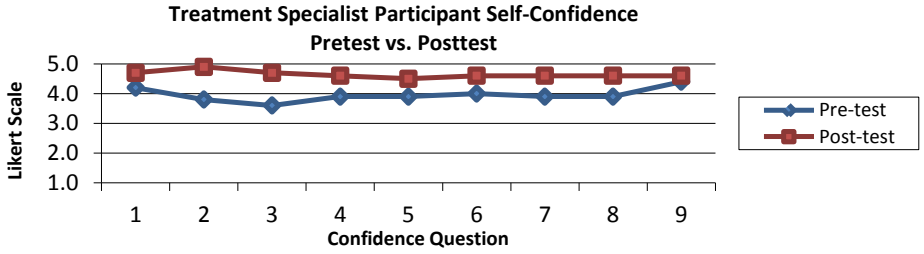
Table 9: Tobacco Treatment Specialist Certification Program Participant Self-Confidence, Pretest and Posttest Mean (SD)

November 2003 – September 2012 N = 14

	Self-Confidence Measure (1=Definitely Not Confident, 5=Definitely Confident)	*Tobacco Treatment Specialist N = 14* Pretest		Post-test	
1.	I can use the Client Intake Form	4.2	(0.8)	4.7	(0.6)
2.	I can use the Fagerström Test for Nicotine Dependence instrument	3.8	(1.3)	4.9	(0.4)
3.	I can use the "Why Do You Smoke?" instrument	3.6	(1.2)	4.7	(0.6)
4.	I can use the Carbon Monoxide Monitor	3.9	(1.2)	4.6	(0.5)
5.	I can use the components of group work in tobacco use cessation groups	3.9	(1.0)	4.5	(0.7)
6.	I can use effective group facilitation skills when working with different personalities	4.0	(1.1)	4.6	(0.6)
7.	I can identify and use the three aspects of relative listening	3.9	(0.9)	4.6	(0.5)
8.	I can use teaching case studies to enhance treatment approaches with people who are ready to quit using tobacco	3.9	(0.9)	4.6	(0.5)
9.	I can integrate pharmacotherapy information as part of the client's quit plan	4.4	(0.9)	4.6	(0.8)

Figure 9: Tobacco Treatment Specialist Participant Average Self-Confidence, Pretest and Posttest Scores by Confidence Question

November 2003 – September 2012 N = 14



There was a **statistically significant increase** in confidence levels between pretest and posttest.

Participant Satisfaction

Tobacco Treatment Specialist Certification

Participant Satisfaction
Tobacco Treatment Specialist Certification

Of the 20 participants in the Treatment Specialist Program, 20 participants (100%) completed the participant satisfaction survey. Responses are based on a five-point Likert scale, with 5 indicating strong agreement. It is evident from these responses that the integrated program was effective in achieving its objectives, as well as meeting high standards for format and presentation. See Table 10.

Table 10: Tobacco Treatment Specialist Certification Program Participant Satisfaction Posttest Mean (SD)

November 2003 – September 2012 N = 20

(1=strongly disagree, 5=strongly agree)			
	The Instructor....	Mean	(SD)
1.	Left ample time for discussion	4.8	(0.6)
2.	Described the Assessment section adequately	5.0	(0.2)
3.	Described the Components of Group Work section adequately	4.9	(0.3)
4.	Described the Working with Client Behavior section adequately	5.0	(0.2)
5.	Described the Reflective Listening section adequately	5.0	(0.2)
6.	Described the Client Case Study section adequately	4.9	(0.3)
7.	Answered participants' questions thoroughly	5.0	(0.2)
8.	Reviewed objectives	4.9	(0.3)
9.	Presented clear instructions for learning activities	5.0	(0.2)
10.	Encouraged participation	4.9	(0.3)
11.	The instructions for the case study activity were clear	4.9	(0.5)

The University of Arizona HealthCare Partnership
Tobacco Dependence Treatment Continuing Education Programs

HealthCare PARTNERSHIP
Transforming Lives with Evidence-Based Practices

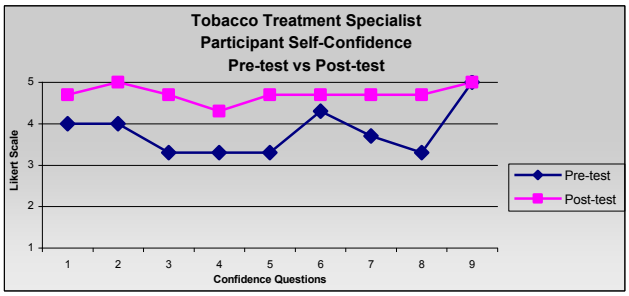
Tobacco Treatment Specialist Certification

Dear Instructor:
Thank you for instructing the Tobacco Treatment Specialist Certification program held on DATE at LOCATION in CITY, STATE. The summary report for this workshop is as follows:

Instructor Summary Report — DATE — 8 Participants

Confidence Change

- Eight (8) participants completed all items on the Pre-test, Post-test Self-Confidence instruments.
- Eight (8) participants completed the Quality Improvement instrument.
- The statistics for the Pre-test, Post-test, Self-Confidence instruments are as follows:



Result: Participating in the Tobacco Treatment Specialist program raised participants' confidence levels to deliver an intensive tobacco cessation intervention.

Confidence Change (N=8)

(1=definitely not confident, 5=definitely confident)	*Pretest mean (SD)*	*Posttest mean (SD)*
1. I can use the Client Intake Form.	4.0 (1.0)	4.7 (0.6)
2. I can use the Fagerström Test for Nicotine Dependence Instrument.	4.0 (1.0)	5.0 (0.0)
3. I can use "Why Do You Smoke?" instrument.	3.3 (0.6)	4.7 (0.6)
4. I can use the Carbon Monoxide Monitor.	3.3 (1.5)	4.3 (0.6)
5. I can use the components of group work in tobacco use cessation groups.	3.3 (1.2)	4.7 (0.6)
6. I can use effective group facilitation skills when working with different personalities.	4.3 (1.2)	4.7 (0.6)
7. I can identify and use the three aspects of reflective listening.	3.7 (0.6)	4.7 (0.6)
8. I can use teaching case studies to enhance treatment approaches with people who are ready to quit using tobacco.	3.3 (0.6)	4.7 (0.6)
9. I can integrate pharmacotherapy information as part of the client's quit plan.	5.0 (0.0)	5.0 (0.0)

THE UNIVERSITY OF ARIZONA. Arizona's First University. HealthCare PARTNERSHIP

Certification Statistics

- Eight (8) people attended the program; Eight (8) surveys were received.
- Eight (8) of the attendees were successful in completing the Certification requirements. They were awarded the Tobacco Treatment Specialist Certificate.
- The average total years of education completed were 17.5.
- The participants have worked in tobacco control for an average of 2.5 years.
- Selected professions represented in this program were:
  - ·Assistant Chief Pharmacist
  - ·Chief Pharmacy, Clinical Pharmacist
  - ·Clinic Nurse
  - ·Pharmacist
- Selected organizations represented by the attendees were:
  - ·Health Center

Observation Skills

- Eight (8) participants successfully completed the Observation Skills Checklist.
  - Their average score was 40.875 out of 42

Instructor Evaluation Statistics (N=8)

(1. Strongly Disagree 2. Disagree 3. Undecided 4. Agree 5. Strongly Agree)	*Average Score (SD)*
1. Left ample time for discussion.	4.9 (0.4)
2. Described the Assessment section adequately.	4.9 (0.4)
3. Described the Components of Group Work section adequately.	4.9 (0.4)
4. Described the Working with Client Behavior section adequately.	4.9 (0.4)
5. Described the Reflective Listening section adequately.	4.9 (0.4)
6. Described the Client Case Study section adequately.	4.9 (0.4)
7. Answered participants' questions thoroughly.	4.9 (0.4)
8. Reviewed objectives.	4.9 (0.4)
9. Presented clear instructions for learning activities.	4.9 (0.4)
10. Encouraged participation.	4.9 (0.4)
11. The instructions for the case study activity were clear.	4.9 (0.4)

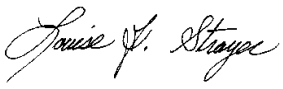
What was the most valuable part of your participation in the Tobacco Treatment Specialist Program?

The Q & A

Online Library and group exercises

Team teaching to boost my skills

THANK YOU for your contributions toward improving the Nation's health "one individual at a time!" The deleterious health effects of tobacco dependence are the Nation's number one priority for treatment and prevention. The ultimate beneficiaries of your contributions are tobacco users and their families. It is said that nothing is more liberating than fighting for a cause bigger than yourself.



Louise J. Strayer, BSc, RN, MSc
Appointed Personnel/Director
The University of Arizona HealthCare Partnership
6/28/2010

THE POWER OF POSSIBILITY...

Evaluation Summary Results

Tobacco Treatment Specialist INSTRUCTOR Certification

Self-Confidence Change Pretest/Posttest
Satisfaction Survey
Instructor Summary Report

Participant Confidence Change Pretest/Posttest Tobacco Treatment Specialist INSTRUCTOR Certification

Between November 2003 and September 2012, a total of 11 Tobacco Treatment Specialist Certified health and human service providers who deliver services to American Indian people participated in a Tobacco Treatment Specialist INSTRUCTOR Certification Program adapted for implementation within Native community health and wellness settings. Of the 11 participants in the Treatment Specialist INSTRUCTOR Program, 11 participants (100%) completed the pretest and posttest self-confidence instruments.

Participants completing a Native-adapted Tobacco Treatment Specialist INSTRUCTOR Certification Program increased their confidence levels to teach the Tobacco Treatment Specialist Certification Program, $t(10)=-1.15$ $P=.2782$. See Table 11 and Figure 10.

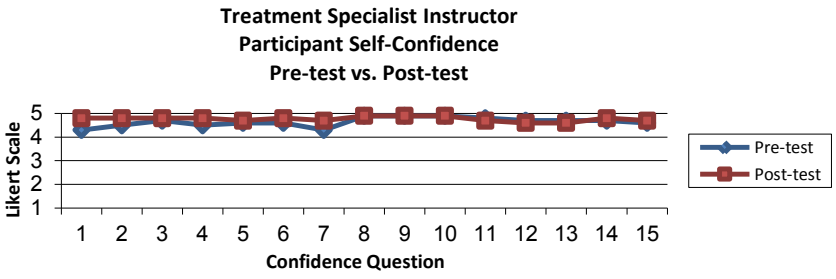
Table 11: Tobacco Treatment Specialist INSTRUCTOR Certification Program Participant Self-Confidence, Pretest and Posttest Mean (SD)

November 2003 – September 2012 N = 11

	Self-Confidence Measure (1=Definitely Not Confident, 5=Definitely Confident)	*Tobacco Treatment Specialist INSTRUCTOR N = 11* Pretest		Post-test	
1.	I can answer tobacco-specific participant questions	4.3	(1.0)	4.8	(0.4)
2.	I can use effective presentation skills	4.5	(0.7)	4.8	(0.4)
3.	I can conduct the participant Skills Demonstration Observations using the skills checklist	4.7	(0.6)	4.8	(0.4)
4.	I can use the scoring guideline appropriate for Skills Demonstration observations	4.5	(0.7)	4.8	(0.4)
5.	I can follow the logistics in setting up a Treatment Specialist Practicum course	4.6	(0.7)	4.7	(0.5)
6.	I can use the Instructor Manual in preparing to teach the Treatment Specialist Practicum course	4.6	(0.7)	4.8	(0.4)
7.	I can teach the Treatment Specialist Practicum course	4.3	(1.0)	4.7	(0.5)
8.	I can use the Client Intake Form accurately	4.9	(0.3)	4.9	(0.3)
9.	I can use the Fagerström Test for Nicotine Dependence instrument	4.9	(0.3)	4.9	(0.3)
10.	I can use the "Why Do You Smoke?" instrument	4.9	(0.3)	4.9	(0.3)
11.	I can use the Carbon Monoxide Monitor	4.8	(0.4)	4.7	(0.5)
12.	I can use the components of group work in tobacco use cessation groups	4.7	(0.5)	4.6	(0.5)
13.	I can use effective group facilitation skills when working with different personalities	4.7	(0.5)	4.6	(0.5)
14.	I can identify and use the three aspects of relative listening	4.7	(0.5)	4.8	(0.4)
15.	I can use teaching case studies to enhance treatment approaches with people who are ready to quit using tobacco	4.6	(0.5)	4.7	(0.5)

Figure 10: Tobacco Treatment Specialist Participant Average Self-Confidence, Pretest and Posttest Scores by Confidence Question

November 2003 – September 2012 N = 11



Confidence levels increased between pretest and posttest, though not as significantly as in prerequisite programs. This indicates that Instructor candidates who had successfully completed the Basic Skills prerequisite course(s) had enhanced confidence level to deliver intensive interventions, as well as being comfortable with program materials in preparing to teach Treatment Specialist program.

Participant Satisfaction

Tobacco Treatment Specialist INSTRUCTOR Certification

Participant Satisfaction
Tobacco Treatment Specialist INSTRUCTOR Certification

Of the 11 participants in the Treatment Specialist INSTRUCTOR Program, 11 participants (100%) completed the participant satisfaction survey. Responses are based on a five-point Likert scale, with 5 indicating strong agreement. It is evident from these responses that the integrated program was effective in achieving its objectives, as well as meeting high standards for format and presentation. See Table 12.

Table 12: Tobacco Treatment Specialist INSTRUCTOR Certification Program Participant Satisfaction Posttest Mean (SD)

November 2003 – September 2012 N = 11

	(1=strongly disagree, 5=strongly agree)		
	The Instructor....	Mean	(SD)
1.	Left ample time for discussion	4.7	(0.6)
2.	Described the Assessment section adequately	4.9	(0.3)
3.	Described the Components of Group Work section adequately	4.9	(0.3)
4.	Described the Working with Client Behavior section adequately	4.9	(0.3)
5.	Described the Reflective Listening section adequately	4.8	(0.4)
6.	Described the Client Case Study section adequately	4.8	(0.4)
7.	Answered participants' questions thoroughly	4.8	(0.4)
8.	Reviewed objectives	4.9	(0.3)
9.	Presented clear instructions for learning activities	4.8	(0.4)
10.	Encouraged participation	4.8	(0.4)
11.	The instructions for the case study activity were clear	4.7	(0.6)

The University of Arizona HealthCare Partnership
Tobacco Dependence Treatment Continuing Education Programs

HealthCare PARTNERSHIP
Transforming Lives with Evidence-Based Practices

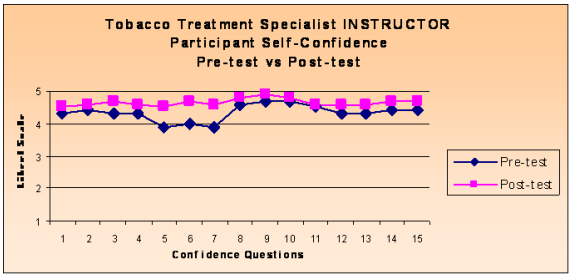
Tobacco Treatment Specialist Instructor Certification

Dear Instructor:
Thank you for instructing the Tobacco Treatment Specialist Instructor Certification program held on DATE at LOCATION in CITY, STATE. The summary report for this program is as follows:

Instructor Summary Report — DATE — 11 Participants

Confidence Change

- Eleven (11) participants completed all items on the Pre-test, Post-test Self-Confidence instruments.
- Eleven (11) participants completed the Quality Improvement instrument.
- The statistics for the Pre-test, Post-test, Self-Confidence instruments are as follows:



Result: Participating in the Tobacco Treatment Specialist INSTRUCTOR Certification program raised participants' confidence levels to deliver a brief tobacco cessation intervention.

Confidence Change (N = 11)

(1=definitely not confident, 5=definitely confident)	*Pretest mean (SD)*	*Posttest mean (SD)*
1. I can answer tobacco-specific participant questions.	4.3 (0.6)	4.5 (0.5)
2. I can use effective presentation skills.	4.4 (0.6)	4.6 (0.5)
3. I can conduct the participant Skills Demonstration Observations using the skills checklist.	4.3 (0.6)	4.7 (0.5)
4. I can use the scoring guideline appropriate for Skills Demonstration observations.	4.3 (0.6)	4.6 (0.5)
5. I can follow the logistics in setting up a Treatment Specialist Practicum course.	3.9 (0.8)	4.5 (0.7)
6. I can use the Instructor Manual in preparing to teach the Treatment Specialist Practicum course.	4.0 (0.8)	4.7 (0.5)
7. I can teach the Treatment Specialist Practicum course.	3.9 (0.9)	4.6 (0.5)
8. I can use the Client Intake Form accurately.	4.6 (0.5)	4.8 (0.4)
9. I can use the Fagerström Test for Nicotine Dependence Instrument.	4.7 (0.5)	4.9 (0.4)
10. I can use the "Why Do You Smoke?" instrument.	4.7 (0.5)	4.8 (0.4)
11. I can use the Carbon Monoxide Monitor.	4.5 (0.8)	4.6 (0.6)
12. I can teach the components of group work in tobacco use cessation groups.	4.3 (0.7)	4.6 (0.5)
13. I can use effective group facilitation skills when working with different personalities.	4.3 (0.7)	4.6 (0.5)
14. I can identify and use the three aspects of reflective listening.	4.4 (0.6)	4.7 (0.5)
15. I can use teaching case studies to enhance treatment approaches with people who are ready to quit using tobacco.	4.4 (0.7)	4.7 (0.5)

THE UNIVERSITY OF ARIZONA. Arizona's First University. HealthCare PARTNERSHIP

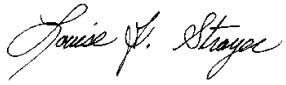
Certification Statistics

- Eleven (11) people attended the workshop; Eleven (11) surveys were received.
- The attendees will be awarded a Tobacco Treatment Specialist INSTRUCTOR Certificate when they teach their first Tobacco Treatment Specialist program.
- The average total years of education completed were 17.
- The participants have worked in tobacco control for an average of 6 years.
- Selected professions represented in this program were:
  - ·Health Education Center Manager
  - ·Health Promotion Coordinator
  - ·Chief Pharmacist
  - ·Clinical Coordinator
  - ·Clinical Specialist
- Selected organizations represented by the attendees were:
  - ·Medical Center
  - ·Behavioral Health

Quality Improvement Statistics (N = 11)

(1. Strongly Disagree 2. Disagree 3. Undecided 4. Agree 5. Strongly Agree)	*Average Score (SD)*
1. The educational objectives were well met	4.5 (0.7)
2. The instructor(s) demonstrated a thorough knowledge of the subject matter.	4.6 (0.5)
3. The presentation content related appropriately to the objectives.	4.6 (0.7)
4. I would recommend this program to my colleagues.	4.6 (0.6)
5. The content reflected current issues.	4.6 (0.6)
6. The instructor(s) applied the materials covered to the practice setting.	4.6 (0.5)
7. I attended this program because the content was relevant to my practice.	4.7 (0.5)
8. My objectives for this program were well met.	4.7 (0.5)
9. The instructor(s) did not demonstrate product bias during the presentation.	4.6 (0.6)
10. Encourage participation	4.7 (0.5)
11. The instructions for the case study activity were clear	4.5 (0.7)

THANK YOU for your contributions toward improving the Nation's health "one individual at a time!" The deleterious health effects of tobacco dependence are the Nation's number one priority for treatment and prevention. The ultimate beneficiaries of your contributions are tobacco users and their families. It is said that nothing is more liberating than fighting for a cause bigger than yourself.



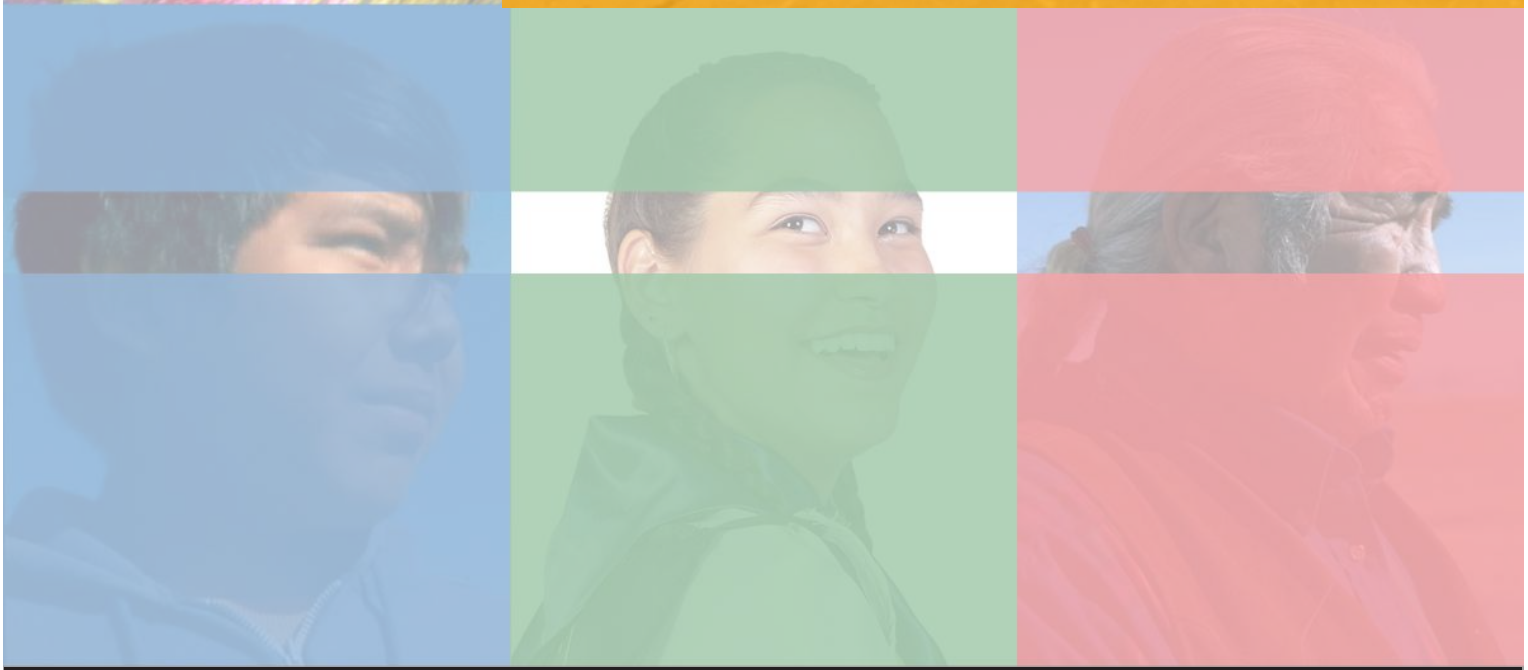
Louise J. Strayer, BSc, RN, MSc
Appointed Personnel/Director
The University of Arizona HealthCare Partnership

11/16/2010

Tobacco dependence treatment systems will occur with administrative support, education & training and reimbursement. Point-of-care provider involvement is vital in offering individuals evidence-based tobacco dependence treatment interventions on the importance of quitting and counseling.

Houston, Miller, 2006

THE POWER OF POSSIBILITY
FROM POSSIBILITY TO REALITY



THE POWER OF POSSIBILITY...

Results, Outcomes, and Impact

The impact that the tobacco dependence treatment Certification program has on systems change is estimated by measuring the utilization of tobacco control activities targeted within the program based on recommendations of *The Guideline* (2008), along with the systems change goals identified by the Indian Health Service Tobacco Control Strategic Plan.

This estimation compares the number of activities currently employed in the participant's workplace (reported prior to program participation) to the number of activities the participant intends to implement subsequent to program participation. Follow-up is conducted at three months. The five areas of evaluation (Assessment, Treatment, Pharmacotherapy, Documentation and Tracking, and Systems Support) are integral to medical and allied health professionals working within the Indian Health Service, tribal projects, and service providers in American Indian/Alaska Native communities.

Indicators of Systems Change In Action

ASSESSMENT – 87% of Certification program participants completing a follow-up survey indicated that they had implemented a system to assess tobacco use with patients at every visit.

TREATMENT – 80% of Certification program participants completing a follow-up survey indicated that they had implemented a system to deliver an evidence-based cessation intervention with patients at every visit.

PHARMACOTHERAPY – 76% of Certification program participants completing a follow-up survey indicated that they had implemented a system to inform and provide pharmacotherapy for tobacco cessation.

DOCUMENTATION – 75% of Certification program participants completing a follow-up survey indicated that they had implemented a practice to document tobacco cessation interventions using the Electronic Health Record.

SYSTEM SUPPORT – 61% of Certification program participants completing a follow-up survey indicated that they had implemented a system to ensure accurate reimbursement of tobacco treatment services, and model a tobacco-free campus at their facility.

The University of Arizona HealthCare Partnership
Tobacco Dependence Treatment Certification Program

Which of the following tobacco control activities do you intend to implement within your workplace setting as a result of your participation in this certification program?
(please check all that apply, N/A = Not Applicable)

Yes	No	N/A	ASSESSMENT
☐	☐	☐	1. Ask patients/clients/significant others about current commercial tobacco use at each visit.
☐	☐	☐	2. Ask patients/clients/significant others about past commercial tobacco use at each visit.
☐	☐	☐	3. Ask patients/clients/significant others about the potential of environmental tobacco smoke exposure within their home, workplace, vehicles, etc.
☐	☐	☐	4. Discuss the importance of quitting with patients/clients/family/friends unwilling to quit.
☐	☐	☐	5. Distribute self-help materials to commercial tobacco users on a consistent basis.
☐	☐	☐	6. Other *(please specify)* _____

Yes	No	N/A	TREATMENT
☐	☐	☐	7. Implement the Five A model when conducting tobacco dependence treatment interventions with commercial tobacco users.
☐	☐	☐	8. Help patients/clients who are willing to make quit attempt, set a date and develop a quit plan.
☐	☐	☐	9. Refer patients/clients/family/friends to suitable intensive services to support quit attempt.
☐	☐	☐	10. Refer patients/clients/family/friends to intensive services provided by:_____
☐	☐	☐	11. Provide follow-up support for commercial tobacco users during a quit attempt.
☐	☐	☐	12. Other *(please specify)* _____

Yes	No	N/A	PHARMACOTHERAPY
☐	☐	☐	13. Inform patients/clients about the use of pharmacotherapy for tobacco cessation.
☐	☐	☐	14. Provide no cost or reduced cost medications to assist commercial tobacco users willing to set a quit date: *Check medications available.* ☐ **Nicotine Replacement Therapy (NRT)** ☐ **Bupropion SR** ☐ **Varenicline**
☐	☐	☐	15. Have physician standing orders to provide pharmacotherapy for individuals willing to set a quit date.
☐	☐	☐	16. Other *(please specify)* _____

Yes	No	N/A	DOCUMENTATION & TRACKING
☐	☐	☐	17. Utilize a system *(e.g. vital sign stamps, medical history form, progress note, problem list cover sheet, computerized record system)* to ask patients/clients about current and past commercial tobacco use, along with the incidence of exposure to of environmental tobacco smoke at each visit.
☐	☐	☐	18. Document tobacco prevention/cessation intervention in the patient/client record.
☐	☐	☐	19. Implement the Electronic Health Record to document/track tobacco prevention/cessation interventions.
☐	☐	☐	20. Obtain treatment outcome information and verify abstinence using biochemical validation.
☐	☐	☐	21. Other *(please specify)* _____

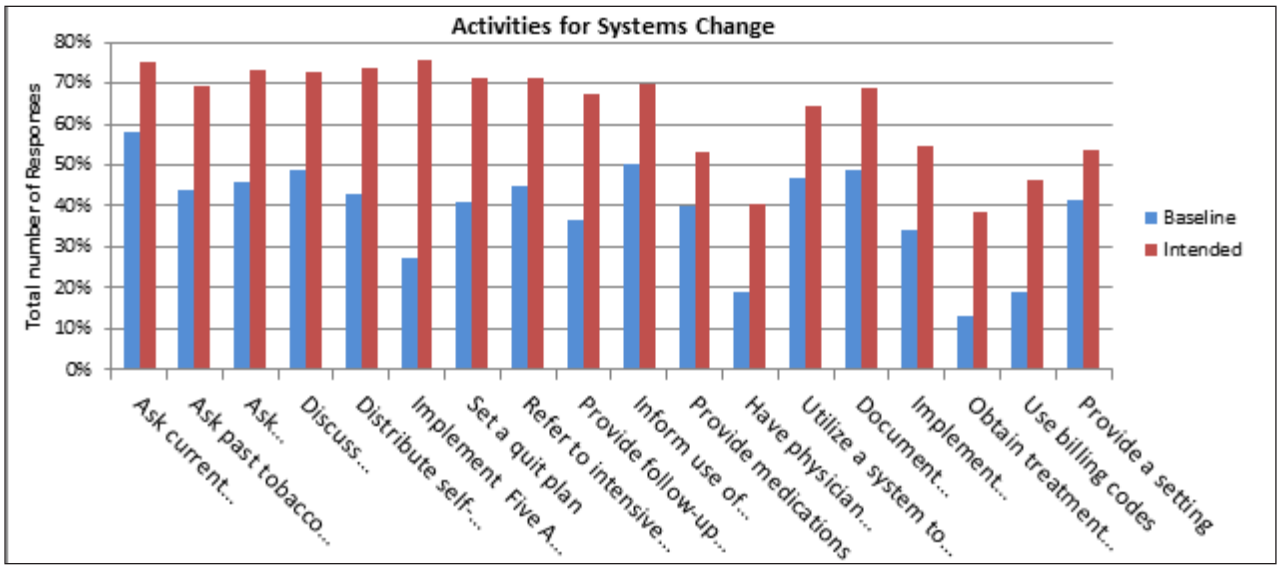
Yes	No	N/A	SYSTEM SUPPORT
☐	☐	☐	22. Use billing codes to obtain reimbursement for Tobacco Dependence Treatment services.
☐	☐	☐	23. Provide a setting that has instituted policies and procedures that ensure a tobacco-free campus.
☐	☐	☐	24. Other *(please specify)* _____
☐	☐	☐	25. None

Tobacco Dependence Treatment Intent

Indicators of Systems Change In Action

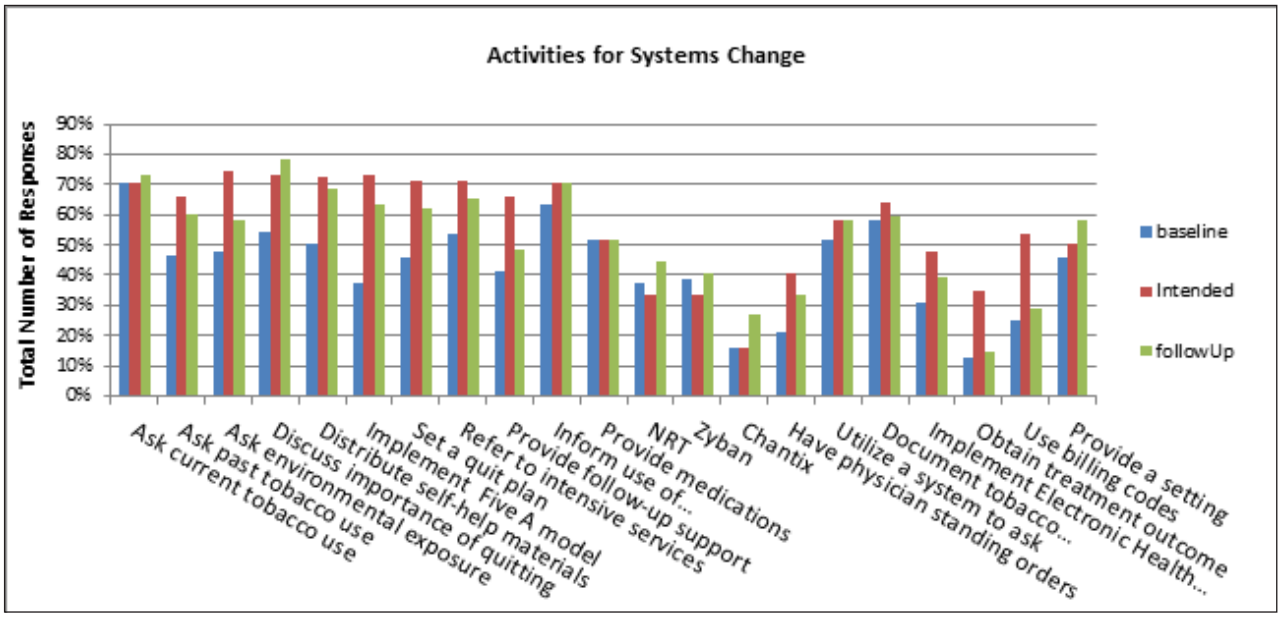
Of the 777 Basic Tobacco Intervention Skills Certification and 224 Basic Tobacco Intervention Skills INSTRUCTOR Certification Program participants, a total of 710 (71%) completed the required Baseline and Intended Systems Change survey.

November 2003 – September 2012 N = 710



Of the 777 Basic Tobacco Intervention Skills Certification and 224 Basic Tobacco Intervention Skills INSTRUCTOR Certification Program participants, a total of 101 (10.1%) completed the required Baseline, Intended, and Implemented Systems Change survey.

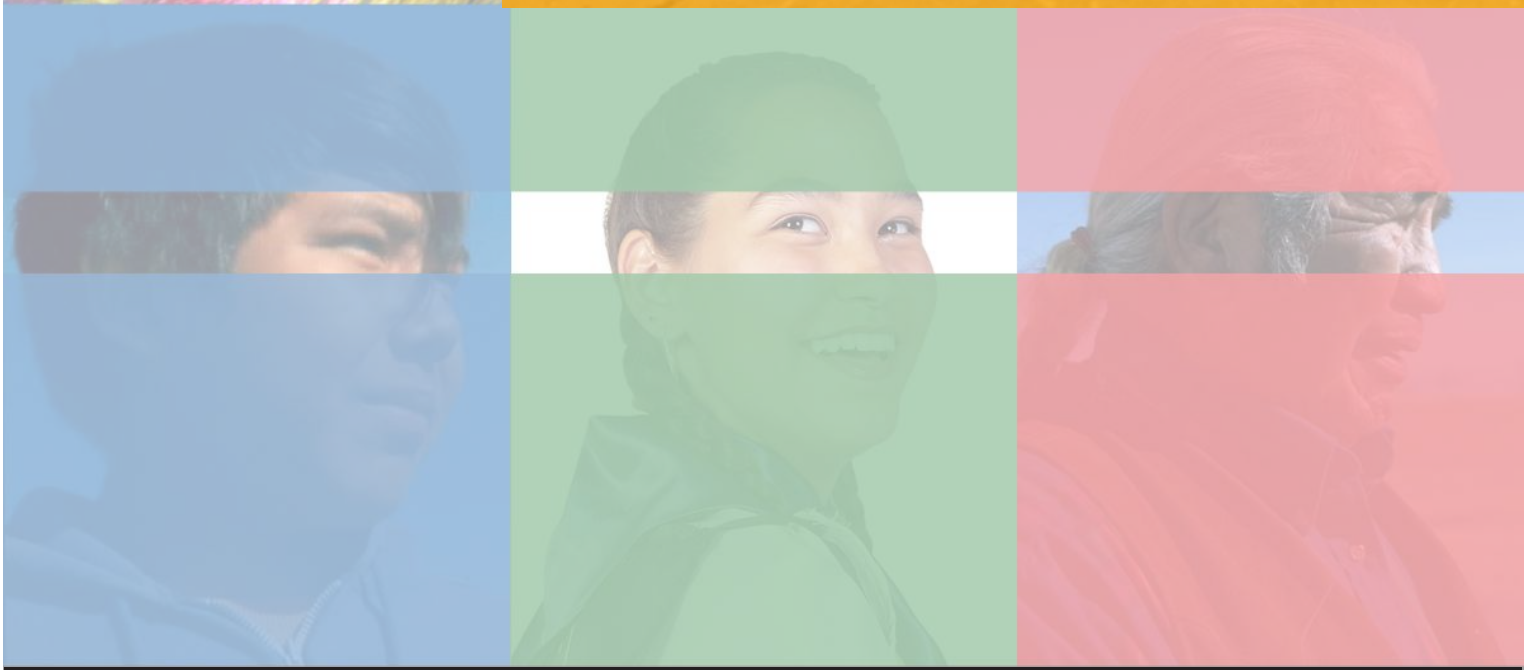
November 2003 – September 2012 N = 101



"We continue to contract with the HealthCare Partnership for ongoing trainings and will continue to send new counselors to Arizona for training. I highly recommend this program without qualification."

~ Minnesota Partnership for Action Against Tobacco

COMPENDIUM OF ENABLING RESOURCES

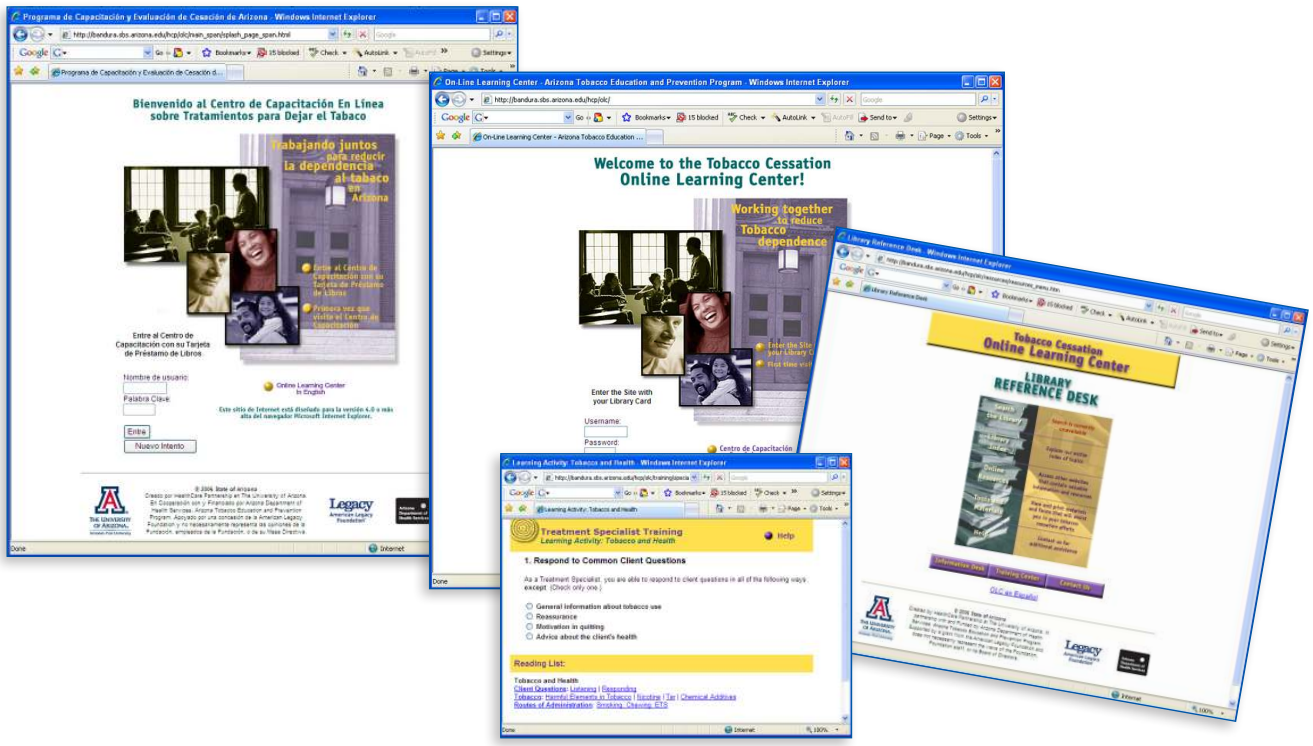


THE POWER OF POSSIBILITY...

Compendium of Enabling Resources

The HealthCare Partnership (HCP) has demonstrated expertise with the application of technology-enabled methods and techniques as related to service, evaluation, and educational initiatives. In partnership with the tri-university teleconferencing network and the Arizona Area Health Education Centers, the program coordinates symposiums, speaker series, and educational opportunities that are capable of addressing the learning needs of people residing in remote communities. Technology-enabled learning opportunities have been conducted via audio conferencing, videotape, and self-directed learning modules concerning the issues of tobacco use and health.

Additionally, HCP writes, updates, and manages content for the Spanish-English Tobacco Cessation Online Learning Center/Tobacco Treatment Specialist web-based educational program (www.aztreattobacco.org). In Fiscal Year 2006, there were approximately **98,964** hits per month to the Online Learning Center. The HealthCare Partnership was funded by the American Legacy Foundation to update, translate, and culturally/linguistically adapt the educational program for tobacco dependence treatment into Spanish. Additionally, a "Working with the Hispanic Community" learning activity and module was added to the English-language version of the program.

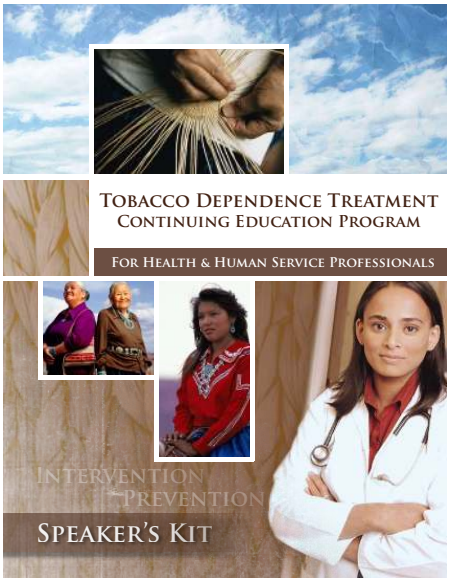


Customized Continuing Education and Certification Programs for Audience Specialty Areas

In 2000, the HealthCare Partnership (HCP) expanded to include health and human service system penetration. A statewide survey, Tobacco Control in Arizona Healthcare Systems Survey 2000, was completed. Additionally, a statewide Tobacco Dependence Treatment Continuing Education Program for Healthcare Professionals was developed and implemented with resources and continuing education hours for participants. Expansion enabled the HCP to promote the integrated Five A Model as standard practice within medical and allied health settings.

HCP programs are certified for continuing education and are approved by approximately **12 professional boards.** Continuing Education units and Continuing Medical Education credits are readily available to workshop participants through the HealthCare Partnership.

Over the years, the HealthCare Partnership has successfully collaborated with a multitude of organizations in their efforts, earning trust, producing informational reports, creating enduring products, and designing and evaluating resources for disparate populations, health and human service providers, schools, worksites, and community health lay populations to improve the health of those addicted to nicotine by helping them to quit tobacco. The HCP has an established network of in-state collaborative partners and continues to interrelate with these organizations around public health issues with an emphasis on health risk behaviors.



HealthCare PARTNERSHIP
Transforming Lives with Evidence-Based Practices

Tobacco Cessation Continuing Education Program for Healthcare Professionals

Evaluation Summary Report

Dear XXX,

Attendees: 9
Surveys Received: 6

Thank you for presenting the Tobacco Dependence Treatment Program held on XXX at XXX. XXX of the persons attending chose to evaluate the presentation. The ratings are as follows:

5:Strongly Agree 4:Agree 3:Undecided 2:Disagree 1:Strongly Disagree	Average Score
1. The educational objectives were well met	4.8
2. The speaker(s) demonstrated a through knowledge of the subject matter	5.0
3. The presentation content related appropriately to the objectives	4.8
4. I would recommend this program to my colleagues	4.7
5. The training program conference reflected current issues	4.5
6. The speaker(s) applied the material covered to the practice setting	4.5
7. I attended this program because the content was relevant to my practice	4.5
8. My objectives for this program were well met	4.8
9. The speaker(s) did NOT demonstrate product bias during the presentation	4.7

Attendee Comments:
- I am interested in becoming a speaker at some point.
- Very informative and presented well!

Again, we thank you for dedicating your time and effort in preparing and delivering this presentation. If you have any questions or comments, please contact me at (520) 318-7253, or gillesm@u.arizona.edu.

Mary Gilles, M.D.
Medical Director
HealthCare Partnership

Tuesday, September 2, 2011

THE UNIVERSITY OF ARIZONA

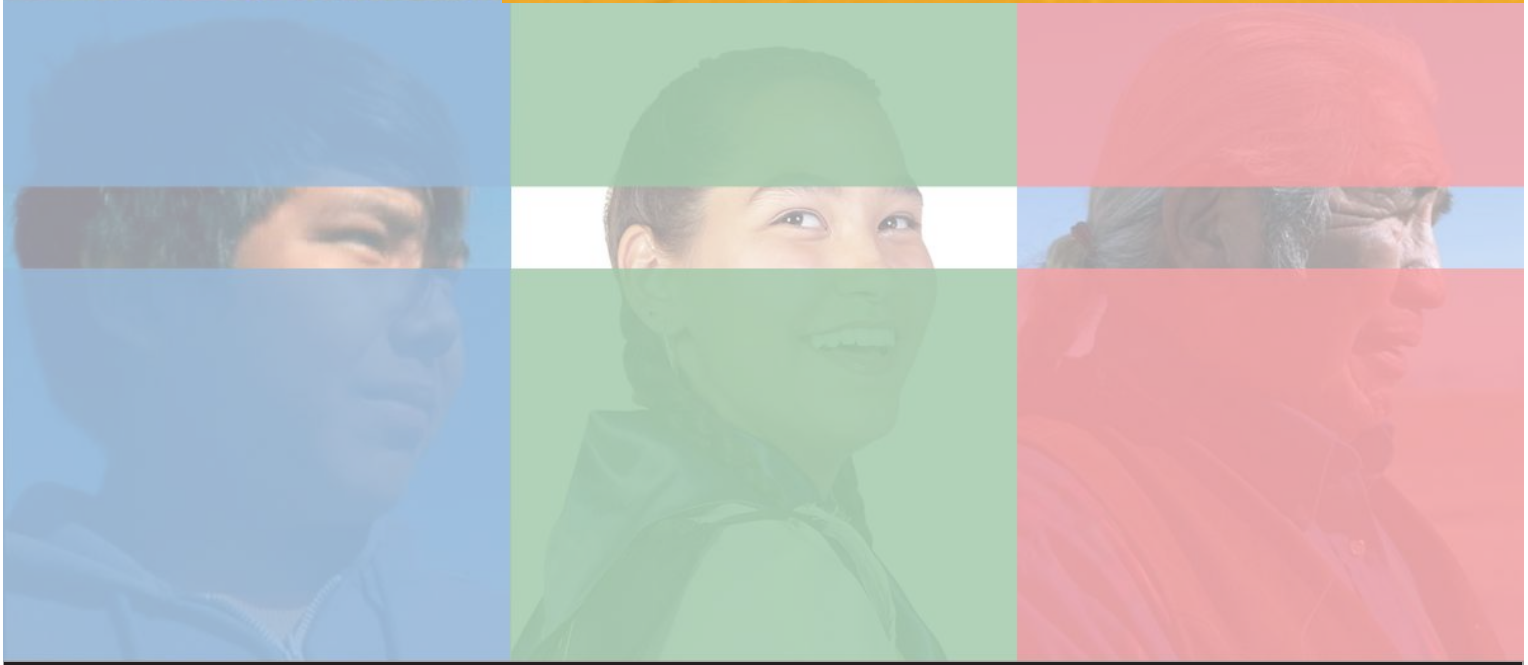
Arizona QUITZone Initiative

To fulfill the recommendations of the Public Health Service Guideline (The Guideline), The University of Arizona HealthCare Partnership, in affiliation with Local Projects, designed and implemented a tobacco-free campus procedure to identify and recognize qualifying QUITZone Centers. A QUITZone Center is an Arizona healthcare organization that designates itself as a tobacco-free campus and utilizes Arizona Department of Health Services resources to promote the health and safety of patients, visitors, and employees.

This initiative is managed by the HealthCare Partnership at The University of Arizona to promote, support and recognize healthcare organizations that establish tobacco-free campuses. Recognized organizations are dedicated to the prevention and treatment of tobacco use and dependence. In this effort, they establish and foster relationships with tobacco control partners within Arizona communities.

This initiative is part of a nationwide effort to encourage hospitals and clinics to create tobacco-free campuses and promote systems to treat patients and staff for dependence on tobacco. It is critical for hospitals and clinics to promote and support tobacco-free campuses to include patios and parking lots as tobacco use causes many chronic diseases that places a burden on healthcare systems and robs people of their health. Arizona is a leader in enhancing community networks to reduce the health problems of tobacco use and dependence and this initiative supports that effort.

BIOGRAPHICAL SKETCHES



Contributing to the Success of Improving Native Health through Experience, Expertise, and Evidence-Based Resources

The HealthCare Partnership (HCP) brings together seasoned professionals in the areas of clinical practice and evaluation processes and outcomes. Additionally, HCP personnel have broad-based knowledge and experience in the areas of tobacco dependence, public health, adult education methods and techniques, instructional design and teaching, and data management and evaluation. Personnel include licensed healthcare professionals, academic professionals, and graduate students. Their in-depth knowledge and expertise in tobacco use and dependence in clinical, community, worksite, and research settings will effectively support the Native American Cancer Prevention Program to reduce disease, disability, and premature death from tobacco use and dependence among American Indians and Alaska Native communities.

Biographical Sketches

NAME	POSITION
Lee Sechrest, PhD	Principal Investigator

EDUCATION

Institution	Degree	Year	Field of Study
Ohio State University, Columbus, OH	BA	1952	Psychology
Ohio State University, Columbus, OH	MA	1954	Psychology
Ohio State University, Columbus, OH	PhD	1956	Psychology

RESEARCH & PROFESSIONAL EXPERIENCE

1956–1958 Pennsylvania State University, Assistant Professor
1958–1973 Northwestern University, Assistant Professor to Professor
1970–1973 Northwestern University, Director, Council of Intersocial Studies
1965–1966 East-West Center, Senior Specialist
1973–1980 Florida State University, Professor
1980–1984 University of Michigan, Director, Center for Research on the Utilization of Scientific Knowledge
1980–1984 University of Michigan, Professor
1984–1989 University of Arizona, Head, Department of Psychology
1984–2002 University of Arizona, Professor
2002–Present University of Arizona, Professor Emeritus

COMMITTEES

National Futures Association — Consultant
American Board of Radiology — Consultant
Human Services Research Institute, Cambridge, MA — Consultant
National Academy of Sciences Panel on Evaluation of the Markey Trust Measurement Excellence Initiative, Center for Health Care Quality and Utilization Studies, VAMC, Houston, TX — Consultant
Foundation for Informed Medical Decision Making — Board of Directors
National Center for Excellence for Women's Health, University of Arizona Health Sciences Center — Steering Committee
Southern Arizona Veterans Health Organization, Transition to Excellence in Research Program — Steering Committee and Planning Committee

PROFESSIONAL AFFILIATIONS

American Psychological Association (Fellow)
American Psychological Society (Fellow)
Rocky Mountain Psychological Association
Western Psychological Association
Phi Beta Kappa
American Evaluation Association

SELECTED GRANTS AND CONTRACTS

- The University of Arizona HealthCare Partnership. Department of Psychology, College of Social and Behavioral Sciences, The University of Arizona. Funded by the Arizona Department of Health Services Bureau of Tobacco Education and Prevention.
- Evaluation Unit for the Arizona Department of Health Services Bureau of Tobacco Education and Prevention. Department of Psychology, College of Social and Behavioral Sciences, The University of Arizona. Funded by the Arizona Department of Health Services Bureau of Tobacco Education and Prevention.

SELECTED PUBLICATIONS

- Co-authored or edited 20 books and monographs and over 200 peer-reviewed papers, journal articles, and book chapters.
- A call for multiple methods. Review of M.M. Mark and R.L. Shotland (Eds.) (1987). Multiple methods in program evaluation. San Francisco: Jossey-Bass. Contemporary Psychology, 1989, 34, 576.
- Evaluation Studies Review Annual, Vol. 11. D.S. Cordray and M.W. Lipsey, (Eds) (1989). Contemporary Psychology, 34, 356.
- The future of mental health services research: coping with crisis. L.J. Duhl. (1989). Contemporary Psychology, 34, 387–388.
- Evaluation redux again. Review of P.H. Rossi and H.E. Freeman. Evaluation: a systematic approach. 4th Ed. Newbury Park: Sage Publications, 1989. Contemporary Psychology, 1992, 37, 563.
- Review of D.M. Fettermn, S.J. Kaftarian, and A. Wandersman (Eds) (1996). Empowerment evaluation: knowledge and tools for self-assessment and accountability. Sage Publications, Environment and Behavior, 1996, 29, 422–426.
- The road not taken. Contemporary Psychology, 45,195–196. Review of S.J. Trierweiler and G Strickler (1998). The scientific practice of clinical psychology. New York: Plenum Press.

SELECTED POSTER PRESENTATIONS

- Statistical power: uses and abuses: minitutorial. American Psychological Society, Miami, FL, July, 2000.
- 27th International Congress of Psychology, Stockholm, July, 2000.
- Invited address. American Psychological Association, Washington, D.C., August, 2000.
- Intensive item analysis. Internal Congress of Applied Psychology, Singapore, July, 2002.
- Measurement from the beginning to what end? RAND Corp., Santa Monica, November, 2002.

SELECTED HONORS, AWARDS, AND FELLOWSHIPS

- Founder of the Evaluation Group for Analysis of Data, a methodological interest group that has been meeting on a continuing basis for 16 years.
- Myrdal Prize for Excellence in Evaluation Practice, American Evaluation Association, 1987.
- Award for Special Achievement in Public Service, Division 18 Psychologists in Public Service of the American Psychological Association, 1993.
- Harold M. Hildreth Award for Outstanding Contribution to the Field of Public Service Psychology from Division 18, Psychologists in Public Service of the American Psychological Association, 1994.
- Faculty Mentor of the Year, Graduate and Professional School Council, University of Arizona, 1997–1998.
- Distinguished Scientific Contribution Award, Div. 5 Evaluation, Measurement and Statistics, American Psychological Association, 2000.
- Festschrift, University of Arizona, April 26–27, 2003.
- Lifetime Achievement Award, American Psychological Society, 2003.
- Distinguished Contribution Award, Health Services Research and Development Office, Veterans Health Administration, Department of Veterans Affairs.

NAME	POSITION
Louise J. Strayer, BSc, RN, MSc	Director & Academic Professional

EDUCATION

Institution	Degree	Year	Field of Study
The University of Arizona, Tucson, AZ	BSc	1964	Family/Consumer Resources
St. Lawrence College, Ontario, Canada	RN	1987	Nursing Sciences
Syracuse University, Syracuse, NY	MSc	1991	Adult Education
Nova Southeastern University	EdD	Dissert. Cd.	Health Care Education

PROFESSIONAL EXPERIENCE

1979–1980 Teaching Master, English as a Second Language, St. Lawrence College, Ontario Canada
1979–1984 Continuing Education Coordinator, English as a Second Language, Leeds and Grenville County Board of Education, Ontario, Canada
1981–1984 Associate Instructor/Practice Teaching Supervisor, Faculty of Education, Queens University, Kingston, Ontario, Canada
1987 Student Nurse, Brockville General Hospital, Ontario, Canada
1987 Nurse/Case Manager, Ontario Ministry of Health, Ontario, Canada
1987–1991 Project Coordinator, Ontario Ministry of Health, Ontario, Canada
1991 Community Behavioral Health Practitioner, Ontario Ministry of Health, Ontario, Canada
1991–1994 Faculty Assistant Specialist/Project Manager, Community Medicine Section, Dept. Family and Community Medicine, The University of Arizona, Tucson, AZ
1994–1995 Clinical Research Nurse, Coordinator of Biological Studies, Psychopharmacology Research Program, Dept. Psychiatry, The University of Arizona, Tucson, AZ
1995–1998 Clinical Coordinator, Arizona Program for Nicotine and Tobacco Research, Arizona Prevention Center, The University of Arizona, Tucson, AZ
1998–1999 Associate Director, Arizona Program for Nicotine and Tobacco Research, Arizona Prevention Center, University of Arizona, Tucson, AZ
1998–1999 Research Nurse, Senior, Arizona Prevention Center, The University of Arizona, Tucson, AZ
1999–2004 Academic Professional, Clinical Director, College of Public Health, The University of Arizona, Tucson, AZ
2004–PresentAcademic Professional, Director, HealthCare Partnership, College of Social & Behavioral Sciences, Department of Psychology, The University of Arizona, Tucson, AZ

COMMITTEES

The University of Arizona College of Education Doctoral Program in Educational Leadership Panel Adjudicator (1998)
The University of Arizona Master of Public Health Curriculum Committee (1991–1994)
US Department of Education/Special Education and Rehabilitative Services Reviewer for Discretionary Grants (1993–1995)
Rideau Valley District Health Council Task Force on Elder Abuse, Ontario, Canada (1981–1984)
Brockville General Hospital Nominating Committee, Ontario, Canada (1980–1985)

ACADEMIC APPOINTMENTS

Appointed Personnel/Coordinator, College of Social and Behavioral Sciences, Department of Psychology, The University of Arizona
Appointed Personnel/Coordinator, Mel & Enid Zuckerman College of Public Health, The University of Arizona Health Sciences Center
Research Nurse, Senior, Arizona Prevention Center, The University of Arizona Health Sciences Center
Research Nurse, Department of Psychiatry, The University of Arizona Health Sciences Center
Assistant Specialist, Department of Family & Community Medicine, The University of Arizona Health Sciences Center
Associate Faculty, Faculty of Education, Ontario, Canada
Teaching Master, St. Lawrence College, Ontario, Canada

SELECTED GRANTS AND CONTRACTS

- The University of Arizona HealthCare Partnership. Department of Psychology, College of Social and Behavioral Sciences, The University of Arizona and Mel and Enid Zuckermen College of Public Health, The University of Arizona Health Sciences Center. Funded by the Arizona Department of Health Services Bureau of Tobacco Education and Prevention.
- Tobacco Cessation Training Curriculum Development — Minnesota Partnership for Action Against Tobacco.
- Smoking Treatment for Adults with Serious Mental Illness — National Institutes of Health.
- Medication Comparison for Smoking Cessation — Arizona Disease Control Research Commission.
- Hispanic Adaptation of American Lung Associations' Freedom from Smoking Cessation Program — National Institutes of Health.
- Arizona Cessation Training and Evaluation Project — Arizona Department of Health Services.
- WIC Tobacco Cessation Project: A Natural Collaboration — Arizona Department of Health Services/Office of Nutrition & Chronic Disease Prevention Services.
- Rural Community Consortium: Providing Vocational Rehabilitation Supports/Services to Individuals with Serious Mental Illness — US Department of Education, Office of Special Education Programs.
- Project Employ Plus: Demonstrating Innovative Employment Support Strategies to Persons with Serious Mental Illness — U.S. Department of Education, Office of Special Education Programs.
- Professional Services Agreements
- Cancer Care Ontario/Health Canada Aboriginal Tobacco Strategy — Adaptation, Replication, Instruction, and Evaluation of Arizona Certification Program/Tobacco Cessation Intervention Skills Model.
- El Paso Community Voices Healthcare for the Underserved — Data Analysis & Evaluation Reports for Replication of Arizona Tobacco Dependence Treatment Speakers' Bureau Model.
- Community Foundation of Hawaii — Adaptation, Replication, Instruction, and Evaluation of Arizona Certification Program/Tobacco Cessation Intervention Skills Model.
- State of Hawaii Department of Health, Chronic Disease Management and Control Branch — Adaptation, Replication, Instruction, and Evaluation of Arizona Certification Program/Tobacco Cessation Intervention Skills Model.

PUBLICATIONS

- Muramoto, M.L., Leischow, S.J., Sherrill, D., Matthews, E., & Strayer, L.J. (2007). Randomized, double-blind, placebo-controlled trial of 2 dosages of sustained-release bupropion for adolescent smoking cessation. Archives of Pediatrics and Adolescent Medicine, 161, 1068–1074.
- Muramoto, M.L., Connolly, T.E., Strayer, L.J., Ranger-Moore, J.R., Blatt, W.F., Leischow, R., et al. (2000).
- Tobacco cessation skills certification in Arizona: Application of a statewide, community-based model for diffusion of evidence-based practice guidelines. Tobacco Control, 9, 408–414.

CURRICULA

- Basic Tobacco Intervention Skills Certification Guidebook/Instructor Manual for Medical & Allied Health Professionals (2005). The University of Arizona HealthCare Partnership & Arizona Department of Health Services.
- Tobacco Treatment Specialist Guidebook (2005). The University of Arizona HealthCare Partnership & Arizona Department of Health Services.
- Native American Quit Commercial Tobacco Guidebook/Instructor Manual (2003). The University of Arizona HealthCare Partnership & Arizona Department of Health Services.
- WIC Tobacco Cessation Project: A Natural Collaboration, Integrated Training Curricula for Community Nutrition
- Workers & Trainers (1998). Arizona Program for Nicotine and Tobacco Research/The University of Arizona & Arizona Department of Health Services Office of Nutrition & Chronic Disease Prevention Services.

POSTER PRESENTATIONS

- Salazar, Z., Strayer, L.J., Gilles, M.E., & Feng, C. (2006). Técnicas Básicas para Dejar el Tabaco: 5-Year Follow-Up of a Capacity-Building, Culturally-Adapted, Evidence-Based Smoking Cessation Certification Program for Spanish-Speaking Health Promoters, Clinicians and Non-Clinicians. 13th World Conference on Tobacco or Health, Washington, DC.
- Salazar, Z., Strayer, L.J., Gilles, M.E., Soloff, L.A., & Feng, C. (2006). Déjate de Ese Vicio!: Development of a Spanish-Language Intensive Smoking Cessation Curriculum. 13th World Conference on Tobacco or Health, Washington, DC.
- Soloff, L.A., Strayer, L.J., Gilles, M.E., Feng, C., et al. (2006) Tobacco Control Interventions at the Point-of-Care. Annual Meeting of the Society for Research on Nicotine and Tobacco, Orlando, FL.
- Strayer, L.J., Soloff, L.A., Gilles, M.E., Kermes, F., et al. (2005) Nurses Lead Tobacco Interventions at the Point-of-Care. Annual Meeting of the Arizona Nurses Association, Tucson, AZ.

HONORS, AWARDS, FELLOWSHIPS

- Certificate of Scholastic Honor (1964), The University of Arizona, Tucson, Arizona.
- Certificate of Applied Linguistics (1970), American University Association, Bangkok, Thailand.
- Diploma of Nursing Certificate, with Distinction, C.V. Mosby Award (1987), St. Lawrence College, Ontario, Canada.
- Award of Excellence Nominee (2003), In Recognition of Outstanding Contributions Toward The University's Mission and Goals, The University of Arizona, Tucson, Arizona.
- USS Arizona Student Union Memorial Center Recognition Nominee (2006), In Celebration of Those Students, Faculty and Staff and Alumni Whose Achievements Have Brought Significant Recognition to The University of Arizona, Tucson, Arizona.

NAME	POSITION
Mary Ellen Gilles, MD	Medical Director & Assistant Professor of Clinical Medicine

EDUCATION

Institution	Degree	Year	Field of Study
University of Nebraska, Lincoln, NE	BS	1980	Biology
University of Nebraska Medical Center, Omaha, NE	MD	1984	Medicine
Kansas University Medical Center, Kansas City, KS	MPH	1984–1987	Internship
		1987–1988	Fellowship in General Internal Medicine

RESEARCH & PROFESSIONAL EXPERIENCE

1988–1989 Medical Consultant, Obesity Treatment Center, Virginia Mason Medical Center, Kirkland, WA
1988–1989 Staff Physician, Pioneer Square Clinic, Seattle, WA
1988–1989 Faculty Development Program, College of Medicine, University of Washington Medical Center, Seattle, WA
1988–1990 Staff Physician, Ambulatory Care, Department of Internal Medicine, Seattle Veteran's Affairs Medical Center, Seattle, WA
1989–1990 Medical Consultant, Cedar Hills Drug and Alcohol Treatment Program, Issaquah, WA
1992–1993 Faculty Development Program, College of Medicine, University of Arizona Health Sciences Center, Tucson, AZ
1992–1994 Medical Director, Smoking Cessation Program, Southern Arizona Veteran's Affairs Health Care System, Tucson, AZ
1994–1995 Co-Principal Investigator, Arizona Smoking Cessation Clinic Project, funded by the Arizona Disease Control Research Commission
1996–1998 Arizona Department of Health Services, Tobacco Prevention and Cessation Project, Cessation Services Training for Health Care Providers
1998–1999 Health Care Systems Consultant, Arizona Cessation Training and Evaluation Project, Arizona Program for Nicotine and Tobacco Research, Arizona Prevention Center, University of Arizona Health Sciences Center, Tucson, AZ
1997–1999 & 1991–1994 Staff Physician, Ambulatory Care, Department of Internal Medicine, Southern Arizona Veterans Affairs Health Care System, Tucson, AZ
1999–2002 Director/Medical Director, Arizona Cessation Training and Evaluation Project, Arizona Program for Nicotine and Tobacco Research, College of Public Health, The University of Arizona Health Sciences Center, Tucson, AZ
2002–2003 Principal Investigator, HealthCare Partnership, College of Public Health, The University of Arizona Health Sciences Center, Tucson, AZ
2003–Present Healthcare Provider Liaison, HealthCare Partnership, Department of Psychology, College of Social and Behavioral Sciences, The University of Arizona, Tucson, AZ
2004–Present Staff Physician, Ambulatory Care, Department of Internal Medicine, Southern Arizona Veteran's Affairs Health Care System, Tucson, AZ

ACADEMIC APPOINTMENTS

1988–1990 Clinical Instructor, Department of Medicine, College of Medicine, University of Washington Medical Center, Seattle, WA

1993–PresentAssistant Professor of Clinical Medicine, Department of Medicine College of Medicine, University of Arizona Health Sciences Center, Tucson, AZ

1999–PresentAssociate Specialist, College of Public Health, University of Arizona Health Sciences Center, Tucson, AZ

COMMITTEES

Smoking Control and Policy Committee, Southern Arizona Veterans Affairs Health Care System, Tucson, AZ (1992–1994)

BOARD CERTIFICATION

1985 National Board of Medical Examiners

1987 American Board of Internal Medicine

LICENSURE

1984–1988 Kansas

1988–1990 Washington

1990–PresentArizona

PUBLICATIONS

- Foote JA, Harris RB, Gilles ME, Ahner H, Roice D, Becksted T, Messinger T, Bunch R, Bilant K. Physician advice and tobacco use: a survey of first year college students. J Am Coll Health 1996;45:129 132.
- Gilles ME, Greene HL. Smoking cessation. In: Greene HL, ed. Introduction to Clinical Medicine, 2nd ed. St. Louis: Mosby, 1996;753 756.
- Gilles ME, Obesity. In: McGee SR, Fihn SD, eds. Manual of Adult Ambulatory Care. Philadelphia: W.B. Saunders, 1992;57 60.
- Gilles ME, Pecoraro RE, Fihn SD. A clinical review of obesity. Med Rounds 1989;2:223 234.
- Becker NJ, Hinman M, Gilles ME, Kepes Jj, Abdou NI. Polymyositis with hypokalemia: correction with potassium replacement in the absence of steroids. J Rheumatol 1987;14:1042 1044.
- Barnes PM, Adams PF, & Powell-Griner E. Health characteristics of the American Indian and Alaska Native adult population: United State, 1999-2003. Advance data from vital and health statistics. 2005;365.