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AHEC's QUIT TIMES



Summer 2009

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Tobacco Cessation: A Year in Numbers

The USF AHEC Tobacco Training and Cessation Program is proud to announce 2008-2009 fiscal year accomplishments:

25,726

Youth engaged in 9 counties with tobacco education.

77,071

Informational materials distributed including 12,262 QuitLine brochures, and 12,903 other QuitLine materials including fax referral forms, QuitLine cards, lip balm, pens, etc.

1,909

Individuals provided smoking cessation services for nicotine addiction in 9 counties.

831

Healthcare providers trained on tobacco cessation interventions including U.S. Public Health Service (USPHS) Clinical Practice Guidelines for Tobacco Treatment.

5,633

Health professions students trained in the AHEC Tobacco Training and Cessation curriculum (ATTAC) for a total of 27,462 hours of training.

*Thank you to all of our program partners!
We could not have done it without you.*



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AHEC's QUIT TIMES

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AHEC's Quit Times is published biannually for members of the healthcare community serving our nine counties: Charlotte, Citrus, DeSoto, Hernando, Hillsborough, Manatee, Pasco, Pinellas, and Sarasota.

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GNAHEC Helps Inmates Break the Habit

By Maureen Guthke
MPH, CHES

Today, between 70 and 85 percent of American prisoners smoke, a rate that more than triples that of the United States as a whole, according to a study by Karen Cropsey of the University of Alabama, Birmingham's psychiatry department. As prisons become increasingly more crowded with more than 2.3 million people incarcerated, smoking related health conditions, including lung disease, heart disease, cancer and diabetes will lead to high rates of illness, death and high costs associated with medical treatment for such preventable diseases.

To address this public health concern, GNAHEC Tobacco Cessation

Specialist, began providing smoking cessation classes on March 30, 2009 at the Hillsborough County Correctional Institute (HCCI), an all women's facility located in Riverview. Unlike other correctional facilities in the area, the HCCI does not currently have a ban on smoking. However, the Warden has been working on an effort to reduce smoking in the facility. She has provided Ms. Lazzara and Ms. Guthke the support needed to facilitate the six week Quit Smoking Now class for sixteen women who have voluntarily signed up for the program.

During the first class, the women were encouraged to openly share why they wanted to quit smoking, and what their expectations

were about participating in the class. All of the women wanted to quit smoking for their health and expected that the class would provide them with the coping skills needed to help them quit.

Several of the women in the group admitted to having quit previously when they were incarcerated at another facility which banned smoking. Shortly after their release however, they returned to smoking. Research indicates that 97 percent of people in a non-smoking correctional facility returned to smoking within six months of being released. In a 2002 report, the National Commission on Correctional Health Care recommended that all inmates be provided with

GNAHEC continued on page 5...



Extra! Extra!: Free USF AHEC Tobacco Cessation Continuing Education for Healthcare Providers and Counselors

Modules Provide:

- Interactive, evidence-based courses on helping patients quit smoking and other tobacco use
- Reviewed by tobacco control experts and primary care physicians
- Resources include patient handouts on tobacco cessation, clinical forms, and helpful links
- CME/CEUs available for Florida healthcare providers: physicians, nurses, physician assistants, dentists, pharmacists, social workers and more!

The USF AHEC Tobacco Prevention and Cessation Program is pleased to provide **FREE OF CHARGE** online continuing education modules on tobacco.

Tobacco is the leading cause of morbidity and mortality in the United States. Clinicians familiar with basic behavioral tobacco interventions are better equipped to assist their tobacco using patients.

Module 1: Overview of Tobacco Cessation (1.25 cr)

Basic clinical behavioral interventions to help patients quit smoking.

Module 2: Motivational Interviewing for Primary Care (1.0 cr)

Techniques to motivate people with tobacco and other problems change behavior.

Module 3: Pharmacotherapy of Tobacco Cessation (1.0 cr)

Pharmacological interventions currently available to support tobacco cessation.

Module 4: Children and Tobacco: Three Cases (1.0 cr)

Prevention of tobacco use by children (ages 5-13) and exposure of children to environmental tobacco smoke.

Module 5: Pregnancy and Smoking (1.25 cr)

Negative health effects of smoking during pregnancy and intensive counseling intervention during pregnancy.

Module 6: Older Adults and Tobacco (1.0 cr)

Tobacco health effects and issues in primary healthcare of older tobacco users.

Module 7: Smokeless Tobacco (1.0 cr)

Various forms of smokeless tobacco, the extent of its use, its addictive nature, and the associated health effects.

Module 8: Basic Tobacco Cessation Interventions (1.5 cr)

Tobacco cessation using five patients in different stages of quitting.

Register today! Go to:
www.tobaccocme.com/ahec

GSAHEC Creates Tool to Address the Prenatal Effects of Tobacco Smoke Exposure

By Deirdre Dingman, MPH, CHES, CTTS

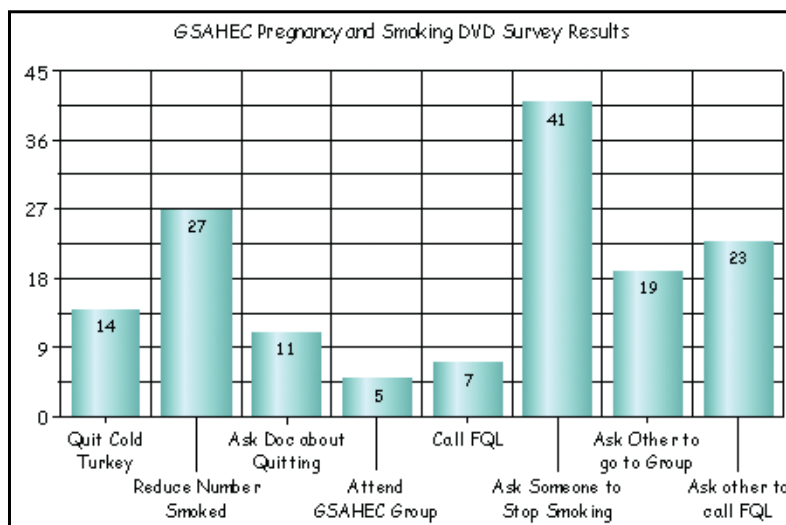
One thousand annual infant deaths are attributed to smoking during pregnancy¹. Infant death as well as growth restriction and premature birth are also related to cigarette smoke exposure. Low birth weight is a risk to infants exposed to smoke, and low birth weight babies are more likely to die in the first two years of life. Babies

who have died of Sudden Infant Death Syndrome (SIDS) are more likely to have been exposed to cigarette smoke. Many women

do stop smoking when they find out they are pregnant, yet we currently boast about a 10 percent national rate of smoking

during pregnancy and that is too high. A lesser known but serious fact is that second hand smoke, in fact any smoke inhaled by the pregnant woman, can harm the unborn child^{2,3}.

It is the recommendation of both the U.S Preventive Services Task Force and the American College of Obstetricians and Gynecologists that pregnant women have their smoking status addressed at each visit and be advised to



GSAHEC continued on page 7...

Meet Our Team: USF AHEC

Mariann Suarez, Ph.D., ABPP, FAACBP

*Chief, Child Psychology Program & Associate Professor, Department of Psychiatry & Behavioral Science
University of South Florida*

Dr. Mariann Suarez is a clinical psychologist who recently joined the University of South Florida. As an expert in Motivational Interviewing, she became a speaker for the USF AHEC Tobacco program. Dr. Suarez is a member of the Motivational Interviewing Network of Trainers and is currently working on a text for practitioners on MI with adolescents and families.

How did you get interested and involved in Motivational Interviewing?

I was first introduced to MI as part of my doctoral training program over a decade ago, and an emphasis on my post-



doctoral fellowship was conducting a clinical trial evaluating the efficacy of MI with court mandated pregnant substance abusing women. During that period I was fortunate to have become a member of the Motivational Interviewing Network of Trainers (MINT), a wonderful and internationally diverse group with a central interest in training MI

as well as improving the quality and effectiveness of counseling and consultations given to patients about behavior change.

What are some areas where Motivational Interviewing has shown to be effective?

MI was first introduced 26 years ago, and there is a large evidence base showing its utility as an evidenced-based treatment. There are over 180 published clinical trials evaluating MI in a multitude of different areas including tobacco cessation and substance abuse, health care, mental health, and criminal justice to name a few. The number of publications on MI has been doubling every

3 years, and MI publications have been translated into over 38 languages. Exposure to and training in MI is also growing. For example, Miller and Rollnick recently estimated that from the MINT membership of over 1500 trainers alone, that at least 15 million people have been trained in MI internationally. I am excited that AHEC and USF have chosen to incorporate this method into the medical school curriculum and are also able to offer trainings to practitioners across the state!

What are some tips you would give healthcare providers on learning Motivational Interviewing?

Meet continued on page 6...

NEW!

Toll Free Florida AHEC Network

1-87-QUIT

Meet Our Team: *Gulfcoast South AHEC TCS*

Emily M. Hite

Tobacco Training Coordinator

Emily received her Bachelor's degree in Religion from New College of Florida and is currently working on her Master's in Public Health Practice at the University of South Florida. Her career began outside of the public health arena at a corporate training firm in Atlanta. After several years in the corporate world, she became attracted to nonprofit



work and relocated to Philadelphia to work at the National Board of Medical Examiners doing

project management and case development for the newly launched Clinical Skills Exam.

After moving back to Sarasota, Emily began working at Gulfcoast South AHEC and is now the Tobacco Training Coordinator. She coordinates programs to educate local health professions students on the medical consequences of tobacco use and how

to effectively intervene with tobacco-dependent patients. She also trains the health professions students to deliver an anti-tobacco lesson plan to at-risk middle school students. Emily enjoys working with college students in health professions programs because they are highly motivated to inspire positive health behaviors and ensure their patients receive quality care.

GNAHEC *continued from page 2...*

a smoke-free environment in addition to smoking cessation programs for staff and inmates.

Throughout the six weeks, Jody and Maureen learned how being incarcerated at Hillsborough County Correctional Institute was

perceived by the woman as a barrier to quitting smoking. Many of them felt strongly that by living in an environment which supports smoking and does not provide a lot of opportunity to stay busy makes it more difficult to quit the smoking habit than it

would be when released.

In the end, there was a successful outcome for three out of the sixteen women who completed the program. The rest of the women shared their excitement on how much the program had helped them to consciously

cut back on their habit despite their struggle.

With the enthusiasm to continue reaching other women in the facility, Maureen Guthke has agreed to return to HCCI to provide the Quit Smoking Now class once again.

Work Tobacco Cessation Services Number

T-NOW-6

or 1-877-848-6696

Outreach and Education: *Educating Young Children*



By Natalia W. Dunnett

I was first introduced to Gulfcoast South Area Health Education Center (GSAHEC) while I was enrolled in the Dental Hygiene program at Manatee Community College. As part of the program, my class was to visit a middle school and educate the students on tobacco prevention with the materials given to us through the A.T.T.A.C. (AHEC Tobacco Training and Cessation) program.

We attended a training seminar where the materials and lesson plan for the Day of Service at the middle school was explained to us. Having lived in this town for many years, I was aware that the middle school we would be visiting is in a low income community, where the risk of tobacco use is greater.

The day of our presentation arrived and I was pleased to see that the students were paying

attention and interested in what we had to teach them. Judging by their questions, it was apparent that they have had some exposure to tobacco, whether it was through their own experimentation or use by a family member. I hoped that by the end of the presentation, the students had a better understanding of the harmful effects of both cigarettes and smokeless tobacco.

As we did the presentations, I kept thinking of my nine-year-old daughter and what she is exposed to every day. I had practiced by presenting to my daughter and therefore also taught her about tobacco prevention. In preparing for this presentation and doing my own research on smokeless tobacco, I have become more aware of the marketing strategies that tobacco companies use to lure young children into becoming lifelong users. I pay more attention to the ads my daughter sees on television and in magazines. I took her to a local grocery store and showed her how the tobacco companies market their product to appeal to various age groups.

As a result of this experience, I realized that there is a great need to educate the children in under-

served communities. At first, I saw this project as just another requirement for school. However, a few months later, we had another chance to educate students at a different school, on the same topic, in the same community. This time, I saw the experience as an opportunity to reach those in an underserved community and educate them on a very important topic.

We live in a country where there is poverty, illness and crime. Yet, we get

so consumed in our own daily activities and our own areas of stress that we tend to forget those less fortunate. Being a part of this project has opened my eyes to the needs of my community. I am now a graduate of the Dental Hygiene program and am fortunate to have been selected to work with GSAHEC as an Interdisciplinary Community Health Scholar this summer and continue to educate the community in tobacco prevention.

Meet *continued from page 4...*

Miller & Rollnick have used the analogy that learning MI is like learning to play a complex sport or musical instrument – it is not something one does by attending a workshop, reading a text or watching training videos (although each clearly can help in the learning process and would be beneficial for those new to MI). MI is not a trick or technique, and research on training in MI indicates that the best way to learn it is through a process of disciplined practice with feedback and coaching from a guide, someone with competencies and knowledge in MI. So with all of the demands placed on healthcare providers, how can this be done?

Consider regularly scheduled group meetings with someone knowledgeable in MI and others interested in learning MI. Record (audio and/or visual) your visits with patients (their responses will also let you know if you are accurately using MI or not), and practice coding your own and each others tapes. If taping isn't possible, use real time role plays with each other and offer feedback to group members. Don't feel like you have to be perfectly competent in using MI immediately. Remember that learning MI is definitely doable – it is the process that requires both great effort and guidance, much akin to any empirically supported treatment.

quit^{4,5}. Both organizations recommend using the Public Health Service clinical practice guidelines or the 5-A technique. This brief intervention can double the chance that a smoker will quit⁶.

GSAHEC tobacco treatment specialist, Deirdre Dingman, worked with CEO, Edna Apostol, to develop an educational tool that would meet the target population where they were, educate them

on the health effects of first and second hand smoke exposure and move them from pre contemplation to contemplation to action in a way that offered no judgment or stigma. Always mindful of cultural differences, we chose to use a bilingual audio and visual format.

The result was the Smoking and Pregnancy DVD that we distributed to our community partners, including clinics,

Healthy Start providers, birth educators, community health workers and social workers. We asked that the video be shown to pregnant and breastfeeding women and their families without first determining smoking status. To evaluate the product and its impact, we asked each partner to have at least ten people per site complete a survey that we created. The DVD was shared with the Florida AHEC Network and additional copies are available at our office.

Our hope was that women would see the video and be more open to their healthcare providers'

advice to quit smoking during the 5-A intervention. We also hoped that the viewers would avoid all tobacco smoke. In the survey we created, we asked viewers what they would do as a result of seeing this video and the main outcomes we observed can be seen in the chart on page 3. It is noted that most respondents said they would reduce the amount they smoke. We are concerned by this and will go forward by making a stronger statement in ATTAC activities against the notion that light or social smoking is safe.



The QuitLine is a toll-free telephone-based tobacco use cessation service. Any person living in Florida who wants to try to quit smoking can use the QuitLine. The following services are available through the QuitLine:

- Counseling sessions
- Self help materials
- Counseling and materials in English and Spanish
- Translation service for other languages
- Pharmacotherapy assistance
- TDD service for hearing impaired

End Notes

1. Counseling to prevent tobacco use and tobacco-caused disease in adults and pregnant women. U.S. Preventive Services Task Force reaffirmation recommendation statement. *Ann Intern Med* 2009 Apr; 150:551-555.
2. Smoking and Pregnancy Data Book. Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, 2007.
3. Campaign for Tobacco-Free Kids, May 4, 2009/Meg Riordan
4. U.S. Preventive Services Task Force. Counseling to prevent tobacco use and tobacco-caused disease: recommendation statement. Rockville, MD: Agency for Healthcare Research and Quality; 2003.
5. ACOG committee opinion. Number 316, October 2005. Smoking cessation during pregnancy. *Obstet Gynecol.* 2005 Oct; 106(4):883-8.
6. Fiore MC, Jaen CR, Baker TB, Bailey WC, Benowitz NL, Curry SJ, et al. Treating tobacco use and dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; 2008.

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