



Lake County Tribal Health

Objective 1 Brief Evaluation Report – January – June 2024

Aim & Outcome

Objective 1: Adopt and implement the Ask, Advise and Refer (AAR) protocol during patient visits and systematically refer tobacco users to the CA Smokers Helpline and/or LCTHC Tribal Tobacco Cessation services.

Indicator: Total number of referrals of LCTHC patients to cessation services will increase by 30% from baseline.

Reporting Period Highlights

During this reporting period (January – June 2024), the Tobacco Education Project (TEP) staff continued to interact with the clinic staff to improve implementation of the Ask, Advise, and Refer (AAR) protocol:

- The Tobacco Education program has made continued progress during this reporting period in developing an effective referral system to the program. More specifically, stages of readiness along Fagerström rating indicate that the program is referring the patients at the correct level of need.
- From January to June of 2024, 151 referrals were sent over to TEP, including 90 (60%) from dental, 30 (20%) self-referrals 25 (16%) from medical, two from pharmacy (1%), and four each from a nutritionist, OB/GYN, pain management, or another referral source.
- As was noted in a previous progress report, in-services with MA staff were adjusted from monthly to quarterly. Two in-services were provided during this reporting period. One of these was held on March 6, 2024 (with 69 attendees), and centered on a brief program overview, referral data, and the consumer testing survey for the vape posters. The other was a brief meeting that was held with the nursing team on June 5, 2024. This meeting centered on the topic of utilizing vape posters to start conversations with patients, referring them to TEP program and services, and the consumer testing survey.
- While there were no dental in-services held during this reporting period, the TEP team will be holding a dental in-service during the next report period. This in-service will center on the review of a draft “pocket card” that addresses the dangers of tobacco and nicotine usage on oral health.
- The anti-vaping posters are now in place at medical clinic exam offices. Consumer testing was conducted on these posters and findings indicated that over six in 10 staff had used the posters for patient education and 84% of these staff had used the poster either during some visits or every visit. Also, over seven in 10 of the survey respondents felt that the posters are helpful to them as a provider or staff member as well as for their patients. In addition, 84% of staff felt that the key messages or action steps on the posters were clear and 70% felt that either one or both posters were effective in helping inform patients about resources to help them quit vaping.

During this six-month period, 151 referrals were sent over to TEP, including 90 (60%) from dental, 30 (20%) self-referrals 25 (16%) from medical, two from pharmacy (1%), and four each from nutritionist, OB/GYN, Pain management, or another referral source. This is an 18% decrease from the previous reporting period (185 referrals July - December 2023). The number of referrals this period is a 113% increase from baseline (71 referrals in January – June 2021) which far exceeds the 30% increase expectation. Detailed demographics of those referred and assessment data (on a subset of patients referred) are shown below in the Implementation and Results section of this brief evaluation report.

Evolution of TEP Referral Procedures

Prior to CTCP grant funding, the LCTHC Medical staff was required, as part of Indian Health Services clinic patient protocols, to universally implement the GPRA tobacco questions at each patient visit. However, prior to implementation of the grant, the only resource available to help patients quit their use of commercial tobacco or nicotine products was a referral to the CA Smokers' Helpline.

During the first year of funding, TEP improved patient access to cessation support by implementing electronic referrals to the statewide quit line (Kick It California) rather than having patients needing to make a "cold call" to the line themselves. Now these referrals are made by accessing the Kick It California website as the electronic referral option via the NextGen electronic health record is no longer available.

In year one, TEP also implemented cessation services onsite at LCTHC to which patients could be referred. TEP staff worked collaboratively with clinic medical providers and medical assistants to develop a flow map for screening, advising, referring, and documenting the status of patients and their usage of commercial tobacco or nicotine products. The TEP program team continues to guide their work with this flow map and refines this structure as needed. The LCTHC Pharmacy also implemented a policy that patients had to be registered with the onsite TEP and have a quit date recorded in the electronic health record (EHR), prior to their filling quit-assist prescriptions. In the second year of funding, TEP and clinic staff continued to refine the processes and procedures to be sure that referrals sent from the LCTHC medical clinic to the program were for patients who were at an appropriate stage of readiness to quit. To facilitate this determination, staff developed a patient screening tool, "*Are You Ready to Quit?*" which was pilot tested and now has become fully implemented. This tool includes four questions about the patient's quit status, information about setting up an assessment appointment, and steps to get their tobacco cessation medication filled.

Once a referral is received, the TEP Education Specialist talks over medication options and preferences with the referred patient and works with the provider to write the prescription. This ensures that all patients who indicate an interest in quitting in the medical exam room are connected with the TEP prior to receiving their prescribed medication.

Two consumer testing sessions of this questionnaire, one for Medical Assistants and one for dental staff were held on July 6, 2022, to gather feedback on what types of changes should be made to the questionnaire. In total, 37 forms were returned with half (49%) being completed by LCTHC dental staff, over a third (38%) completed by LCTHC medical staff, and 13% completed by TCC members. Overall, 97% felt the questionnaire was suitable as a health education resource for LCTHC and that the information was useful for the intended audience. Also, 83% felt the pictures and graphics used were appropriate. Individual respondents offered some suggestions for edits, but there was no consensus that major revisions needed to be made.

Since the consumer testing, no additional edits have been made to the *Are You Ready to Quit?* Questionnaire. The TEP team will continue to provide training and technical assistance to the MA's

and dental staff to solicit feedback on how the AAR protocol can be improved. The MA's requested educational posters to hang in the examination rooms about the dangers of vaping. The TEP team received assistance from the Tobacco Education Clearinghouse of California (TECC) for developing culturally appropriate posters. TEP staff received input on the draft posters from MA's at two in-service meetings in March and April 2023. The final posters are now ready for use (see at the end of this report) and are now in place in medical exam rooms. Consumer testing of these posters will take place during the next report period.

Consumer testing of these posters also took place during this reporting period. Feedback from Main and Southshore clinics indicated that over six in 10 staff had used the posters for patient education and 84% of these staff had used the poster either during some visits or every visit. Also, over seven in 10 of the survey respondents felt that the posters are helpful to them as a provider or staff member as well as for their patients. In addition, 84% of staff felt that the key messages or action steps on the posters were clear and 70% felt that either one or both posters were effective in helping inform patients about resources to help them quit vaping.

Rather than posters, the dental staff requested a small educational card that could be put in the toothbrush packet that is provided following dental visits. During the next reporting period, TEP staff will seek technical support from TECC for developing these pocket cards.

Evaluation Methods and Design

The theory of change for this objective is that increased development of systems along with training and technical assistance for clinic staff (including medical providers, medical assistants, and dental staff) on conducting screenings, providing advice, utilizing Motivational Interviewing, and initiating and documenting the referral processes, will result in an increased number of patient referrals to tobacco cessation services. The theory is that LCTHC, as a local, trusted source of health advice, will have an impact on patients initiating their tobacco cessation journey.

The evaluation tracked the number of and demographics for patients screened, referred, and assessed during this six-month period. As of the end of the end of June 2023, the main medical and dental clinic in Lakeport and the dental staff at the new LCTHC South Shore campus received ongoing training to provide referrals to the program.

At the onset of funding, data tracking for the program had been done using paper tracking, Excel, and Access, which was very cumbersome to track and share the depth and complexity of patient data between staff and the evaluator using these tools. During the first half of the second year of funding, staff researched and selected the Caspio web-based database to house all TEP data and worked with a consultant to develop a customized system to track the detailed program-specific patient data.

In July 2022, the LCTHC changed to a new electronic health record (EHR) system that provided challenges to the program as the Tobacco Health Education Specialist no longer had access to the system as a staff member whose services are not billable. Additional forms and protocols were put into place and more of the TEP data was put directly into Caspio. By the end of December 2022 clear data collection protocols were finalized and implemented.

During this reporting period, ongoing improvements continue to be made to the project's data collection and tracking. The half-time data manager continued to extract data from the EHR and entered data collected specifically for the program. The TEP team also continues to effectively utilize data for program reporting, learning, and improvement.

Implementation and Results

A total of 151 referrals were made for 144 unduplicated patients between January – June 2024. This is a 113% increase from the 71 referrals in the 6-month baseline reporting period (January – June 2021) and an 18% decrease from the 185 referrals over the previous reporting period (July - December 2023).

Of the 151 referrals received during this reporting period, 90 (60%) of referrals were from the dental clinic, 30 (20%) were self-referrals, 25 (16%) were from the medical clinic, two were a pharmacy-based referral (1%), and the remaining four (3%) were each from a nutritionist, OB/GYN, pain management, or another referral source.

Patient Demographics

A comparison of demographics of patients (duplicated) for the referrals made to TEP across the reporting periods is shown in the tables below. The table displays data for baseline, the previous reporting period, and the current reporting period rather than all referrals made since the TEP inception.

Age - During this period, the portion of referred patients remained relatively the same as last period. The average age at time of referral was 49.4 years old (range of 18 years old to 79 years old).

Age Breakdown	Baseline January-June 2021	Previous Period July – December 2023	Current Period January – June 2024
Less than 18	2 (3%)	2 (1%)	0 (0%)
18-30	8 (11%)	24 (13%)	16 (10%)
31-49	17 (24%)	67 (36%)	57 (38%)
50 and over	44 (62%)	92 (50%)	78 (52%)
Unknown	NA	0 (0%)	0 (0%)
Total Referrals	71	185	151

Gender – Similar to previous reporting periods, at least six in ten of the patients referred to TEP identified as female.

Gender Breakdown	Baseline January-June 2021	Previous Period July – December 2023	Current Period January – June 2024
Female	44 (62%)	118 (64%)	92 (61%)
Male	27 (38%)	67 (36%)	59 (39%)
Unknown	0 (0%)	0 (0%)	0 (0%)
Total Referrals	71	185	151

Native Status – Twenty-one percent (21%) of the patients referred during this reporting period were Native compared to 17% the previous reporting period and 20% at baseline. The program continues to focus on increasing the number of Native patients they are working with. Outreach efforts included community engagement, community events such as the Family GONA, and presence on social media (see Objective 3 Brief Evaluation Report).

Native Status	Baseline January-June 2021	Previous Period July – December 2023	Current Period January – June 2024
Native	14 (20%)	32 (17%)	32 (21%)
Non-Native	47 (80%)	145 (79%)	115 (76%)
Missing	0 (0%)	8 (4%)	4 (3%)
Total Referrals	71	185	151

Patient Assessment Results

Following receipt of a referral, the Tobacco Education Health Specialist reaches out to the patient to conduct a fuller assessment of the patient’s history of tobacco and nicotine use and their readiness to quit. During this six-month period (January – June 2024) this assessment was conducted on 54¹ patients. The following is a brief summary of these assessment data.

Tobacco Usage – Of the patients assessed, 89% reported cigarette use, 15% reported vaping, and 2% reported using chews. Somewhat more of the patients reported cigarette use and vaping than in the previous reporting period. During this report period the program met its goal of increasing referrals of vape users by 25%. With ongoing collaboration with medical providers and the presence of the anti-vaping posters in exam rooms, the program will be monitoring future referral increases.

Of those that smoked cigarettes, cigars, or used pipe tobacco, they reported smoking an average of 14.2 cigarettes per day (range from 2 to 60 cigarettes or 3 packages). The vape users reported an average of one nicotine vape cartridge per week. The one chew user reported two chew cans per week.

Type of Tobacco Products Use	Previous Period July – December 2023	Current Period January – June 2024
Cigarettes, cigars, tobacco pipe	43 (86%)	48 (89%)
Vape cartridges	6 (12%)	8 (15%)
Chew	1 (2%)	1 (2%)
Missing	0 (0%)	2 (4%)
Total Assessments	50	54

More than one response could be chosen; therefore, the total adds to more than 100%.

NRT or Medication Use – The assessment included a question about whether the patients were using any type of nicotine replacement therapy (NRT) aids (e.g., gum, lozenges, or patches) or medication (e.g., Bupropion or Chantix). Over nine in ten (93%) of the patients reported no NRT or medication use, which was higher than the previous reporting period. Of the two who reported using some type of NRT, the most common was the Chantix (4%), NRT lozenge (2%), and NRT gum (2%).

NRT or Medication Use	Previous Period July – December 2023	Current Period January – June 2024
NRT Lozenge	0 (0%)	1 (2%)
NRT Patch	3 (6%)	0 (0%)
Bupropion	0 (0%)	0 (0%)
NRT Gum	2 (4%)	1 (2%)
Chantix	2 (4%)	2 (4%)
No NRT or Medications	44 (88%)	50 (93%)
Total Assessments	50	54

More than one response could be chosen; therefore, the total adds to more than 100%.

Quit History – At the time of the assessment, patients were asked how many quit attempts they had in the past. On average they reported 3.2 quit attempts (range of 0 to 20 attempts). They also reported an average of 13.2 total months of abstinence from smoking (range from 0 to 240 months). Of those patients

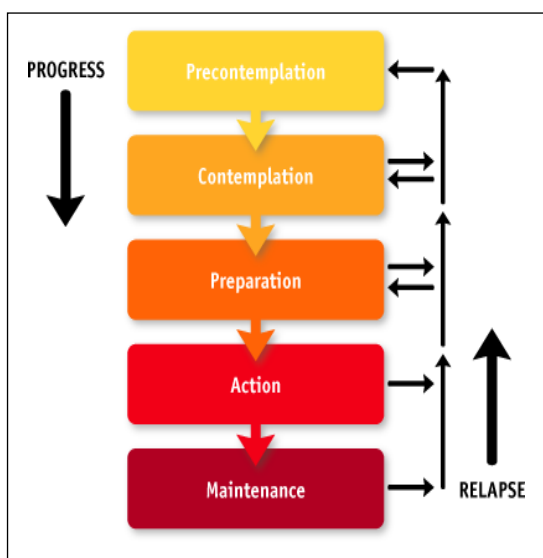
¹ Three additional assessments were conducted for clients referred during a previous reporting period. These data are not included.

who responded to the question, the most common reason they gave for restarting tobacco use was stress (75%), boredom (25%), being around other smokers (14%), life event (14%), and other non-stated reasons (4%).

Current Intention to Quit - At the time of this assessment, 24% of patients had set an initial quit date. The most common reason that patients gave for wanting to quit now was personal health (96%) and the health of family members (37%). Fewer mentioned cost (16%), for others (4%), and pregnancy (2%) as primary reasons for quitting.

Triggers – The assessed patients most commonly identified stress (91%), wanting to smoke after meals (79%) or with coffee (66%), boredom (72%), smoke when around other smokers (64%), and smoke while driving (55%) as triggers that might challenge their ability to quit. Additionally, 8% desired to smoke while using alcohol and 8% desired to smoke while using cannabis.

Stage of Readiness - One measure of the success of the Ask, Advise and Refer protocol implementation for referring patients who are ready to quit tobacco and nicotine use is the Tobacco Education Health Specialist’s assessment of the referred patient’s stage of readiness to quit along a continuum from precontemplation to maintenance (see figure below).



Of those assessed following referral, 93% were in the contemplation stage and 2% in the preparation stage. Three patients were assessed to be in the maintenance stage of readiness to quit the use of commercial tobacco products.

Stage of Readiness	Previous Period July – December 2023	Current Period January – June 2024
Precontemplation	0 (0%)	0 (0%)
Contemplation	33 (66%)	50 (93%)
Preparation	12 (24%)	1 (2%)
Action	1 (2%)	0 (0%)
Maintenance	4 (8%)	3 (5%)
Missing Rating	0 (0%)	0 (0%)
Total Assessments	50	54

Fagerström Ratings – The original Fagerström Tolerance Questionnaire was developed by Karl-Olov Fagerström, but it was modified in 1991 to be called the Fagerström Test for Nicotine Dependence.² This is a standard instrument for assessing the intensity of physical addiction to nicotine. The test uses six items to evaluate the quantity of cigarette consumption, the compulsion to use, and dependence. The total score on the instrument can range from 0-10 with a higher score representing a more intense physical dependence on nicotine. This tool is used by physicians to document indications for prescribing medication for nicotine withdrawal.³

The 47 patients that were assessed on the Fagerström Test for Nicotine Dependence during this reporting period had an average score of 5.0 (with a range from 0 to 10), which was in the moderate level of nicotine dependence. Just over two-fifths of these referred patients scored either high (30%) or very high (13%) on the tobacco dependence scale, which was lower than the previous period with just over half (53%) scoring in those two categories.

Tobacco Dependence Level	Previous Period July – December 2023	Current Period January – June 2024
Very Low (0-2)	7 (16%)	7 (15%)
Low (3-4)	11 (24%)	12 (25%)
Moderate (5)	3 (7%)	8 (17%)
High (6-7)	18 (40%)	14 (30%)
Very High (8-10)	6 (13%)	6 (13%)
Missing Rating	0 (0%)	0 (0%)
Total assessments	45	47

Conclusions and Recommendations

The Tobacco Education Program has made continued progress during this reporting period in developing an effective referral system to the program. More specifically, stages of readiness along Fagerström rating indicate that the program is referring the patients at the correct level of need. In addition, the TEP program staff review data closely and have team discussions about how the data can strengthen processes.

During the past six months, they have continued to build their relationships with medical providers, MA’s and nurses in the LCTHC main medical clinic. Anti-vaping posters have been developed and are in place in medical exam rooms. Consumer testing was conducted on these posters and findings indicated that over six in 10 staff had used the posters for patient education and 84% of these staff had used the poster either during some visits or every visit.

Also, the TEP team will be holding a dental in-service during the next report period. This in-service will center on the review of a draft “pocket card” that addresses the dangers of tobacco and nicotine usage on oral health. TEP staff will need to continue to provide concrete assistance to maintain these relationships and continue to refine the referral systems and patient support as needed.

TEP staff with the Program Evaluation Consultant will continue to review data findings to identify training and education needed by medical and dental teams.

² Heatherton TF, Kozlowski LT, Frecker RC, Fagerström KO (1991). The Fagerström Test for Nicotine Dependence: a revision of the Fagerström Tolerance Questionnaire. *Br J Addict* 86:1119-27.

³ <https://cde.drugabuse.gov/instrument/d7c0b0f5-b865-e4de-e040-bb89ad43202b>

During this 6-month period, two MA in-services were provided during this reporting period. One of these was held on March 6, 2024 (with 69 attendees), and centered on a brief program overview, referral data, and the consumer testing survey for the vape posters. The other was a brief meeting that was held with the nursing team on June 5, 2024. This meeting centered on the topic of utilizing vape posters to start conversations with patients, referring them to TEP program and services, and the consumer testing survey.

Continued community outreach and patient education will be critical to increasing the total number of referrals, including those of Native patients, and encouraging patients to engage in cessation services. TEP will be continuing its efforts working in the Native community to provide tobacco education and to assist in nicotine free policy development.

**LOOKS
LIKE
TECH**

Vaping produces tiny droplets of harmful chemicals
NOT JUST HARMLESS
WATER VAPOR

Vapes contain Nicotine
One vape pod can contain as
much as 2 packs of cigarettes

Vaping is highly addictive
Extremely harmful for a teen's
developing brain

**WORKS
LIKE
POISON**



Lake County Tribal Health

Ask your provider to be referred to LCTHC Tobacco
Education Program or contact the Tobacco Cessation
Specialist - (707) 263-8382 ext. 1634

KICK/IT
California

Call 1-800-300-8086 | Visit kickitca.org
Text "Quit Smoking" or "Quit Vaping" to 66819
Download the free No Butts or No Vape mobile apps

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Don't Let Juul Be Your Fuel



Lake County Tribal Health

Ask your provider to be referred to LCTHC Tobacco
Education Program or contact the Tobacco Cessation
Specialist - (707) 263-8382 ext. 1634

KICK/T
California

Call **1-800-300-8086** | Visit kickitca.org
Text **"Quit Smoking"** or **"Quit Vaping"** to **66819**
Download the free No Butts or No Vape mobile apps

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