

Care Coordinator Information



Kentucky HIV/AIDS Care Coordinator Program/Nicotine Replacement Therapy (NRT) Initiative

The Kentucky Tobacco Prevention and Cessation Program applied for funding through the American Recovery and Reinvestment Act (ARRA) to increase and enhance Kentucky's Tobacco Quit Line. One aspect of that funding request was to provide nicotine replacement therapy to a population within our state disproportionately affected by tobacco use. Among those at-risk populations are Kentuckians diagnosed with HIV/AIDS.

Participants in the Kentucky HIV/AIDS Care Coordinator Education Program (KHCCP) appealed to this funding opportunity for three reasons: First, research indicates an alarming 70 percent of this population uses tobacco. Second, some of the latest research indicates that smoking weakens the effectiveness of some HIV medications. And, third, from a more holistic approach, tobacco use is a dangerous addition to an already compromised immune system.

Armed with this information we applied for and were awarded ARRA funds to address smoking cessation among participants in the Kentucky HIV/AIDS Care Coordinator Program. Program participants calling Kentucky's Tobacco Quit Line and participating in cessation counseling will be provided up to four weeks of NRT patches (21 mg).

This packet contains information to assist you in providing brief intervention for the participants in KHCCP, sample strategies to use during that conversation, a fact sheet about Kentucky's Tobacco Quit Line, and instructions for using the Fax Referral Form (FRF).

We have also included fact sheets for the client; the first provides information about the health risks this population faces when they smoke, tips to assist them in quitting while another educates the client about Kentucky's Tobacco Quit Line.

Other resources are also available to you and the client. Each health district in Kentucky has at least one part-time person whose responsibilities include tobacco prevention and cessation efforts. This individual can provide you with information about brief intervention and local cessation services. Ask your local tobacco coordinator for a copy of the quit line brochure to share with your client. If you do not know your local tobacco contact person, get in touch with your Health Department administrator or Jan.Beauchamp@ky.gov.

Visit our web site <http://chfs.ky.gov/dph/info/dpqi/hp/tobacco.htm>, click on "Doctors, Dentist and Health Care Professionals" for additional information about tobacco cessation, the health risks of tobacco use and completing the fax referral form (FRF).

The Process

Please review this packet carefully, print out the attachments for the KHCCP client. The attachments are clearly marked as to whom they will best serve; you as their care coordinator or them as the program participant. We suggest you review all documents so that you can better answer questions posed by your client.

Included are:

- Intro to KHCCP Packet 2 pages for care coordinators
- Ask Advise Refer for care coordinators
- Strategies for Brief Intervention for care coordinators
- References and Resources for care coordinators
- Quitlines 101
- 2010 Clinician QL Fact Sheet
- HIV and Tobacco use information for clients
- Five Keys for Quitting for clients
- Quit Line Fact Sheet for client
- Fax Referral form for care coordinator and client (FRF)

Any KHCCP client using tobacco should be encouraged to stop using all tobacco products immediately. To assist with that, they can contact Kentucky's Tobacco Quit Line (KTQL). There are two ways they may contact the quit line. We prefer that this group of callers use the FRF in contacting the quit line. A copy of the FRF is included in this packet. Please notice that this form is marked "Care Coordinator Program". If necessary, help the client complete the form. When you return to your office, fax this form to 1-601-899-8650.

The Quit Line staff will contact the client by phone to verify their interest in tobacco cessation. The Quit Line staff will contact the listed physician to ensure no contraindications between the client's meds and the 21mg NRT patch. Once that approval is received and the client has set a quit date and agreed to counseling, two weeks of NRT patches will be sent to them. As long as the client continues the scheduled counseling, they will be sent the second two-week set of patches.

KHCCP clients may also contact KTQL directly at 1-800-QUIT NOW (1-800-784-8669). In order to receive the NRT patches, they will need to identify themselves as participants in the Care Coordinator Program when the QL staff asks how they heard about the Quit Line. They must also provide quit line staff with contact information for their physician. The quit line staff will contact the physician about contraindications. This process may take a day or two longer than using the FRF. For this reason, we highly urge you to stress use of the FRF.

We would like to encourage you to discuss tobacco cessation with your client at every visit. If they do not appear interested in tobacco cessation on the first visit, attempt to introduce this possibility at every contact.

If at any time you or your client have questions about tobacco cessation and related services, do not hesitate to contact this office. Project lead is Jan Beauchamp, 502-564-9358, extension 3817, Jan.Beauchamp@ky.gov or contact Bobbye Gray at 502-564-9358, extension 3858, Bobbye.Gray@ky.gov the Tobacco Program's Nurse Consultant.

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HIV and Tobacco

Ask-Advise-Refer

Cigarette smoking is a leading cause of disease and mortality in the United States. For HIV-positive individuals, smoking is associated with increased disease progression, decreased quality of life and mortality, particularly in this era of antiretroviral therapy. The range of effective treatments for tobacco dependent HIV clients includes brief routine advice to stop by healthcare professionals, more intensive support to quit, and pharmacotherapy. The specific combination of treatments depends on the client needs. Every client should be asked if he or she smokes and those who smoke should be advised to quit.

STEP 1: ASK if the client smokes. Every HIV client should be asked about tobacco use and documented on whether they never smoked are a current smoker, or former smoker.

Examples: Never smoked – “Congratulations, you have made a wise choice to protect your health.”

Current smoker – “How much and what type of tobacco do you use per day?”

Former smoker – “Congratulations, you made a wise decision.”

Be alert to any discrepancies. Most tobacco users are aware that addiction to tobacco is hazardous to their health. They may also feel that in relation to other substances, tobacco use is the least harmful. They may not tell the truth about their tobacco use or the amount they smoke each day. You may find it beneficial to make a softer approach to brief intervention. For example, “It’s a good thing you don’t smoke, since your system is already compromised, tobacco use could be devastating.”

STEP 2: ADVISE the client to quit. Every HIV client who smokes should be informed of the negative health risks they face as a tobacco user; they should be told of the damage tobacco smoke can do to others. After providing this information, each identified smoker should be asked about their willingness to stop using tobacco products.

Examples: “Have you thought about quitting?” or “Do you want to quit?”, “I can help you.”, “Quit lines have had proven success in helping people get through the difficult stages of quitting.”

STEP 3: REFER the client to Kentucky’s Tobacco Quit Line if they express an interested in quitting. An immunocompromised client, as with HIV, is frequently motivated to quit smoking but may feel overwhelmed in trying to overcome their addiction. Efforts should be made to strengthen their motivation to quit by referring them to counseling with the quit line. Once they have quit, they are at reduced risk for infections, they reduce their risk for stroke, and they improve their oral health. It is important they understand that continued tobacco use may affect the progression of HIV disease.

Examples: “I know quitting smoking is very difficult. Most people who want to quit are successful. Most of the time it takes more than one attempt. I know you can do it. Let me refer you to Kentucky’s Tobacco Quit Line, they have counselors specifically trained to help you quit.”

You may also want to determine if your non-smoking client is living with a smoker. Advise you client that exposure to secondhand smoke is also hazardous.

NEXT STEPS

- Provide Kentucky's Tobacco Quit Line Fact sheet.
- Provide the Tobacco and HIV Fact sheet.
- Provide a fax referral to Kentucky's Tobacco Quit Line if they are ready to quit.
- Document the outcome of your conversation in the client's records. This will help you continue the conversation at their next appointment.

COMPLETING THE FAX REFERRAL FORM:

- Client or care coordinator can complete the FRF. Enter the client's name, the current date, the client's telephone number and email address.
- The telephone number should be for the phone the client will be using for their counseling sessions. If this is a cell phone, determine if using minutes will be an issue. If a landline is available, that line may be more appropriate.
- Determine the best time for the Quit Line staff to contact the client. Take into consideration the clients schedule and the use of cell phone minutes.
- Have them sign and date the form.
- Health Care Provider (HCP) is their physician or the physician prescribing them medications. Include the physicians address, phone number and fax number if known.
- Sign and date the form. Fax it to 1-601-899-8650 and to 1-502-564=2983.

IF THE CLIENT IS NOT INTERESTED IN TOBACCO CESSATION:

- Use the FRF to document that you have discussed tobacco cessation with the client.
- On the bottom of the FRF, enter the date and a check (✓) mark in the appropriate column to indicate that you have spoken with your client about tobacco cessation and referral to KTQL.
- Keep this form with other documents for this client.
- At each appointment, discuss tobacco cessation with the client again. If they are interested in cessation, fax the FRF to the quit line. If they are not interested in tobacco cessation, enter the date and make a check in the appropriate column.
- Continue this process at every appointment until
 - The client contacts the quit line
 - The client asks not to discuss this anymore
 - The client is no longer assigned to your caseload.

PLEASE NOTE:

This project is funded through ARRA grant funding. The CDC is requiring regular reporting of the use of these funds. After you have faxed the Fax Referral Form to the quit line, fax a copy of it to our office at 502-564-2983. This is a secure fax. We are looking at the total number of clients counseled not any specific clients name or contact information. You may mark through the client's name.

Care Coordinator Information

Strategies for Smokers at Each Stage of Change

Case:	32 year old male. You are also the care coordinator for his partner of 3 years. He is compliant with medication, currently uses no substances other than tobacco, and the relationship is stable. Partner is also HIV+. Neither client nor partner works full-time; both receive disability and barely meet their expenses every month. Client smokes about a pack per day (20 cigarettes) and smokes only outside their home. Partner does not smoke, and wants client to quit. Client's health related to HIV is stable except for chronic bronchitis, which physician said is being aggravated by tobacco use. Client expresses concern about chronic bronchitis, but does not voice any interest to stop smoking. Says he smokes out of boredom and to calm his nerves.
Stage:	Pre-contemplation
Task:	ASK about quitting, ARRANGE follow-up
Scripts:	<ul style="list-style-type: none"> • How much do you think your smoking is related to your chronic bronchitis? • I have some ideas about resources to help you quit smoking that can help you find other ways besides smoking to deal with your nerves and boredom. Are you interested? • According to the financial information you and your partner gave me, you're having trouble making ends meet. What could you use the money for if you weren't spending \$5/day on cigarettes? • That's great that you've been able to smoke outside, it shows consideration for your partner. But the best thing you can do is stop smoking, for both you and your partner's health. • We have another visit in 6 wks*. In between now and then, I want you to think about quitting, and we'll discuss if you're willing to try it then." <i>(If next care coordinator visit is undetermined or more than 2 wks later, arrange a phone call to talk to client about readiness to quit smoking)</i>
Resource:	Cost of Smoking
Case:	39 year old female has regular visit with you that coincides with clinic sick visit for suspected pneumonia, two pack a day smoker. Her physician has asked you to counsel her on tobacco cessation because she will never regain her health if she doesn't stop smoking. She has been HIV+ for 8 years, is only marginally healthy, and is non-compliant with medications. Client has recently regained custody of her 12 year old son, who was previously in foster care because of her drug use and severe depression. Her son has asthma, and she's been told by his pediatrician that she's endangering his health by continuing to smoke. She has completed rehab and has been clean for 6 months. Her boyfriend lives with her off and on, refuses to smoke outside. She lives in her own apartment. Client tells you she's thought about quitting, but is too scared to try and doesn't think she can do it. Her boyfriend provides cigarettes. Client is afraid that continuing to smoke will reflect negatively on her case worker's/judge's judgment about her ability to continue to care for her son.
Stage:	Contemplation, move to Preparation during visit
Task:	Assure client safety and stability then ADVISE her to stop smoking, ASSIST with cessation print materials for her to take home and think about; arrange timely follow-up, by phone if necessary.
Scripts:	<ul style="list-style-type: none"> • If you try to quit and tell your boyfriend he can only smoke outside, what will his reaction be? Will this place you or your son in danger? • Is trying to quit smoking now going to endanger your rehab efforts? • What other social support do you have if you decide to quit smoking? (son, case worker, you, etc.). Who else in your family/rehab/NA group/friends may want to stop smoking too? • I know you're scared, but I can help you. If you stop smoking, it really proves that you're trying to improve your health and situation so you can take better care of your son. • I understand you're worried, but this is so important for you and your son. You need to get healthier so you can take care of him, and if you stop smoking his asthma will likely be much better.
Resource:	Secondhand Smoke, What's in a Cigarette, ENT Risks with Smoking handout

Case:	Young (21 and 27) MSM couple visits you together; both diagnosed within the last year, have been in relationship about 9 months. 27 year old is your client, has applied for disability but has not yet received it, has little money, and has asked for partner to accompany him to visit with you. You decide to approach both of them about tobacco cessation. Both men smoke about a pack a day. 21 year old still receives money and insurance from parents, is very healthy, no medications, part-time student, extremely concerned about appearance, physical condition, and social acceptance. 27 year old has had first health scare related to HIV infection (pneumonia that didn't respond to treatment), but has recovered, started medications, and is doing well. Client has recently treated for syphilis; he tells you it scared him, he feels more vulnerable to health problems. Somewhat concerned about appearance and physical condition, says the only reason he's interested in quitting is because of money, but keeps talking about health consequences of smoking. 21 year old says the only reasons he's interested in quitting is because smoking is interfering with his ability to work out and he's afraid it'll age him faster. Neither admits concern about health consequences of smoking, openly state that HIV will kill them before they can get lung cancer and die anyway.
Stage:	Pre-contemplation
Task:	Point out health consequences of smoking, effects of smoking and HIV infection, emphasize physical damage smoking does to body, both visible and silent.
Scripts:	<ul style="list-style-type: none"> You're right to be concerned about how smoking is affecting your physical appearance. Smoking causes wrinkles and makes you appear older and less attractive. What could you use the money for if you weren't spending \$5/day on cigarettes? As long as you take care of your health and follow your Dr.'s advice, you have a long life expectancy, even though you're HIV+. Stopping smoking is the single biggest thing you can do to protect your health and live a long and full life. If you try to stop smoking together, you're more likely to be successful. You've had a recent health scare with both the pneumonia and syphilis, but you sound like you're ready to try to reduce some of your health risks caused by behaviors like smoking. I can help you with that. You'll be able to work out much more comfortably and have better results if you stop smoking.
Resource:	Cost of Smoking, Smoking and Your Appearance, Benefits of Quitting Smoking
Case:	49 yr. old female, newly married to supportive partner who is also HIV+. Partner does not smoke, quit cold turkey 3 years ago. Client and partner are former IV drug users. Partner has been clean for 10 years, client has been clean for 8 years. Both are able to work and are compliant with medications. Client is in a good place mentally and physically after a long struggle with drugs and alcohol. Excited about quitting, client has social, family, and church support. Client tells you this is "her last dragon" and she's ready to do something about her tobacco addiction, she wants help, but doesn't know where to go or what to do.
Stage:	Preparation, ARRANGE Follow-up
Task:	Praise client for readiness to take action, provide information about cessation resources, and together decide which cessation method is best suited to her needs.
Scripts:	<ul style="list-style-type: none"> "You're doing great. Keep up the good work." – direct encouragement. "I know this is a really stressful time for you, but you've already done the hard work of quitting." "Who is there at home who can help support you through this challenging time?" "I know it's tempting to start smoking again, but there are so many dangers to your new baby from smoking." "What kinds of situations might make you want to smoke again?" "How will you handle those situations?" – encourages active problem solving and planning ahead.
Resource:	What's in a Cigarette, KY Quitline Fax referral (if client agrees), NRT Handout

HIV and Tobacco References

Center for Disease Control and Prevention

<http://www.cdc.gov/tobacco>

<http://www.cdc.gov/hiv>

Office of Smoking and Health (Basic Information)

<http://www.cdc.gov/tobacco/index.htm>

U. S. Department of Veterans Affairs

<http://www.hiv.va.gov>

Decreased Awareness of Current Smoking Among Health Care Providers of HIV-positive Compared to HIV-negative Veterans By: Crothers K, Goulet JL, Rodriguez-Barradas MC, Gilbert CL, Butt AA, Braithwaite RS, Peck R and Justice AC. In: Journal of General Internal Medicine, 22(6), pp.749-754
Publisher: Springer Published: June 2007

HIV and Tobacco Resources

Become An Ex

www.becomeanex.org

American Lung Association

<http://www.lungusa.org>

Positively Smoke Free (web site)

www.positivelysmokefree.org

Positively Smoke Free: Targeting the Quit Killer in the HIV/AIDS Population

<https://www.americanlegacy.org/2936.aspx>

Treating Tobacco Use and Dependence: A Public Health Service Clinical Practice Guideline <http://www.ahrq.gov/path/tobacco.htm>

QUITlines



The continued use of tobacco in the United States presents a public health challenge in terms of life expectancy, quality of life, and economic cost. The numbers are familiar to health educators:

- In the U.S., more than 440,000 adult deaths per year are directly related to tobacco use.¹
- Direct medical costs associated with smoking *alone* total more than \$75 billion per year.
- In addition to direct medical costs, lost productivity due to smoking-attributable illness and death costs \$82 billion per year.¹
- Of the 45.4 million smokers* in the U.S.,² it is estimated that 70% wish to quit, but less than 5% quit successfully each year.³
- About 4 in 10 current smokers (42.4%) attempted to quit smoking in the past year.⁴

Tobacco cessation is more cost-effective than other common and (health insurance) covered disease prevention interventions, such as the treatment of hypertension and high blood cholesterol.⁵ Yet as evidenced by the numbers of current tobacco users* and tobacco-related deaths, the leading preventable cause of death in the United States is an addiction and therefore difficult to quit. However, use of tobacco quitlines as part of comprehensive tobacco dependence treatment is becoming a major state, regional, and federal effort.

What are Tobacco Quitlines?

Tobacco quitlines are telephone-based tobacco counseling services for individuals interested in and / or attempting to quit smoking. Counselors specifically trained to help smokers quit answer callers' questions and help them to develop an individual and effective plan for quitting. As of May 2005, people in all 50 United States, the District of Columbia, and several U.S. Territories have access to quitline services, either through state-managed quitlines or the Cancer Information Service of the National Cancer Institute.⁶

Quitlines have some variability in how they are structured:

- Reactive quitlines provide a one-time counseling session to callers;
- Proactive quitlines usually provide counseling during the initial call, but then schedule 3-5 additional follow-up calls to support the quit process.

Quitlines provide a range of services:

- Individualized telephone counseling
- Mailed self-help or informational materials
- Recorded messages
- Provision of smoking cessation medications at low or no cost
- Referral to local programs and community services

Some quitlines also have the capacity to provide targeted services for specific populations. According to the North American Quitline Consortium, most states offer counseling in Spanish (in addition to English), and both California and Massachusetts offer services in three or more languages *other* than English. Other targeted services offered by some quitlines include those for high-risk populations (e.g. low income, ethnic), teen smokers, pregnant smokers, smokeless tobacco users, and Medicaid recipients.^{6,7,8,9}

Why Quitlines?

Quitlines provide effective cessation interventions that can overcome barriers smokers face in more traditional cessation programs, particularly accessibility and efficiency. More specifically, quitlines:

- Are free to callers, as they are accessible via a toll-free number;
- Eliminate the need to wait for a local tobacco cessation class to form;
- Eliminate the need for transportation;
- Eliminate the need for childcare services;
- Offer services that are available at the smoker's convenience;
- Offer tobacco cessation services to smokers in rural and underserved areas.

Studies indicate that smokers are more likely to use a telephone-based cessation service than they are a face-to-face program.¹⁰

Quitlines also offer important advantages from a health education / program perspective. Quitlines function based on a centralized system of operation and promotion, allowing for:

- Economies of scale, where financial and staffing resources can be utilized more efficiently.
- Standardized protocols and training for all cessation / counseling activities.
- Routine monitoring of counseling for quality assurance and continuity of services.
- Easier collection and evaluation of data.
- Ease of marketing and promotion, as only one campaign is necessary, though it may be (or need to be) large scale.

Quitlines Help Tobacco Users Quit

Strong evidence shows that quitlines are effective in helping tobacco users quit.^{7,8,9,11}

- Interactive telephone counseling and face-to-face counseling are more effective than services that only provide educational content or self-help materials.^{7,12}

*In this document the terms *smokers* and *tobacco-users* are used interchangeably. We recognize that while smokers comprise the bulk of the tobacco-using population and are the subject of most tobacco research, *all* tobacco-users are targeted in comprehensive tobacco prevention and control programs, including quitlines.

- Smokers are more likely to take advantage of telephone counseling than they are to participate in face-to-face individual or group counseling sessions.¹⁰
- Members of communities that are underrepresented in traditional smoking cessation programs actively seek help from quitlines, such as smokers of ethnic minority backgrounds.¹³

States implementing quitlines as part of comprehensive tobacco cessation and control programs have demonstrated significant success, including Maine, Oregon, California, Arizona, and West Virginia.

Comprehensive Tobacco Prevention and Control

The most effective means of addressing tobacco-use prevention and cessation comes in the form of comprehensive tobacco prevention and control programs. Comprehensive programs aim to:

- Prevent people from starting to use tobacco;
- Help people quit using tobacco;
- Reduce exposure to secondhand smoke;
- Identify and eliminate disparities in tobacco use among population groups.¹⁴

In combining educational, clinical, regulatory, economic and social strategies, programs aim to not only reduce tobacco use, but also affect social norms around the broader issue of cultural acceptability of tobacco use. Quitlines are a complementary component of comprehensive tobacco control programs, serving those smokers who want to quit, but also promoting tobacco cessation to the general population, helping to spread knowledge of cessation services, and thereby socially normalizing cessation for smokers.¹⁵

The Centers for Disease Control and Prevention recommends state-operated tobacco control programs that are comprehensive, sustainable, accountable, and include community interventions, counter-marketing strategies, and program policy and regulation. Quitlines are recommended in both the *United States Public Health Service Clinical Practice Guidelines*⁵ and *The Guide to Community Preventive Services*⁶. As part of comprehensive efforts, quitlines can not only help to advance

these program goals, but are in fact most effective when they are combined with medication and counseling.

As part of a comprehensive tobacco prevention and control program, quitlines focus on cessation. This message is reinforced through other components of the program that promote quitting, regardless of whether or not they provide direct cessation services. Anti-smoking media campaigns, worksite restrictions on smoking, school-based tobacco prevention programs, and referrals from healthcare providers who advise and educate smokers on quitting all support and normalize tobacco cessation.⁷

Quitline Evaluation and Research

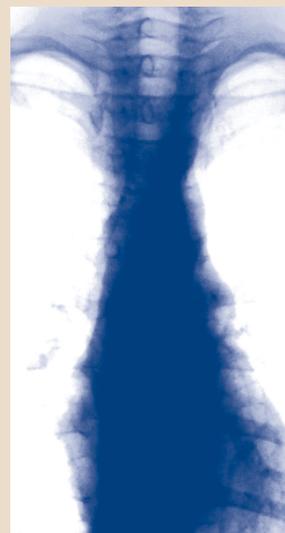
Since 2003 the North American Quitline Consortium (NAQC) has worked with the Centre for Behavioral Research and Program Evaluation at the University of Waterloo to develop a standard approach to evaluating tobacco cessation quitlines. This minimal data set (MDS) will:

- Provide a mechanism for evaluating quitline performance;
- Identify performance benchmarks that can be used to determine quitline effectiveness and cost-efficient cessation interventions;
- Allow for innovative cessation techniques to be tested and assessed across large and diverse populations (not possible by a single quitline); and

- Collect consistent and comparable data across quitlines for improved analysis of the multiple variables involved in quitline services.

Data for the MDS will be derived from quitline administrative files, the intake calls of those smokers who call quitlines, and both short- and long-term follow-up calls to evaluate service outcomes. The MDS will address, among others, the following variables:

- Caller characteristics (basic demographics)
- Current tobacco behaviors
- Explanatory factors demonstrated to be predictors of cessation success, e.g. level of addiction, self-efficacy
- Service delivery
- Changes in smoking behaviors
- Actions taken as a result of the call / quitline services
- Quit rates
- Quitline utilization (call volume)



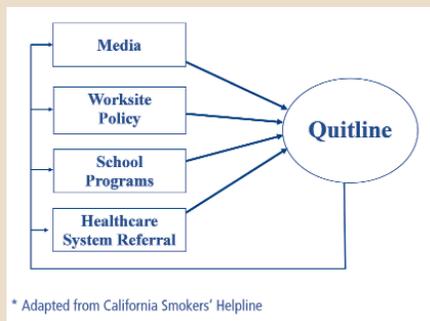
The National Network of Tobacco Cessation Quitlines

On February 3, 2004, U.S. Department of Health and Human Services Secretary Tommy G. Thompson announced a federal initiative to establish a national network of tobacco cessation quitlines to provide all smokers in the U.S. access to cessation support and information on quitting. The response was the formation of the *National Network of Tobacco Cessation Quitlines*, a collaborative effort of the National Cancer Institute's Cancer Information Services, the Centers for Disease Control and Prevention's Office on Smoking and Health, and the North American Quitline Consortium. The National Network of Tobacco Cessation Quitlines:

- Provides a common point of access to services, recognizable and available to a very mobile and transient society.
- Strengthens the delivery of service by providing a mechanism for integrating and implementing state, regional and national cessation campaigns.
- Increases access to cessation services by minority and medically underserved populations.
- Builds and enhances the capacity of quitlines in the states and U.S. territories.

As a result of the National Network of Tobacco Quitlines initiative and the collaboration of the agencies and organizations that comprise the Network, people in all 50 states, the District of Columbia, and several U.S. Territories have access to tobacco quitlines. **On November 10, 2004, with funding from the National Cancer Institute, 1-800-QUIT-NOW began operations as the only nationwide, toll-free portal to telephone-based tobacco cessation services for every person in the United States.** 1-800-QUIT-NOW (800-784-8669) links existing state quitlines together through this number, then instantly electronically routes the caller by area code to available quitline services provided in his/her state. Calls originating in states that do not currently provide quitline services are automatically routed to the NCI's Smoking Quitline, operated by the Cancer Information Service, on a temporary basis until those state-based quitlines are operational. With funding from CDC for building capacity and enhancing state-based quitlines, most states and several of the US Territories, such as Puerto Rico, will be operating their own quitlines by the end of this year.

A complete listing of state quitline information is provided at the end of this article. For detailed information - including quitline contact information, language services, services offered, populations counseled, websites, and more - visit the North American Quitline Consortium online at <http://www.naquitline.org/quitline.php> and search by state.



* Adapted from California Smokers' Helpline

The Role of Health Education and Health Educators

There are a number of ways and levels by which health educators can be involved in tobacco cessation and prevention efforts. Each of these can be part of a comprehensive tobacco prevention and control program, and combined with other services, policies, and activities in an ecological approach to reduce tobacco use.

- **Work with State Health Department Tobacco Control Programs** and other state / local programs to determine what cessation / prevention initiatives exist, and to assess individual and community needs for health education on tobacco control and cessation.
 - Include smokers, friends and families of tobacco users, policy makers, employers, and health care providers.
 - Identify specific populations in the community that may be hard to reach and / or are not being served.
 - Identify specific populations in the community that may be disproportionately affected by tobacco use.
 - Promote health care systems change to institutionalize effective tobacco treatment.
- **Offer and participate in tobacco cessation programs and resources** in the community.
 - Reinforce the value of combining cessation medication with counseling.
- **Advocate to local, state, and federal legislators** for:
 - **Increased funding for expanding comprehensive tobacco control programs**, including the number and type of tobacco cessation activities, and mass media campaigns.
 - **Affordable tobacco-cessation assistance**, including:
 - Expanded coverage and provision of effective tobacco cessation treatments among private employers and health care programs, as well as all health care programs provided, funded, or operated by the state; and
 - Reducing or eliminating the out-of-pocket costs for cessation treatments offered in health benefit plans.^{8,11}
 - **Excise tax increases on tobacco products** at the municipal, state, and federal levels.
- **Let smokers know that help is available** when they are ready to quit, and promote available tobacco cessation services including quitlines, other counseling services in the community, and pharmacotherapy options (both over-the-counter and prescription).
 - **Establish referral relationships**, especially a reciprocal referral with the state quitline.
- **Act as a resource person** to smokers, friends and families of smokers, employers, policy makers, and health care providers to promote tobacco cessation information and resources.
- **Work with local healthcare providers / clinicians to ensure they refer patients** to quitlines and other community resources.

U.S. Quitlines by State†

1-800-QUIT-NOW is the national portal number through which smokers in every state, the District of Columbia, and some U.S. territories can access telephone-based tobacco cessation services. Calls to 1-800-QUIT-NOW are automatically routed to available quitline services provided in the state from which the call originates. Many of these state quitlines, however, do have a direct dial number for smokers within the state. These numbers are provided below. Work with your state's comprehensive tobacco prevention and control program to connect smokers in your community and state with your state quitline services.

Alabama 1-800-QUIT-NOW	Maine 1-800-207-1230	Pennsylvania 1-877-274-1090
Alaska 1-888-842-QUIT	Maryland 1-800-399-5589	Rhode Island 1-800-TRY-TO-STOP
Arizona 1-800-556-6222	Massachusetts 1-800-TRY-TO-STOP	South Carolina† 1-877-44U-QUIT
Arkansas 1-866-NO-BUTTS	Michigan 1-800-480-QUIT	South Dakota 1-866-SD-QUITS
California 1-800-662-8887	Minnesota 1-888-354-PLAN	Tennessee 1-800-QUIT-NOW
Colorado 1-800-639-QUIT	Mississippi 1-800-244-9100	Texas 1-877-YES-QUIT
Connecticut 1-866-END-HABIT	Missouri 1-800-QUIT-NOW	Utah 1-888-567-TRUTH
Delaware 1-866-409-1858	Montana 1-866-485-QUIT	Vermont 1-877-YES-QUIT
District of Columbia 1-800-QUIT-NOW	Nebraska 1-800-QUIT-NOW	Virginia 1-800-QUIT-NOW
Florida 1-877-U-CAN-NOW	Nevada 1-888-866-6642	Washington 1-877-270-STOP
Georgia 1-877-270-STOP	New Hampshire 1-800-TRY-TO-STOP	West Virginia 1-877-Y-NOT-QUIT
Hawaii 1-800-QUIT-NOW	New Jersey 1-866-NJ-STOPS	Wisconsin 1-877-270-STOP
Idaho 1-800-QUIT-NOW	New Mexico 1-800-QUIT-NOW	Wyoming 1-866-WYO-QUIT
Illinois 1-866-QUIT-YES	New York 1-866-NY-QUITS	Great Start 1-866-566-START A tobacco quitline operated by the American Legacy Foundation providing free counseling to pregnant smokers who want to quit.
Indiana 1-800-548-8252	North Carolina 1-800-QUIT-NOW	
Iowa 1-866-U-CAN-TRY	North Dakota 1-866-388-QUIT	
Kansas 1-866-KAN-STOP	Ohio 1-800-QUIT-NOW	
Kentucky 1-800-QUIT-NOW	Oklahoma 1-866-PITCH-EM	
Louisiana 1-800-LUNG-USA	Oregon 1-877-270-STOP	

†As several states begin operating state-based quitlines in the next several months, some of these numbers will be changing.

†This number is expected to change to 1-800-QUIT-NOW in early 2006. Check with the South Carolina Department of Environment and Control, Division of Tobacco Prevention and Control for updates.



Key Resources

for More Information on Tobacco Quitlines

¹ Centers for Disease Control and Prevention. Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs-United States, 1995-1999. *Morbidity and Mortality Weekly Report* 2002;51(14):300-303.

² Centers for Disease Control and Prevention. Cigarette Smoking Among Adults - United States, 2003. *Morbidity and Mortality Weekly Report* 2005; 54(20):509-513.

³ Centers for Disease Control and Prevention. Cigarette Smoking Among Adults - United States, 2000. *Morbidity and Mortality Weekly Report* 2002;51(29):642.

⁴ Schoenborn CA, Adams PF, Barnes PM, Vickerie JL, Schiller JS. Health Behaviors of Adults: United States, 1999-2001. National Center for Health Statistics. *Vital Health Statistics* 10(219). 2004.

⁵ Cummings SR, Rubin SM, Oster G. The cost-effectiveness of counseling smokers to quit. *Journal of the American Medical Association* 1989; 261(1):75-79.

⁶ North American Quitline Consortium. *Quitline Facts*. Accessed online May 20, 2005 at http://www.naquitline.org/quitline_facts.php

⁷ Fiore MC, Baily WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence: Clinical Practice Guidelines*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; 2000.

⁸ Zaza S, Briss PA, Harris KA, eds. The guide to community preventive services : what works to promote health? / Task Force on Community Preventive Services. New York, NY: Oxford University Press. 2005.

⁹ Lancaster T, Stead LF. Individual behavioural counselling for smoking cessation (Review). *The Cochrane Library*. Chichester, UK: John Wiley & Sons, Ltd. Issue 2, 2005.

¹⁰ Zhu SH, Anderson CM. Bridging the clinical and public health approaches to smoking cessation: California Smokers' Helpline. In: Jammer MS, Stokols D, eds. *Promoting Human Wellness: New Frontiers for Research, Practice, and Policy*. Berkeley, CA: University of California Press; 2000:378-394.

¹¹ Hopkins DP, Briss PA, Ricard CJ, et al. Review of evidence regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke. *American Journal of Preventive Medicine* 2001; 20(2S):16-66.

¹² McAfee T, Sofian N, Wilson J, Hindmarsh M. The role of tobacco intervention in population-based health care. *American Journal of Preventive Medicine* 1998; 14:46-52.

¹³ Zhu SH, Rosbrook B, Anderson CM, et al. The demographics of help-seeking for smoking cessation in California and the role of the California Smokers' Helpline. *Tobacco Control* 1995;4(Suppl 1):S9-S15.

¹⁴ Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs*. 1999.

¹⁵ Centers for Disease Control and Prevention. Telephone Quitlines: A Resource for Development, Implementation, and Evaluation. 2004.

This special insert has been supported by funds from the Centers for Disease Control and Prevention, Office on Smoking and Health. Purchase Order No. 211-2004-M-09382. Written by Blakely Pomietto, MPH, Society for Public Health Education.

Organizations

Centers for Disease Control and Prevention
Tobacco Information and Prevention Source
<http://www.cdc.gov/tobacco/>

National Cancer Institute, Cancer Information Service
1-800-QUIT-NOW
Live Help link at <http://www.cancer.gov>

North American Quitline Consortium
<http://www.naquitline.org>

American Cancer Society
http://www.cancer.org/docroot/PED/ped_10.asp?sitearea=PED

Agency for Healthcare Research and Quality
<http://www.ahrq.gov/path/tobacco.htm>

American Legacy Foundation
<http://www.americanlegacy.org>

American Lung Association
<http://www.lungusa.org/tobacco>

Office of the Surgeon General
<http://www.surgeongeneral.gov/tobacco>

U.S. Department of Health and Human Services
<http://www.smokefree.gov>

Publications and Resource Guides

Telephone Quitlines: A Resource for Development, Implementation, and Evaluation
<http://www.cdc.gov/tobacco/quitlines.htm>

Treating Tobacco Use and Dependence: Clinical Practice Guidelines
http://www.surgeongeneral.gov/tobacco/treating_tobacco_use.pdf

The Guide to Community Preventive Services
<http://www.thecommunityguide.org>

Linking a Network: Integrate Quitlines with Health Care Systems
http://www.paccenter.org/pages/pub_reports.htm

A Quick Reference Guide to Effective Tobacco Cessation Treatments and Activities
<http://www.CTCinfo.org>

The Health Consequences of Smoking: A Report of the Surgeon General
<http://www.surgeongeneral.gov/library/smokingconsequences/>

Kentucky's Tobacco Quitline is a FREE telephone service that helps Kentuckians quit smoking and using tobacco products.



Many people who use tobacco want to quit. By calling Kentucky's Tobacco Quitline, you are one-step closer to becoming tobacco free.

WHO CAN CALL?

Kentuckians who want to stop using tobacco OR are concerned about a family member or friend's tobacco use.

WHEN CAN I CALL?

Kentuckians can call **1-800-QUIT-NOW**

(1-800-784-8669) from 8 a.m. to 1 a.m. (EST) Monday through Sunday. 24-hour voice mail and recorded QuitFacts are also available after hours.

WHAT HAPPENS WHEN I CALL?

When you call Kentucky's Tobacco Quitline you'll receive FREE:

- Support and advice from an experienced quit specialist
- A personalized quit program with self-help materials
- The latest information about the medications that can help you quit

DOES IT WORK? YES.

Quitline callers are more likely to succeed than those who try to quit on their own.

THREE GOOD REASONS TO CALL IT QUILTS:

- Your Family – Live a healthier, longer life and watch your family grow.
- Your Health – Tobacco use causes cancer, heart disease, chronic bronchitis, emphysema and asthma attacks—to name just a few health risks of tobacco use.
- The Cost – The average smoker spends \$500 to \$3,000 a year on cigarettes a year. Tobacco use is costly to your health and your cash flow.

PLEASE CALL:

- If you smoke and want to stop
- If you use spit tobacco and want to stop
- If you are pregnant, use tobacco and want to stop.
- If you want to help someone you care about stop using tobacco

All services are available in English and Spanish with quitline coaches. Translation service for other languages is available, free of charge, through a translation service at the time of your call. For the deaf and hard of hearing community TTY: 888-229-2182.

Think Smoking has nothing to do with HIV?

Think Again!

HIV-infected clients are 2-3 times more likely to be smokers than their age-matched HIV-uninfected counterparts.

Smokers vs. Nonsmokers:

- Among people who carry HIV, those who smoke have poorer health than those who do not smoke due to the toxins found in tobacco (60 known carcinogens).
- People with HIV who smoke are more likely to suffer complications such as nausea and vomiting from HIV medications than those who don't.
- HIV-positive smokers are more likely to develop bacterial pneumonia and develop it more quickly than nonsmokers because of their compromised immune system.

Smoking and HIV Infection:

- Smoking weakens the immune system, making it harder to fight off HIV-related infections.
- Smoking in early HIV disease may increase the progression to AIDS by activating T4 cells, making it easier for them to duplicate.
- People with HIV are at increased risk for developing certain types of cancer due to their suppressed immunity.
- HIV positive smokers can double their risk for developing pneumonia (PCP).
- Daily tobacco use may weaken the response to antiretroviral therapy, making some HIV medications less effective.
- Smoking increases the risk of three types of mouth infections common in HIV-positive people
 - Oral warts
 - Thrush – a fungal infection causing eating and swallowing difficulty
 - Hairy leukoplakia – a viral infection causing white sores on the tongue

Need help quitting? Call Kentucky's Tobacco Quit Line. It's FREE!

Kentucky's Tobacco Quit Line provides you with
trained tobacco cessation counselors.

Call 1-800-QUIT-NOW (1-800-784-8669)

Five Keys for Quitting

1. Set a Quit Date.
 - Think about past quit attempts. What worked and what did not?
 - What are your triggers, things that make you want to smoke? How can you overcome them?
 - Get rid of all cigarettes and ashtrays in your home and car.
 - Decide what you want to purchase with the money you save. Think FUN!
2. Get Support and Encouragement.
 - Tell your family and friends you are quitting. Ask them to be encouraging and supportive in the early days of your quitting.
 - Tell friends and family who smoke that you are quitting and you will be more successful if you are not around them for a while.
 - Talk to your healthcare provider about quitting.
 - Call Kentucky's Tobacco Quit Line (1-800-784-8669) for **FREE** help.
 - Log on to Positively Smoke Free at positivelysmokefree.org for cessation education materials especially relevant to PLWHA's.
 - Log on to BecomeAnEX.org "Chat" with others who are quitting.
3. Learn New Skills and Behaviors.
 - Change your routine when you first try to quit. For example, don't linger after a meal, wash dishes – wet hands will ruin a cigarette.
 - Distract yourself from urges to smoke. Try deep breathing. Make a decision that you are going to think about something else.
 - Drink a lot of water. Water helps flush nicotine out of your body.
 - Replace smoking with low-calorie food such as carrots.
4. Get Medication and Use It Correctly.
 - Talk with your healthcare provider about using the nicotine patch or medications that can help you become a nonsmoker
5. Be Prepared for Relapse or Difficult Situations.
 - Avoid alcohol; alcohol will lessen your conviction for quitting.
 - Avoid being around other smokers. Stay in nonsmoking areas.
 - Keep busy. Try working puzzles or a hobby that requires using your hands.
 - Eat a healthy diet and stay as active as possible.

Need to find something to do?

Log on to BecomeAnEX.org. This web site offers quitting tips and community chat rooms where you can "talk" with others also quitting tobacco use.

Kentucky's Tobacco Quitline is a FREE telephone service that helps Kentuckians quit smoking and using tobacco.

Many people who use tobacco want to quit. By calling Kentucky's Tobacco Quitline, you are one step closer to becoming tobacco free.

WHO CAN CALL?

Kentuckians age 15 and older who want to stop using tobacco or are concerned about a family member or friend's tobacco use.

WHEN CAN I CALL?

Kentucky's Tobacco Quitline hours of operation are 8:00 am - 1:00 am EST (7:00 am - 12:00 am CST) Monday through Sunday. Callers after hours may leave a message or hear QuitFacts.

WHAT HAPPENS WHEN I CALL?

When you call Kentucky's Tobacco Quitline, you'll receive FREE:

- Support and advice from an experienced quit specialist
- A personalized quit program with FREE self-help materials
- The latest information about the medications that can help you quit

DOES IT WORK? Yes.

Quitline callers are twice as likely to succeed at quitting as those who try to quit on their own.

THREE GOOD REASONS TO CALL IT QUILTS:

- Your Family – Live a healthier, longer life and watch your family grow. They need you!
- Your Health – Tobacco use causes cancer, heart disease, chronic bronchitis, emphysema and asthma attacks — just to name a few.
- The Cost – The average smoker spends \$500 to \$3,000 a year on cigarettes. Tobacco use is costly to your financial and as well as your physical health.

WHAT SHOULD YOU DO?

- Consider quitting tobacco use.
- Call Kentucky's Tobacco Quitline.

Please Call:

- If you use spit tobacco and want to stop
- If you smoke and want to stop
- If you want to help someone you care about stop using tobacco
- If you are pregnant, use tobacco and want to stop

For more information about Kentucky's Tobacco Quitline, contact your local health department or Jan Beauchamp at 502-564-9358, or Jan.Beauchamp@ky.gov.

Call today – Be a Quitter!

All services available in English and Spanish. Translation service available, free of charge, for additional language needs. For the deaf and hard of hearing community TTY: 888-229-2182

1-800-QUITNOW



**Care Coordinator NRT Initiative
PATIENT FAX REFERRAL FORM**

Today's Date _____

QL Fax # 1-800-261-6259

KDPH Fax # 502-564-2983

Use this form to refer patients who are ready to quit tobacco in the next 30 days to Kentucky's Tobacco Quitline.

PROVIDER(S): Complete this section

Provider name	Contact Name
Clinic/Hosp/Dept	E-mail
Address	Phone () -
City/State/Zip	Fax () -

I have discussed tobacco cessation with this patient. They have chosen not to participate at this time. I will ask again.

Care Coordinator _____ County _____

Date	Accept	Decline

PATIENT: Complete this section

_____ Yes, I am ready to quit and ask that a quitline coach call me. I understand that Kentucky's Tobacco Quitline
Initial will inform my provider about my participation.

Best times to call? morning afternoon evening weekend

May we leave a message? Yes No

Are you hearing impaired and need assistance? Yes No

Do you have a pharmacy? Yes No

Pharmacy name: _____

Pharmacy Phone # 1 () - Date of Birth? / / Gender M F

Patient Name (Last) (First)

Address City KY

Zip Code E-mail

Phone #1 () - Phone #2 () -

Language English Spanish Other _____

Patient Signature Date

Confidentiality Notice: This facsimile contains confidential information. If you have received this in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy or distribute.