



E-Guide to Developing a Community Outreach Network to Motivate Smokers to Quit after Discharge from Clinics or Hospitals

Developed by:

Theo Tsoukalas, Ph.D.
Elizabeth Emerson, M.A.

Health Spectrum Program
Public Health Institute
www.phi.org

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Groups that may use this guide include:

- Schools of Public Health or Pharmacy, and Preceptors
- County Health Departments
- Local Public Health or Tobacco Control Coalitions
- Hospital Discharge Planning Teams

Background: Many smokers are readmitted into clinics and hospitals because they are not referred to smoking cessation programs after they are discharged. Post-discharge follow ups are critical to improving chances to quit smoking

(<http://archinte.jamanetwork.com/article.aspx?articleid=414538>). New Joint Commission measures that went into effect Jan 1, 2012 have made such follow up voluntary (http://www.jointcommission.org/assets/1/6/Inpatient_Manual_4.1_Supplemental_PDF.zip).

Whether or not a hospital chooses to adopt the new Tobacco Treatment Measure set in order to help smokers, this mini e-guide offers community health organizations or pharmacy, nursing or public health schools an opportunity to developing a community based outreach- cessation motivation and referral service for smokers, to increase cessation rates, and reduce readmissions. Since many hospitals do not have the staff to provide smoking patients with post-discharge follow-up to quit smoking beyond statewide help-lines, this type of project can fill a service gap.

This five-month model pilot project was conducted by the Public Health Institute's Health Spectrum Program researchers Theo Tsoukalas, Ph.D., and Elizabeth Emerson, M.A. during the latter months of 2012. The following steps are designed to assist with replication of components of this project in other areas. A PowerPoint presentation and phone script for volunteers is included to help train community volunteers and students interns to provide "Brief Intervention" phone sessions, based on the 5 "A"s (5As) of smoking cessation: (1) Ask, (2) Advise, (3) Assess, (4) Assist, and (5) Arrange (<http://www.ahrq.gov/clinic/tobacco/clinhlpsmksqt.htm>). Prior to this project, the "Brief Intervention" Training had been provided by one of this project's Training Coordinator (Co-PI) to over 1104 hospital workers in 2011 in Marin County,

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California, to increase patient's motivation to quit during or after their hospital stays. Part of the training for hospital workers included knowledge of local, statewide and web based smoking cessation resources. It was discovered that while Kaiser Permanente patients systematically received cessation follow up after discharge from hospitals and clinics, this was not the case with other hospitals. The Kaiser Permanente approach has been built on a deep understanding of the challenges faced by smokers who wish and/or must quit in a very short time frame for critical health reasons. Kaiser's 1994 guide titled *Getting Ready To Get Ready To Quit Smoking—A Self-Assessment Guide*, a classic in cessation circles, is still timely today. Addressing the fears of smokers about their ability to quit smoking, Kaiser's Guide states:

“Being sure you are ready to quit and taking steps to prepare yourself for becoming a nonsmoker will give you the best chance at success...To quit smoking, you must do more than acknowledge that smoking is harmful. You must believe that smoking is an important problem. You must believe that smoking will affect you personally. You must believe you will benefit from quitting. And finally, you must believe you're capable of quitting.”

(http://mydoctor.kaiserpermanente.org/ncal/Images/getting_ready_to_get_ready_guide_tcm28-15692.pdf). How can we prepare smokers (especially those from the ranks of the disenfranchised and indigent populations) to be sure they are ready to quit? And how can we instill in them the belief that they are capable to quit and give them access to statewide and community resources to do so? This brief e-Guide represents an effort to address these two questions in simple and practical ways through experiences gained from our efforts to create, in a short amount of time, a sustainable community outreach and referral network for smoking cessation. It is our sincere belief that, with minimal training, most health care students, semi-retired or retired health care professionals (physicians, nurses or pharmacists) can help motivate smokers to make progress from one stage of change to the next (DiClemente Stages of Change model), to a tobacco-free life.

This e-Guide was made possible by a funding application the Public Health Institute's Health Spectrum Program made to Pfizer's Health Care Charitable Contributions Program (Pfizer) to demonstrate whether a community smoking cessation and outreach network could be developed within months to provide phone based cessation motivation and referral support to smokers. Pfizer provided a \$10,000 mini-grant for this 6 month pilot project. We are grateful to Pfizer's Health Care Charitable Contributions Program for funding the application to support this Pilot Project and e-Guide.



Phase I: Formulate a local outreach and referral network development plan

1. Identify key organization or College of Pharmacy, etc., to be the coordinating program, phone number or email contacts for referrals and trainers (health educators, nurses, professors or others).
2. Develop HIPA and Consent forms for the program (that patients can sign). This will also improve the confidence of the hospital discharge planning teams or clinics in referring smokers for follow-up phone motivational and referral sessions.
3. Contact local University Schools of Public Health, Pharmacy or Nursing: Seek out Professors or Preceptors who may assist with student intern placements on rotations, and student supervision. Also contact Financial Aid offices to allocate community placements for Work-Study Placement of Students (this can increase hours for phone calls to smokers and for cessation referrals to local programs).
4. Contact County Social and Health Services, Divisions of Public Health, Tobacco Control Programs, or Division on Aging (called Area Agencies on Aging in some states). If these programs have volunteer programs, offer to provide presentations and Brief Intervention trainings to the volunteers, including training on how to refer smokers to a community based, web-based or phone cessation program.



5. Contact County Medical Associations or Societies to place notices in their monthly e-newsletters for semi-retired, or retired, physicians, nurses or pharmacists to provide volunteers for cessation counseling services to smoking patients. County Social and Health Services, Divisions of Public Health, Tobacco Control Programs, or Division on Aging (called Area Agencies on Aging in some states). Include retired or semi-retired physicians, nurses or pharmacists in Brief Intervention Orientation Trainings (and local cessation resources) in person or over the phone, after emailing the Power Point training. (See Phase II below).

Phase II: Implement Volunteer Training and Internship or Rotations Program

To be implemented with assistance from Preceptors of local University Schools of Public Health, Pharmacy and Nursing:

1. Recruit university students who are willing to volunteer, or include in their rotations, phone cessation motivational and referral sessions, under the supervision of a professor or preceptor, arrange for training and role playing.
2. Provide a job description to the Financial Aid office of a local university for students on work-study that includes phone cessation referral duties.
3. Modify, customize or adapt Power Point training (see Appendix 1 for a 45 minute Power Point presentation: Brief Intervention Training of Trainers); include lists of local or state-wide community-based smoking cessation programs in the training. If student interns have varying schedules and locations, the training can be provided by emailing them the Power Point training, scheduling a time to go over it with them over the phone so they can ask questions, and the training can be recorded through www.freeconferencecalling.com and then an mp3 file of the training can be emailed to the student interns. However, the student interns should periodically meet as a group with the preceptor, ask questions, assist each other, and compare notes, and share problems and solutions.
4. For the training, in addition to lists of smoking cessation resources, provide 5As “tip sheets” or small booklets (available from AHRQ08-0050-3 *Pocket Guides: Helping Smokers Quit: A Guide for Clinicians*. Call 1-800-358-9295 (Agency for Healthcare Research and Quality, Silver Springs, Maryland) or visit: <http://www.ahrq.gov>. For a pdf version of the Pocket Guide visit: <http://www.ahrq.gov/clinic/tobacco/clinhlpsmksqt.pdf>)



5. During the training phase, preceptors or project organizer can include role playing (using the phone script provided in Appendix 2), where students can alternate being smokers and phone volunteers. Ask students to practice scenarios with several types of resistant smokers of various age groups, and to provide each other with helpful feedback with assistance from the preceptor. Students are not allowed to prescribe medications but may encourage the patient to ask their physicians about cessation medications.

6. Train the students in record keeping, documenting referrals, content of phone sessions, need for follow-up, barriers and successes. Our students used Google Docs and Excel spreadsheets to track and share referrals thus avoiding duplication and to make sure that all patients were served.

Preceptor should continue to augment student's education by providing additional links and resources, such as the UCSF National Smoking Leadership Center (<http://smokingcessationleadership.ucsf.edu/Publications.htm>); providing information on drug interactions; assisting with the development of a smoking cessation counseling algorithm as a group project, and additional tasks.



Phase III: Evaluation

1. Develop a survey questionnaire for students following their internship and rotation to determine their experiences. Interview students if possible for feedback on the overall program and their experiences.
2. Provide student reports on phone counseling back to referring sources: (hospital discharge planning teams, medical clinics, pharmacists, etc.)
3. Analyze student reports for themes about their experiences with smokers. Determine which smokers need additional follow-up; refer them to new student volunteers, providing notes of previous phone sessions.
4. Evaluate program every three months to determine progress, barriers or challenges, or needs for corrections.
5. Coordinators should meet with volunteer sources: university schools, community based Social Service or Aging programs, etc. to determine how well the program is going, make adjustments and improvements as needed.

Addressing Barriers and Challenges Successfully--Lessons Learned from the Public Health Institute, Health Spectrum Program Pilot Project

Challenge # 1: Hospital Discharge Planning Teams can be resistant to referring patients for follow up phone cessation motivation programs.

Solution: Social workers, who are used to working with community groups, can be the most helpful. It may also be helpful to see if there is a Field Placement Policy Agreement or

Memorandum of Understanding between universities and social service agencies, such as the Collaborative Academic/Practice Alliance (formed between Marin County, the California Department of Health and Human Services and local university nursing colleges such as Dominican University, UCSF, and others). Hospitals and clinics need reassurance that HIPA regulations will be followed and consent forms used. This challenge was resolved most successfully when members of two hospital discharge planning teams had already worked out those details as part of their protocols (For more information on Project Independence, visit <http://www.co.marin.ca.us/depts/hh/main/ag/pi.cfm>). It is also helpful to ask clinics for referrals, in case hospital systems, which can take a long time to implement one small change, slow down referrals.

Challenge # 2: Inexperienced student interns often expect smokers to stop smoking immediately. During the Brief Intervention Trainings, students learned that smokers are not always eager to quit smoking because of one motivational phone call, and that at least one or two follow-up phone calls may be needed.

Solution: The DiClemente Stages of Change model, (<http://www.tobacco-cessation.org/PDFs/March%202010%20Supplement/Journey-DiClemente.pdf> and http://adaa.dhmm.maryland.gov/Documents/content_documents/ManagementConference2011/A_DAA_SmokingCessationWorkshop101711.ppt) which measures success if a smoker progresses from one stage to the next stage of readiness, help make the student expectations more realistic. Students should be trained to demonstrate empathetic, nonjudgmental, compassionate, caring and patient approaches toward smokers during their phone communications, and to strengthen a smoker's determination to go tobacco-free.



Challenge # 3: Logistics and Practical Issues: Two of the foreign born pharmacy student interns in our pilot project had limited verbal English language skills, and one was so shy that a phone conversation with a smoker turned out to be an ordeal for both the student and the smoker, and the Preceptor had to assign more communicative students to smokers. Finding a central phone number and office location for student interns was difficult for this pilot project due to the small funding allocation to this mini-grant. A toll-free 800 telephone number was temporarily set up but never used. A local chapter of the American Cancer Society donated office space.

Solution: Student interns should be monitored or supervised by an Instructor or a Preceptor, who can determine if a student does not have necessary communication skills even after receiving training. The students preferred to call smoking patients on their own mobile phones (using

Skype or Google Talk to save funds), and managed to call the smokers from school based locations or community based offices, under the supervision of the Preceptor.



Benefits and Positive Outcomes of the Smoking Cessation Community Outreach, Motivation and Referral Network (based on the findings of the Public Health Institute, Health Spectrum Program Pilot Project)

The most surprising outcome of this project was that the motivation and referral network will continue long beyond the funding cycle. Other positive outcomes of this sustainable Community Smoking Cessation Referral Network included:

1. Positive development or improvement of collaborative relationships between local health departments, tobacco control programs, social services agencies, medical societies (source of retired health care workers), and colleges of pharmacy, nursing, or public health in local universities.
2. Smoking patients receive much more support and motivation to quit smoking, and are often surprised by how many web based, smokers' helpline phone counseling and local community based programs are available to support them in their efforts. The smokers in our program asked the volunteers to continue to call them for support because the phone calls meant so much to them.
3. Semi-retired or retired physicians, nurses and pharmacists appreciate opportunities to use their education and years of experience to assist smokers in the quitting process and improve their health while extending their lives.
4. Student interns expressed interest to learn about cessation from direct contact with smokers, compared to text books alone, while also learning formally about the smoking cessation process, drug interactions with nicotine, and other information that will help them in their health care careers.
5. All student interns reported that they were not taught about community based, web based or smoker's helpline resources in their courses. They did not know that these programs existed, or how they worked, or how to make referrals to those programs.

They learned that pharmaceuticals alone were not enough to help a smoker quit permanently and that behavioral counseling and group, phone or web support was also necessary to keep a smoker from relapsing. All students told the Principal Investigators that since these topics were not covered in their courses, they never would have become aware of this valuable information if they had not interned or volunteered with this program. They also appreciated working with community based public health professionals and being part of interdisciplinary teams.

6. Student volunteers learned about themselves during this project. They felt that they grew personally and professionally from helping smokers quit. One 28 year old pharmacy male student volunteer reported: *“The smoker that was assigned to me, an African-American man, looked forward to my phone calls each week. I learned as much from him as he did from me. I also interned at a Veteran’s Administration Hospital, and when I discovered that they had no Brief Intervention Program for smokers, I started one there. As a child and later as a teen, I watched my grandparents, parents, aunts and uncles, all die slowly and painful from smoking related diseases. As I watched this happen to my family, growing up, I saw what tobacco did to people, and I did not know how to save my relatives. As a university student, I was not sure I was making a difference, just going to classes. Now, after receiving the Public Health Institute’s Smoking Cessation Brief Intervention Training from Dr. Tsoukalas and Ms. Emerson, and getting a chance to implement it with smokers, I finally have a chance to save other families even though I could not save my own family members. I have so much passion to help smokers quit, that I will be doing this the rest of my life. This internship is the most rewarding and fulfilling part of my studies. This experience helped me decide my life-long career path.”*

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PHI Post-Discharge Cessation Referral Project Team: Public Health Institute, Health Spectrum Program, Principal Investigators Theo Tsoukalas, Ph.D. and Elizabeth Emerson, M.A., developed a partnership to help implement this project, along with Dr. Aglaia Panos, PharmD of Pharmacy Planning Services. Dr. Panos has been mentoring students as a preceptor for the past seven years. Dr. Tsoukalas and Ms. Emerson have worked in California’s tobacco control programs for many years and have over 30 years of combined experience in community-based health promotion campaigns, hospital and community-based smoking cessation and Brief Intervention trainings, technical assistance, health policy analysis, secondhand smoke campaign and implementation guides, trainings and videos, as well as program evaluation. They have written several public health implementation guides, including one that was funded by the World

Health Organization for 19 countries. They have provided presentations on tobacco control to the World Health Organization, and throughout the U.S., Canada, Brazil, Mexico, Greece, Egypt and India as well as training delegations of health care administrators and providers from China, South Korea, Russia and Sweden.

For more information, contact Public Health Institute Principal Investigators Theo Tsoukalas, Ph.D. at ttsoukalas@phi.org and Elizabeth Emerson, M.A. at eemerson7@att.net. The Preceptor's contact information is: Aglaia Panos, PharmD, at aglaia.panos@yahoo.com.

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- ◆ Susan DeFord, Touro University College of Public Health Student
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- ◆ Marin County, Napa County, Sonoma and Solano County Medical Societies
- ◆ Bob Curry, M.A., Marin County Tobacco Related Disease Control Program
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We are grateful to all participating adult smokers whose willingness to explore cessation options with our volunteers, challenged us all to see what is possible.

Special thanks to Professor Steven Schroeder, MD, Department of Medicine, University of California San Francisco, for his invaluable support and for being an inspiration to this project.

APPENDIX 1 Brief Intervention Training for Smoking Cessation and Referral
Outreach Network Volunteers

**BRIEF
INTERVENTION
TRAINING FOR PHI
SMOKING CESSATION
REFERRAL PROJECT**

--Elizabeth Emerson, M.A.

Public Health Institute

--Theo Tsoukalas, Ph.D.

Public Health Institute

PHI PILOT PROJECT TO HELP SMOKERS PREVENT RE- HOSPITALIZATION

Project Overview

- ◉ **Goal:** prevent re-hospitalization from smoking related diseases by providing Brief Intervention motivational and referral follow-up phone sessions by community volunteers including students and retired or semi-retired health care professionals.

TRAINING MATERIALS

1. Small yellow and blue booklets: **Helping Smokers Quit: A Guide for Clinicians**
2. Smokers Helpline gold cards (fit into above booklet)
3. Statewide and County-Specific Smoking Cessation Resources plus web links for computer users, i.e. 1-800-QuitNow or www.becomeanex.org or www.way2quit.com

RATIONALE FOR TRAINING

- ◉ **Fire safety:** smoking related fires: preventable smoke inhalation, injury & death;
- ◉ **Health:** Half of all smokers die from their addiction unless they receive interventions;
- ◉ Smoking affects every organ of the body and delays wound healing; increases chance of hospitalizations and re-hospitalizations;
- ◉ Smoking is the most common cause of poor birth outcomes;
- ◉ **Economic concerns:** chronic smoking can cause readmissions/reimbursement problems.
- ◉ **Prevent tragedy:** “Statistics are numbers with tears wiped away.” (Dileep Bal, M.D.)

BRIEF INTERVENTIONS NEARLY DOUBLE PATIENT'S QUITTING RATES

- ◉ **Research shows that clinicians are reluctant to help smokers quit because:**
 1. Misconception that it takes too much time.
 2. Misconception that it requires extensive training to help patients quit smoking.
 3. Pessimism about smokers' ability to quit/ stigma about smokers.
 4. Respect for smoker's privacy and fear of losing them as a patient.

Fact: Studies show that patients expect a clinician to intervene and they hope they will!

WHY BRIEF INTERVENTION?

- ◉ **Effective:** research shows that Brief Interventions are more effective than handing a patient a brochure.
- ◉ Hospitals throughout North America are now updating clinical cessation practices.
- ◉ Any intervention at all “chips away” at the iceberg of addiction. When these are conducted in a caring way, the iceberg of resistance melts even faster.

Studies show that....

BRIEF INTERVENTIONS ARE EFFECTIVE AND DOABLE

- Can be provided in 5 or more minutes.
- Do not require much training.
- Repetition of Brief Interventions increases quitting rates; according to multiple studies.

Brief Interventions nearly double quitting rates (according to research summarized by Dr. Scott Thomas, former Coordinator of CA Kaiser-Permanente Statewide Cessation Programs).

FIVE A'S ARE THE GOLD STANDARD/BEST PRACTICE

Developed by U.S. Public Health Services, Surgeon General's offices, CDC and studied by numerous researchers:

- ◉ **Ask** about patient's habits.
- ◉ **Advise** of consequences of smoking.
- ◉ **Assess** willingness to quit.
- ◉ **Assist** with cessation plan development.
- ◉ **Arrange** for follow-up.

1. ASK, (AND KEEP ASKING)

- ◉ More & more hospitals identify tobacco as a vital sign in their electronic charting system.
- ◉ The best question to ask after the beginning is: **“Have you set a quit date yet?”**
- ◉ Their loved ones will be very grateful that you kept trying!



2. ADVISE ALL TOBACCO USERS

- ⦿ Use clear, strong, personalized language.
- ⦿ Message must be strong, clear, and relevant to specific patient's concerns.
- ⦿ **“Going tobacco-free is the most important step you can take for your health now”**
- ⦿ *Remember, the patient expects this!*

3. ASSESS READINESS TO QUIT

If a participant is willing to quit, provide pharmaceutical support (if necessary) and a list of cessation resources (also important at discharge). Use tear sheets to help develop a plan and a quit date.

- ◉ **DiClemente Stages of Change Model:**
Pre-contemplation, Contemplation, Preparation, Action, Maintenance, Relapse Prevention are all stages of readiness. Even moving a participant to that next stage is progress.

WHEN A PARTICIPANT IS RESISTANT.....

1. **Be supportive** by motivating the patient to identify barriers to quitting a reasons to quit.
2. **Find out why** patient doesn't want to quit.
3. **Emphasize risks** of smoking.
4. **Point out the rewards** of quitting.
5. **Discuss roadblocks** and ways to overcome them.
6. **Help build their confidence** if they have failed in the past.

4. ASSIST WITH A QUIT PLAN

- ◉ Set a date (some sources say within two weeks).
- ◉ If unwilling to quit within two weeks, find another date that has significance for the patient. Have the patient write 3 potential dates and circle the one that they would prefer over the other two. Help them treat that date with respect- use it to help them develop a plan (tear sheets).

IF TIME PERMITS:

- ◉ **Review past quit attempts-** what helped, what led to relapse and what might be helpful this time around.
- ◉ **Reinforce:** Identify reasons and benefits of quitting. Ask the participant: ***“What did you like most about being tobacco-free?”***

IF TIME PERMITS:

- ◎ **Use non-judgmental compassion** in reminding the participant that it is not their fault that they are addicted, because of how the tobacco companies target teens and other vulnerable populations. Encourage them to avoid judging themselves. Remind the participants that they can learn from past quit attempts and relapses.

IT'S TIME PERMITS:

- ◉ **Encourage:** mention that hundreds of thousands of former smokers often had to use repeated attempts, that they will be a non-smoker soon, and may even help others go tobacco-free.

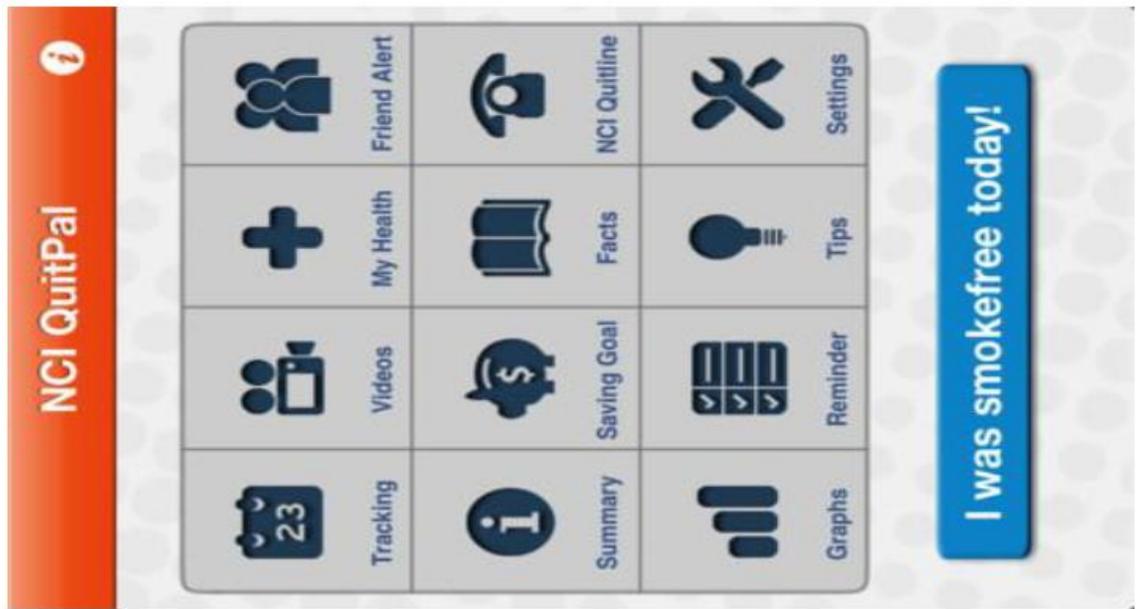
5. ARRANGE

- Encourage them to contact their physician for medications. Arrange for referrals, with permission from the patient or client.
- Provide resources or referral for cessation support such as: 1-800-NOBUTTS in California.
- 1-800-Quit Now (outside of California) refers directly to each state's Quit-line and cessation resources in their state and local communities, providing free phone support.
- Web-based Cessation Resources:
www.becomeanex.org and www.way2quit.com

NCI QuitPal is a free smart-phone app to support smokers working to become smoke-free. This interactive app is developed using proven quit strategies and tools to help change behavior and assist you with giving up smoking.

Technical support is available to help you download and use the NCI QuitPal app. If you need help or have any questions, please contact

cancergovstaff@mail.nih.gov



FIVE A'S IN REVIEW

- ◉ **Ask** about patient's habits.
- ◉ **Advise** of consequence of smoking.
- ◉ **Assess** willingness to quit.
- ◉ **Assist** with cessation plan development.
- ◉ **Arrange** for follow-up.

Formula: Frequency of Brief Intervention +

Five A's = 2x patients quitting rate!



DRUG INTERACTIONS

- ◉ **Smoking can interfere with absorption of medications.**
- ◉ **Nicotine can impact how other medications affect the patient.**
- ◉ **Most patients are unaware of drug interactions with nicotine:**

http://www.medscape.com/viewarticle/562754_2

CONCLUDING THE INTERVIEW

- ◉ Have a list of smoking cessation resources to send to the participant, always include the quit-line. If time permits, you might want to find out which of the resources the smoker is inclined to contact.
- ◉ Offer to follow up if time permits to see what worked for the patient and assist them with any challenges or barriers toward finding a cessation program that works for them.

PROJECT DATA COLLECTION

• Data needed by project-- Smoker by:

(1) county

(2) gender

(3) date and time of the call

(4) Any follow up information*

For your personal notes about the conversation, include their quit date, which resources they might contact and if they'd like to have a follow up call.

*During follow up call, did the participant contact a smoking cessation resource?

THANK YOU AND GOOD LUCK!

Elizabeth Emerson, M.A.
Training Coordinator
Public Health Institute
eemerson7@att.net

Theo Tsoukalas, Ph.D.
Principal Investigator
Public Health Institute
ttsoukalas@phi.org



APPENDIX 2

Five As (5As) Phone Script for Smoking Cessation Follow up and Referral.



Five As (5As) Phone Script for Smoking Cessation Follow up and Referral. (This phone script was used by university public health, nursing or pharmacy student volunteers under the supervision of a Pharmacy Preceptor and by semi-retired nurse or physician volunteers).

Developed by Elizabeth Emerson, M.A. and Theo Tsoukalas, Ph.D., Health Spectrum Program, Public Health Institute tsoukalas@phi.org

Hello, this is _____. I am calling because you had indicated that you would like a free phone cessation to help you quit smoking. Is this a good time or would you like me to call you back at another time (if so when would you prefer that I call)?

Ask participants if they smoke.

I noticed that you have used tobacco in the past.

(1) Are you still smoking?

(2) Have you tried quitting smoking in the past?

(3) What worked and what did not work for you?

(4) When you were not smoking, what did you like most about being tobacco-free?

Advise them to quit with clear, strong and personalized messages.

“Quitting smoking is the best thing you can do for your health right now. What are some reasons why you might want to be free of tobacco again?” (Speak to their reasons- why they might be motivated- for their health, their family, etc.)

CONTINUED

Assess their willingness to quit within 15- 30 days.

“Have you set a quit date yet? (Pause and listen)

- (1) *Why don't we set one right now?*
- (2) *How about within the next 2 weeks or a month?*

(If they are reluctant): I understand that you might not feel ready to quit- would you like us to send you some information to help you in case you would like to go smoke-free sometime in the future?

Assist them. If smokers are willing to quit, then develop a specific quit plan and provide practical and problem-solving counseling

If you have tried to quit in the past, I have good news for you. It is so much easier than it was before, because of all the new programs available to help you. I can provide you with some resources. Would you prefer a free phone support program, a web-based Internet program or a community group where you can have support of other smokers?

Arrange (send materials and smoking cessation referral lists if possible)

Where can we send your cessation resources to help you get started? (Record mailing or email address)

Would you like another phone call?

Client's quit date _____

Client's address _____
(CONTINUED)

Notes for future follow up calls below (include what motivates them as well as challenges they may have to overcome):

Thank you for your time – we wish you much success in your new tobacco-free life and full recovery!