



WELCOME!



This session is being recorded. The slides and the link to the recording will be available on our California Area IHS webpage in approximately 1 week:

<https://www.ihs.gov/california/index.cfm/professionals/bp/>

To help keep background noise down, please remain on mute until you have a question.

Put questions in the Chat box at any time. There will be time for Q&A at the end of the presentation.

After the Q&A, we will put a link to the evaluation in the chat. Upon completion of the evaluation, you will be able to download your continuing education certificate.



INTRODUCTIONS



Presenters and Facilitators:

Gemali Austin, DrPH RD CDCES

Diabetes & Tobacco Programs Manager, Lake County Tribal Health Consortium

Liliana Caicedo, DDS MHA

Director, Dental Department Lake County Tribal Health Consortium

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Associate Professor, UCSF and Director of the UCSF School of Global Oral Health

Jackie Kaslow, DrPH MPH

Adjunct Assistant Professor UCSF SON, Director, Red Medicine Tobacco Prevention Project

Breakout Room Facilitators: Celena Donahue & Kathleen Beltran

DISCLOSURE: Presenters have no commercial interest associated with the content of the presentations



LEARNING OBJECTIVES



- A. Apply USPSTF Guidelines for screening and counseling patients to quit commercial tobacco use.
- B. Integrate an evidence-based approach for quitting commercial tobacco use to meet GPRA benchmark measures.
- A. Incorporate cultural competency recommendations that are effective in treating tobacco use.

Tobacco and Vaping: Connecting Tribal Dental Clinic Patients with Help to Quit

Moving From Concept to Action

Indian Health Service Best Practices Conferences

May 31, 2023, 12-1 pm



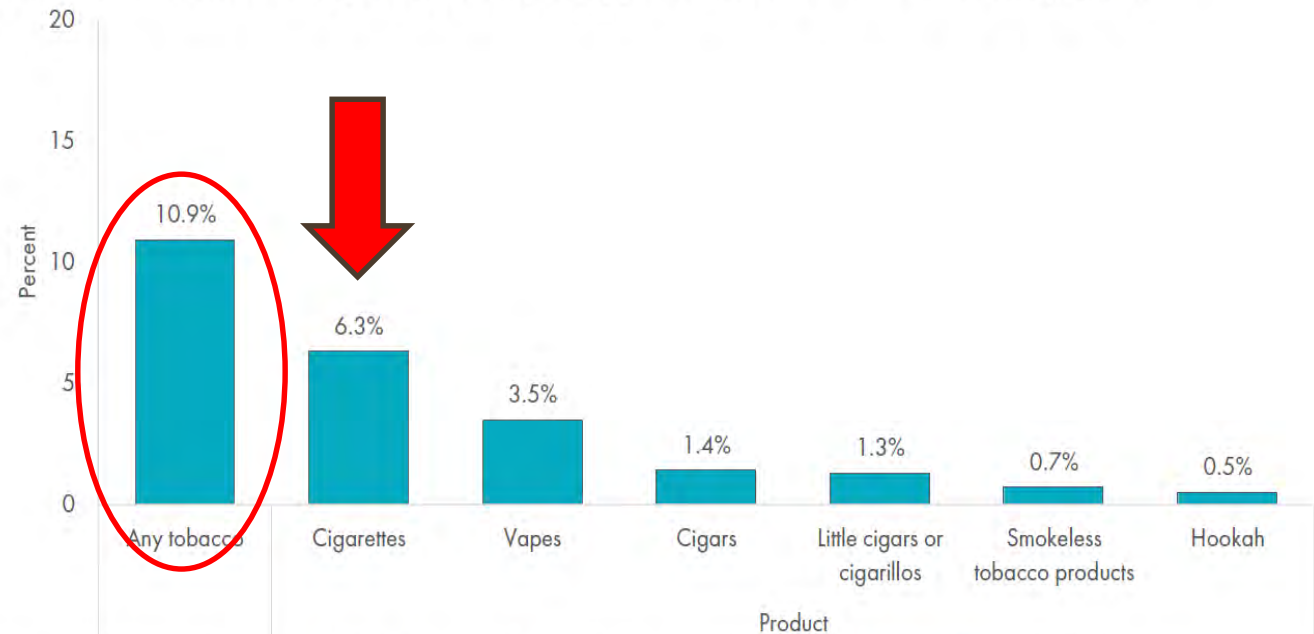
TOBACCO CESSATION: A PUBLIC HEALTH SUCCESS

Historical Snapshot

- CA Dept of PH, Tobacco Program
- 1989, funded by state tobacco taxes (Prop 99 and 56)
 - Social Marketing: Norm change
 - Smoke-free policy: Restricted spaces
 - Taxes: Economic disincentive to smoke
- **~73% decline** in population level smoking rates: 23.6 to **6.3%** (2021)

Cigarettes were the most reported tobacco product used by California adults, followed by vapes, big cigars, little cigars or cigarillos, smokeless tobacco products, and hookah (Figure 6). Overall, 10.9% of California adults (about 3.2 million adults) reported current use of one or more tobacco products.

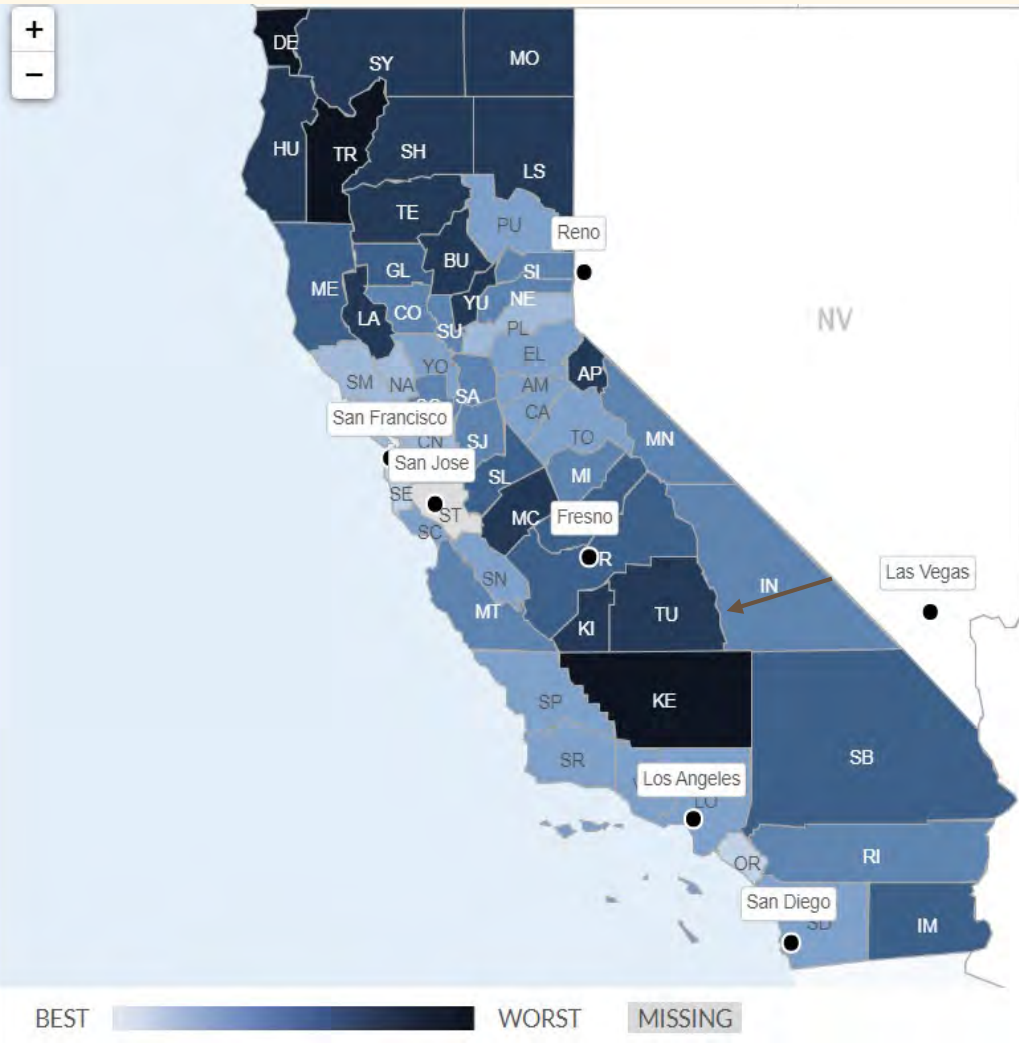
Figure 6. Current tobacco use among adults aged ≥18 years, by product—California Health Interview Survey, 2020-21



Tobacco use includes cigarettes, cigars, hookah, little cigars or cigarillos, smokeless tobacco products, or vapes. See [Additional Notes](#) section for more information.

Source: California Health Interview Survey. CHIS 2020 and CHIS 2021 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; October 2022.

....BUT DISPARITIES PERSIST



AskCHIS

Give us feedback | Clean/Start New Query | My Library | Sign Out

Geographic Area: State | Topic: Current Smoking Status - Adults | Compare Topics: Race - Census | Limit Population: Age in years (18 - 106) | Years: 2018

Your Data Results

AIAN 19.8%

Current Smoking Status - Adults	Race - Census						
	American Indian/Alaska Native	Asian	African American	White	Other single race, including NHOPI	Two or more races	All
Current smoker	19.8% (12.0 - 27.5) 186,000	8.5% (5.9 - 11.1) 380,000	11.7% (8.2 - 15.2) 224,000	10.8% (9.8 - 11.9) 1,953,000	12.0% (8.6 - 15.4) 396,000	16.2% (9.3 - 23.0) 173,000	11.2% (10.2 - 12.1) 3,312,000
Not a current smoker	80.2% (72.5 - 88.0) 755,000	91.5% (88.9 - 94.1) 4,086,000	88.3% (84.8 - 91.8) 1,691,000	89.2% (88.1 - 90.2) 16,058,000	88.0% (84.6 - 91.4) 2,897,000	83.8% (77.0 - 90.7) 899,000	88.8% (87.9 - 89.8) 26,387,000
Total	100.0% 941,000	100.0% 4,466,000	100.0% 1,915,000	100.0% 18,011,000	100.0% 3,293,000	100.0% 1,072,000	100.0% 29,699,000

95% confidence intervals displayed in table
Source: 2018 California Health Interview Survey

California Health Interview Survey, Ask CHIS Dataset accessed 8/23/2022



...AND THERE IS THE INCREASING THREAT OF NEW TOBACCO PRODUCTS

“E-cigarette use increased between 2014 and 2018 among younger U.S. adults **who had never smoked combustible cigarettes**, potentially increasing nicotine addiction risk and progression to combustible tobacco products.”

4

Bandi et al / Am J Prev Med 2023;000(000):1–5

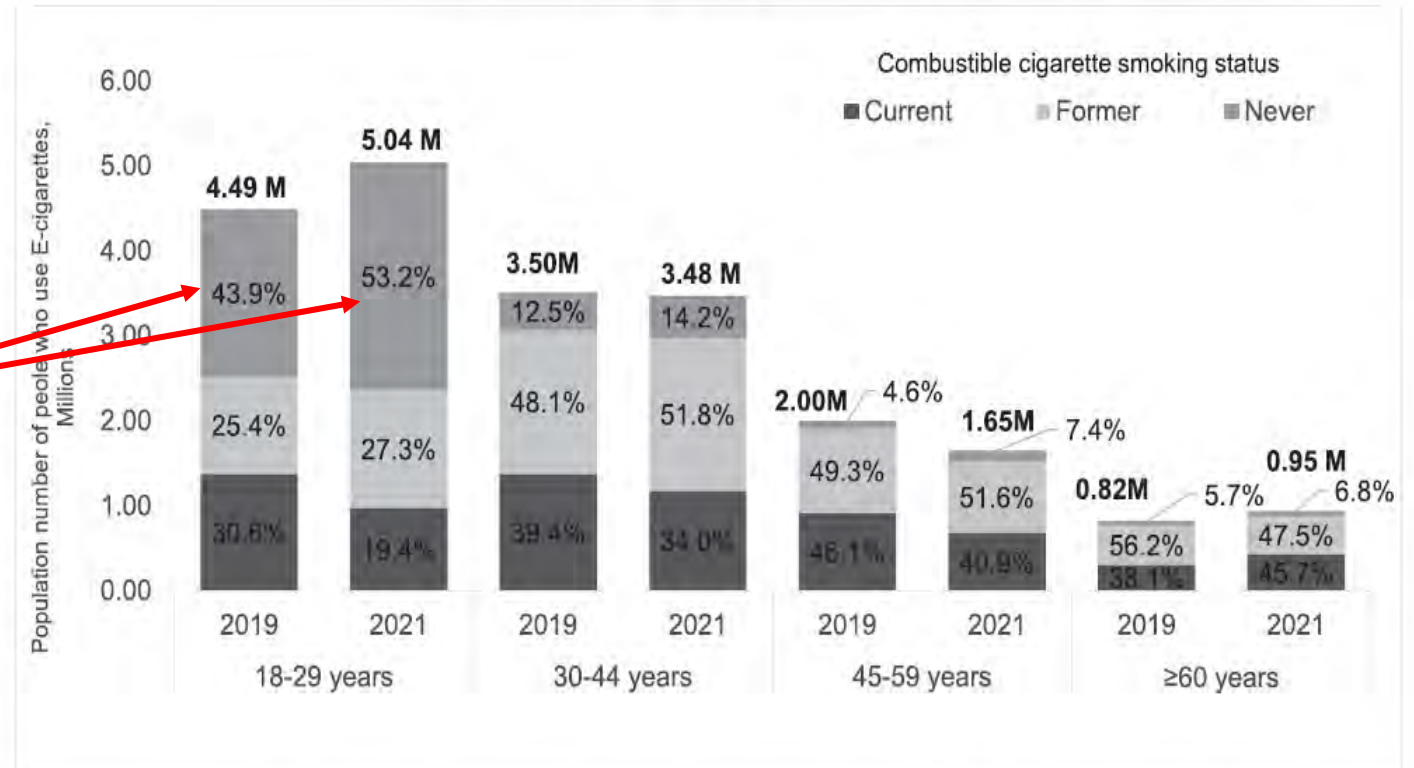


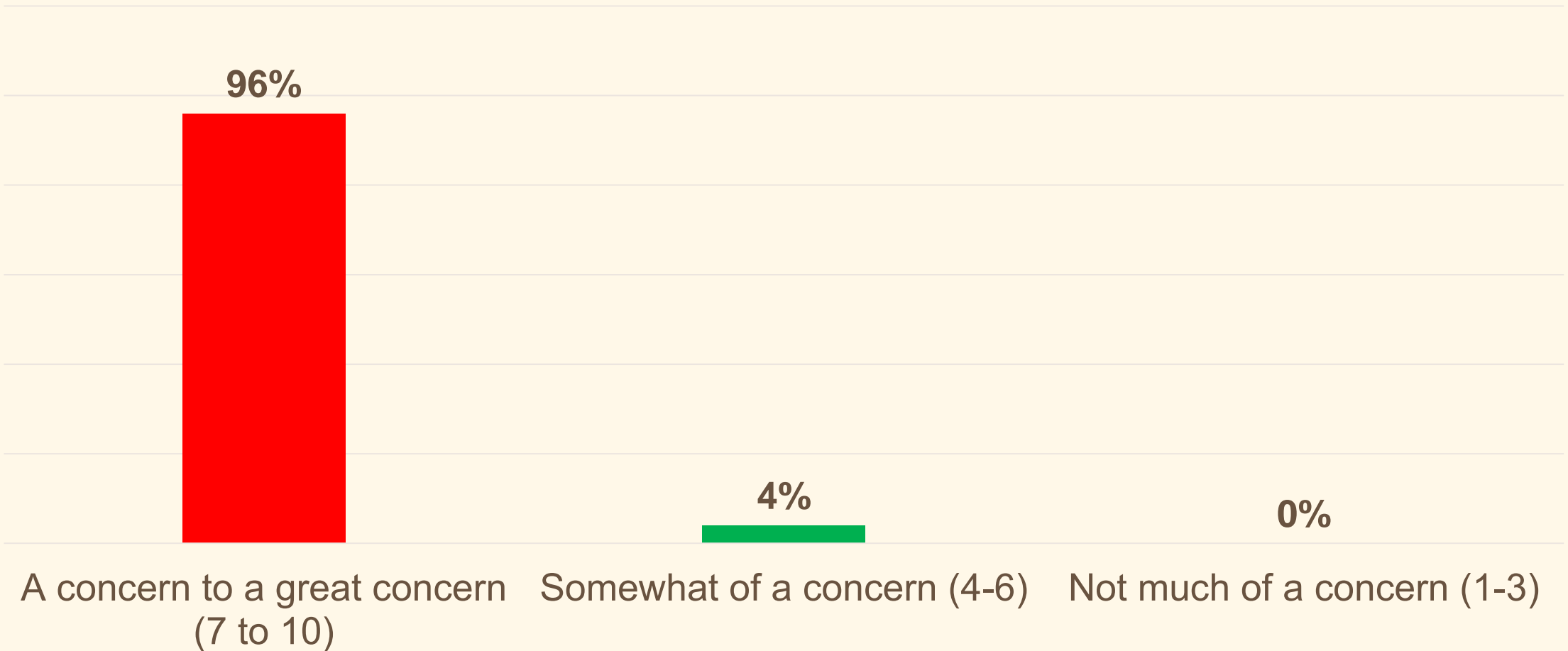
Figure 1. Population number and proportion^a of people who use E-cigarettes, by age group and combustible cigarette smoking status^b, U.S. adults, 2019–2021

Native Star Red Medicine Tobacco Prevention Project Adult Community Assessment

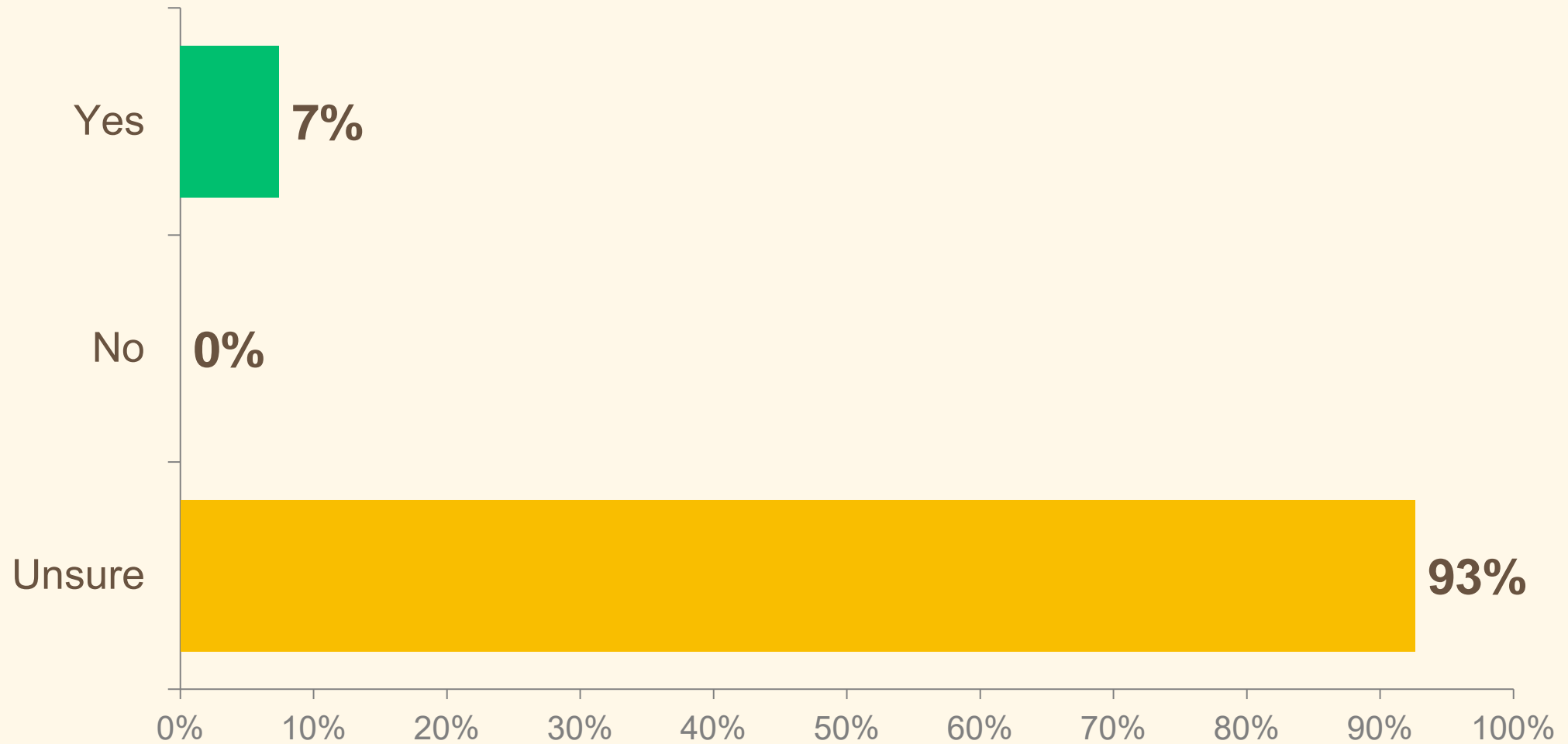
- February 2023
- 27 Responses
- Respondents answered all questions

On a scale from 1 to 10, how much are you concerned about smoking and vaping in your community?

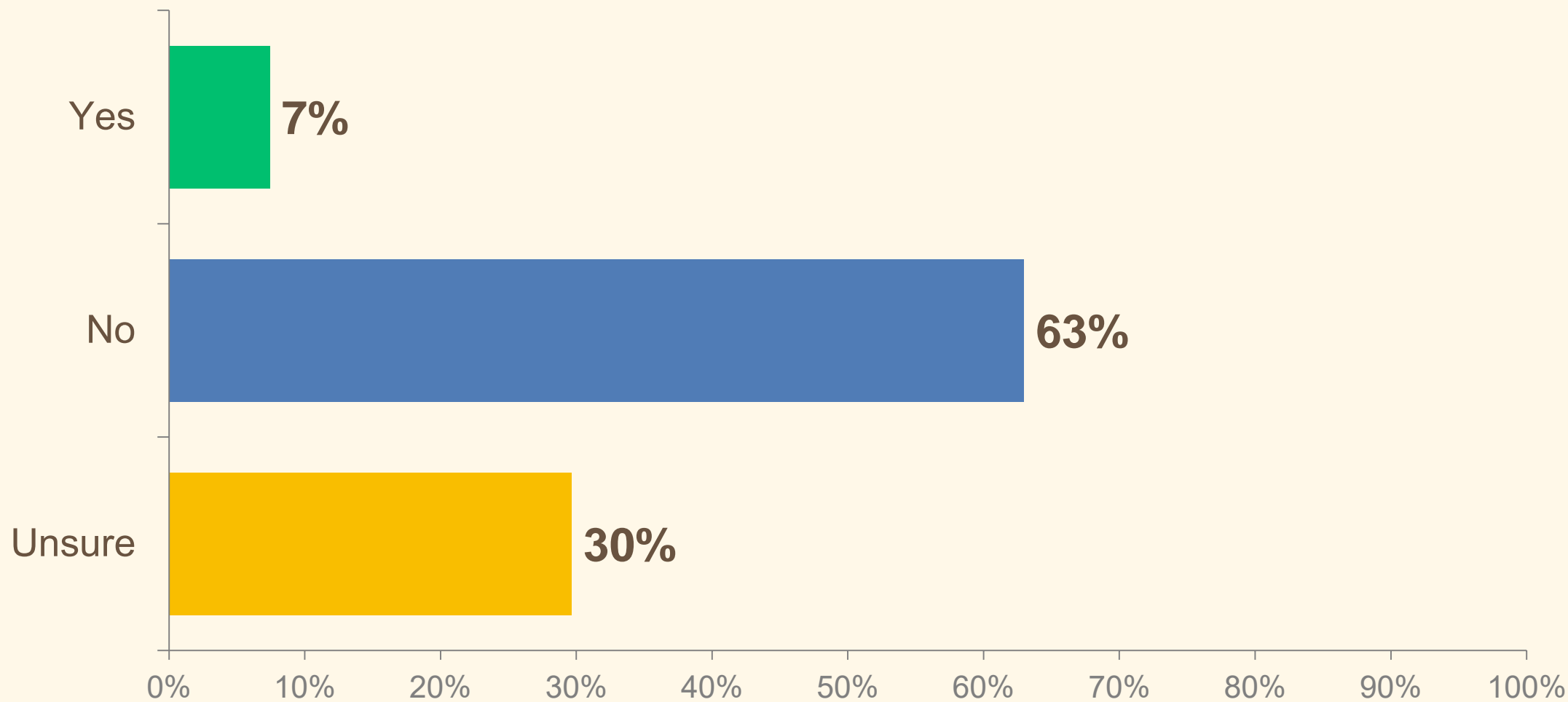
- 1 being “not at all” and 10 being “a great concern”



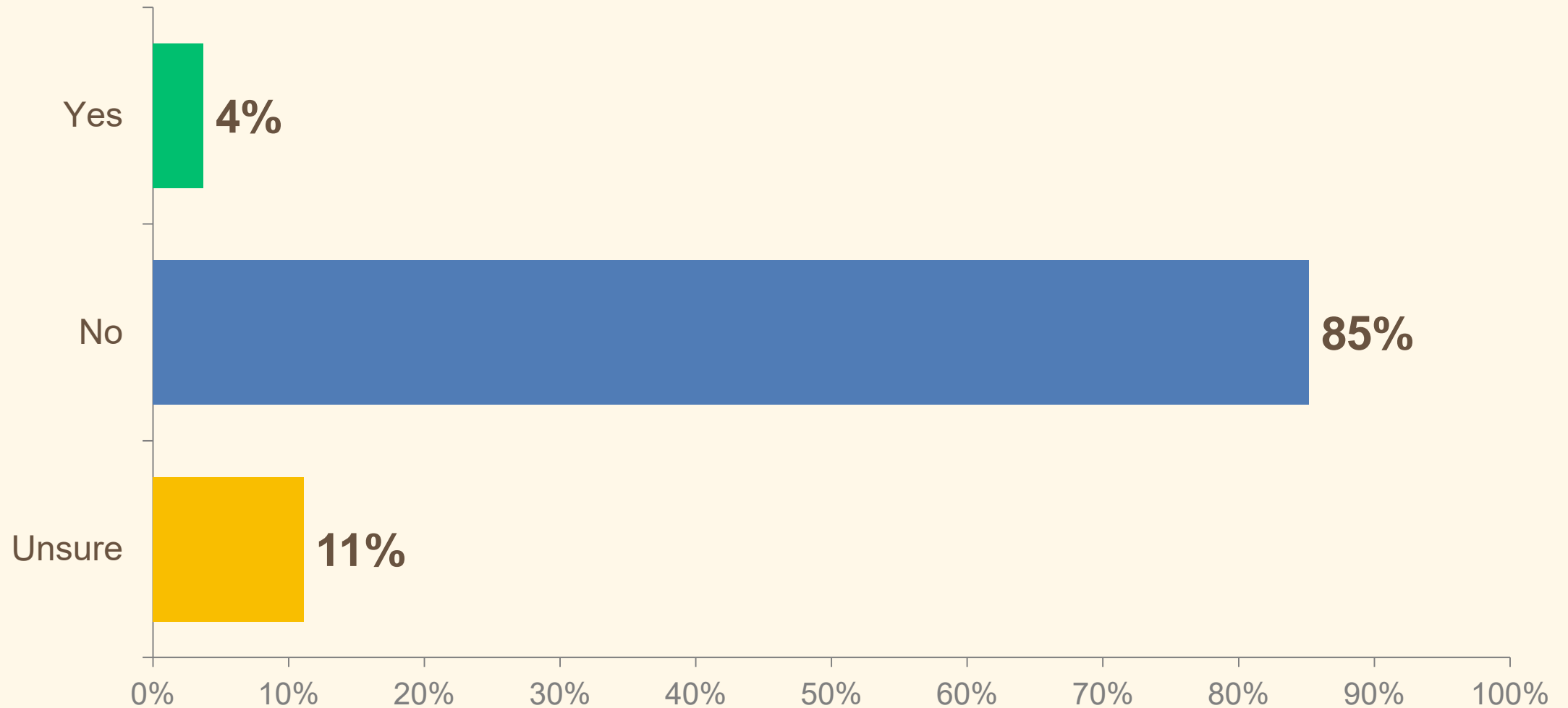
Does your tribal clinic/health program have a program to assist American Indians to quit smoking/vaping?



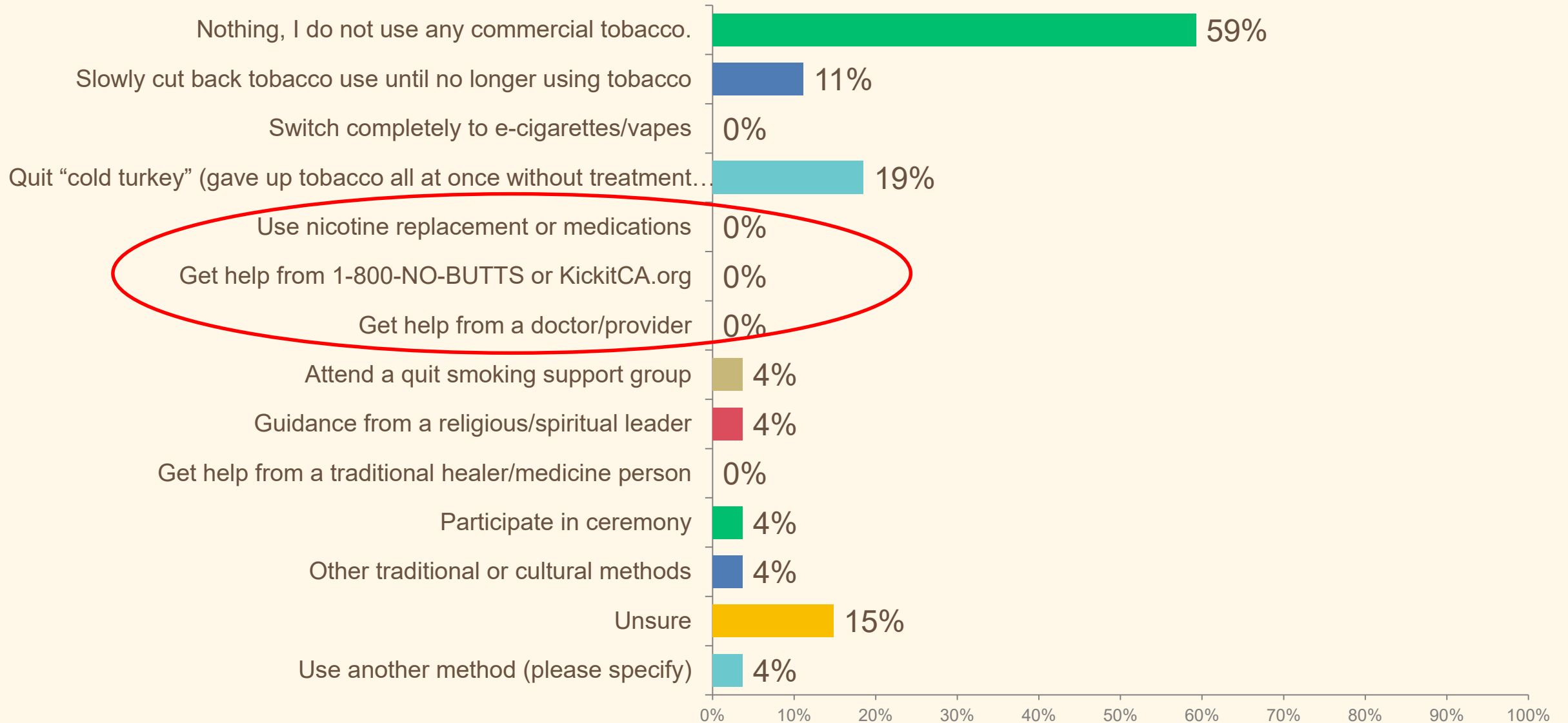
Do you know what the California Smokers' Helpline is?



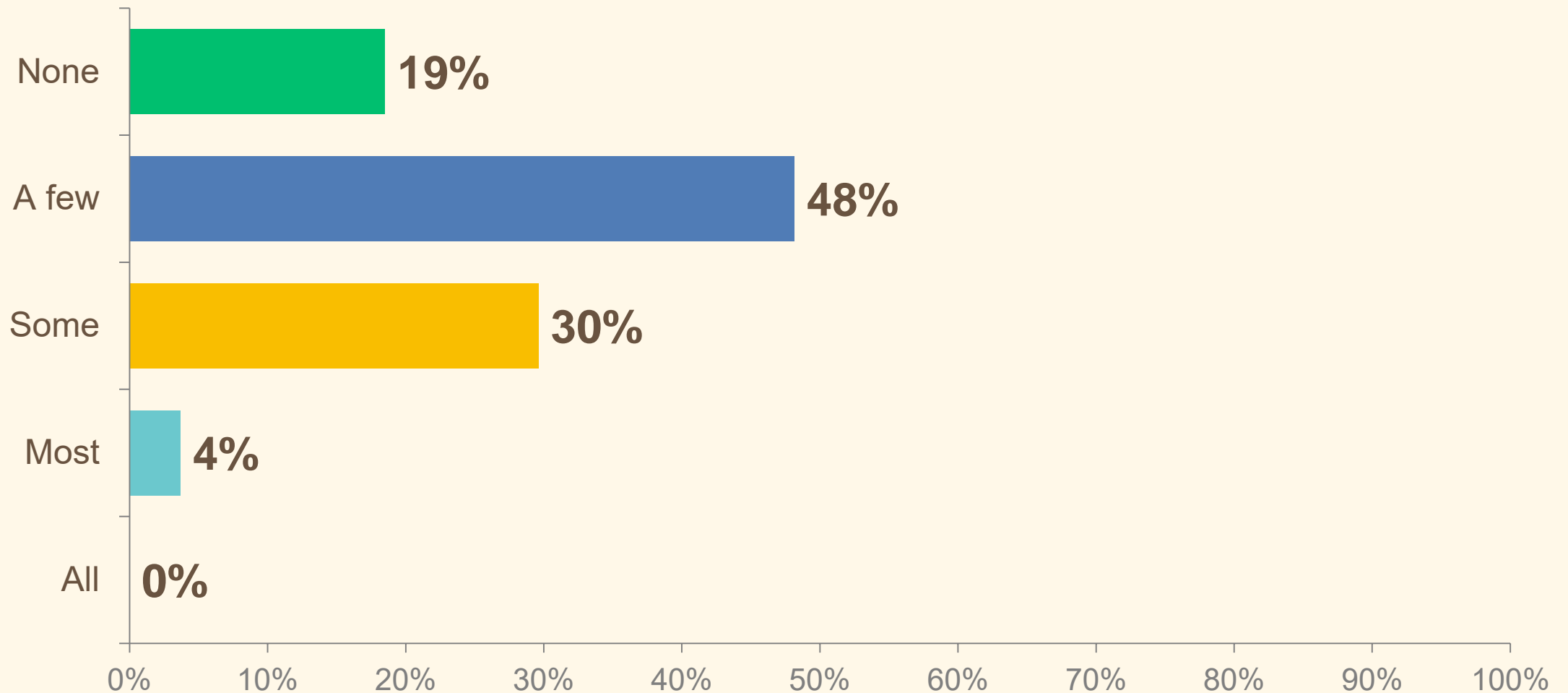
Do you know what Kick-it California is?



What would you do if you wanted to quit using “commercial tobacco products” (e.g., smoking, chewing tobacco, vaping)? (Select all that apply)



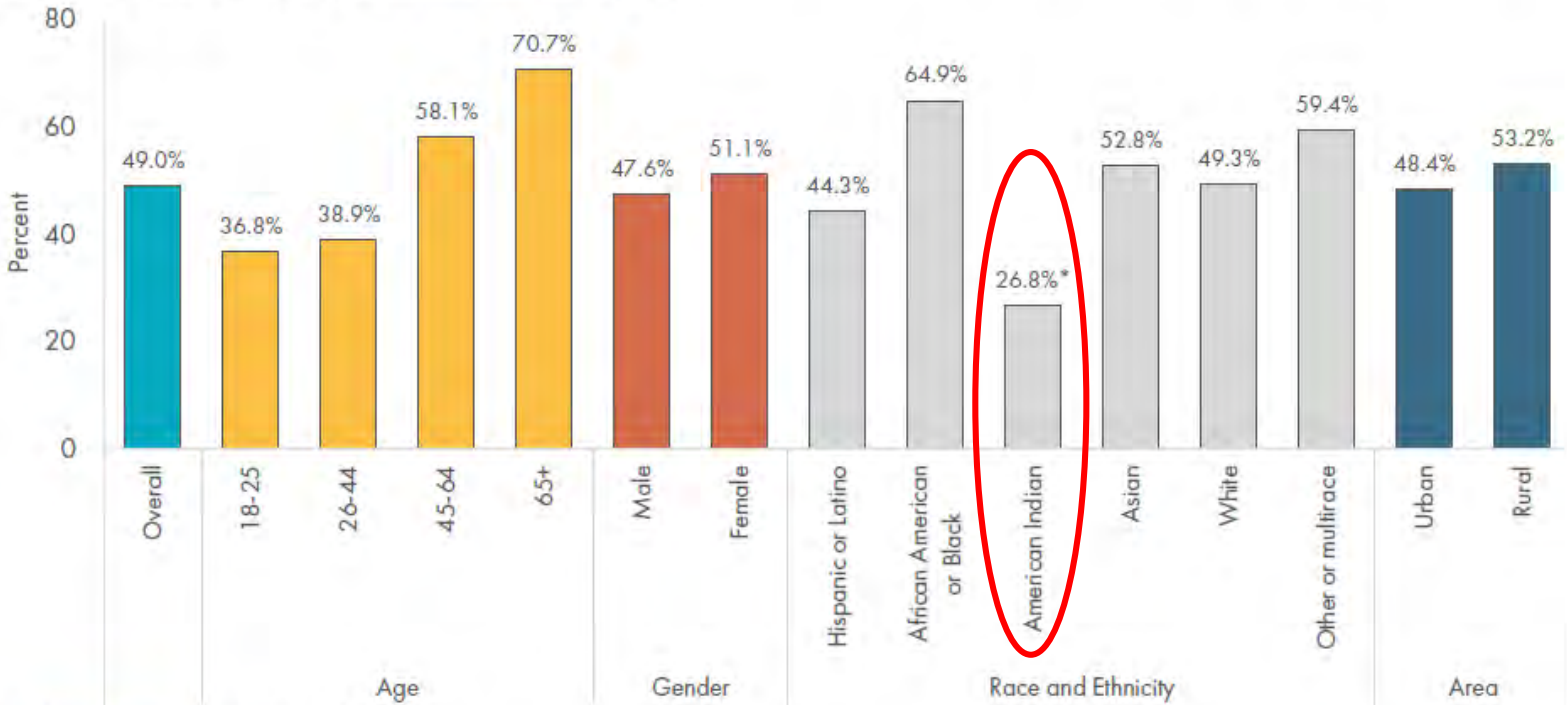
How many people close to you (family, friends, relatives) smoke or use cigarettes, cigars, smokeless tobacco, snus, e-cigarettes/vapes? Would you say ...



ACCESS TO EQUITABLE CESSATION TREATMENT?

Racial disparities were observed when it comes to health care professionals advising their patients to quit smoking cigarettes (Figure 15). Among adults who reported current cigarette use, only 44.3% of Hispanic or Latino were advised to quit smoking cigarettes compared to 49.3% of White adults.

Figure 15. Advised to quit smoking cigarettes among adults aged ≥18 years who currently smoke cigarettes, by age, gender, race and ethnicity, and area—California Health Interview Survey, 2021



See [Additional Notes](#) section for more information.

* Caution should be used as estimate is statistically unreliable.

Source: UCLA Center for Health Policy Research. AskCHIS 2021. Health professional gave advice to quit smoking. Accessed January 13, 2023. <https://ask.chis.ucla.edu/>

Why treat tobacco use?

Bridge gaps in cessation supports and quit efforts.

Implement policy, systems and environmental (PSE) change to normalize prevention/cessation.

Align in a respectful manner with cultural practices and traditions.



PRE-CONTACT THERE WERE TRADITIONAL TOBACCO PRACTICES

1

Medicine

It can be used in a prescribed way to promote physical, spiritual, emotional, and community well-being

2

Offering

It may be used as an offering to the Creator or to another person, place, or being



3

Gift

A gift of traditional tobacco is a sign of respect and may be offered when asking for help, guidance, or protection

4

Direct Healing

Traditional tobacco is sometimes used directly for healing in traditional medicine. It may be burned in a fire or smoked in a pipe, but the smoke is generally not inhaled

RETAKEING "CONTROL" OVER THE TOBACCO NARRATIVE



PSE: CLINICS

Does your facility:

- Have a smoke & vape free facility policy?
- Signage/media to support norms and a model for community wellness?
- Have a treatment workflow: to counsel, prescribe, and refer patients to cessation supports?
 - assigned tasks
 - protocols to document in EHR
 - coordinate care



Goal:

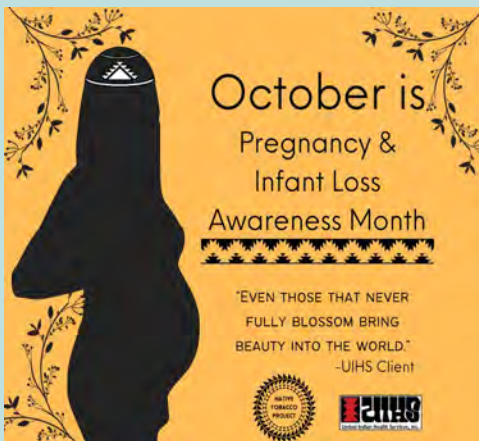
“System’s Change”



to address commercial tobacco use

PSE: CLINICS - “CULTURE IS PREVENTION”, REFRAMING TOBACCO USE

- Small media
- Develop community partnerships
- Assess mainstream tobacco control use of “tobacco free, control, etc.”
- Promote positive traditional/cultural tobacco messages



A composite image featuring the Golden Gate Bridge's orange-red steel structure on the left and a panoramic view of the San Francisco skyline across the water on the right. The skyline includes various skyscrapers and buildings under a clear sky.

Tobacco and Oral Health:

Helping Patients in Dental Settings

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**2023 California Healthcare
Best Practices Virtual
Education Series**

UCSF
University of California
San Francisco
advancing health worldwide

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Thank you:

Elizabeth Couch, RDH MS UCSF California Oral Health Technical Assistance Center

Rx for Change Kick It California

Content solely the responsibility of the presenter and does not necessarily represent official views of the California Department of Public Health, NIH, FDA, or UCSF

Resource for California Dental Providers



Available at:

<https://oralhealthsupport.ucsf.edu>

-and -

Here:



Tobacco Use: We Are Well Positioned for Action



Dental professionals have **skills, resources, and opportunities** to reduce tobacco use among patients

Combustible Cigarettes

Device carefully designed to maximize addiction

Most common tobacco product used by U.S. adults

11.2% nationally (2022)

6.2% in California (2021)

Marked inequities in use and disease burden by geography, socioeconomic position, race/ethnicity, LGBTQ+ status, etc.



Smoking and Oral Health

Tobacco smoking causes:

1. Oral and pharyngeal cancer
2. Periodontal disease + poor response to periodontal therapy
3. Tooth loss
4. Dental implant failure
5. Post-operative complications (e.g., dry socket)
6. Oral leukoplakia, calculus, staining, halitosis
7. Dental caries, xerostomia, and oral pain <-- *less conclusive*



Non-Cigarette Tobacco and Oral Health

Cigars, Waterpipe, and Chewing Tobacco

- Different products with different use patterns and risks
- **Any Smoke**: oral health effects likely resembling cigarettes
- Conventional snuff and chew associated w/ oral cancer & tooth loss
- Fewer well-tested cessation tools



Sources: Albandar JM, et al. J Periodontol 2000; 71: 1874-1881; Krall EA, et al. J Am Dent Assoc 1999; 130: 57-64; Ismail AI, et al. J Am Dent Assoc 1983; 106: 617-621. Perraud V, et al. Aerosol Sci Technol 2019; 53: 1023-1039; Bibars AR, et al. Oral Health Prev Dent 2015; 13: 253-259; Javed F, et al. J Periodontol 2016; 87: 142-147; Natto S, et al. J Clin Periodontol 2005; 32: 1000-1006. Ernster VL, et al. JAMA 1990; 264: 218-224; Robertson PB, et al. J Periodontol 1990; 61: 438-443; Offenbacher S, et al. J Oral Pathol 1985; 14: 169-181; Fisher MA, et al. J Dent Res 2005; 84: 705-710; Ebbert JO, et al. Cochrane Database Syst Rev 2015; 2015: Cd004306.

Electronic Cigarettes



Electronic cigarettes are...

- Battery powered devices, aerosolize a nicotine-containing liquid
- Have many names (vapes, etc.)
- Newer designs: easier to use and more effective at nicotine delivery
- Health effects *still being studied*



Electronic cigarette use prevalence

Adults

Nationally: **3.7%** in 2020

Age 18-24 (9.4%), 25-44 (5.2%), 45+ (<1%)

Most adult e-cigarette users also smoke conventional cigarettes

Adolescents

Reached 27.5% among high school students in 2019

Lower use prevalence in 2020-2022 (**14.3%** in 2022)

... caveat: pandemic, shift from school-based surveys

Electronic cigarette constituents and exposures

- E-cigarette aerosol contains ultrafine particles and toxins, such as acetaldehyde, acrolein, toluene, formaldehyde, and heavy metals (e.g., lead)...
 - ...albeit at much lower levels than found in cigarette smoke
- *Potential:* a less-dangerous way to consume nicotine

Electronic cigarettes: potential health risks

- **Cardiovascular:** could impair blood vessel function (e.g., vascular stiffness and endothelial function); increase heart rate variability
- **Respiratory:** no effect on spirometry; elevated lung damage biomarkers; increased risk of self-reported symptoms
- **DNA Damage:** increased levels found in oral cells of vape users who never smoked

Electronic cigarettes as a cigarette cessation tool

- Some adult smokers report using e-cigarettes to quit smoking
- E-cigarettes are **NOT** approved cessation devices
- Randomized controlled trials have tested smoking cessation efficacy... some of those results are encouraging
- Trial results and “real-world” studies do not always agree
 - As consumer products, may impede quitting

Electronic cigarettes and oral health



Electronic cigarettes and oral health

Oral Microbiome



E-cigarette use changes microbial diversity/abundance

Distinct profile from tobacco non-users and from smokers

Some differences associated with periodontal disease:

- More pathogens (e.g., Fusobacterium, Bacteroidales)

- More markers of inflammation

Long-term impact on periodontal condition unclear

Electronic cigarettes and oral health

Population-Based Studies

Associations have been reported between vaping and...

Bleeding gums

Mouth or throat irritation

“Dental problems”

“Gum disease” history or treatment

Associations generally weaker than for tobacco smoking

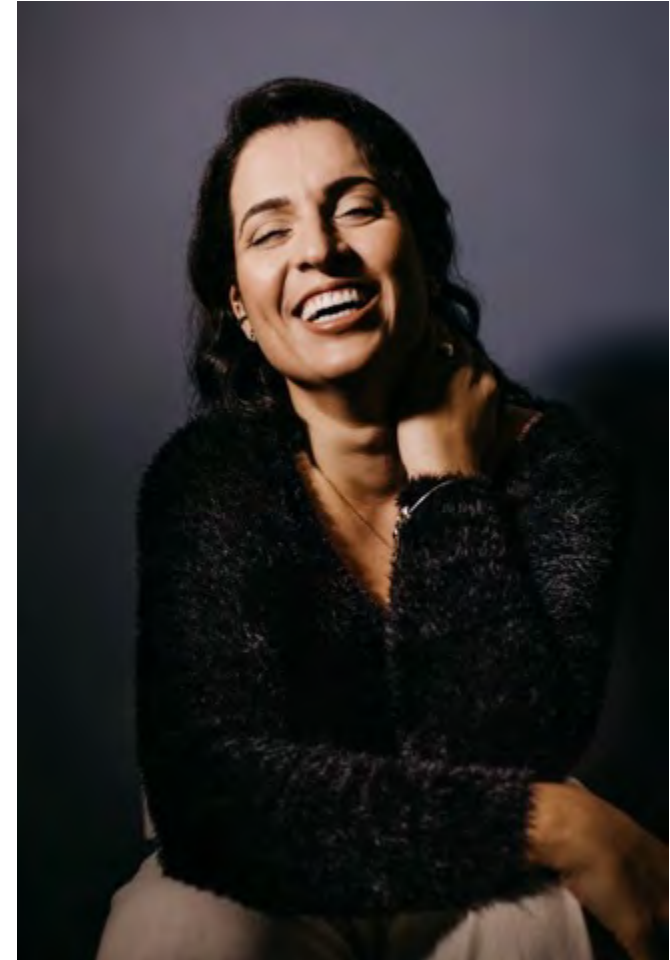
Largest studies often assess oral health by self-report



Vaping / e-cigarettes... what to tell dental patients

If a tobacco-smoking patient is considering e-cigarettes to quit:

- ✓ congratulate, enhance, & support the willingness to quit
- ✓ don't let uncertainty about vaping preclude a quit attempt
- ✓ offer evidence-based cessation aids



Tobacco and Dental Practice: Recommendations



Dental Professionals and Tobacco

At a minimum:

- Ask all patients about tobacco-related behaviors (*explicitly ask*, including vaping, chewing tobacco, marijuana, and occasional use) and record in chart
- Determine patient readiness to quit and encourage cessation using non-judgmental, purposeful communication techniques
- **Connect** motivated patients with support to achieve a tobacco-free future

Dental Professionals and Tobacco

Use the Tobacco Cessation CDT Code

American Dental Association CDT Code for Tobacco Use Cessation Services (**D1320**)

D1320 is covered by
Medicaid-dental in
California and New York

Using D1320, even if not payable,
sends signal to insurers that we value this service



Dental Professionals and Tobacco Dependence

- Nicotine is a highly addictive substance.
- Quitting tobacco is extremely difficult.

Dental Professionals and Tobacco Dependence

- Nicotine is a highly addictive substance.
- Quitting tobacco is extremely difficult.

1) Tobacco use does not reflect a lack of willpower, lack of intelligence, or other personal failings

- Check your biases and assumptions -

Dental Professionals and Tobacco Dependence

- Nicotine is a highly addictive substance.
- Quitting tobacco is extremely difficult.



2) Patients who use tobacco are unlikely merely waiting around for someone to tell them to quit

Most dental patients who use tobacco are not ready to quit *right this instant*, but many could be motivated to make a quit attempt with your help

Dental Professionals and Tobacco Dependence

- Nicotine is a highly addictive substance.
- Quitting tobacco is extremely difficult.

3) Don't set a low bar for failure



Dental Professionals and Tobacco

In My Opinion


Two most important things dental providers can do to help their patients quit tobacco

1. Use purposeful, genuine, strategic communication to enhance patient readiness & motivation to quit
2. Connect patients with tangible support

The 5 A's

1. **Ask** about tobacco use
2. **Advise** all tobacco users to quit (non-judgmental)
3. **Assess** READINESS to make a quit attempt
4. **Assist** with the quit attempt
5. **Arrange** FOLLOW-UP contact

CONNECT those ready to quit with other resources



Structuring a Tobacco Conversation

The **ask, advise, assess** “steps” flow naturally together

“Do you ever smoke or use other types of tobacco or nicotine, such as e-cigarettes?”

...

“One of the best things you can do to protect your teeth and gums is to stop smoking. What are your thoughts on quitting?”

Structuring a Tobacco Conversation

ASK about all tobacco use

- Document in the chart and update regularly
- Ask **all patients**, including youth (ages ~10-12 and up)
- Explicitly mention non-cigarette products
- Mention occasional, infrequent use

Structuring a Tobacco Conversation

ADVISE patients to quit

Clear, strong, non-judgmental, and personalized

Avoid lecturing!!!

“As your dental provider, I need you to know that quitting smoking is the single most important thing you can do for your health.”

“I am concerned about some tissue changes in your mouth since your last visit. Your cigar smoking is affecting your health.”

Structuring a Tobacco Conversation

ASSESS how ready patients are to quit

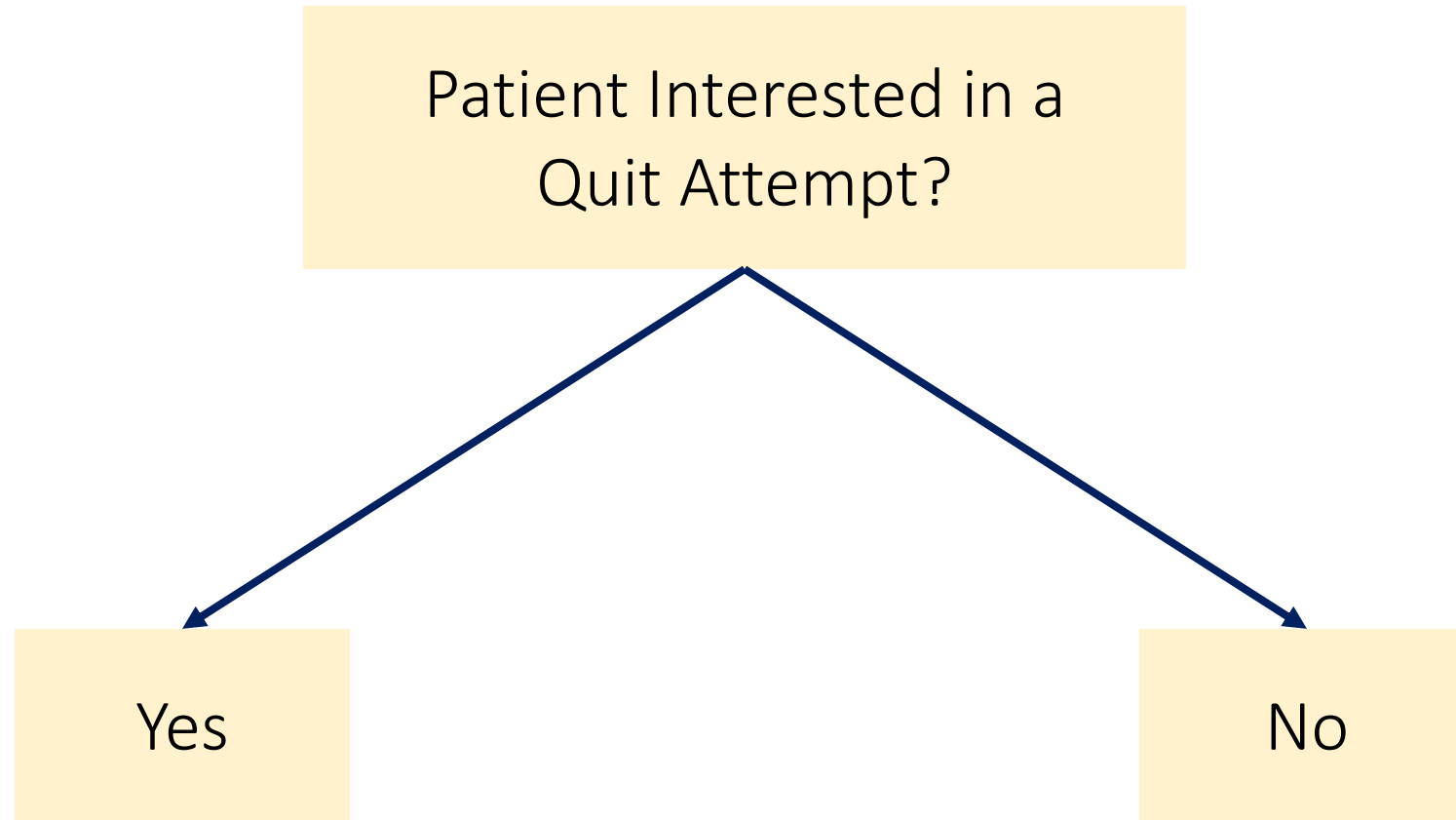
“What are your thoughts about quitting?”

“Would you like to try to quit tobacco in the next month/year?”

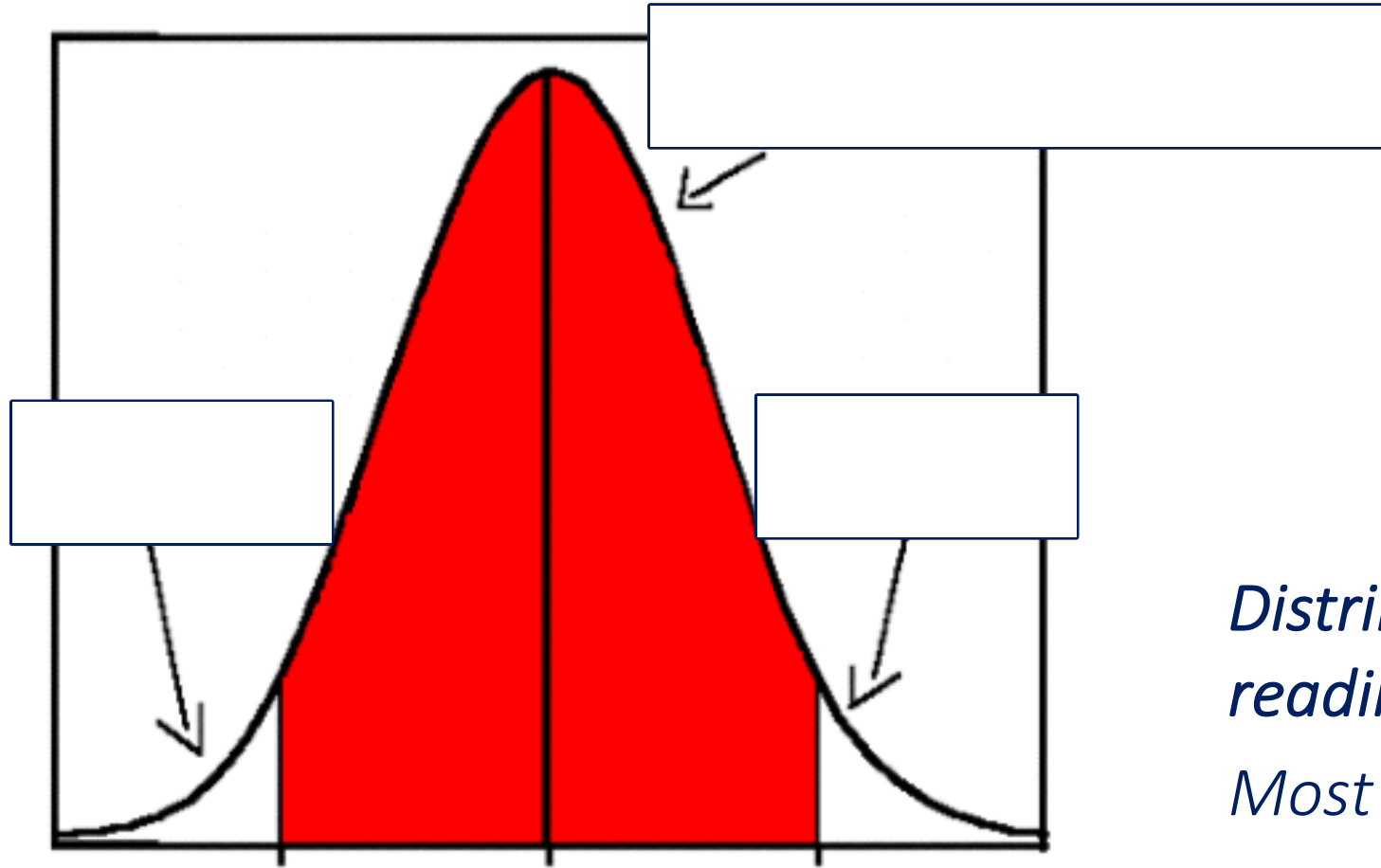
“Are you interested in quitting soon?”



Assess Readiness to Make a Quit Attempt



Assess Readiness to Make a Quit Attempt



*Distribution of patient
readiness to quit:
Most patients in the middle*

Motivational Interviewing

GOAL: Have the patient voice the arguments for change (“change talk”)

Reasons for concern (barriers)

Advantages of change (positives)

Next steps for patients *ready* to quit...



Assist with a Quit Attempt

Tobacco Dependence: 2

Physiological

addiction to
nicotine

Behavioral

use patterns
of tobacco

Everyone trying to quit should be offered:

Behavioral counseling

- AND -

Pharmacotherapy

Seven Tobacco Cessation Aids Have FDA Approval

Over the Counter (OTC)	Prescription Only (Rx)
Nicotine gum 2 mg, 4mg	Nicotine nasal spray
Nicotine patch 7 mg, 14 mg, 21 mg	Nicotine inhaler
Nicotine lozenge 2 mg, 4mg	Bupropion SR (Zyban [®] , Wellbutrin) 150 mg, 300 mg
	Varenicline (Chantix [™]) 0.5 mg, 1 mg

Dentists can prescribe these medications!

Connecting Patients with Cessation Support

Know and use appropriate, professional outside services to help your patients quit tobacco

For example:

- Primary care physician
- Local cessation programs in your county
- Quitlines: smokefree.gov or **1-800-QUITNOW**

In California: kickitca.org (formerly CA Smokers Helpline)

KICK IT California (formerly California Smokers' Helpline)



Our Program

Quit Smoking

Quit Vaping

Quit Smokeless

Help Others Quit ▾

Quit Now

Call

English ▾

Search



Choose your approach and start quitting today.

Kick It California offers a range of services, from one-on-one Quit Coaching to text programs and self-help materials. Choose the option you prefer below.

Talk to a Quit Coach.

Sign up below to schedule your call. We'll help you create a personalized Quit Plan to double your chances of quitting for good.

Sign Up

Join our Text Program.

Tap below to start. Set your quit date and start receiving messages at critical times in your quit journey. Text us questions and a Quit Coach will respond.

"Quit Smoking"
to 66819

"Quit Vaping"
to 66819

*See Text Program terms below.

For additional support, explore our [self-help materials](#).

KICK IT California (formerly California Smokers' Helpline)

For Patients

- One-on-one coaching by phone, text, or app
- Detailed “Quit Kits” with facts, quit plans, tips, motivation, support for families and friends
- Multiple languages
- Smoking, vaping, smokeless tobacco
- Free!

KICK IT California (formerly California Smokers' Helpline)

For Providers

- List of programs in your county

County Cessation Programs Listing

Select a county to link out to the local cessation resources for that county. If you'd like to list your cessation program, please inquire with the contact on your county's website.

Alameda ▼

[Go to county site](#)

KICK IT California (formerly California Smokers' Helpline)

For Providers

- Free trainings and CE courses
- Free digital and print materials for patients



Brochures



Posters



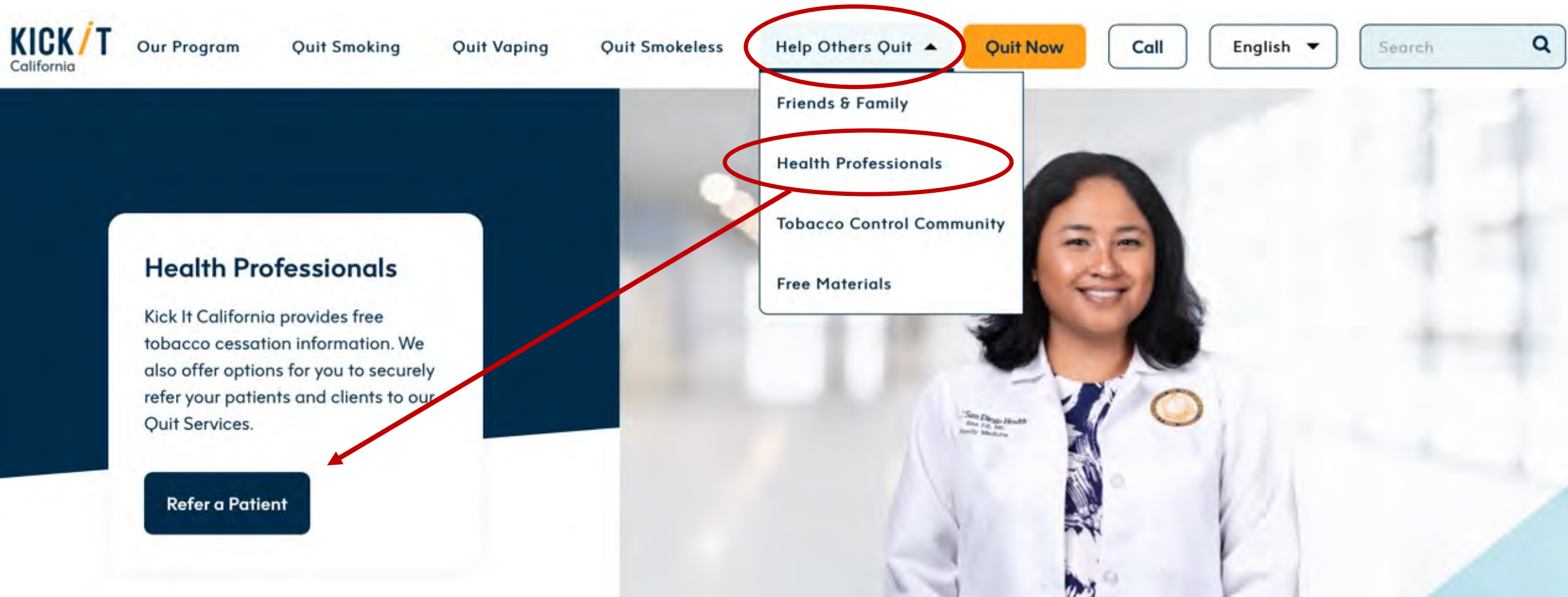
Referral Cards

KICK IT California (formerly California Smokers' Helpline)



You can (*and should*)
order a set of these
referral cards for
your patients

KICK IT California (formerly California Smokers' Helpline)



You will greatly increase the chances your patients connect with care if you *refer them directly*

KICK IT California (formerly California Smokers' Helpline)

Referring Professional Information

First Name*

Last Name*

Email*

Clinic/Organization*

Patient/Client Information

First Name*

Last Name*

Date of Birth (MM/DD/YYYY)*

Phone Number*

Gender



Language



Be a Part of the Tobacco **ENDGAME**

- Address tobacco use with **all patients** at each visit
- *At a minimum*, commit to brief tobacco interventions as part of routine care
- Ask, Motivate, and CONNECT patients who use tobacco with tangible help
- Leverage your position and influence to advance policies that bring the tobacco epidemic to an end

Tobacco Cessation Services Implementation in Dental Department

Lake County Tribal Health Consortium, Inc.

Milestones

July 2020

Tobacco Education Program (TEP) begins at LCTHC

January 2021

Tobacco Education Program (TEP) began collaboration with Dental Department

March 2021

Created Dental Flow Map for Referrals to the TEP

May 2021

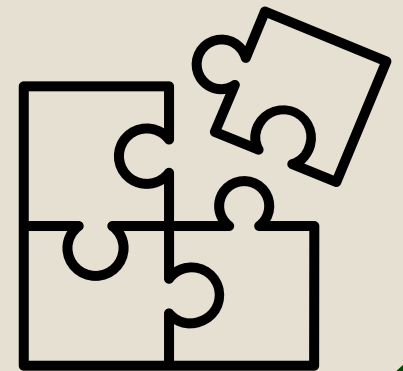
Flow Map Training provided to Dental Team by TEP

July 2021

TEP began to accept referrals from Dental

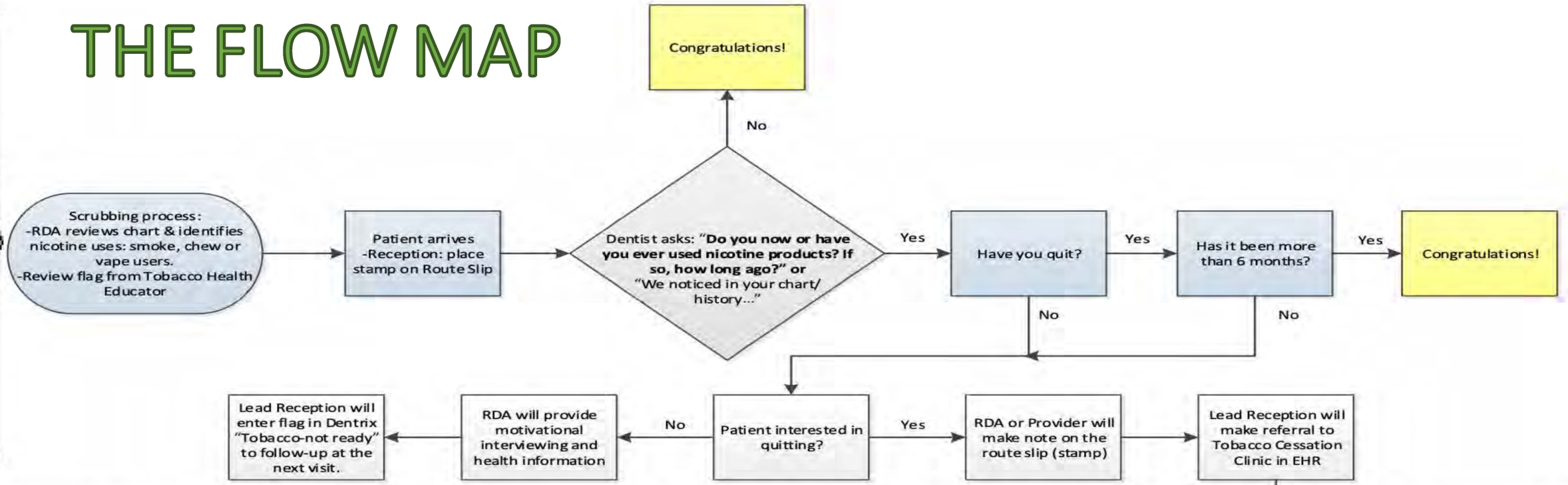
Organizational Collaboration: TEP and Dental

- Increases Holistic Patient Care
- Supports Integrated Health Care at LCTHC
- Heightens Awareness for Patients about tobacco use and oral health



THE FLOW MAP

Dental Clinic



Tobacco Cessation Clinic



Lake County Tribal Health Consortium, Inc.
Dental Department-Flow Map for screening for Nicotine, Vaping and smoking
Revision date: 3/24/2021

Dental Clinic

Scrubbing process:
-RDA reviews chart & identifies nicotine uses: smoke, chew or vape users.
-Review flag from Tobacco Health Educator

Patient arrives
-Reception: place stamp on Route Slip

Dentist asks: "Do you now or have you ever used nicotine products? If so, how long ago?" or "We noticed in your chart/history..."

Congratulations!

Have you quit?

Has it been more than 6 months?

Congratulations!

Lead Reception will enter flag in Dentrix "Tobacco-not ready" to follow-up at the next visit.

RDA will provide motivational interviewing and health information

Patient interested in quitting?

RDA or Provider will make note on the route slip (stamp)

Lead Reception will make referral to Tobacco Cessation Clinic in EHR

No

Yes

Yes

Yes

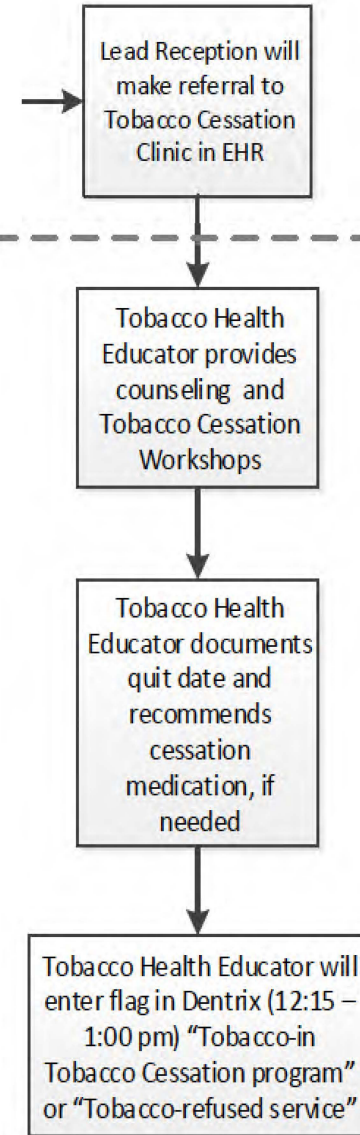
No

No

No

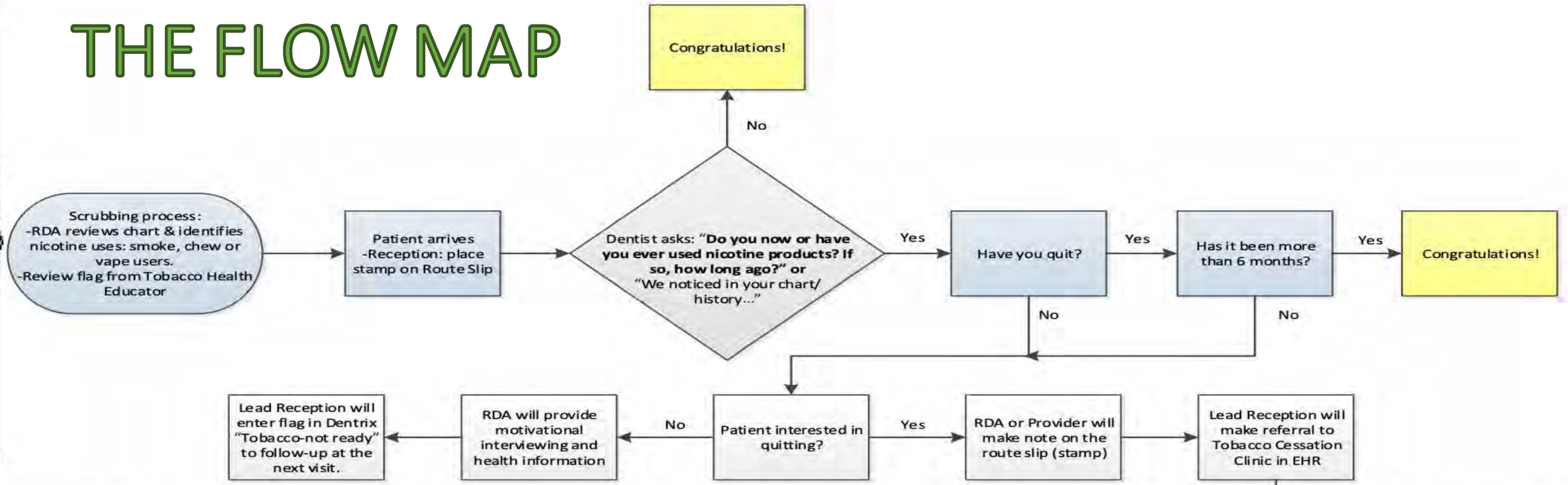
Yes

Tobacco Cessation Clinic



THE FLOW MAP

Dental Clinic



Tobacco Cessation Clinic



Lake County Tribal Health Consortium, Inc.
Dental Department-Flow Map for screening for Nicotine, Vaping and smoking
Revision date: 3/24/2021

Our Success

305

Dental Referrals

Since 8/3/21

Lessons Learned

- Need for a Champion
- Need for Continuous Quality Assurance provided through ongoing in-service trainings and feedback between the TEP and Dental Programs
- Understand Patient's Readiness to Quit – Don't Rush!
- Priority of Respect for Patient's Beliefs and Traditions
- Continue to check in with patient's tobacco use and readiness to quit at each visit

Acknowledgements

We specially recognized our Tribal Community Coalition for Tobacco Education, the Hinth'el Wellness Council, the LCTHC Providers who work to educate patients and send tobacco cessation referrals to our programs, and our patients of LCTHC.

Questions and Answers

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