



Technical Proposal

Indiana Tobacco Quitline

Request for Proposal 21-66980

State of Indiana
Department of Health

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DISCLAIMER

RFP 21-66980
TECHNICAL PROPOSAL
ATTACHMENT F

Please supply *all* requested information *in the yellow-shaded areas* and indicate any attachments that have been included. Document all attachments and which section and question they pertain to.

2.4.1 Executive Summary

This section should be no more than 2 pages in length and may be single-spaced. The Executive Summary shall briefly describe the respondent organization’s experience and knowledge with the scope of services required, and proposed approach to deliver services.

Optum appreciates the opportunity to participate in the State of Indiana’s Request for Proposal 21-66980 for the Indiana Tobacco Quitline. We have worked in partnership with the State of Indiana since 2006 toward our shared goal of helping Hoosiers quit tobacco and live healthier lives, and we look forward to continuing that partnership.

Since the inception of state Quitlines, there has been a decline in the national tobacco prevalence rate, an increase in lives saved, and a decrease in healthcare costs related to tobacco use. Quitline services are a core component of Indiana’s comprehensive tobacco control and prevention program, and our evidence-based services have been validated repeatedly and are modeled after Centers for Disease Control and US Public Health Service guidelines. Additionally, our best practices model is in harmony with the most recent recommendations made in the 2020 report “Smoking Cessation: A Report of the Surgeon General” (<https://www.cdc.gov/tobacco>).

In 2011, the Indiana Adult Tobacco Prevalence Rate was 25.6%. The most recent information (<https://www.tobaccofreekids.org>) indicates that by the end of 2020, that rate had fallen to 19.2%, an amazing decrease of 25% from 2011 levels. We applaud the Indiana State Department of Health for its coordinated strategies to reduce tobacco use in the State, and we are proud to have contributed to that effort. However, while this achievement is noteworthy, there is still much work to do, as more than 11,000 Hoosiers still die each year from smoking, smoking-related healthcare costs in Indiana are almost \$3 billion annually, and 58% of Hoosiers who smoke tried to quit in the last year (<https://www.in.gov/DOH/tpc>).

Proven Experience and Capacity: Optum operates more state-funded Quitlines than any other entity, with 23 unique and customized Quitlines. Nationwide, we process **more than a million calls annually** and routinely help more than 2000 tobacco users each day. Optum has over 30 years of experience managing and delivering tobacco cessation services, and more than 20 years managing state Quitlines. We have provided our tobacco cessation services to over 4.5 million individuals, and we are successful because of our ongoing commitment to being at the forefront of product and program development that enable tobacco users to quit including all of the following initiatives currently in place in Indiana:

- In 2006, we were the first to add **web-based coaching** to the telephonic program.

- In 2009, we launched the first **stand-alone web-based coaching program** and have served over 1 million participants through our portal.
- In 2010, we launched our **e-referral capabilities** and in 2013 launched on **Online Provider Referral Tool**, giving providers more ways to make referrals.
- In 2012, we added **text messaging** to our service package.
- In 2013, we began providing stand-alone **individual services** to give people more choice in the services that work best for them (telephonic counseling only, text messaging only, email only, materials only, or NRT start kit and follow-up call).
- In 2016, after extensive and published data analysis, we developed the **Tobacco Cessation Behavioral Health Program (TCBHP)** to address the unique challenges faced by those with behavioral health concerns.
- In 2020, we launched **Live Vape Free**, a youth and parent program to combat the vaping epidemic, and added **video-based online learning** to our services.

One of the reasons our service package meets or exceeds the recommendations of the Surgeon General’s 2020 report is that we evolve as technology advances and the ways that smokers access information change. Specifically, with the introduction of new modalities such as web, text, email, mobile phones, and other connected devices, we have adapted our service delivery to maximize reach and engagement, and to improve outcomes. We are delighted to see Indiana’s recent efforts to bridge digital access gaps across the State, which will help expand Quitline services to even more Hoosiers.

We are also a founding member of the **North American Quitline Consortium (NAQC)** and continue to participate in NAQC workgroups. We have strong relationships with the CDC and the **Association for the Treatment of Tobacco Use and Dependence (ATTUD)** Advisory Council. Lastly, in 2021, the National Committee for Quality Assurance (NCQA) has awarded Optum a full three-year Accreditation for our Wellness and Health Promotion programs (WHP), which includes our state Quitlines.

Optum offers a proven digital solution based on a whole-person approach to cessation services. As part of our evolution to meet the changing needs of Hoosiers wanting to quit tobacco, in 2022 we will be rolling out a significant enhancement to our Quitline services in Indiana with the addition of **Rally Coach®** provided by Rally Health, an affiliate of Optum that specializes in digital consumer reach and engagement to drive better health outcomes. Rally improvements to our Quitline services will include expanded ways to connect with a Coach, replacing our existing text messaging program to allow for more personalization and one-on-one texting with a Coach, expert-led online courses, group video to bolster peer support, same day order and ship of NRT, billing and distribution of Medicaid-funded NRT, and a replacement of our overall online experience to increase reach and engagement.

We are excited to continue our partnership with Indiana and build on the successes of the past with even more versatility, reach, engagement, and success in the future as we work to provide to every Indiana tobacco user the tools, resources, and support they want and need to quit tobacco and tobacco products for good.

2.4.2 Narrative Proposal

This section is limited to 25 pages double spaced, exclusive of appendices or exhibits.

1. Organization Capacity, Call Center Qualifications and Staffing

Describe your organization's experience in delivery and evaluation of telephone-based tobacco cessation services and the development of low-literacy and culture-specific materials for those who use tobacco. Attach resumes for key personnel, including the project liaison for Indiana, the call center director, and the clinical supervisor or equivalent. Include an organizational chart for the division or department responsible for Services. Also, describe your protocols for staff orientation, initial and ongoing training or continuing education, and ongoing supervision. Describe what training content is used. Describe the average education level for quit coaches and staff providing phone counseling services. Please describe your organization's employee retention rate, average length of employment, and number of employees per location, if applicable. Provide the number of employees that would be outsourced, if applicable. Describe the health topics for which you provide services and the percentage of your organization's business that is devoted to each topic.

Experience: We have more than 30 years of experience providing tobacco cessation services, and more than 20 years of experience managing state Quitlines, dating back to 1998. We currently operate 23 customized tobacco Quitlines from Florida to Alaska, more than any other entity. Nationwide, we process more than a million calls a year, and interact with 2,000 tobacco users each day. We are committed to remaining the market leader in delivery of effective tobacco cessation services to offer each tobacco user their best chance of quitting. We have implemented a number of innovations over the years, which we detail in the Executive Summary earlier in this proposal. Since 2006, we have served more than 190,000 Indiana residents via the Quitline, with the most recent 30-day quit rate of 43% and a satisfaction rate of 87%. We have conducted more than 130 Quitline program evaluations across 30 states, as stipulated by our state partners and in adherence to CDC and NAQC guidelines. Through the Optum Center for Wellness Research, we have contributed to the body of research and evidence that has advanced quit services to the level they are today. Through our research, we have published

findings from 30+ research projects and contributed to over 200 journal publications. We bring the cumulation of our experience, expertise and research to Indiana's residents who want to quit tobacco products.

Materials: Optum offers tobacco cessation materials that have been reviewed by health literacy experts and are written at a fourth-grade reading level, and are culturally appropriate. We offer tailored materials for several priority populations including Spanish speakers, pregnant tobacco users, smokeless tobacco users, American Indians, LGBTQ, and for those supporting another person's effort to quit.

Key Personnel: Georgia Powell, Client Services Manager, will serve as IDOH's main contact for Quitline services, and will monitor all Optum activities to meet or exceed Quitline metrics. She is supported by Jeni Klein, Senior Client Services Manager. Maryam Abdulla, E-Referral Product Manager, has responsibility for e-referral connections in Indiana. Dr. Daniel Sullivan, MS, MD is our Medical Director and provides clinical oversight and management, along with Etta Short, MS, Director of Clinical Development and Behavior Change, who oversees integration of clinical content into our coaching interventions. While we highlight elsewhere in this response that we do not have a single call center, Michelle Nygaard, Associate Director of Operations, manages our telephonic counseling operations. We have provided resumes for these key personnel in **Appendix F-2.4.2.1.(1) – Resumes.**

Organizational Chart: We have provided an organization chart of our Quitline organization as **Appendix F-2.4.2.1.(2) – Organizational Chart.**

Orientation and Training: At Optum, our Quitline staff are trained with a foundation of the most current, evidence-based, best practices in tobacco cessation. Our Quit Coach training includes all the competencies prescribed by the Association for the Treatment of Tobacco and Dependence (ATTUD), and is accredited by ATTUD through 2021. For a detailed description of our staff orientation and training, please see **Appendix F-2.4.2.(3)**

- Summary of Optum Quitline Staff Orientation and Continuing Education.

Supervision of Staff: We maintain a low ratio of Supervisors to Quit Coaches as an important part of our Quality Assurance Program. Supervisors provide regular review of staff performance and challenges, and identify areas of improvement, and training and education needs. Supervisors select random calls and use Optum’s proprietary tool to evaluate Quit Coaches in 20 skill areas, such as adopting an appropriate communication style and use of specific points in their conversations. Staff meet monthly with their supervisor for individualized coaching, and can access ongoing training material from the learning library, job aid catalogue, and onscreen support.

Staff Information: Our Quit Coaches must hold a bachelor’s or master’s degree in counseling, addiction studies, community health education, or social work, and have previous experience with health behavior change programs. Our **staff retention rate** is 91% over the last three years, and our Quit Coaches have an average tenure of seven years. All our Quitline staff are employed by Optum, and they telecommute from across the country, allowing us to staff the Quitline all hours of the day.

Other Health Services: Optum’s Quitline services are part of our prevention suite of products, which also includes weight loss and lifestyle coaching. However, all of Optum’s Quitline staff work in the delivery of tobacco cessation services.

2. Call Center System Capability, Operations, and Technology.

Describe your a plan or attach a description of the call center system and technology to assure the Indiana Department of Health/Tobacco Prevention and Cessation Commission that it will meet the needs and standards specified.

The respondent will include in the plan or description qualified personnel, facilities and equipment necessary to provide a toll-free telephone service using 1-800-QUIT-NOW. A TTY line must be available to provide services to the hearing impaired. Additional languages must also be served. Automatic call answering extensions may be used to channel callers to specific services or staff (e.g., dial 1 for resource materials), provided that the system is simple and connects callers rapidly to a live person during hours of operation.

The respondent will include in the plan or attach a description of the call center system to include continuous access to support 24 hours a day/7 day a week. Call volume must be monitored during live-coverage and staffing should be adjusted to cover demand during periods of peak volume. The respondent will have an interactive voice response (IVR) system. The system must be able to handle multiple, simultaneous incoming and outgoing calls with English and Spanish capability. Systems must offer a strong, scalable communications server; automatic call distribution functionality; real-time monitoring of overall activity and individual calls; and data collection and reporting capability. Respondents should refer to NAQC paper “Call Center Metrics: Best Practices in Performance Management and Management to Maximize Quitline Efficiency and Quality (2010).”

Respondent should strive to meet the following performance standards for incoming call center operations and fax referrals.

- 90% of calls received during operating hours will receive a live response.
- At least 80% of callers interested in talking with a counselor shall be transferred directly to a quit coach after completing the registration.
- Less than 5% abandonment for calls waiting greater than 30 seconds following the initial client queue message.
- 100% of self-help materials will be sent within three (3) business days.
- First contact with referred clients will be attempted within the time frame specified on the form or within 48 hours of receipt.

Call Center System Capability and Technology: Optum processed more than **452,500**

incoming calls to our Quitline phone lines in 2019 (pre-COVID-19). Inclusive of incoming and outgoing calls, our system handles more than a million calls per year. The capacity of our telephone system far exceeds its use on an average day, enabling us to easily absorb any abnormally high inbound calls driven by successful promotions or other

media events. Our phone system can handle multiple, simultaneous incoming and outgoing calls, including outgoing calls to respond to fax referrals and to complete proactive follow-up calls to enrolled participants. We use an enterprise-level, private branch exchange (PBX) and an automatic call distributor (ACD) to answer more than 750,000 inbound calls annually. Our system distributes incoming calls using skills-based routing rules to Quit Coaches with appropriate skills, such as speaking Spanish.

Call Center Operations: Optum operates its Quitlines 24 hours a day, seven days a week. The Quitline only closes for 109 total hours annually, around July 4th, Thanksgiving, Christmas, and New Year's Day. We monitor promotional activity and monthly budget to create an enrollment forecast to project volume for future months. Our inbound call forecast model breaks down planned calls and enrollments into daily forecasts, and our workforce management system then breaks it down into forecasts by half-hour intervals. The result is a staffing plan that achieves our desired service and performance levels. We monitor all activity in **real time**, so we can recalibrate schedules and staffing as needed.

Personnel, Facilities and Equipment: Optum employs 85 Registration Intake Specialists, 138 Quit Coaches, and 15 Supervisors, which are supported by staff in information technology, telecommunications, digital resources (web, email, text), reporting, research, and clinical oversight, as indicated in **Appendix F-2.4.2.1.(2) – Organizational Chart**. Over the last few years, we have transitioned Quitline services away from central call centers, to a totally telecommuting staff, for a number of reasons:

- Transitioning away from staff congregating in a central call center eliminates issues caused by new challenges such as the COVID-19 pandemic.

- Our telecommuter staff lives in various places across the nation and in all time zones, facilitating 24-hours-a-day coverage, seven days per week.
- Having staff spread out across the country helps us avoid outages or interruptions due to regional or local issues, such as power outages or natural or man-made disasters, enabling us to route incoming calls to staff unaffected by the disaster.

All staff are equipped with current computer equipment and Virtual Private Network (VPN) connections to our Quitline platform, allowing us to instantly route calls to available Quitline staff over our network. Optum utilizes the Genesys telephony system, an enhanced, multi-channel Customer Engagement solution, to serve our 23 state tobacco Quitlines. This system enables us to implement enhanced customer experience capabilities, including voice biometrics authentication, call-back services, outbound dialer, embedded multi-channel functionality for email, SMS/text, web, chat, and a call recording system that allows for future upgrades to voice analytics and quality features. We maintain a close relationship with the CDC in order to connect and route calls from the national toll-free number to our coaching services.

Optum uses both TTY and video relay for deaf or hard of hearing participants to provide thorough and supportive interventions. We recognize the unique stressors of deaf and hard of hearing adults and understand that they are more likely to use tobacco. We train our Quit Coach staff to tailor Coaching sessions to support this group's needs.

Our coaching staff provides services to Quitline callers in English and Spanish through our bilingual team of 13 Quit Coaches and nine Registration Specialists, and their schedules are staggered to provide Spanish language support at all hours of the day or night. For Quitline callers who speak a language other than English and Spanish, we offer

real time translation 24/7 through Language Line Services, which supports interpretations in more than 240 languages and dialects. With 9,000 trained professionals, Language Line has 99.99% platform availability and fast connection rates to interpreters.

Interactive Voice Response (IVR): We have an existing IVR system in place as an additional method of obtaining standard outcome measures, such as satisfaction and quit rates. The IVR system can be programmed to make multiple attempts per day, track outcomes of each attempt, to authenticate the participant, and build a survey that asks a variety of questions with complex logic. Survey responses entered by the participant are saved in a secure database, and raw data can be extracted for analysis.

Performance Standards: For 2020, our live response rate was 98.5%, 98% of callers were transferred to a Quit Coach, our 30+ second abandonment rate was 1.4%, 100% of materials were sent within three business days, and we attempted 100% of first contacts within time frames specified by callers.

3. Service Delivery Protocols.

Describe the respondent's plan to implement protocols and standards for all Quitline callers, including evidence of effectiveness. Explain briefly how cognitive-behavioral strategies and Motivational Interviewing are incorporated. For counseling calls, specify the number of calls offered, tobacco cessation content, timing, and provide the rationale. Specify the number of call-backs that will be made to reach clients eligible for proactive counseling calls and current contact rates. Describe experience and ability to use outbound recruitment techniques to reach past participants. Based on experience, specify what proportion of clients who enter counseling complete each call in the proposed series. Attach protocols or summary descriptions thereof currently in use. In this section, describe your quality assurance measures. Please describe measures such as 7-day and 30-day quit rate, client completion rate, and intent to treat rate, for states with clients like Indiana.

The respondent will provide protocols and adjunctive print materials for the general population, as well as specific populations including Spanish-speaking callers, pregnant women, youth (ages 13-17), individuals with mental and substance abuse illnesses, low education, those that use e-cigarettes and individuals identifying as lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+). Protocols for all counseling interventions must be evidence-based. Research indicates that a cognitive-behavioral approach and motivational interviewing are effective in treating tobacco use dependency.

Protocols must be revised as needed to keep pace with research on effective telephone-based interventions. Please describe how Quitline staff are trained on culturally appropriate interventions to meet the needs of these specific populations.

Protocols and Standards: As the current contractor for the Indiana Tobacco Quitline, Optum has already implemented time-tested, proven protocols and standards for all Quitline callers, including those in priority populations, and in harmony with best practices for tobacco cessation. Our counseling for Quitline participants is grounded in Social Cognitive Theory (SCT) and emphasizes environmental, personal (cognitive/emotional), and behavioral domains as interactive components of long-term, successful behavior change. SCT's dynamic constructs for improving emotional, cognitive/motivational processes, and behavioral competencies, and altering social conditions under which people live and work, make it an ideal overarching model for improving the wellbeing of individuals. Quit Coaches utilize cognitive behavioral therapy, motivational interviewing, and principles of self-efficacy to achieve effective behavior change for tobacco abstinence. Each counseling call is structured but not scripted, and addresses the environmental, personal (cognitive/emotional), and behavioral domain of SCT. This approach allows our coaches to respond to each participant's individual circumstances and needs as the call unfolds, while structuring the intervention in logical steps of exploring the participant's goals and needs, developing insight, and setting a concrete action plan. Our integrated program addresses five primary treatment components (the 5 Keys) for tobacco cessation, which include: Setting a quit date; Learning skills to manage urges to use tobacco after quitting; Using FDA-approved medications properly; Tobacco-proofing one's environment; and, The use of effective social support. Our Quit Coaches then use their training, education, and resources to personalize the 5 Keys to each caller's unique circumstances and needs.

Outbound Recruitment: Optum supports outbound re-enrollment calls when budgeted funds allow as indicated by our state partners, in which we mine for participants who are not quit but meet additional criteria, and attempt to re-enroll them, revisiting their original motivation for wanting to quit, along with the health and monetary benefits they can realize.

Quality Assurance: Optum has a well-developed quality assurance program, which includes ongoing quality review, evaluation and training activities, as well as surveys and other measurement tools. A critical element of our quality assurance plan is our call quality program that consists of ongoing trainings, routine evaluation of recorded calls and regular meetings with a supervisor. We digitally record calls using software that captures both the audio and records the staff member's computer screen at the time of the interaction. This audio-visual call information helps supervisors analyze the content of coaching sessions while also confirming the accuracy of data collection and documentation.

Measurements: Indiana’s responder and intent-to-treat (ITT) quit rates at seven months post registration and two state Quitlines with similar services are presented in the table below, with the most recent evaluation information from each. This data was collected in accordance with NAQC recommendations for evaluations of state Quitlines.

Phone Program Quit Rates at Seven-month Follow-up. *This table shows results for Indiana and two states with comparable services, for standard multiple call program.*

	Indiana Tobacco Quitline	Florida Tobacco Quitline	Maryland Tobacco Quitline
Survey Response Rate	29.8%	51.9%	33.9%
7-Day Responder Quit Rate¹	46.1%	N/A	40.4%
7-Day ITT Quit Rate²	13.6%	N/A	13.6%
30-Day Responder Quit Rate¹	43.0%	41.1%	35.4%
30-Day ITT Quit Rate²	12.6%	N/A	11.9%

¹ The Responder quit rate is the ratio of survey respondents reporting successful cessation relative to those who completed the follow-up survey.

² Intent-to-treat (ITT) quit rates include all participants eligible for follow-up (participants who do not respond to/complete the follow-up survey are assumed to be continued tobacco users).

Populations: Optum’s self-help and educational materials are developed with literacy experts at a fourth-grade reading level to be accessible to everyone, and also developed with leaders in tobacco cessation to provide the most current information and resources. Our Quit Guide is a general resource for anyone wishing to quit tobacco, with step-by-step guidance, tools, and tips on quitting.

In just the last three years, Optum has provided services to more than one million participants who identified themselves as members of one of the special populations identified by IDOH. Our experience has given us a wealth of valuable, practical experience, which helps us assist people of diverse backgrounds every day.

We invest significant time and resources in developing communication strategies and staff training to serve participants from diverse ethnic, social and cultural groups, providing a consistent set of clinical protocols and culturally appropriate interventions to all callers.

Appendix F-2.4.2.3.(1) – Priority Populations details our experience and approaches to priority populations, including those specified by IDOH.

We have also developed intensive interventions for high-priority populations, such as a 10-Call Intensive Pregnancy Program with enhanced provider referral capability, and the Tobacco Cessation Behavioral Health Program (TCBHP), which is currently offered in Indiana, to address the unique challenges faced by those with behavioral health concerns.

We provide samples of some of our materials for both the general and specific populations as **Appendix F-2.4.2.3.(2) – Sample Materials**.

4. Intake, Assessment, and Counseling.

Describe your approach to the standards listed below. Alternatives may be proposed, if there is a rationale and justification. The respondent will screen callers and triage them to appropriate services, as desired: information only, intake/assessment, counseling services, and referral to Website or community resources.

- For tobacco users and recent quitters, the respondent will complete intake and document caller information consistent with the North American Quitline Consortium Minimal Data Standards (NAQC MDS).
- For tobacco users, the respondent will assess and document current tobacco use, level of dependency, and readiness to quit.
- For callers ready to quit within 30-60 days; the respondent will (1) provide an immediate brief intervention, (2) warm transfer the caller to a counselor, if desired; (3) mail a quit kit tailored to the caller; (4) review FDA approved cessation medications and advise on availability through Indiana health plans or discount programs; (5) refer to community based services, if desired; (6) offer multiple proactive counseling calls within a timetable sensitive to relapse prevention and (7) refer to web-based services and other technology supports.
- The respondent must strive to schedule proactive counseling sessions as appointments for a specific date and time. The initial attempt to reach patients fax-referred by providers should be made as requested on the form (e.g. preferred day/time of day) or within 48 hours.
- For callers who are not ready to quit, the respondent will provide (1) appropriate motivational messages to promote effective quitting; (2) send appropriate materials; (3) encourage callers to call back when they are ready to quit; and (4) within 3 months, complete a call back to assess tobacco use status.
- The respondent will offer all tobacco users (including e-cigarettes), recent quitters' access to recorded voice and email motivational messages and quit tips, web-based cessation services, text messaging services and will maintain a 24-hour voice mail.

Intake and Assessment: For first-time callers to the Quitline, our staff will collect data from the caller as indicated by the NAQC Minimal Data Set. They will also screen the caller for eligibility for other cessation benefits and assess the caller's readiness to quit tobacco use, based on the transtheoretical model (TTM) of behavior change and the caller's stage in the quit continuum: Pre-contemplation, Contemplation, Preparation, Action, Maintenance, and Termination.

For the few tobacco users who call and state they are **not ready to quit**, the Registration Intake Specialist encourages the caller to talk to a Quit Coach to help move them along the quit continuum and uncover the barrier(s) to quitting. We find that most people who call the Quitline are interested in quitting, and our Registration Specialists **connect them to a Quit Coach** to start in on a tailored quitting plan.

For those **ready to quit**, during the initial coaching session, the Quit Coach will complete a thorough assessment to understand the participant's current tobacco use and quit history. Quit Coaches use this assessment data to help the participant develop a quit plan that is tailored to leverage the participant's strengths and to find solutions to the participant's barriers to quitting and staying quit. The planning process includes strategies and tips to encourage participants to track their tobacco use during their preparation period, to use exercises in the printed Quit Guide and Web Coach to identify personalized coping strategies to deal with urges to use tobacco, to practice quitting for short periods prior to their planned quit date to increase confidence in their ability to quit for good, and encouragement to call in for additional support. Quit Coaches will also discuss FDA-approved NRT for eligible participants and determine correct dosing, and order a quit kit to be direct mailed to the caller if applicable. Coaches will also discuss other services offered, such as web-based, email, and text support, and assist the caller in determining the appropriate level of support for the caller.

A primary focus of the follow-up coaching calls is relapse prevention. Recognizing that the first two weeks after the quit date are the period in which recent quitters are at the highest risk for relapse, the quit date call and quit date follow-up calls present opportunities to fine-tune behavioral and pharmacological care resources and reiterate tips and strategies to assist in staying quit.

The content of **each follow-up call is tailored to where the participant is in the quit continuum**. For those who are quit but struggling, coaching content will include identifying new coping strategies, including tips and strategies structured around their environment to support total tobacco abstinence. Quit Coaches use cognitive behavioral

coaching and practical skill-building to reinforce effective coping strategies and tips for urge situations and to counter unproductive thoughts, assess for future high-risk situations, help the participant manage stress, and build self-efficacy. Medication use continues to be monitored to assure use compliance and to assess and problem-solve any potential side effects. The goal is to prevent both lapses and relapses. In each call, the Quit Coach assesses the participant's status and progress, and builds on the information previously gathered to identify barriers and reinforce successes.

5. Community Information and Referral

Describe your plans to maintain an Indiana community resource and referral database. The database will include information on community resources; insurance coverage, health plan contact information, Indiana websites and other tobacco control web and print resources. The database will provide sufficient information to match caller to resources by location and type of cessation service, time service is available and specialized service for target populations. IDOH/TPC staff will collaborate with the vendor to provide information regarding Indiana specific cessation resources at contract start up; updated information will be provided to the vendor.

We are committed to linking callers to the Indiana Tobacco Quitline to all available community cessation support. Since launching the Indiana Tobacco Quitline in 2006, we have referred over 7,600 participants to local tobacco cessation, diabetes and chronic disease resources in Indiana. Our referral resource database provides easy access to information about local resources. IDOH's updated list of approved local cessation providers is already in our referral system, allowing our staff to refer callers to community-based services based on their ZIP code or county of residence. We provide our service delivery staff with enough information about each community resource to answer any questions from callers. If callers request more detailed information, we refer them to a contact provided by IDOH. We will continue to work with IDOH to maintain

and update the referral resource database on a regular basis and provide IDOH with aggregate data on referrals made to community-based programs on a monthly basis.

6. Integration with Health Care Community.

- A. Describe your experience in collaborating with IDOH/TPC and its partners in integrating the Quitline in health care systems, including barriers and factors for success. Describe your experience with multiple referral options including fax, electronic, and online.

As the Indiana Tobacco Quitline provider, we have 15 years of experience supporting the State in promoting the Quitline in health care systems. We acknowledge Indiana's significant efforts in developing and maintaining a comprehensive tobacco prevention and control strategy, and our tobacco cessation services complement and support the State's goals and objectives in this regard. We have developed targeted programs to address use of tobacco products in specific populations, and Indiana currently utilizes both our Tobacco Cessation Behavioral Health Program and our Live Vape Free program. We are also investing in a program to be created in conjunction with one of our subcontractors to improve the provider referral conversion rate.

Referral Experience: We have managed bi-directional fax referral programs with health care providers for more than 20 years. We also have e-referral capabilities (referrals from electronic health records), and an online provider referral tool on our website, offering multiple options for providers to refer their patients to the Quitline. Providers can also call the Quitline and speak with Quitline staff to make a referral. We offer all of these options to Indiana providers, enabling them to use the modality that is easiest for them. In 2020, Optum hired a new E-Referral Product Manager, Maryam Abdulla, to assume responsibility for e-referral systems. She has communicated with our state partners, supporting efforts to build secure connections between Optum and health systems, and

she serves as the e-referral resource for the Indiana Tobacco Quitline. In collaboration with the IDHO, we have made significant progress in e-referral capabilities, and provide a list of health systems currently e-referral enabled, by the type of modality used by each:

HL7v2 connection: Porter Starke Services, Meridian Health, IU Health, Community Healthcare System, Northshore Health, and Life Treatment Centers (pending)

HL7v3 connection: Shalom Health Care Center, Ascension Healthcare (implementation phase), Tulip Tree Health (implementation phase), and Methodist Hospital (pending)

Secure File Transfer Protocol (SFTP): Marion General Hospital, Indiana WIC, Hancock Regional Hospital, King's Daughters' Health, Parkview Health, Baptist Health, Floyd Memorial Hospital, Johnson Memorial Health, and Northshore Health

In development: Health Net, and Dearborn - St. Elizabeth Healthcare

- B. Describe your ability to provide feedback reports to individual referring providers or to institutional adopters and associated costs with technical assistance provided to health systems.

When a provider refers a patient to Quitline services (by phone, fax, e-referral, online, or secure email), our staff attempts to contact the referred individual within 24 business hours of receipt of the referral. We make up to five attempts at different times to contact the individual and register them in the Quitline. Then we send a Referral Outcome Report to the HIPAA-verified provider within five days of reaching or registering the referred individual. The report includes referral disposition, medication sent, quit date, quit status, and referring health care provider. Optum then generates a second Outcome Report to the same provider based on the result of the third call with the participant. We also produce for IDOH monthly summary reports of fax-referral outcomes by services and by referring provider, including the number of callers we were unable to contact after multiple

attempts.

Costs: Because of the costs involved in implementing an e-referral program, we charge a fee for the initial development, implementation, and testing. Subsequent use and technical assistance are included in that fee.

- C. Describe your experience working with Indiana based health plans, including Medicaid and the state employee health plans.

As the provider of the Indiana Quitline, we currently track and report on usage of Quitline services by participants covered under Medicaid. Our monthly Medicaid Billing Report lists participants by first and last name, birthdate, Member ID, and County and Zip Code of residence, as well as the name of the health plan under which they have coverage. It also details whether the participant is pregnant or enrolled in the Mental Health Program. The report includes all services provided to the participant, including provision of NRT, at billable rates established in our contract with the State.

We also offer our commercial Quit for Life program as a benefit in conjunction with 214 employer-funded health plans covering more than 2500 Hoosiers. We screen Quitline callers for other insurance and benefits, and if they are eligible for our commercial tobacco cessation services, we warm-transfer the caller to that benefit, conserving Quitline funds for others with no other tobacco cessation benefit.

7. Pharmacotherapy Information and Product Distribution.

- A. Describe the respondent's experience in advising providers and those that use tobacco on access to and use of over-the counter nicotine replacement therapy (NRT) and outcomes. Indicate if the respondent presently distributes pharmacotherapy to Quitline clients and if yes, describe the protocol and system for distribution.

The use of NRT or prescription medications is an important, evidence-based component of our program. The U.S. Public Health Service Clinical Practice Guidelines (2008) and the 2020 Surgeon General’s report we referenced earlier recommend that the use of NRT should always be an option in a quit attempt, unless contraindicated for other reasons. We have more than 20 years of experience providing decision support and delivery of FDA-approved NRT and have fulfilled well over a million orders of NRT across all of our Quitlines.

Screening & Dosing: Quit Coaches screen participants to determine applicability of NRT by asking a series of yes/no-medical questions approved by our clinical team. Participants who answer yes to any of the questions must obtain physician approval before receiving medications from the Quitline. At each intervention, Quit Coaches assess for proper use of pharmacotherapy, provide guidance to correct misuse and direct participants to optimize the medicine’s effectiveness.

B. Describe if the respondent has the ability to provide NRT through direct-mail order.

Optum provides direct-mail order NRT in all of our 23 state Quitlines. We are engaging Truepill, a national Medicaid-eligible provider of NRT, to expedite delivery of NRT with the capability of billing Medicaid directly for eligible participants.

C. Describe staff qualifications and training to advise providers or tobacco users on the use of pharmacotherapy. Provide a rationale for the amount of NRT to provide as part of the Quitline services protocols.

Our ATTUD-accredited Quit Coach training curriculum prepares Quit Coaches to describe available NRT, explain how its use increases the chance for a successful quit, communicate the benefits and risks of each type of NRT, determine how to integrate

NRT into an effective quit plan, and verify proper use for both tobacco users and providers who may have questions about recommending NRT to their patients. Coaches complete ongoing training to stay current with the evidence base on cessation and pharmacotherapy. We also maintain a dedicated team of senior Quit Coaches trained to provide support for medication access and assistance and advice to health care professionals who call the Quitline.

NRT Protocol Rationale: While Optum recommends that state Quitlines offer eight weeks of NRT as indicated by the USPHS Clinical Practice Guidelines, we understand that funding does not always allow states to provide such a robust benefit. At current funding levels, we believe Indiana’s NRT benefit levels for NRT to all except commercially insured participants strikes the right balance between achieving good reach and maintaining a solid quit rate. Optum provides 14 patches and/or 144 lozenges and/or 110 pieces of gum as an initial supply of NRT.

D. Describe the information provided about prescriptions and over-the-counter (OTC) cessation medications approved by the FDA.

Participants can access information about medications in several ways:

- The Quit Guide has detailed information on the seven FDA-approved medications.

- Participants can access information about the medications on the web portal.

Information is presented in articles and a video that describes the medications, presented by expert physician instructor, Reed Tuckson, MD.

- When we send NRT to participants there is easy to read information about the medication included with the mailing.

- At the end of the first session, Coaches direct participants to our Medline for

information about over the counter NRT products. Participants can be transferred to the line at the end of the call or can access the line any time by calling the number.

- E. Describe the referral process for callers to their health plans for additional information on benefit coverage for pharmacotherapy. Indiana health plan insurance coverage will be provided.

Registration Specialists collect Medicaid, employer, and other insurance provider information from callers to evaluate any cessation benefits, such as NRT, that may be available. If eligible for cessation benefits through a direct contract that Optum has with their employer or health plan, the Registration Specialist triages the caller to this benefit. For cost share health plans, the registration agent asks for the participant's Member ID and a few clarification questions to verify the participant is eligible for benefits under the cost share. These protocols help reserve Quitline funding for individuals who do not have other access to cessation benefits and, in some cases, can offer the caller a richer benefit if cessation medications or other benefits are available to them that are not offered through the Quitline.

- F. Describe the information provided on efficacy, contraindications, dosing, and side effects, and will encourage callers to seek medical advice.

Coaches address the use of during each call, explain the differences in medication categories (NRT versus prescription medications), the different delivery systems (patch, gum, lozenge, etc.), and talk neutrally about the pros and cons of medications, including their common side effects and contraindications.

Quit Coaches tailor NRT discussions to the individual knowledge and needs of each caller and provide decision support to help the participant select a medication. As part of this selection process, Coaches ask a set of questions to identify precautions or exclusions,

described earlier. For information beyond the Quit Coach’s scope of practice, the Coach will refer the participant to their healthcare provider or pharmacist.

8. Partnerships and Service Agreements.

- A. Describe your experience in forming partnerships, contract service agreements or other affiliations between a Quitline and health plans, health care providers, employers, and community organizations.

Some of our state Quitlines place more emphasis on collaboration and interaction with health care systems, stakeholders, and community organizations. For example, in Delaware, our Project Manager does outreach and training with health system stakeholders and community organizations to promote the Quitline and its benefits. In New Mexico, we partnered with the state and its Native American tribes to develop special training with information and guidance on ceremonial tobacco use, and provided outreach and education to providers who the state’s Native Americans.

In other states, such as North Carolina and Oklahoma, we have established cooperative agreements (Cost Shares) with the state’s health plans to fund Quitline services for eligible members. In those states, we track and report on services provided to Medicaid participants, similar to the monthly Medicaid Billing Report we provide for IDOH. Optum understands the importance of creating awareness of the Quitline and its services and benefits, both within the health care system and the overall community. We are happy to collaborate with IDOH in developing partnerships with stakeholders to maximize the promotion of, and benefits from, the Indiana Quitline.

- B. Respondents should specifically describe their experience in forming public-private partnerships and how they would strategize this effort in Indiana.

Optum has had success in forming partnerships in some of our markets, such as the

Medicaid partnerships we have in Maryland, North Carolina or Oklahoma. In Maryland, for example, when a Maryland resident contacts the Quitline and is identified as having Medicaid, the Quitline provides standard counseling and then transfers the participant to OptumRx, which verifies eligibility through the participant's Medicaid ID number. Once Medicaid eligibility is verified, OptumRx contacts the participant's health care provider in order to obtain the required prescription. When the prescription is authorized, OptumRx delivers the medication via mail order to the participant's home. Maryland participants may receive either standard NRT (gum, patches, and/or lozenges), or prescription pharmacotherapy, delivered via mail order by OptumRx which then submits claims for reimbursement through the Maryland electronic claims system. The Quitline Coach follows up with the participant after the medication is provided.

The Maryland tobacco cessation team indicates that having the health care provider involved gives the provider an opportunity to follow-up with the patient about their tobacco use and provide additional treatment as needed.

A strategy for states to facilitate this type of partnership is to mandate their state Quitline services as a covered benefit, and require that health plans work with the state's Quitline contractor to pay for Quitline services to eligible members.

C. Indicate here how the respondent proposes to advise and support Indiana Department of Health/Tobacco Prevention and Cessation and its partners in efforts to evolve a comprehensive, linked Quitline system in Indiana.

In our 15 years administering the Indiana Quitline, we have developed a good working relationship with IDOH, and have supported promotion of the Quitline in marketing and advertising through our Indiana subcontractor, Promotus Advertising. We have also worked to support IDOH in seeking Medicaid reimbursement by tracking and reporting to

IDOH on utilization of Quitline services by Medicaid members. We are also happy to share in-depth our experiences and strategies in other markets to integrate Quitline use and benefits into the overall Indiana health system. Having Quitline services reimbursed by Medicaid and other health plans enables us to move participants into the funding channel that provides the best tobacco cessation benefit.

- D. Describe the respondent's plan to provide a detailed billing report for multiple partners including the Indiana Medicaid program. IDOH/TPC may seek to enter into agreements with Indiana health plans to pay for counseling and/or NRT provided by the Indiana Tobacco Quitline for their members.

Optum currently provides a monthly Medicaid Billing Report to IDOH in support of IDOH recouping costs for eligible members. In some of our markets, we track Medicaid utilization by health plan and send reports to each health plan for reimbursement for services to their members. Once such agreements are in place, our data systems allow us to easily segregate services provided by health plan and provide reporting on a weekly or monthly basis.

- E. The Indiana State Department of Health/Tobacco Prevention and Cessation Commission would like to explore cost sharing with businesses and health plans for Quitline services offered to employees and members.

Optum currently offers a commercial Quit for Life tobacco cessation program to businesses and health plans, and we screen Quitline callers for that information. If eligible, we hand them off to our commercial cessation program. We understand that one key to coaxing businesses and non-Medicaid health plans to reimburse services provided by the Quitline is to educate the business community about the costs of tobacco use in sick time, related health insurance costs, paid health care claims, and lost productivity. We would be very interested in collaborating with IDOH on strategies to illustrate the cost-effectiveness

of funding tobacco cessation and drive greater acceptance of making tobacco cessation a covered benefit through cost shares or other arrangements.

F. Outline your approach for assisting in achieving these partnerships.

Through the robust eligibility systems embedded in our application and via either a phone or online enrollment, linkage to other health plans is seamless and barrier-free. When a participant first accesses the Quitline, their state of residency, employer and health plan are collected. This information generates other applicable service recommendations to the participant. If eligible for cessation benefits through a contract that Optum has with their employer or health plan, we share that benefit information to the participant. If the participant opts to enroll in that benefit, the required data is collected (e.g. subscriber information, employee number, and member ID) and the participant is seamlessly enrolled into the contracted benefit. With respect to Medicaid expansion efforts in the State, we would leverage this process to enroll participants into their contracted benefits through the Quitline. Optum also supports linking participants to their health plan and employer benefit information through our support of cost shares. Currently, we support five states that have a total of more than 20 cost shares.

9. Materials Development and Distribution.

Describe your distribution plan for Indiana participants regarding the mailing of cessation information tailored to specific populations and cultures. These include pregnant women, Indiana's Spanish speaking population, youth (13-17), callers who present with co-morbid conditions, including mental illness, pregnant women, low education, those that use e-cigarettes, LBGTQ+ and other populations to be selected in collaboration with IDOH/TPC. Quitline and cessation literature must be tested for culture-specific and low literacy level needs. The vendor will also develop and submit to IDOH/TPC for approval general promotion materials, in English and Spanish, for self-referral to 1-800-QUIT-NOW and for the referral (fax, electronic and online) system.

Materials Development and Distribution: We currently offer an Indiana Tobacco Quitline-branded Quit Guide to all callers from Indiana. Our caller-facing materials are developed using health literacy standards at a fourth-grade reading level, enabling recipients to understand and act on health information related to quitting tobacco. The Quit Guide, available in both English and Spanish, contains helpful information, worksheets and activities in an easy-to-use format participants can reference any time. It includes the following content sections: Thinking About Quitting; Quit at Your Own Pace; Conquer Your Urges to Smoke; Use Quit Medications; So They Really Work; Don't Just Quit, Become a Nonsmoker; Tobacco Use and Chronic Conditions; and Quit the Spit.

We also offer tailored materials for several other specific populations, based on input from experts in the field and best practices. Because many people today, especially youth, prefer to view materials digitally, we offer our materials in both hard copy and digital form, which they can download from our website.

Please refer to **Appendix 2.4.2.3.(2) - Sample Materials** for samples of some of our general and populations-specific materials. We are happy to collaborate with IDOH on specific materials or content of interest to the State and discuss how we can work together to fulfill or to test the materials for these populations.

10. Media and Promotion.

Describe how you will work with IDOH/TPC and its partners. IDOH/TPC will coordinate the development and implementation of the media campaign to promote the Indiana Tobacco Quitline to the general public. IDOH/TPC will provide advance notice to the respondent about media campaigns and media events. The respondent will be apprised of on-going tobacco cessation promotional activities of the State and nationally.

The respondent should provide a plan for ongoing promotion of the Quitline services to the health care community, employers, consumers, and the general public. Respondents should also address how:

- The respondent will provide sufficient staffing to meet increased demand for services.

- The respondent will collaborate with IDOH /TPC to assure effective coordination of media promotion and Quitline services and will participate in joint planning meeting with IDOH /TPC staff.
- The respondent will monitor call volume to evaluate the impact of promotional activities.

All media and promotion materials developed pursuant to development and operation of the Indiana Tobacco Quitline are the property of the IDOH /TPC and may not be used without prior written approval.

Optum has a history of successfully responding to increased call volumes during national campaigns such as TIPS by increasing staffing and careful monitoring of call volumes to maintain call live answering metrics. We will support IDOH and its stakeholders in local Indiana promotions, such as Monday Motivation, in which we send to eligible participants a secure email each Monday morning for immediate outreach and follow-up. Our coordination and partnership with IDOH have promoted efficiencies and successful engagement of participants wanting to quit.

11. Tracking, Data Collection and Reporting.

- A. Describe your tracking and data collection processes using a computerized tracking system and relational database to document Quitline activity.

Our flexible and scalable proprietary database tracks participant interactions and activities from intake through completion, to meet the reporting needs of our clients. The system consists of a relational database application, custom-designed for the Quitline program based on NAQC MDS data fields, and can be customized for the data requirements of our clients. It includes multiple user interfaces that support our coaching program. The registration tab collects the data needed to enroll a caller, and the list of questions changes dynamically based on participant responses (e.g., for males, questions about pregnancy vanish). Quit Coaches use other tabs to gather quit status data, screen and dose for NRT, track prior call history, and record call notes.

Our database helps us track and view all interactions for a participant in a single interface, including phone calls, web portal activity, and materials requested and sent. This enables our staff to easily review past Quit Coach notes on quit status data, NRT screening and dosing process, prior call history, and to add new information and notes from calls. This system allows Quitline staff members to answer a call from an Indiana resident and immediately have all past and current information about the participant from intake to the final call, providing a seamless interaction with the participant.

B. Describe how you will track and report caller information, demographics, services provided, referrals and client outcomes.

As indicated, we do an initial intake for callers to the Quitline in which we gather all the data points indicated in the NAQC Minimal Data Set. After that, our system records all activity related to a specific participant, from counseling calls to NRT screening and provision to final quit status. Data from all our systems feeds into a central data warehouse using Microsoft SQL Server, Reporting Services, and Analysis Services to provide a robust operational reporting and decision support platform. This platform allows us to our state partners' reporting requirements, and also the requirements set by the CDC for states awarded funding. Optum's standard report suite is comprehensive. We can run the majority of our reports for any time period requested (weekly, monthly, quarterly, or annually). Our goal is to make sure we deliver worthwhile information to support IDOH in meeting its goals and objectives. Optum is happy to provide additional reports at IDOH request. Additionally, as we move onto Rally, we look forward to introducing external evaluators to our Senior Product Manager for Analytics & Reporting Strategy. Ms. Jean Jung has her MPH and two product manager certifications from Harvard, an Economics

degree, and Six Sigma training, and she completed her thesis on the topic of tobacco cessation. Ms. Jung is responsible for creating the data architecture vision and infrastructure that will allow us to transform our client reporting into meaningful, visual insights.

Optum's standard reporting includes year-to-date data, including, but not limited to, Quitline reach, number and type of callers, services provided to those callers, insurance status, and demographic information.

- C. Detail how you will maintain a relational database capable of linking individual client characteristics (at intake) to services received, outcomes, and, as applicable, provider referral information (e.g. provider name, organization).

We describe our relational database and ability to track NAQC MDS fields, as well as all interactions with the Quitline, for each participant, in subsections A. and B. above.

- D. Describe your ability to produce reports on call center operations, including call patterns by time of day, day of week and month. Client characteristics include but are not limited to age, gender, zip code, education, number of children in the home, tobacco users in the home, insurance status and type, smoking history, current tobacco use status, level of dependency and motivation to quit. Data should be consistent with the NAQC Minimum Data Set.

As the current provider for Quitline services in Indiana, we already produce and monthly Telecom Report indicating call volumes and metrics, and our suite of reports includes all the data fields indicated by IDOH above. We have provided several sample reports we currently submit to IDOH as **Appendix 2.4.2.11.D. – Sample Reports**, which includes two sample Rally-based reports we will provide after Rally implementation.

- E. Describe how you will report services for self-referred callers and tobacco users referred by providers and assess differences between the two groups. See Outcome Evaluation below for outcome measures and the Scope of Services for a list of reported deliverables.

Optum currently tracks certain metrics for Quitline participants that are self-referred and referred by their provider. While those self-referred outnumbered the provider-referrals by a multiple of five in the most recent Indiana Quitline evaluation, the satisfaction rate among those referred by a provider was 91.4% versus 85.7% for those self-referred, and the quit rate for those referred by their provider was 39% versus 33.4% for those self-referred. This illustrates to us the importance of converting more provider referrals into enrollments, which is why we will be subcontracting with an Indiana firm on a program to increase the provider referral conversion rate.

- F. Tobacco Prevention and Cessation of the Indiana Department of Health is the sole owner of the client and provider databases. The vendor may not use client data from the Indiana Tobacco Quitline for any purpose other than the provision of Quitline services without prior written approval from the Director of the Tobacco Prevention and Cessation Commission of the Indiana Department of Health. The vendor must be willing to provide a database monthly to the IDOH /TPC with individual client records (without identifiers) and identifiable provider data with documentation sufficient to permit independent analysis if needed. Also, the vendor will respond to other data and/or report requests as needed by IDOH /TPC.

Optum acknowledges that IDOH is the sole owner of all data collected through the Indiana Quitline and agrees that such information will not be used for any purpose other than Quitline administration without prior written approval from IDOH. We will provide data to IDOH on an agreed-upon basis and in a format that is suitable to IDOH, and in collaborating with IDOH on other data reports as required by IDOH.

- G. Respondents should state agreement to submit reports and deliverables and, as applicable, reference any exceptions, issues, or alternatives proposed in responses.

Optum agrees to work with IDOH to submit reports and deliverables on an agreed-upon basis, for any datapoint or dataset we currently collect and track. If IDOH would like to

include any custom datapoints or datasets as part of our data collection, we are happy to discuss those data collection requirements with IDOH.

12. Outcome Evaluation Capabilities and Plan.

Describe your experience working with an independent evaluation contractor selected by IDOH /TPC and providing service performance data and other operational information as directed by IDOH /TPC.

While Optum has completed recent Indiana Quitline evaluations with our own Evaluation Team, we have over 20 years of experience working with external Quitline evaluators. Our collaborative work includes organizations that are housed in academic settings, state department of health, and private corporations, giving us a broad view and ability to work with varying levels of evaluator experience, tools and objectives.

Given the longevity, depth and breadth of our work with external evaluators, we have well established technical expertise in contracting to validate compliance with security and privacy, survey design, methodology, data extracts and definitions, troubleshooting data concerns, analysis and summarizing findings in a digestible report. We have worked with external evaluators to review annual reports, engaging in an open dialogue around strengths and areas of improvement and/or focus. Our philosophy in working with external evaluators is that their input will make us better, and we welcome objective critique and feedback on the services we provide.

13. Value-Added Improvements.

Provide strategies for any additional enhancements and added value to the existing Indiana Tobacco Quitline infrastructure.

We indicated in the Executive Summary to this proposal that as part of our evolution to meet the changing needs of Hoosiers wanting to quit tobacco, in 2022 we will be rolling out a significant enhancement to our Quitline services in Indiana with the addition of **Rally Coach®**

provided by Rally Health, an affiliate of Optum that specializes in digital consumer reach and engagement to drive better health outcomes. We provide a description of the Rally Coach® benefits and advantages in **Appendix F-2.4.2.13. – Rally Coach.**

14. Implementation Plan, Timetable, and Deliverables.

Propose a plan and timetable to achieve the results requested and provide a cost estimate for each service element.

As the current vendor for the Indiana Tobacco Quitline, Optum already has all the systems in place to provide evidence-based tobacco cessation services in harmony with both the State’s RFP and national best practice guidelines. However, when we win a new contract of existing services, we typically complete a checklist of all system components to verify that everything is in place and fully functional. We have attached an implementation plan with timelines and deliverables as **Appendix F-2.4.2.14. – Implementation Plan.**

Charges for all services are outlined in detail in our **Attachment D - Cost Proposal Template, and explained in Attachment D.1. – Cost Proposal Narrative.** As we move into a new contract, we will continue to submit reports and deliverables in accordance with RFP and State requirements.

Appendix F-2.4.2.1.(1): Resumes

JENI KLEIN

Senior Client Services Manager

EXPERIENCE SUMMARY

- Healthcare experience and passion •
- Strategic, analytical and detail-oriented •
- Budget management and contract negotiations •
- Proven success in retention •
- Strong interpersonal skills •
- Relationship based account management

EDUCATION

B.A. | Business Administration
University of Washington

SENIOR CLIENT SERVICES MANAGER, OPTUM

2014 – Present

Tobacco Cessation Industry | Serve as the ultimate advocate for clients within Optum. Responsible for key strategic client relationships by ensuring overall client satisfaction, retention and account growth. Keeping Optum and clients compliant with all contractual agreements, deliverables, timelines and budget management. Manage over \$20m budget annually. Partner with five state clients.

ACCOUNT EXECUTIVE, COFFEY COMMUNICATIONS

2013 – 2014

Healthcare Industry | Heighten client satisfaction and retain business for publication and digital divisions of Coffey. Strategically develop win-win outcomes for the client and Coffey, taking into consideration time and budget constraints of the client and Coffey's bottom line. Advise clients on leveraging Coffey's products and services to meet strategic marketing objectives. Provide effective strategies to help hospital clients realize marketing goals and maximize return on investment (ROI). Project manager for new client implementation process, publication planning and development, post production and ROI of publication. Team lead in client crisis management. Developed and implemented account executive eight week new hire training program. Completed two six hour courses on Affordable Care Act (2013 and 2014).

BUSINESS DEVELOPMENT CONSULTANT, COFFEY COMMUNICATIONS

2010 – 2013

Healthcare Industry | Responsible for initiating contact with potential customers (hospitals) through cold calling and emailing efforts, identifying their needs and budget cycle, and selling appropriate products (publication and/or website content management system and design) to meet those needs. Managing the prospect through the 3-9 month sales cycle and successfully transitioning them to the creative production cycle. Lead project manager for new customer

JENI KLEIN

Senior Client Services Manager

**BUSINESS DEVELOPMENT CONSULTANT,
COFFEY COMMUNICATIONS (cont.)**
2010 – 2013

relationship management (CRM) implementation. Strategic sales approach. 150% of goal in 2012 – 107% of goal in 2011 – 100% of goal in 2010.

**OUTSIDE SALES REPRESENTATIVE, NCH –
CHEMSEARCH**
2009 – 2010

Chemical Industry | Deepened relationships with current accounts while prospecting to grow Chemsearch's client list. Worked closely with purchasers from each account to ensure proper billing and accurate purchase orders. Daily forecasting and reporting to manager.

DISTRICT MANAGER, ADP
2004 – 2006

Payroll And Human Resource Services Industry | Responsible for maintaining and cultivating relationships with banks, certified public accountants and other centers of influence to generate new business leads; effectively prospect to create sales. Won regional award for generating the most business from bank partners. Mentored two sales associates who have become strong performers within the company.

MARYAM ABDULLA

e-Referral Product Manager/EMR Representative

EXPERIENCE SUMMARY

On the foundation of a Masters in Health Management, has demonstrated versatility and resourcefulness in a variety of health care systems improvement projects.

EDUCATION & CERTIFICATION

Health Informatics & Health Information Technology Professional Certificate

The University of Texas at Austin, McCombs School of Business

Master of Science in Health Management

University of London

Bachelor of Science in Policy, Planning, & Development and Minor in Sociology | Concentration: Health Management and Administration

University of Southern California

HIPAA Certification (2020)

Texas Department of Insurance

ADDITIONAL INFORMATION

SQL • Tableau, Microsoft Excel • PowerPoint • Word • EHR Software (OpenEMR, eClinicalWorks, HL7, Qvera Interface Engine)

E-REFERRAL PRODUCT MANAGER/EMR REPRESENTATIVE, OPTUM

2020 – Present

Managing the Optum Quit for Life e-Referral product and implementation. Coordinating the delivery of multiple e-Referral implementations and maintaining a pipeline of e-Referral provider implementations. Acting as a main point of contact during the implementation process, including supporting questions related to format and process, as well as troubleshooting any issues.

CLIENT SOLUTIONS ASSOCIATE, GERSON LEHRMAN GROUP

2018 – 2020

Implemented custom projects to provide clients with insights on M&A, growth strategy, and operational challenges within the healthcare industry. Maintained an 80-90% client retention rate by problem-solving with healthcare consulting firms to assess and scope the needs of their research. Acted as a liaison between clients and subject matter experts (e.g. c-suite executives at Fortune 50 healthcare companies) to coordinate learning engagements. Executed at least 100 projects, including 20 acquisitions.

CONSULTANT INTERN, ST. GEORGE'S HEALTHCARE NHS TRUST

2017

Overhauled processes related to therapies to ensure increases in successful payments received from the UK National Health System. Collaborated with Speech and Language Dietetic departments to streamline and troubleshoot the current patient pathways system. Developed a Standard Operating Procedure (SOP) from scratch for clinicians and therapists to improve the scheduling and booking system for patients. Joined a group of cross-functional coworkers teaming up to analyze the root cause of inefficiencies in the entire Children Services Department.

MARYAM ABDULLA

e-Referral Product Manager/EMR Representative

HUMAN RESOURCES & OPERATIONS ASSISTANT, EVA CARE GROUP

2015 – 2016

Coordinated a business process improvement initiative by facilitating a licensed nursing training program that helped minimized nursing staff turnover. Collected and analyzed data to produce detailed weekly productivity reports to document utilization in the Rehabilitation Department, resulting in higher reimbursement rates for skilled nursing facilities. Developed and provided training on policies, procedures and best practices to Administrators, Director of Staff Development, and Office Managers to optimize staff and patient satisfaction.

C. DANIEL SULLIVAN, MS, MD

Medical Director and Vice President

EXPERIENCE SUMMARY

Board certified medical executive with extensive experience in development, implementation and operation of Case and Disease Management programs. Successfully executed large scale, information- driven interventions for health management and medical resource management programs to change physician and patient behavior resulting in improved health outcomes.

In-depth knowledge and management experience in Clinical Informatics including data management, statistical analysis, study design, predictive modeling and outcomes measurement. Skilled in the development of clinical care policies and guidelines, reporting tools and benchmarking. Performed research and analysis in conjunction with major health care organizations, health care industry and academic, governmental and non-governmental service organizations. Performed key roles in the installation and configuration of enterprise-wide information management systems including systems for case management assessment and care management, code set rules for case and disease management and user-specific configuration of care management, case-finding and predictive modeling systems.

Expert knowledge in utilization management and quality improvement. Thorough knowledge of health care system management, business practices, products and processes, including Pharmacy Benefit Management and Managed Care organizations providing services under Medicare and Medicaid risk arrangements. Achieved accreditation under NCQA, JCAHO, URAC and CARF. Performed HEDIS reporting and successfully completed HCFA and other regulatory audits and instituted processes to meet HIPAA standards.

MEDICAL DIRECTOR AND VICE PRESIDENT, OPTUM/ALERE 2006 – Present

Management of the full and part time physicians who provide clinical input and oversight of the Complex and Chronic disease Case Management programs, Oncology Case Management program and the NICU Management and Women's and Children's Health program physicians. Daily medical review of cases in the Complex and Chronic disease Case Management programs, providing medical guidance to RN Care Managers and others involved in cases to ensure improved health status and outcomes. Active case load of approximately 1000 cases. Primary clinical support for Disease Management programs and the RN Care Managers located in centers from which these programs are delivered. Provides clinical input on program design, outcomes metrics and program operation. Address specific issues as they arise including those involving outside physicians and other providers of service to the patients participating in our programs. Primary clinical support for Case Management information system design and testing including development of documentation standards and other guidelines and procedures. Ongoing participation in system improvement and modification projects. Primary clinical support for the Clinical Integrity and Compliance group. Primary clinical support for the Wellbeing program. Clinical support for case management-related analytics and outcomes assessment services as requested.

CORPORATE VICE PRESIDENT AND CHIEF OF CLINICAL INFORMATICS HEALTH CARE MANAGEMENT, AMERIGROUP CORPORATION, VA 2003 – 2006

Serving over one million members through eleven Health Plans in eight states and the District of Columbia, Amerigroup provides health coverage for women, children and disabled people under Medicaid and SSI programs. Responsible for the establishment of an information-based management strategy including the selection and configuration of a sophisticated corporate-wide patient care and medical resource utilization management system as the cornerstone of the future strategy and vision of the corporation. Establishment of the system governing analytic methodology and processes for a wide variety of areas including disease and case management programs, utilization

C. DANIEL SULLIVAN, MS, MD

Sr. Medical Director and Vice President

EDUCATION

Certification | Medical Management
University of California, Irvine

Doctor of Medicine (with honors)
The Medical College of Wisconsin

M.S. | Mechanical Engineering
Kansas State University

**B.S. (with honors) |
Mechanical Engineering**
Kansas State University

Chief Medical Resident
Mount Sinai Medical Center

Resident, Internal Medicine
Mount Sinai Medical Center

LICENSURE

Medicine – Lic. #25079, AZ
January 1997 – Current

Medicine – Lic. #91-372, NM
June 1991 – 1999

Medicine and Surgery – Lic. #25453, WI
July 1983 – Current

Professional Engineer – Lic. #17761, WI
June 1978 – retired 11/15/2015

BOARD CERTIFICATIONS

Internal Medicine
September 1985 – Current

Comprehensive Refresher Course
August 1997

SPEX 2002

CORPORATE VICE PRESIDENT AND CHIEF OF CLINICAL INFORMATICS HEALTH CARE MANAGEMENT, AMERIGROUP CORPORATION, VA (cont.) 2003 – 2006

management systems and cost containment initiatives. Principle responsibility for selection and configuration of the clinical components of a new corporate-wide information system and clinical rules interface to benefits and procedure and diagnosis coding conventions. Complete revision of the overall system of disease and case management program operations and specific service offerings to improve outcomes and efficiency. Enhanced operations to allow for accreditation by NCQA as an independent disease and case management provider. Development of a new, comprehensive program for outpatient medical resource utilization management through a sophisticated analysis of performance and modeling of impact and outcomes. Senior member of the team responsible for completely revamping and implementing standardized systems of medical management including inpatient review, discharge planning, authorizations, care coordination and appeals and grievances. Senior medical management executive with matrix responsibility for Amerigroup's corporate-wide pharmacy management system, including pharmacy-based care and specialty pharmacy services and supplies. Provide direct support to the senior business and medical management of individual health plans to support local operations and address cost, quality and utilization issues. Development and distribution of predictive models and case-finding algorithms. Clinical support for all corporate-level areas including marketing, provider relations, finance, contracting, legal and regulatory, government relations and associate services. Provide clinical performance assessment and other due-diligence functions for the evaluation of potential major acquisitions and business partnerships. Management of approximately 50 employees including health professionals and doctoral level researchers in two departments.

SENIOR MEDICAL DIRECTOR AND CHIEF OF CLINICAL INFORMATICS, HEALTH NET OF ARIZONA, AZ 2001 – 2003

Part of Health Net, Inc., Health Net of Arizona serves nearly 200,000 members providing managed care services under Medicare risk, HMO, PPO and POS plans. As part of a new management team successfully accomplished a major

C. DANIEL SULLIVAN, MS, MD

Sr. Medical Director and Vice President

PROFESSIONAL PRACTICE AND OTHER RELATED EXPERIENCE

1991 – 1996

Consulting Internist and limited outpatient practice

FHP of New Mexico, Inc.
Albuquerque, NM

1985 – 1991

Practicing Internist and Vice President

United Internists of Milwaukee, SC, Milwaukee, WI

1989 – 1991

President, Professional/Technical Resources Inc.

Professional/Technical Resources, Inc.
Brookfield, WI

Providing technical consultation for agencies dealing with product liability, personal injury and medico-legal problem prevention and resolution.

1975 – 1978

Project Engineer

Trane Company, Inc. La Crosse, WI

Heat transfer engineering and equipment design for special applications, including low temperature refrigeration, hazardous environment operation and other custom-engineered heat transfer equipment.

1971 – 1974

Engineer, Co-op program

Caterpillar, Inc. Peoria, IL

Small parts manufacturing.
Experimental inertia

Welder program. Hydraulic drive and semi-automatic transmission development group.

SENIOR MEDICAL DIRECTOR AND CHIEF OF CLINICAL INFORMATICS, HEALTH NET OF ARIZONA, AZ (cont.)

2001 – 2003

turn-around of medical resource utilization. Key to success was the development of innovative solutions to medical resource utilization problems and re-establishing provider relationships. Quantitative analysis of past performance metrics to establish an information-driven approach to care management, network design, utilization management and provider. Development of performance reporting and tracking to guide medical resource management on a day-to-day and long-term basis. Oversight of all medical aspects of inpatient and outpatient utilization management. Practice standards development and implementation. Evaluation of new medical technologies, therapeutic techniques and pharmaceuticals. Development and implementation of disease management and case management programs, including predictive modeling and performance measurement. Quality management, including quality improvement programs, provider credentialing and profiling. NCQA, JCAHO, URAC, HCFA (CMS) and other certification and regulatory compliance. Medical oversight of services performed by delegated providers. Research and analytic study design, execution, publication and interpretation. Application development for automation of data management, analytic processes and reporting. Provider interaction and conflict resolution. Support of Provider Services, Member Services, Marketing, Underwriting and Legal Departments.

PROFESSIONAL AND HONORARY SOCIETY MEMBERSHIP

American College of Physician Executives, Life Member

Association of Medical Directors of Information Systems

Alpha Omega Alpha, Medical Honorary

Bernard M. Baruch Award, 1982

Tau Beta Pi, Engineering Honorary

Pi Tau Sigma, Mechanical Engineering Honorary

ETTA SHORT

Director, Clinical Development and Support

EXPERIENCE SUMMARY

High-performing Public Health professional with in-depth experience and knowledge of behavior change models, community organization, project management, instructional design, training delivery, assessment and evaluation. Areas of expertise: Tobacco cessation and prevention, weight management, lifestyle health behavior, cultural competency.

EDUCATION

NW Public Health Leadership Institute
University of Washington

B.S. | Public Health Education
University of Washington

B.A.
University of California, Los Angeles

DIRECTOR, CLINICAL DEVELOPMENT AND SUPPORT, OPTUM, WA 2014 – Present

Provide expertise and leadership for the development and delivery of evidence based, behavior change strategies. Provide primary oversight to behavior change aspects of intervention and coach training for tobacco cessation, weight management, and Lifestyle Coaching program.

DIRECTOR, LEARNING AND DEVELOPMENT, QUIT FOR LIFE, FREE & CLEAR and ALERE WELLBEING, WA 2005 – 2014

Establish and maintain company strategy and standards for education, training and development. Direct the design, production, evaluation and maintenance of curricula and instructional materials to support staff new hire and ongoing training.

HEALTH EDUCATOR, UNIVERSITY OF WASHINGTON MEDICAL CENTER, WA 2010 – 2016

Develop, implement and evaluate patient and family education programs and related staff training for UW Medical Center.

CONSULTATION, TRAINING DELIVERY, AND PROJECT MANAGEMENT

International Quitline Institute, World Health Organization

Residential Tobacco Quit Counselor Train the Trainer program designed to prepare trainers to train Quitline counselor, Managers and Trainers to deliver services using empirical evidence and best practices. The curriculum is part of the package that supports the World Health Organization's Framework Convention on Tobacco Control (FCTC) Article 14.

ETTA SHORT

Director, Clinical Development and Support

International Quitline Institute, World Health Organization (cont.)

Columbo, Sri Lanka June 12 -16, 2017

Tekirdag, Turkey April 12 -14, 2016

Shanghai, China, August 3-7, 2015

Beijing, China October 20-24, 2014

Seattle, WA October 9 -12, 2011

PUBLICATIONS

- Sheffer, C. E., Al-Zalabani, A., Aubrey, A., Bader, R.,... Short, Etta, ... (2021). The Emerging Global Tobacco Treatment Workforce: Characteristics of Tobacco Treatment Specialists Trained in Council-Accredited Training Programs from 2017 to 2019. *International journal of environmental research and public health*, 18(5), 2416. <https://doi.org/10.3390/ijerph18052416>
- Short, E., Raskob, M., Nash, C., Carpenter, K., "Tobacco Cessation: Improving Quitline Services for Priority Populations," NCTOH, Minneapolis, August 2019
- Sheffer, C., Cofer, J., Hurst, A., Shumaker, T., Darville, A., MConaha, J., Short, E., "Innovative Strategies for Training Tobacco Treatment Specialists," NCTOH, Minneapolis, August 2019
- Krupski, L., Short, E., Pearson-Collins, S., Johnson, J., Sheffer, C., Webb, M., "The Tobacco Control Workforce: Tobacco Related Disparities and Health Equity," NCTOH, Minneapolis, August 2019
- Short, E., Hurley, S., "Tobacco Cessation and Weight Management Health Coaching: A Strategy for Attaining Broader Lifestyle Behavior Change Benefits" NCTOH, Austin, March 2017
- Short, E., "Effective Health Coaching, "Weight Management Matters, (Weight Management; a dietetic practice group of the Academy of Nutrition and Dietetics, Winter 2017, 16 - 19
- Short, E., *Behavior change key to wellness program success*, Employee Benefits News (EBN) OCTOBER, 27, 2015

ETTA SHORT

Director, Clinical Development and Support

PUBLICATIONS (cont.)

- Short, E, Wassum, K, “Training for Quit line Tobacco Treatment Specialist: Telephone Counseling,” Trainer Manual, Trainee Workbook, World Health Organization 2014, <http://apps.who.int/iris/handle/10665/113145>, ISBN 978 92 4 150726 4 (print), ISBN 978 92 4 069280 0 (Epub), (NLM classification: WM 290)
- Wassum K, Short E., Strengthening health systems for treating tobacco dependence in primary care. Chapter 2: smoking cessation; training for primary care providers: brief tobacco interventions; and, Chapter 4: training for future trainers. World Health Organization training package publication, 2013.
http://www.who.int/tobacco/publications/building_capacity/training_package/treatingtobaccodependence/en/index.html.
Published July 2013. Accessed July 12, 2013. ISBN 978 92 4 150541 3 (NLM classification: HD 9130.6).
- Short, E., Edris, K, Kulas, A, “Using Innovation to Deliver Culturally Sensitive Interventions: The Alaska Experience”, (Poster) NTCOH, Kansas City, Mo. August 2012.
- Simmons, R., Bennett, E., Schwartz, M., Tung Sharify, D., Short, E., Health Education and Cultural Diversity in the Health Care Setting: Tips for the Practitioner, *Health Promotion Practice*, January 2002, Vol. 3. No.1, 8-11 © 2002 Sage Publications
- S. Abbott, P., Short, E., Dodson, S., Garcia, C., Perkins, J., Wyant, S., Improving Your Cultural Awareness with Culture Clues, *The Nurse Practitioner*, February 2002, Vol. 27, No. 2, 44-47,51.
- Short, E., Michaels, J., and Gray, M., *Managing Every Day Stress*, Group Health Cooperative of Puget Sound, 1984.
- Short, E., *Increasing Self-Efficacy: The Process of Smoking Cessation*, Master’s Thesis (unpublished), 1982.

MICHELLE NYGAARD

Operations Director

EXPERIENCE SUMMARY

Operational Excellence • Employee Engagement • Strategic Planning • An Associate Director in Operations with more than 15 years of experience in Operations supporting telephonic and email/instant message coaching.

Oversees and manages the day-to-day and end-to-end operations and staff of the tobacco cessation, weight management, and wellness programs providing program instruction and guidance to stakeholders and staff. Focuses on building and sustaining a strong and professional team to deliver first-class phone and email-based customer service, effective and efficient work processes (which maximize resources), high quality motivational interviewing techniques and excellent coaching and performance monitoring.

EDUCATION

Masters | Mental Health Counseling
Seattle University

B.A. | Psychology
University of Minnesota

OPERATIONS DIRECTOR, OPTUM, WA

2019 – Present

and

OPERATIONS ASSOCIATE DIRECTOR, OPTUM, WA

2011 – 2019

Oversees and manages the needs of Managers and Supervisors to ensure day to day operations and performance expectations are met and consistent across coaching programs. Partners with stakeholders for client and program needs to drive effective and efficient improvements and feature enhancements that maximize resources, as well as positively impacts participant, client, and employee experiences resulting in business growth due to decreased costs and client and employee retention. Project experiences includes hiring and staff development; developing and implementing software program and database solutions; managing and implementing changes to support positive client and participant satisfaction results; and developing and executing opportunities for streamlining work processes.

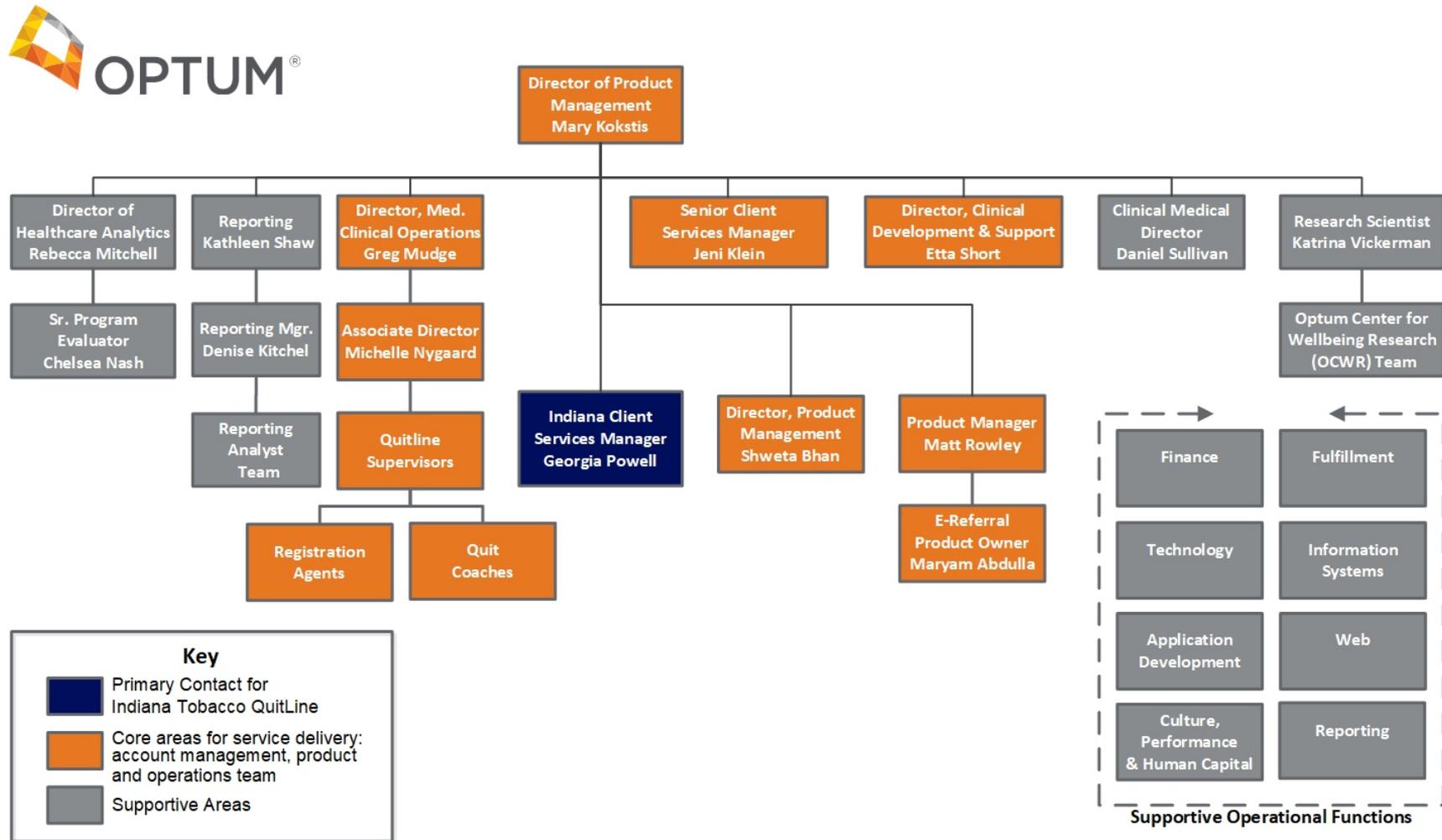
OPERATIONS MANAGER, OPTUM, WA

2007 – 2011

Managed the needs of Supervisors, Enrollment agents, Coaches, and Registered Dietitians to ensure performance and program needs were met and consistent across coaching programs. Worked with stakeholders for client and program needs, including technology needs. Project experiences includes developing and implementing training programs, creating and implementing staff protocols and processes, and performance management and professional development.

Appendix F-2.4.2.1.(2): Organizational Chart

Appendix F-2.4.2.1.(2) – Organizational Chart



Appendix F-2.4.2.1.(3): Summary of Optum Quitline Staff Orientation and Continuing Education

Appendix F-2.4.2.1.(3) – Summary of Optum Quitline Staff Orientation and Continuing Education

Registration Intake Specialists receive 80 hours of training in customer service standards and data entry requirements and must pass a practicum prior to handling calls. Specific training topics include tobacco 101, privacy standards, customer service and problem solving, crisis and difficult caller management, database use, and cultural diversity.

Our Quit Coaches Optum's Quit Coach training curriculum reflects all the competencies established by the Association for the Treatment of Tobacco and Dependency (ATTUD). Our Quit Coach training curriculum reflects all the competencies established by ATTUD, accredited through 2021. Quit Coaches must complete more than 150 hours of rigorous training and evaluation before they are qualified to speak independently with participants.

Quitline Supervisors must complete the above training as well as additional training on supporting and guiding team members. The curriculum for this includes time management skills, effective interpersonal communication, organizational understanding and astuteness, professional development of team members, effective presentation of information, group facilitation skills, and how to relate to others with empathy.

At Optum, our policy and our vision are to create a vibrant and empowered organization one qualified employee at a time. The Optum training team is dedicated to lead, inspire, and help employees measurably improve their skills, knowledge, and job satisfaction through innovation and quality education. We utilize both instructor-led virtual classroom and self-directed e-learning training modules. Learning strategies include:

- Reading
- Discussion
- Observation
- Role-plays
- Case studies
- One-on-one mentoring
- Ongoing evaluation

The new hire curriculum reinforces and enhances skills needed for job performance that meets and exceeds Optum's high quality standards. Objectives, learning strategies, and content are developed using the following principles:

- Content developed through partnership with subject matter experts, internal and external, to develop sustainable programs
- Skill-based curriculum, derived from ATTUD competencies
- Consistent with best-practices or adult education and worksite skills training
- Lessons designed using a variety of training modalities to incorporate the range of learning styles

The new-hire training program is accredited by the Council for Tobacco Treatment Training Programs (CTTTP) demonstrating that an independent panel has carefully reviewed the training program and determined that it meets the Core Competencies as established by Association for the Treatment of Tobacco Use and Dependence (ATTUD).

Quit Coaches receive 150 hours of training on a variety of counseling strategies including Cognitive Behavioral Therapy, Motivational Interviewing, education, skill building, reinforcement, and modeling. They are trained to respond to callers in a non-judgmental way with an understanding of each individual's readiness to quit tobacco.

Training topics include:

- Nicotine dependence
- Clinical assessment, medication use
- Counseling techniques
- Proven quitting strategies
- Privacy practices
- Crisis protocols
- Tobacco use among special populations (e.g., pregnant women, youth, seniors, cultural and ethnic minorities, smokeless tobacco users)
- Customer service
- Software application skills

Newly hired Quit Coaches must pass a skill assessment review before delivering supervised calls. After delivering 240 hours of tobacco cessation interventions, Coaches are eligible for designation as a National Certified Tobacco Treatment Counselor. We support Coaches by covering fees to apply and sit for the exam.

Continuing Education

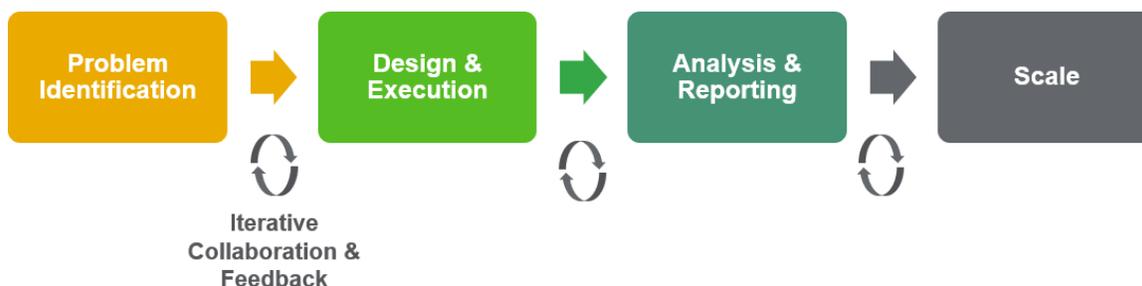
After successfully completing the training program, Quit Coaches must continue to meet ongoing quality and productivity measures. Coaches attend refresher courses to reinforce and enhance skills learned during new hire trainings. Continuing education sessions are conducted to introduce innovations including pharmacotherapy updates, coaching techniques, and technology developments.

Staff meet monthly with their supervisor for individualized coaching. Coaches can access ongoing training material from the learning library, job aid catalogue, and onscreen support.

Appendix F-2.4.2.3.(1): Priority Populations

Optum’s Experience and Protocols for Priority Populations

Optum proactively addresses the unique characteristics of populations disproportionately affected by tobacco, including those with low incomes, minority populations, and those located in rural areas. More specifically, since 2017, Optum has been developing, testing, and refining specialized treatment plans for such populations that leverage a variety of digital tools. These treatment plans include evolving modalities, such as virtual group classes and personalized online content. Such programs have demonstrated that tailored support through the most accessible or desired modalities achieves better, long-lasting outcomes. External research by the CDC and other entities, the data we capture and analyze across our quitlines help feed the decisions we make. In addition, and **as an essential feature of our approach** to developing new protocols – regardless of modality – our Optum Center for Wellness Research (OCWR) team, led by Dr. Katrina Vickerman, applies Agile Research and Evaluation approach to drive new ways to reach, engage, and help unique users quit. The figure below illustrates this in greater detail:



We use several steps in identifying the need for and developing new protocols for special populations:

- **Problem / Opportunity Identification:** Our approach is aimed at evaluating a new solution (e.g., approach, digital technology) to solve an existing or emerging problem. We will work with our **Optum | Rally Strategic Advisors** as well as others across Optum, Rally, and other partnerships to facilitate identification and discussion of the most pertinent issues facing cessation. We will then prioritize topics in collaboration with our state partner based on set criteria, specifically those areas where Optum can foster digitally powered intervention on our Rally Coach platform. For instance, we might prioritize some of the most emergent public health concerns, where there is a high cost of doing nothing or waiting. These include youth vaping, vaping-related respiratory issues, COVID-19-related issues, online content for users with chronic conditions, and more.
- **Design & Execution:** Our Quitline leadership team works closely with the Optum Center of Wellness Research (OCWR) to develop the business case for the opportunity, including the following priorities:
 - Ensuring the opportunity is safe
 - Assess whether is more effective than standard treatment
 - Assess whether it is more cost effective than standard treatment.

Upon review and approval of the business case, timeline, and key metrics, we begin to execute. We dedicate a small group of cross-specialized Quit Coaches – our Research Implementation Unit (RIU) – to assist with development, execution, and analysis of the opportunity.

- **Analysis & Reporting:** We continuously measure our progress against agreed upon metrics, led by our Data Analytics and Research teams.
- **Scale:** Based on the final report of and approval of opportunity success, we scale the project. Findings will be shared with our state partner and the broader quitline community and/or published via research journals (as appropriate).
- **Iterative Collaboration & Feedback:** Our Product Team continuously engages with our Quit Coaches, OCWR, and Data Analytics teams on effectiveness of opportunity design, content, and functionality.

We have applied this approach for the majority of the protocols we have for the special populations delineated below:

Uninsured/Low Socioeconomic Populations

Since 2002, more than 1.3 million of Optum's participants have either been on Medicaid or uninsured/underinsured. Interventions may need to address the socio-cultural situation and recognize that members of certain communities may have lower income levels and educational attainment. Tobacco use may be more accepted in their social circles, and increased rates of smokeless tobacco use and/or higher levels of tobacco use, and dependence are also possible. These factors can contribute to less success in quitting smoking or spit tobacco, and Quit Coaches are trained to understand the complexity of these issues and identify and problem-solve barriers to quitting. Encouragement to use a higher dosage of NRT medications is proven to help those with higher nicotine dependency. Behavioral counseling includes strategies on creating a tobacco-free quitting environment and detailed assistance in developing coping-strategies to deal with urges to use tobacco.

Our Quit Coaches provide information on the benefits available to these participants through their state's Medicaid programs (if eligible) and encourage them to use those resources if they need additional support. All printed and/or electronically available tobacco cessation materials have been reviewed by health literacy experts and are written at a low literacy reading level.

We also have significant experience in setting up systems to recover reimbursement from Medicaid for their members who use Quitline services. In some states, we have cost share agreements with Medicaid plans, and in others, we have designed systems in conjunction with our state partner to recover costs from Medicaid through other arrangements.

Pregnant Women and Women of Child-bearing Age

All callers who are pregnant, breastfeeding, or planning pregnancy within three months will be triaged to a specially trained team of Pregnancy Coaches.

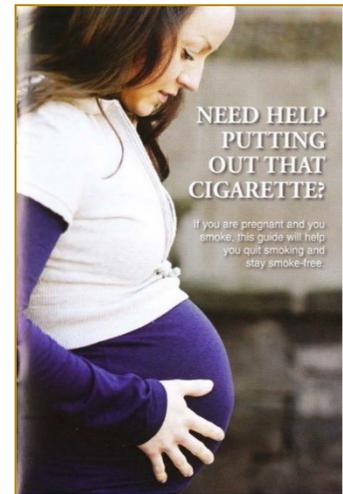
Our intensive pregnancy protocol provides a total of ten calls during pregnancy and postpartum. This protocol includes seven intervention calls in the two- to three-month period following enrollment that includes pre-quit and intensive relapse prevention support. Three additional calls are made to help mothers prepare for a smoke-free postpartum, one 30 days before the due date and two calls within 45 days of the baby's delivery. These calls help the participant to develop skills and enhance motivation to remain quit in order to reduce health risks to the baby and any other children in the household from exposure to secondhand smoke.

For pregnant women, we take a primarily woman-centered approach. The goal of the counseling is to help the pregnant woman quit and sustain her quit post-delivery. We train Coaches to respond to an expectant mother's feelings about her pregnancy, underscoring that the health of the woman and her baby will improve if she can quit tobacco use. Coaches assess

the many challenges that quitting tobacco while pregnant may present and consider this information in tailoring a quit plan to meet the woman's needs. Quit Coaches also look for opportunities to educate women about the benefits of quitting, for her and her developing baby, and risks of continued tobacco use during pregnancy and after delivery.

As part of our regular Pregnancy and Postpartum program, we already offer the following benefits to pregnant and postpartum women to assist them in giving up tobacco for good:

- **Extended Care:** Our intensive pregnancy protocol provides a total of ten calls during pregnancy and postpartum. This protocol includes seven intervention calls in the two- to three-month period following enrollment that includes pre-quit and intensive relapse prevention support. Quit Coaches make three additional calls to help mothers who have quit prepare for a smoke-free postpartum, one 30 days before the due date and two calls within 45 days of the baby's delivery.
- **Dedicated Team of Coaches:** We have a highly skilled and knowledgeable teams of Quit Coaches that understand the complex needs and support that go into helping these women. By working with a team of Quit Coaches, we foster increased levels of treatment continuity and sensitivity.
- **Specialized and Ongoing Quit Coach Training:** Coaches receive training specific to working with this population that highlights challenges and themes they may encounter during their interventions. This training includes pregnancy-specific cessation content information about the adverse effects of smoking on pregnancy and the benefits of quitting for the woman and the fetus. Coaches also receive training to develop facilitation skills in working with this vulnerable population.
- **Tailored Support:** We train coaches to respond to an expectant mother's feelings about her pregnancy, underscoring that the health of the woman and her baby will improve if she can quit smoking. Coaches assess the many challenges that quitting tobacco while pregnant may present and consider this information in tailoring a quit plan to meet the woman's needs. Quit Coaches also look for opportunities to educate women about the benefits of quitting, for her and her developing baby, and risks of continued tobacco use during pregnancy and after delivery.
- **NRT Support:** Our coaches understand the sensitivity of using nicotine replacement therapy within this population. Our coaches know how to help address any concerns they may have regarding NRT, how to navigate choices, and seek support from their physicians. Should the pregnant woman benefit from NRT, we obtain a letter from her health provider prior to providing the NRT.
- **Tailored Materials:** In addition to our standard materials, pregnant participants receive the booklet "Need Help Putting Out That Cigarette?" developed by the American College of Obstetricians and Gynecologists and Smoke-Free Families (available in English and Spanish).
- **Text4Baby:** Our Coaches recommend and work with pregnant participants to use Text4Baby, an app that provides text messages with critical health and safety information, provides reminders of upcoming medical and other appointments, and offers



additional web content and videos related to nutrition, safety, and the baby's overall development.

Senior Adults

Over the last two years we have served more than 191,000 participants age 50+ across all of our quitlines, and more than 104,000 age 60 and over. Our Quit Coaches understand that when a person quits, no matter their age, they are likely to add years to their life, breathe easier, have more energy, and save money. We have found these older callers are the most vulnerable and often just need to talk to a Quit Coach to help them understand there is help. As such, we are currently collaborating on Project CONNECT, targeting seniors age 55 and above:

- **Project CONNECT:** In partnership with NAQC, MD Anderson, and the **University of Oklahoma**, we are developing a methodology to connect Helpline callers with decision support materials for computed tomography (CT) screening in a way that is well-integrated with our program and our quitting message. The US Preventive Service Task Force recommends annual screening for lung cancer with low-dose computer tomography (LDCT) for tobacco users who are 55 to 80 years old with 30 or more pack years of smoking history. Project CONNECT aims to test and refine lung cancer screening decision support for implementation through tobacco quitlines.

Dual or Multi-users of Tobacco Products

As indicated earlier, Optum has served almost 39,000 dual or multi-users of tobacco products in just the last two years. More recently, this has included the addition of e-cigarettes to another form of tobacco use. We have developed protocols to help participants switch to safe, FDA-approved nicotine replacement therapy and our coaches stress using these products as directed, toward the goal of quitting all tobacco products and reaching independence from the tobacco products addiction. We have also developed NRT dosing algorithms that can be applied to users of multiple tobacco products.

E-cigarette/ENDS Users

Optum does not recommend e-cigarettes as cessation aids or as a safe alternative to traditional tobacco products. E-cigarettes may be a safer short-term alternative to the use of combustible tobacco, when used as directed. There are no studies that have demonstrated statistically significant outcomes showing e-cigarettes to be effective in helping smokers quit. Furthermore, it is not known if e-cigarettes are safe to use long term. While ingredients such as propylene glycol are considered by the FDA to be "generally recognized as safe," the health effects of long-term inhalation of the substance are unknown. We have also recently seen a rash of news articles linking e-cigarette (vaping) abuse with serious lung injury and even death. Optum does not recommend that smokers of traditional tobacco products switch to e-cigarette use in an effort to quit.

Coaches meet e-cigarette users where they are at, however, participants who report using the e-cigarette will be offered encouragement by Quit Coaches to switch to FDA-approved medications. E-cigarette users will be educated on the fact that it is unknown if e-cigarettes are safe to use long term. Optum has developed an e-cigarette protocol to support Quit Coaches.

This protocol guides Quit Coaches in treating callers who may be using the e-cigarette to quit smoking or who are inquiring about the e-cigarette as a tool to quit smoking. It has both behavioral and pharmacological components. To that end, Quit Coaches encourage e-cigarette users to transition to FDA-approved NRT products. Please see our description of **Live Vape**

Free, in the above section under Youth/Teens/Young Adults for information on this important service enhancement.

Smokeless (Spit) Tobacco Users

Our Quit Coaches are specially trained to work with spit tobacco users and dual users of spit tobacco and cigarettes. Training covers the types of spit tobacco (including newer dissolvable forms of spit tobacco), use patterns, obstacles to quitting, and proven cessation strategies.

Special protocols for spit tobacco users include NRT dosing algorithms to address higher nicotine dependence and nicotine blood levels that can exceed the treatment capacity of 21 mg patches. This pharmacological treatment includes encouragement to use combined patch plus a 4 mg gum or lozenge for those screened appropriate for NRT.

Coping strategies suggested to help participants deal with urges to chew are tailored to the needs spit tobacco users. These can include herbal products designed to replace the feeling of having a dip or chew in the mouth. These same herbal products can be used to mix with spit tobacco prior to quitting in an effort to reduce the high levels of nicotine taken in by many chewers.

Quit Coaches are trained to explain the health risks of chewing, including dental and periodontal diseases, and the many forms of cancer that can be caused by spit tobacco.

Our Quit Guide contains evidence-based treatment support for smokeless tobacco users as well as those who both chew and smoke. Callers who use only spit tobacco are sent the booklet *Quitting Smokeless Tobacco* (available in English and Spanish).



Tobacco Users with Chronic Medical Conditions

The scientific literature shows us that smokers with chronic illness may have more difficulty quitting and may also suffer from comorbid conditions such as depression. Quit Coaches are trained to understand the barriers to quitting faced by those with smoking-related chronic illnesses (especially heart disease, chronic obstructive pulmonary disease, asthma, diabetes, and cancer), and have database support for working with these high-priority populations. This training and database support is critical, as many smokers with life-threatening chronic disease may have higher nicotine dependence, have smoked for more years than those without chronic illness, and may actually demonstrate less motivation and less confidence in their ability to follow through on a plan to quit.

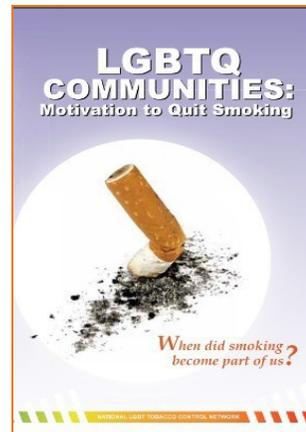
Callers with chronic disease are identified at enrollment, and Quit Coaches are trained to leverage this information at each counseling encounter by helping them to understand how quitting tobacco will dramatically help them manage their chronic illness in order to live healthier and more productive lives (i.e., quitting smoking is the only proven treatment to slow the progression of COPD). Quit Coaches also help them to understand the risks of continued smoking on their chronic illness (i.e., higher risk of dying from a heart attack for smokers with CAD). Our printed quit guides include information about chronic conditions and the benefits of quitting tobacco.

LGBTQ Individuals

Quit Coaches are currently trained on tobacco use statistics associated with the LGBTQ community. They are educated on the social pressures that contribute

to a higher smoking prevalence among this population and to recognize that they may have less access to medical care than other segments of the U.S. population. For example, when suggesting that a participant follow up with their health care provider, the Coach will ask whether they have a doctor with whom they can discuss their desire to quit, making no assumptions that they have access to a health care provider. Additionally, Coaches are trained to recognize that some tobacco users in the LGBTQ community may be hesitant to engage with health care providers.

Coaches are also trained to recognize that due to a higher smoking prevalence rate than the general population, LGBTQ callers may live in an environment where smoking may be part of the social norm, making quit attempts more challenging. Assessing and planning around these factors can help the Coach assist the participant in creating a quit plan that is tailored to their needs. As with all special populations, Coaches are trained to treat the individual, rather than taking a formulaic care approach that does not recognize individual differences within various populations. In doing this, coaches are able to create a therapeutic alliance with each participant that leads to greater trust and treatment compliance.



- Coaches are also provided with job aids that they can easily review and refer to in their daily interactions to ensure they remain culturally competent and conversationally flexible when working with this population. These job aids, in conjunction with ongoing trainings and coaching support, provide Coaches with insights that may be helpful, including:
 - The importance of using a non-judgmental tone and demonstrating appreciation for disclosures.
 - Awareness and understanding that participants may identify themselves as belonging to a certain group during a call. These identifiers may include: Lesbian, Gay, Bi, Transgender or Trans, Genderqueer, or Questioning.
 - LGBTQ participants may be, but are not always, ostracized from their ethnic communities, places of worship and/or birth families, due to their sexual orientation or gender identity.
 - Many LGBTQ community centers offer health information for sexual minorities and may even offer counseling or cessation information.
 - LGBTQ venues are often tobacco-affirmative, i.e., bars, clubs, social gatherings, etc.

In addition to the Quit Guide, which contains helpful information, worksheets, and activities in an easy-to-use format that participants can reference at any time and is based on evidence-based treatment components that help tobacco users quit, LGBTQ callers are offered a supplemental pamphlet. The pamphlet, *LGBTQ Communities: Motivation to Quit Smoking*, was developed by the National LGBTQ Tobacco Control Network and provides tailored support to members of the LGBTQ community.

American Indians

Since 2002, Optum has provided care to over 56,000 American Indians throughout the country. Nationwide, 3% of our callers identify as American Indian at enrollment. As a result, we introduced our American Indian Commercial Tobacco Cessation Program in 2018, which is described further below. This program offers coaching services by American Indian Quit

Coaches who have lived experience and knowledge of the unique needs of this population. Non-American Indian Coaches, all of whom receive initial and ongoing training on facilitation skills, behavioral health training, engagement, and other related topics, support this team. We also train our American Indian and non-American Indian coaches to be aware of certain cultural norms common to this population, including:

- Many American Indians value silence. Coaches listen attentively for key information.
- Many American Indians have a slower and more thoughtful way of communicating. Coaches receive training on how to match their pace of conversation to that of the participant, allowing periods of silence to avoid interrupting (“walking on words”).
- Many non-natives and health care providers have lost the trust of American Indians. As a result, Quitline callers from this group may not readily open up. Coaches receive training on how to use excellent communication and facilitation skills, demonstrating genuine interest and caring in order to earn the participant’s trust. Furthermore, if they notice resistance, they acknowledge it and ensure the participant that the intervention is completely confidential.
- Elders hold a place of honor in American Indian culture and can be a great support. If the participant mentions elders, the Coach should ask if the participant wants to consult with an elder to help develop their quit plan.
- Our protocols include counseling that addresses population-based and personal motives as well as barriers in quitting tobacco. Coaching protocols include:
 - Connecting with American Indians who do not have phones by making appointments and asking participants to carry the Quitline phone number with them to make inbound calls
 - Asking less direct questions by enhancing context prior to questioning
 - Asking permission to make a personal query
 - Staying aware of the call’s pace and using more pauses
 - Balancing support for quitting recreational tobacco use with respect for sacred tobacco use
 - Listening for cues to determine if a participant is an elder

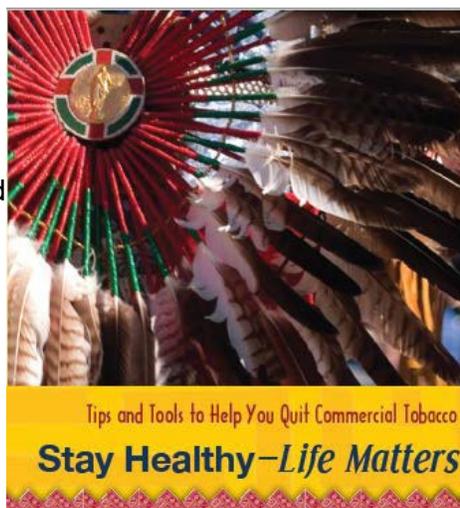
For this program, Optum has introduced the Registration, Assessment, and Planning process, whereby we merge the registration and the coaching interaction. When an American Indian participant calls into the Quitline, the Registration Intake Specialist immediately transfers the caller to an American Indian Coach for both registration and intake and coaching services. If an American Indian Coach is not immediately available, the Specialist gives the participant the option of receiving a call from the American Indian Coach as soon as possible instead of waiting. Should the participant so choose, they can also complete our regular intake process and we will connect them to a non-American Indian Coach.

The American Indian Coach collects intake and enrollment information and provides the participant with information about the program. The Coach also assesses the participant’s readiness to quit and enrolls the caller into the program. Coaches are aware that ceremonial tobacco is different from commercial tobacco. Coaches honor the place ceremonial tobacco use may have in participants’ lives and provide support for quitting commercial tobacco, including identifying where tribal systems, practices, and elders can provide can be of assistance.

The American Indian Commercial Tobacco Cessation program is composed of seven coaching calls. Following enrollment, Quit Coaches (both American Indian and Non-American Indian trained) place outbound calls to provide ongoing participant support while enrolled in the program. We have the flexibility of scheduling these calls in a way to meet the needs of the participant. In addition to the scheduled calls, the participant has the ability to call in for additional support as needed by calling the standard 1- 800 Quit Now Number or our dedicated American Indian number 1-800-7AI-QUIT.

The American Indian Commercial Tobacco Cessation program also offers 12 weeks of combination NRT to assist the participant with the process of quitting and supporting through to maintaining their quit. The Quit Coaches are available throughout the process to provide support, education, and other needed services.

We send to American Indian callers the pamphlet, “Life Matters – Tips and Tools to Help You Quit Commercial Tobacco,” developed in collaboration by the University of Arizona Healthcare Partnership and Indian Health Services as well as other standard materials. We are always watching for and researching other materials, protocols, and information that will assist American Indian callers to quit commercial (non-traditional) tobacco products, including culturally tailored stress management strategies, and culturally specific coping tools that address the needs of American Indian participants.



Optum American Indian Collaborations: We also have a long history of collaboration with other leaders in the field to share knowledge and identify opportunities to better serve these populations. We regularly partner with governmental agencies, health care providers, health educators, tobacco cessation and policy experts, research institutions, and representatives from American Indian tribes.

For example, we partnered with a recommended member of the **Muskogee Creek Nation in Oklahoma** to develop our initial training curriculum for our entire service delivery team on serving American Indians, and just recently partnered with another recommended American Indian representative to refresh the content delivered to our Quit Coaches.

American Indian Tobacco Cessation Program: In partnership with ClearWay Minnesota, we launched our American Indian Tobacco Cessation Program in Minnesota in March 2018. The program was created in collaboration with the American Indian Cancer Foundation (AICAF), which organized focus groups with tribes in Minnesota to gather input on building a successful American Indian program, and that input informed the development of our American Indian Program. It covered topics such as balancing support for quitting commercial tobacco while respecting traditional tobacco use, communicating effectively, building trust, and the importance of Elders in American Indian culture. Since the launch of the American Indian program, we have seen an increase of 21 percent in the number of American Indians (self-reported) calling the national Quitlines, and of those callers offered the American Indian Program, 87 percent have opted to enroll. This program offers American Indian callers a dedicated team of American Indian-trained Quit Coaches, seven scheduled coaching calls, 12 weeks of combination NRT, materials and coaching support tailored to American Indians, their culture, and their views regarding tobacco. We currently serve American Indian callers in 25 of our 26 Quitlines (Guam being the exception) and have especially strong American Indian participation in North Carolina, Florida, Oklahoma, Texas, and New Mexico. In light of the success we have had with the

American Indian Program, we continue to fine-tune and improve the program through participant comments, ongoing collaboration from American Indian partners, and through research projects.

African Americans

To date, Optum has served more than 226,000 individuals who have identified as African American, representing approximately 14.4% of our callers. All our Coaches complete comprehensive coursework and classroom trainings on cultural competency. Quit Coaches also receive training on how to recognize that African American family norms may include a strong desire to prevent their children from becoming smokers. We validate that our Quit Coaches understand that African Americans are targeted by the tobacco industry, suffer disproportionately from tobacco-related diseases and health care disparities, metabolize nicotine more slowly than the general population, and smoke menthol cigarettes at higher rates: 70% compared with 30% of Caucasian smokers. Menthol cigarettes have been shown to make quitting more difficult for people of color and to be strongly associated with smoking initiation by teens and younger adults. The tobacco industry aggressively advertises menthol cigarettes in African American communities and print media.

Our treatment protocols include counseling that addresses population-based and personal motives as well as barriers in quitting tobacco. Quit Coaches receive training on how to tailor treatment to the needs of each African American caller so that each person receives a personalized quitting and relapse prevention plan. The relapse prevention plan may include strategies for dealing with stronger smoking norms in the African American community. Each treatment plan includes information about the harms of smoking, recognizing that lower income African Americans may not get this information from the health care system, and incorporates strategies for dealing with pervasive, targeted advertising as well as potentially higher life stresses surrounding the meeting of basic needs.

In addition, we have a long history of collaboration with other leaders in the field to share knowledge and identify opportunities to better serve all populations. We regularly partner with governmental agencies, health care providers, health educators, tobacco cessation and policy experts, and research institutions. Some of these collaborations and partnerships include:

- Members of our staff participated in an anti-oppression training hosted by one of our state clients. The training provided an increased awareness of oppression as social determinants and its impact on tobacco-related health conditions. We integrate this in our training for Quit Coaches and our operational staff, by utilizing a “train the trainer” approach. We send our clinical and operations staff to seminars, conferences, and symposia to learn the most recent advances in the field of tobacco cessation, and they in turn present the newest and most beneficial information to the rest of our staff, keeping the entire organization at the forefront of tobacco cessation practices.
- We are currently collaborating on a research project (Project Free) involving North Carolina Quitline participants to evaluate **a Quit Guide, in a DVD format, tailored to African Americans**. Project Free is a partnership between Dr. Monica Webb Hooper at Case Western University and the Optum Center for Wellbeing Research with funding from the American Cancer Society. The goal of the research study is to determine the effectiveness of *Pathways to Freedom*, a video-based cessation intervention tailored for African American smokers when added to standard Quitline services. There are three arms to the study:

- One group gets the Pathways to Freedom video (via DVD and/or streaming on YouTube).
- The second group gets a standard video cessation intervention.
- The third group gets the Quitline intervention alone.
- All groups have access to North Carolina's four call Quitline coaching program and NRT services as standard for North Carolina's residents. African American smokers (1,053) were recruited from incoming calls to the North Carolina Quitline as part of the study in 2017- 2019. Early results show that the Pathways to Freedom participants are more engaged in Quitline coaching, taking more calls than the other arms, and watching the streaming video twice as often as the standard video. All arms are highly satisfied with their Quitline coaching services. Final results will be available in 2020.

Hispanic/Latinos and Spanish Speaking Callers

Since 2002 across all of our quitlines we have provided tobacco cessation services to over 130,000 Hispanic and Latino callers. We have designed and provide customized Quitline services and over the years have honed our competency in working with this population.

Best practices for helping Hispanic/Latino callers include incorporating an awareness of collectivism and family values, an emphasis on "simpatía" or personal skills, and sensitivity to concerns over disclosing Hispanics' legal status in the U.S., which may result in reluctance to provide contact information. We eagerly seek ways to improve in this arena. For example, following a ten-person secret shopper evaluation conducted by a state client, we enhanced the experience of Spanish-speaking participants by strengthening the consistency of culturally appropriate language in NRT recommendation letters.

Spanish-speaking Quit Coaches and Registration Intake Specialists are available during all hours of operation. We recently designed, created, and implemented a new set of materials for Spanish speakers. External subject matter experts to ensure both linguistic and cultural appropriateness reviewed all Spanish language materials. A culturally adapted, Spanish language version of our online quitting resource, the portal, also is available.

Our coaching staff provides services in English and Spanish through our bilingual team comprised of 13 Quit Coaches and 9 Registration Specialists, and their schedules are staggered to provide Spanish language support at all hours of the day or night.

Additionally, we offer the following support materials in Spanish for Spanish speaking callers:

- Quit Guide
- Pregnancy Guide
- Quitting Smokeless Tobacco
- Five different NRT Support guides sent with NRT shipments



Deaf and Hearing-impaired Individuals

While the population of individuals who are deaf or hearing-impaired is not a large segment of the Quitline population we serve, we take their needs seriously as part of our efforts to serve everyone in the manner that best helps them quit tobacco. Optum is in compliance with FCC rules and has implemented three-digit 711 dialing to Telecommunications Relay Services (TRS) to support persons with either a hearing or speech disability. In these instances, the Voice (our Quit Coaches) and TRS users (persons with a hearing or speech disability) can dial 711 quickly, at no cost, and be connected to a communication assistant, who relays the TRS user's text (via a TTY) to a hearing individual

711 dialing access does not work for Video Relay Services (VRS), Internet Protocol Relay (IP Relay), or IP Captioned Relay Service (IP CRS) because such calls are initiated through the internet. In these cases, the hearing person (Quit Coach) will initiate VRS, IP Relay or IP CRS, by calling the participant directly (using the phone number provided by the participant at registration), and a communications assistant will be automatically connected to the call and facilitate the call in American Sign Language (ASL) with the user (via video) and voice to the hearing person.

Youth (Under 18)

Commercial Tobacco: Our QUITNOW Youth Program is grounded in Social Cognitive Theory and is based on available empirical evidence for treating young tobacco users. All youth callers are triaged to a dedicated team of experienced Quit Coaches who have received advanced training in working with youth. These Coaches use an empathetic, non-judgmental approach, focusing on enhancing and sustaining motivation to quit and use of cognitive behavioral strategies to build a plan to stop using tobacco. In order to help build and maintain rapport, the same Quit Coach stays with youth participants throughout the program.

QUITNOW Youth Quit Coaches are trained to understand that youth may not be daily smokers due to limited access to tobacco and that, unlike adults, most have very limited experience in trying to stop using tobacco. They help youth identify mechanisms to cope with peer pressure to use tobacco, including refusal skills if they are offered a cigarette or spit tobacco. Since youth often have less control over their everyday environment and may be exposed to tobacco use by parents and siblings, Quit Coaches problem-solve different strategies to help them create smoke-free areas and coping mechanisms to manage being around others who are using tobacco.

Due to the lack of printed materials that have been demonstrated to be of value to youth as well as the fact that youth are unlikely to use printed materials, our program provides youth with access to online resources, including www.Teen.Smokefree.gov. Treatment is further augmented by facilitating access to SmokefreeTXT, a text messaging program designed for young tobacco users who want to quit, and access to Teen.Smokefree.gov Twitter for social media support.



NRT and other prescription cessation medications are not FDA-approved for those under the age of 18; youth interested in using a cessation medication will be referred to their health care provider to discuss use of these medications.

Youth Vaping: Last year, we launched **Live Vape Free**, Optum's full spectrum program support for both the youth vaper and for the concerned adults in the youth's life. Research has shown that parent/guardian support can be key to helping youth quit vaping. This is why under the Live Vape Free program we have launched two separate programs; one for the parents, guardians

or adult advocates, which is designed to provide them with the tools and resources to support conversations with youth about vaping and turn the adults into mini Quit Coaches, second is for youth, which includes an interactive text program that is a multimedia experience, including videos, quizzes, self-assessments and flip cards all sent through the modality of their preference, texting. Furthermore, at any point through the program, a youth can text the word “COACH” and will have access to one of our highly trained Quit Coaches that will engage with the youth, provide an answer to a question or provide a full intervention, all done through text.

We have developed Live Vape Free to be agile and adaptable to keep up with the growing needs of youth vapers and providing them the most up to date information to help them quit and stay quit.

Knowing the vastness of the vaping epidemic in youth, we evaluated how to best approach curbing the surge of teen vapers by leveraging more than 15 years of youth tobacco cessation expertise paired with our consumer engagement experts at Rally Health, an affiliate organization that specializes in consumer reach and engagement. With this partnership, we are best equipped to reducing the impact that big tobacco has had on our youth today and preventing its impact in our future. We will continue to refine this protocol to maximize our reach, engagement, and outcomes for our youth.

- Full program support for both the youth vaper and the concerned adult, the program offerings are separate and tailored to the individual's needs.
- Parents, Guardians, School Counselors and Concerned Adults will have access to a self-paced, online learning program created to support them in having the resources to have conversations with youth and turn them into Quit Champions
- Youth will have access to a texting program that's a fun multimedia experience and is tailored to their needs. It will teach the youth necessary skills to quit vaping for good

For adult vapers, Optum has provided an updated playbook to all of our Quit Coaches. Coaches meet the participant where they are at, however, participants who report vaping or using e-cigarettes will be offered encouragement by Quit Coaches to switch to FDA-approved medication.

Callers with Mental Health or Substance Use Disorders

Those who report a behavioral health condition (mental health and substance use disorders) smoke approximately 44% of cigarettes smoked annually in the U.S. Additionally, those with **behavioral health conditions** die approximately 25 years earlier than the general population of tobacco users. Prevalence rates among those with more severe forms of behavioral health conditions, such as schizophrenia, can exceed 80%. We have participated in inaugural meetings of the Behavioral Health Advisory Forum, which has been reviewing the scientific literature on the subject and making recommendations for screening questions, training resources, and research and evaluation strategies to the North American Quitline Consortium.

Our Clinical team has prepared recommendations on these optional MDS questions for our state clients, and we are implementing screening questions as desired by our state clients. Using the expertise of our clinical Psychologist, the Clinical team has provided training for Quit Coaches on the relationship between tobacco use and mental illness, with the objectives of increasing familiarity with types of mental illnesses and how to tailor treatment for this diverse population. Case studies are presented and reviewed as an integral part of the training process. Job aids are easily accessible to Quit Coaches during interventions to help them meet the needs of this important population.

Optum developed the Tobacco Cessation Behavioral Health Program (TCBHP), which addresses the unique challenges faced by persons with mental health and substance use disorders. Under this program, Optum identifies participants with behavioral health conditions

during the intake process and invites them to enroll in the behavioral health program. Those who report schizophrenia or psychosis receive an invitation without a qualifier. Those who report other conditions are asked if they feel their concern is a barrier to quitting. If they respond affirmatively, these callers are invited to enroll in the program. The TCBHP provides seven coaching calls to the participant. We recommend providing 12 weeks of combination NRT and we send a letter informing the participant's provider that Optum has enrolled their patient in services, as well as suggestions on how they can support their patient during the quitting process. While all Coaches are trained to support people with behavioral health conditions, a team of designated Quit Coaches, who receive enhanced training in the provision of tailored treatment to these participants, provide these services. Evaluations of this program show positive outcomes. Third party evaluators are also validating outcomes of our program, confirming increased call engagement, high satisfaction, and reported a 33.4% quit rate at seven months of behavioral health participants at 30 days, which was an 8% increase over non-behavioral-health participants.

Rural Populations

Optum understands the challenges faced by those desiring to quit tobacco who live in rural areas. It is common for individuals living in rural areas to have higher tobacco use rates than those living in urban areas. Their tobacco use can be complicated by poverty, cultural issues, higher rates of non-insurance, lower levels of education, shortages of health care providers, and lack of community support programs that may be present in urban areas.

The Quitline's reach, the effectiveness of its program, and our multi-faceted approach have the potential to reduce the disparity in tobacco use between urban and rural populations. Our program offers participants a variety of formats to assist them in quitting. In addition to mailing out paper copies of tobacco cessation materials, Optum offers cessation services through counseling calls with Quit Coaches, cell phone access to our portal, and quit support via text messaging. Participants with cell phones can access our robust portal for a wide variety of educational materials, quitting tips and strategies, and tools to help them track their quit effort, as well as information illustrating the benefits of quitting, from extra money in their pockets to better health and fewer medical issues in the future. Our Text2Quit program offers up to 300 tailored texts to inspire, educate, and encourage participants in their quit attempt.

We teach our Quitline staff about the differences and challenges encountered by individuals in vulnerable populations, including rural populations. We then train our staff to listen with empathy and to adjust their approach to meet the needs of each participant, in this case with strategies to assist rural participants in making their best quit attempt.

People with Disabilities Including Cognitive Impairments

Treatment services for people with disabilities are tailored to the needs of the individual participants. It is of critical importance that callers are able to both understand and implement the treatment plan developed in collaboration with their Quit Coach. To ensure this, Quit Coaches may flex their communication style to match the caller's pace of conversation or break the quitting process into distinct and clear, concrete steps for those with cognitive deficits, or they may tailor behavioral coping skills to match the capacity of callers with physical disabilities. If there is scientific evidence indicating proven benefits to modifying actual treatment protocols, we make these modifications. For example, for those with active mental illness, we encourage higher dosages of NRT as well as providing encouragement to inform their health care provider of their intention to quit tobacco.

Appendix F-2.4.2.3.(2): Sample Materials

You can quit smoking.

 We'll teach you how.



If you would like more information or have any questions about this guide please contact us:

Indiana's Tobacco Quitline

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

TTY: 1-877-777-6534

www.indianatobaccoquitline.net

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<p>STEP 1</p> <p>Quit at your own pace</p>		<p>STEP 2</p> <p>Conquer your urges to smoke</p>
	<p>STEP 3</p> <p>Use quit medicines so they really work</p>	
<p>STEP 4</p> <p>Control your environment</p>		<p>STEP 5</p> <p>Get social support</p>

You can quit smoking.

 We'll teach you how.

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Welcome to the program

Quitting is the best thing you can do for yourself and the people you love. These five steps, based on 25 years of research, have helped hundreds of thousands of smokers quit and stay quit.

Follow these five steps to make your quit easier and more successful.

Step 1: Quit at your own pace

Quit at your own pace by choosing a quit date (the day you want to quit) that works best for you. Your Quit Coach® will help you prepare and get ready to quit on that date.

Step 2: Conquer your urges to smoke

We'll help you learn how to cope with urges to smoke, no matter when or where you have them. This will help you quit for good. You will also learn how to manage stress without smoking.

Step 3: Use quit medicines so they really work

We'll help you choose a medicine like the patch, gum, Bupropion SR, or Chantix® (Varenicline) that is right for you and teach you how to use it correctly so it helps you quit.

Step 4: Control your environment

Learn why getting rid of all your tobacco, ashtrays and lighters can help you quit and stay quit.

Step 5: Get social support

We'll teach you why it is important to ask your family and friends for the support you want.

"Joining this program was the only thing I did differently this time and it worked. Just knowing you were standing by me made all the difference."

— Danielle, age 34



Your guide to quitting smoking

This guide is for smokers who want to quit and stay quit. Just like you. No matter how many times you have tried to quit and returned to smoking, this guide can help. It has a lot of facts about what to do at each step along the way.

The guide also has worksheets where you can add your own ideas and plans (see page 18). Most people start their quit by filling out the worksheet, **Track your smoking**. Quit Coaches often suggest that people fill out this worksheet for two or three days. This will help you better understand when, where and why you smoke. Your Quit Coach is trained in helping smokers quit and stay quit. You and your Quit Coach will work together as a team. He or she will talk with you by phone and may suggest you complete some of the worksheets in this guide.

The second worksheet most Quit Coaches suggest is **Practice mini-quits**. A mini-quit¹ is a short time when you practice not smoking before you quit for good. Mini-quits help you learn how to cope with urges to smoke. You can learn more about mini-quits on page 28.

There are many ways to use this guide. You can read the whole book from start to finish or just look at those sections you need now. You can also fill out any of the worksheets that interest you.

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7

Track your smoking worksheet

Write down the time of day you smoke, where you are when you smoke, what you are doing when you smoke and how many cigarettes you smoke.

Time of day	Where I am	What I am doing	How many cigarettes
Example: Morning	<ul style="list-style-type: none"> • Kitchen • Waiting for bus 	<ul style="list-style-type: none"> • Drinking coffee • Reading paper 	<ul style="list-style-type: none"> • 2 cigarettes • 1 cigarette
Morning			
Afternoon			
Evening			
Other			

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Thinking about quitting

Good for you for thinking about quitting! Quitting is the most important decision you can make for your health, family and happiness. You have come to the right place for help.

Quitting as a team

In this program, you will work as a team with Quit Coaches. This program has helped hundreds of thousands of smokers quit over the past 25 years.

1. Your coach will help you set a quit date.
2. Learn how to manage urges to smoke.
3. Select a medication and teach you how to use it so it really works.
4. Tobacco-proof your environment.
5. Get support from family and friends.

Maybe you have tried to quit before. This time can be different. We can help you make this your last quit!

Health problems caused by smoking

Each year smoking kills more people than all traffic accidents, illegal drugs, alcohol, fires, falls and AIDS² combined. Smoking also causes many health issues, such as heart disease, cancer, breathing problems, dental problems, eye and ear problems, bone problems, sex and reproductive problems, and skin problems.

If you suffer from a chronic condition such as asthma, COPD, diabetes or heart disease, please see page 57 for more information about how tobacco use and quitting affects these conditions specifically. Smoking can also cause health problems due to "secondhand smoke." This refers to smoke from a burning cigarette, cigar or pipe³. Breathing secondhand smoke harms people's health and kills more than 50,000 people each year.

Why is secondhand smoke a problem?

Secondhand smoke has many poisonous chemicals in it that are dangerous to breathe. These chemicals cause heart disease, heart attacks, stroke, lung cancer and blood vessel problems. Secondhand smoke is even more dangerous to children and people who already have breathing problems or heart disease.

When you smoke, your children smoke

Babies exposed to secondhand smoke are three times more likely to die from sudden-infant death syndrome (SIDS or crib death). Children are more likely to get ear infections, asthma, bronchitis, pneumonia and other lung infections when they are near people who smoke. Children of smokers are twice as likely to start smoking themselves.

How can I protect myself and others from secondhand smoke?

Once you have quit:

- Ask smokers not to smoke when around you or your children.
- Make your home and car smoke-free.
- Stay away from places where people smoke. If people smoke where you work, ask your boss to ban smoking at your workplace.

Until you quit, smoke outside so others do not have to breathe your secondhand smoke. Quitting and staying quit is the best thing you can do for yourself and those around you.

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How quitting helps your health

Your health will improve no matter when you quit. Your body begins to heal within minutes after you stop smoking. The longer you are free from tobacco smoke, the healthier you will become. You will live up to 10 years longer than if you continued to use tobacco.⁴



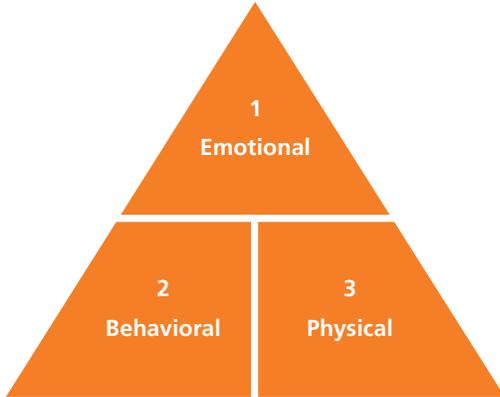
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Addiction: Why quitting is hard

Addiction is when you lose control over the use of a drug. Nicotine in tobacco smoke is what causes you to be addicted to smoking. Tobacco companies make cigarettes so the nicotine gets to your brain very quickly. The faster nicotine gets to your brain, the more addictive it is. Nicotine from the patch or gum gets to your brain more slowly. This is why the patch and gum rarely cause addiction.

It can be hard to quit when you are addicted to tobacco. There are three reasons for this. You can think of these as three corners of a triangle.



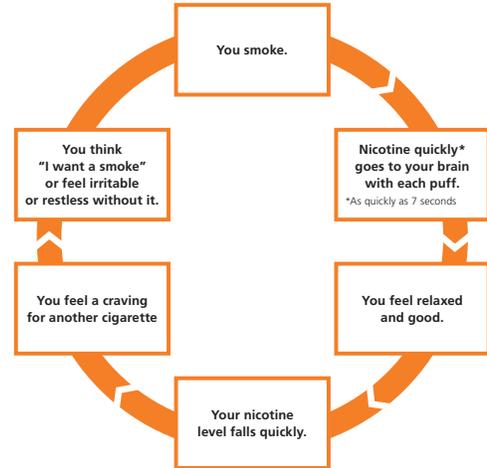
Emotional: How you feel when you use tobacco, what you believe about tobacco use and how you think about tobacco.

Behavioral: How you respond to places and times when you want to smoke, like when you are having a cup of coffee or taking a break from work.

Physical: When your body craves the nicotine in tobacco.

The nicotine cycle happens when your body and mind crave nicotine. It helps to understand this cycle so you can break it. Below is a picture of this cycle.

Your Quit Coach will help you learn ways to fight this nicotine cycle. One way to reduce the craving is to use medicines like nicotine patches, nicotine gum and nicotine lozenges. Varenicline (Chantix) or bupropion SR also can help. You will find information about these medicines starting on page 30. Your Quit Coach can tell you more about these medicines that can help you quit and which may be covered by insurance. Give your Quit Coach a call — he or she is there to help!



What you can do now

It may be helpful to learn how smoking fits with what matters to you. For many people, their health, family and happiness are very important to them. Use the worksheet below to see how smoking affects what matters most to you.

What matters to me worksheet

In each column write down what matters to you, why it matters and how smoking gets in the way. You can add your own ideas at the end of this worksheet. There is an example in the first row for how this works.

What matters to me	Why this matters to me	How smoking gets in the way of what matters to me
Example: Family	<ul style="list-style-type: none"> I like spending time with my kids and want to be a good parent. 	<ul style="list-style-type: none"> I get winded when playing with my kids. My daughter coughs when I smoke.



Getting ready to quit

Quitting is the best thing you can do for yourself and the people you love. In this section you will learn about the "five essential steps to quit for life." These steps are based on 25 years of research and have helped hundreds of thousands of smokers quit and stay quit. Use these steps to make your quit easier and more successful.

The five key steps to quit for life

Step 1: Quit at your own pace

Quit at your own pace by choosing a quit date (the day you want to quit) that works best for you. Your Quit Coach will help you prepare and get ready to quit on that date.

Step 2: Conquer your urges to smoke

We'll help you learn when and where you have urges to smoke and how to cope with them. This will help you quit for good. You will also learn how to manage stress without smoking.

Step 3: Use quit medicines so they really work

We'll help you choose a medicine (such as the nicotine patch, nicotine gum, nicotine lozenges, bupropion SR or Chantix) that is right for you. We'll teach you how to use the medicine correctly so it helps you quit.

Step 4: Control your environment

Learn why getting rid of all your tobacco, ashtrays and lighters can help you quit and stay quit.

Step 5: Get social support

We'll teach you why it is important to ask your family and friends for the support you want.

Step 1 Quit at your own pace

How many times have you tried to quit? For the average smoker, it takes several attempts to finally quit for good. Think about all the times you've tried to quit but then went back to using tobacco again.

Chances are you weren't really ready, you felt pressured by others or you made a quick decision and didn't prepare at all. Quitting tobacco can be difficult, but creating a plan is half the battle. This section will help you think about your relationship with tobacco, why you want to quit, when to quit and how to prepare for your quit date.



How and why to pick a quit date

It is very important to pick a date to quit smoking. This is called a "quit date." It can be scary to pick a quit date, but a quit date gives you a goal to work toward. When you pick a quit date, you are telling yourself, "I am serious about quitting."

So how do you pick a quit date? It is up to you to decide when you quit smoking, but research shows that those who set a quit date within two weeks are more successful. Here are some things to think about:

- For some people, the work week may be better than the weekend. If you can't smoke at work, you have less opportunity to smoke during the week. Many people pick a Monday morning as their quit date.
- The weekend may be a better time if you have less stress than during the work week. On the weekend, you can plan to spend your first couple of days in enjoyable smoke-free places, such as a movie theater.
- Research shows that those who set a quit date within two weeks are more likely to quit.
- If you plan to use a medicine to help you quit, make sure you have it on hand and know how to use it correctly before quitting. Your Quit Coach can help you learn how to use a quit medicine.
- Do you plan to quit with a friend, spouse, or family member? If so, it's a good idea to sit down with him or her and select a date that works for both of you.

Write your quit date on the calendar

Use a calendar to write down your quit date. Post it in a place you will see often such as on your refrigerator.

The date you plan to quit: _____

The date you start using quit medicines: _____

The date when you will ask friends and family for their support: _____



Healthy habits worksheet

Now is the time to think about healthy habits that will help you quit. Mark what you plan to do and add your own ideas below.

Two weeks before my quit date, I will:

- Think about things I like to do, other than smoking.
- Be active at least three times a week. Talk to my doctor if I have health problems or if it has been a while since I last exercised.
- Fill out the **Track your smoking** worksheet (see page 8).
- Learn how to cope with urges to smoke (see page 20).

My ideas:

One week before my quit date, I will:

- Stop smoking in my car and home.
- Tell other people there is no smoking in my car and home.
- Practice quitting for a few hours at a time before quitting for good. These are called "mini-quits" (see page 28).
- Start my quit medicine if using bupropion SR (Zyban® or Wellbutrin®) or varenicline (Chantix).
- Think of ways to change my daily routine. Some ideas are: to get up later, take a walk or drink tea instead of coffee.

My ideas:

The night before my quit date, I will:

- Throw away my lighters and cigarettes and put away ashtrays.
- Wash out the ashtray in my car.
- Review the right way to use nicotine patches, gum or lozenges, if I plan to use these medications.
- Practice ways to manage stress, such as deep breathing.
- Visit Web Coach (if it is part of my program).
- Call my Quit Coach if I have questions or need support.

My ideas:



"I have tried to quit before, but this time was different. Thank you for taking the time to really listen to me and help me make a successful plan. That's what made a difference."

— Craig, age 27

Step 2

Conquer your urges to smoke

Having an urge or a strong desire to use tobacco after you've quit is normal. Urges can be caused by your body physically craving nicotine or by a trigger such as talking on the phone or finishing a meal.

These urges can be tough, especially in the first two weeks after quitting, so it's important that you have a plan in place for how to conquer these urges and stay on track!

This section will help you understand when, where and why you use tobacco—before you quit. These patterns and triggers are unique to you, so understanding them is essential. You will also learn skills and techniques for how to be ready for urges when they happen.



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Urges: What are they?

Ah! It's my first day of living my life smoke-free. I'm feeling great!

Uh-oh. I'm really feeling an urge to smoke a cigarette right now.

Everyone gets urges to smoke when they quit, especially when they are confronted by a trigger. Triggers are the times, places, activities and feelings that give you the urge to smoke. A trigger always comes before the urge to smoke.

Thank goodness my Quit Coach helped me with some ways to conquer my urges to smoke!

Coping skills are ways to make urges to smoke pass much more quickly. They work better than willpower. It is important to know what to do instead of smoking when you are trying to quit. These skills will help you deal with all three corners of the triangle of addiction (see page 12).

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Triggers

It helps to learn what triggers your urge to smoke. Many smokers say they have some of the triggers below. Which of these triggers give you the urge to smoke?

Circle them and add more of your own:

- Waking up in the morning
- Finishing a meal
- Driving my car
- Talking on the phone
- Feeling worried or stressed
- Waiting for the bus or train
- Spending time with friends who smoke
- Feeling bored
- Drinking coffee or tea
- Reading the newspaper

My ideas:



"After talking with my Quit Coach, I learned exactly what to do to quit for good. I still think about smoking but now know how to handle my urges like never before."

— José, age 56

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Substitutes and distractions

Quitting smoking can be hard. Once they have quit, most smokers face urges, sometimes strong urges, to light up. Some of these urges are triggered by your body craving nicotine. Others can be triggered by certain times of the day or by activities such as driving, finishing a meal, taking a break from work or being where you used to smoke. Your urges may also be triggered by a need to relax and manage stress, maybe as you sit on the couch and watch TV.

But there is a solution. Quitting smoking doesn't have to be about willpower. There are ways to help urges pass without slipping or gritting your teeth. These tools are called substitutes and distractions.

What is a substitute?

Substitutes are things that can be used to keep your mouth and hands busy when you get an urge to smoke. Substitutes can include things such as toothpicks, short straws, cinnamon sticks, gum and hard candies for your mouth. For your hands, you can try pencils, paper clips, worry stones or worry beads.

What is a distraction?

Distractions can include things or activities that take your mind off smoking when an urge hits. These can include taking a walk or getting some exercise, doing a puzzle of some kind, doodling or starting a new hobby — anything to get your mind off smoking for five minutes. The only thing that limits what kind of substitutes and distractions you use is your imagination.

How do I know which tool works best for me?

You may feel that you have to have a cigarette if you get a strong urge to smoke. Getting strong urges is very normal during the first few days after quitting. But you don't have to smoke, even if you want to!

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Mini-quits: A way to practice quitting

Now is a good time to practice your coping skills. This can make quitting easier and increase your success. Think of it like you are in training. Long-distance runners build strength by taking shorter runs first. In the same way, practicing mini-quits can help you prepare to stay quit for the long term when your quit date arrives.

Tips for mini-quits:

Use the information you entered in the track your smoking worksheet on page 8 to practice your mini-quits.

Practice not smoking during an activity where you usually smoke, like after you finish a meal.

Try practicing mini-quits at different times of the day and during different activities. This is a great time to try the coping skills you wrote down on pages 25-27. Use the coping skills you selected in the coping skills worksheet.

Time of day	Where I am	What I am doing	What helped me not smoke
Example: Morning	<ul style="list-style-type: none"> • Kitchen • Waiting for bus 	<ul style="list-style-type: none"> • Drinking coffee • Reading paper 	<ul style="list-style-type: none"> • Sucked on coffee stirrer and bent a paper clip • Chewed a piece of regular gum
Morning			
Afternoon			
Evening			

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Ways to cope with stress

Stress can get in the way of quitting and staying quit. Stress makes it hard to think clearly and may make you more nervous. Most people have stress from time to time. It helps to learn ways to cope with stress.

Deep breathing is one way to cope with stress.

Here is a deep-breathing exercise you can try, for about five minutes, instead of smoking.

- Go somewhere you can sit and relax, such as on a couch, on your office chair or in your car.
- Turn off your TV, radio, cell phone and any other distractions.
- Take a deep breath through your nose and expand your stomach.
- Hold your breath for five seconds.
- Gently release your breath through your mouth and wait for five seconds.
- Then say the word "relax" out loud.
- Keep breathing deeply for a total of five minutes.

Ways to cope with stress worksheet

Here are some ways to cope with stress. Circle all the ideas you want to try, then add your own. Talk to your friends who have quit smoking and find out how they cope with stress.

For your health

- Get enough sleep.
- Go for a walk.
- Try prayer or meditation.
- Eat healthy, fresh foods.
- Take a nap.

When with others

- Talk to someone who listens to you.
- Read a story to your children.
- Play a game of cards.
- Have dinner with a friend.
- Prepare a meal with your family.

When alone

- Read a book.
- Watch a movie.
- Listen to music.
- Write in your journal.
- Try a relaxation exercise.

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Step 3

Use quit medicines so they really work

There are safe and effective medicines that can make your quit easier. Some have nicotine in them, such as the patch, gum, lozenges, inhaler and nasal spray.

Some have no nicotine, such as bupropion SR (Zyban or Wellbutrin) and varenicline (Chantix). Have you tried to use quit medications in the past only to be frustrated by side effects, or you have stopped because you felt like they weren't working?

It is true that quitting with medicines can double your chances of success, but if you're using them incorrectly or if you're not dealing with your emotional and behavioral ties to tobacco, then you are less likely to succeed. This section will help you understand the difference between all of the quitting medicines out there, how to use each type correctly and how to manage common side effects.

Contact your doctor or your Quit Coach if you have any side effects that concern you or if you have questions about how to use your medicine.



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Medicines that can help you quit

Nicotine patch

The nicotine in these patches can help you stop wanting to smoke. Over time you will use patches with less and less nicotine.

How to use

- Put on a new patch each day as soon as you wake up. Make sure to always take off the patch you used the day before.
- Find a place on your body to put the patch — this should be above your waist but below your neck. Put your patch in a new place each day so it does not make your skin sore.
- Press the patch in place by holding it firmly for 10 seconds.

How patches can help

- Easy to use.
- Gives you a steady dose of nicotine all day, to help you not smoke.
- You can find patches at most drug stores and don't need a prescription.
- Costs less per day than a pack of cigarettes!
- Research shows the patch can double your chances of quitting.

Nicotine gum

This is a type of sugarless gum that has nicotine in it. The gum keeps your mouth busy and helps your body take in nicotine slowly, which helps you stop smoking.

How to use

- Must be chewed in a special way to make it work.
- Chew it slowly several times. You may get a "peppery" taste.
- "Park" the gum in the corner of your mouth after several chews.
- When the taste fades, chew and "park" again.
- Spit out the gum after 30 minutes.
- Use a new piece of gum every one to two hours during the first four weeks.

How gum can help

- Gives you a steady dose of nicotine all day, to help you not smoke.
- You can find gum at most drug stores and do not need a prescription.
- Costs less per day than a pack of cigarettes!
- Research shows the gum can double your chances of quitting.

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Nicotine lozenge

A nicotine lozenge is used like a throat lozenge for a cold or sore throat. It releases nicotine slowly into your body as it dissolves, which helps you stop wanting to smoke.

How to use

- Put one nicotine lozenge in your mouth.
- Do not chew it.
- Move the lozenge around your mouth from time to time.
- Allow it to dissolve in your mouth.
- Use a new lozenge every one to two hours during the first four weeks.

How lozenges can help

- Easy to use.
- You can use a lozenge as often as you need to help with urges (up to 20 times a day).
- You can find nicotine lozenges at most drug stores and do not need a prescription.
- Costs less per day than a pack of cigarettes!
- Research shows nicotine lozenges can double your chances of quitting.

Nicotine inhaler

The nicotine inhaler looks like a cigarette. You hold it between your fingers and “puff” on it. The inhaler is a prescription medicine, so you will need to see your doctor.

How to use

- Put the nicotine cartridge into the inhaler mouthpiece.
- Puff on the inhaler to take the vapor into your mouth, but do not breathe it into your lungs.
- Use as directed by your doctor.

How inhalers can help

- You can use a nicotine inhaler as often as you need to (read the package instructions).
- Using the inhaler feels like smoking a cigarette.
- The inhaler keeps your hands and mouth busy.
- Research shows the inhaler can double your chances of quitting.

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Nicotine nasal spray

You spray this medicine into your nose from a pump bottle. This is a prescription medicine, so you need to first see your doctor.

How to use

- Put the nozzle from the pump bottle into each side of your nose.
- Spray, but do not sniff.
- You can use the spray one to two times each hour.
- Use as directed by your doctor.

How nasal spray can help

- Nasal spray gets nicotine to your brain faster than the patch, gum or lozenge, which helps reduce cravings.
- You can use the nasal spray as often as you need to (read the package instructions).
- Research shows the nasal spray can double your chances of quitting.

Combining the patch and gum or the patch and lozenges

Using the nicotine patch with nicotine gum or lozenges together might make your quit easier and more successful. The patch gives you nicotine slowly while the others work fast and help reduce withdrawal symptoms and cravings before they come up.

Combined patch and gum

How to use the patch and gum together

- Begin using your nicotine patches and gum on the first day you quit.
- Put on one new patch at the start of each day.
- Place the patch somewhere above your waist and below your neck.
- Do not put the patch on exactly the same spot every day because it may make your skin sore.
- You may use a piece of gum every one to two hours. Do not use more than 24 pieces per day.
- Chew each piece of gum several times and then “park” it in the corner of your mouth.
- After five minutes, chew it again a few times and “park” it again.
- Repeat this for 20 to 30 minutes and then spit it out.

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How the patch and gum can help

- Using the patch and gum together can help you better manage urges to smoke.
- You decide how much gum to chew in addition to using the patch.
- Research studies show that using the patch with gum can increase your chances of quitting over using the patch or gum alone.
- You can find nicotine gum at most drug stores and do not need a prescription.
- The patch and gum together may cost less per day than a pack of cigarettes!

Combined patch and lozenge

How to use the patch and lozenge together

- Begin using your nicotine patches and lozenges on the first day you quit.
- Put on one new patch at the start of each day.
- Place the patch somewhere above your waist and below your neck.
- Do not put the patch on exactly the same spot every day because it may make your skin sore.
- You may use one lozenge every one to two hours. Do not use more than 20 pieces per day.
- Let the nicotine lozenge slowly dissolve. Do not chew or swallow it.
- Move it to the other side of the mouth every few minutes.
- The lozenge should dissolve completely in about 30 minutes.

How the patch and lozenge can help

- Using the patch and lozenges together can help you better manage urges to smoke.
- You decide how many lozenges to use in addition to using the patch.
- Research studies show that using the patch with lozenges can increase your chances of quitting over using the patch or lozenges alone.
- You can find nicotine lozenges at most drug stores and do not need a prescription.
- The patch and lozenges together may cost less per day than a pack of cigarettes!

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Prescription medicines that can help you

Bupropion SR (also known as Zyban or Wellbutrin)

This medicine comes in tablets. It lowers your urge to smoke and reduces cravings, but it does not have any nicotine in it.

How to use it

- Start taking bupropion SR one week before your quit date.
- Limit alcohol, including beer, wine and spirits.
- Let your doctor or nurse know if you want to stop taking this medicine.
- Use as directed by your doctor. If you have questions about how to use bupropion SR, talk to your doctor or pharmacist.

How bupropion SR can help

- It reduces cravings to smoke and lessens nicotine withdrawal.
- Bupropion SR can double your chances of quitting.
- It costs less per day than a pack of cigarettes!

Varenicline (also known as Chantix)

This medicine comes in tablets. It works in the same part of your brain that nicotine does. Most people who use it have fewer urges to smoke. Varenicline does not contain any nicotine.

How to use it

- Start varenicline one week before your quit date.
- Follow the dosage instructions closely.
- Limit alcohol, including beer, wine and spirits.
- Take varenicline with a full glass of water and a meal to reduce the chance of an upset stomach. Having an upset stomach is a common side effect of this medicine.
- Talk to your doctor right away if you have serious mood changes, or feel depressed or angry after starting varenicline.
- Use as directed by your doctor. If you have questions about how to use varenicline, talk to your doctor or pharmacist.

How varenicline can help

- It reduces withdrawal from nicotine.
- If you smoke after you quit, you are less likely to “enjoy” the cigarette. Varenicline blocks the part of the brain that rewards you for smoking.
- It costs less per day than a pack of cigarettes!
- Research shows using varenicline more than doubles your chances of quitting.

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If you have certain health conditions, talk to your doctor before using these medicines. Please see below for specific concerns for each type of medicine.

For bupropion SR (Zyban or Wellbutrin), talk to your doctor if you:

- Have kidney disease
- Have liver disease
- Are pregnant, breastfeeding or trying to get pregnant
- Have anorexia or bulimia (eating disorders)
- Get seizures
- Have a prior serious head injury (fainted or lost consciousness)

For varenicline (Chantix), tell your doctor if you:

- Are pregnant, breastfeeding or trying to get pregnant
- Have depression, anxiety, schizophrenia or bipolar disorder, or are suicidal (thoughts of ending your life)
- Have kidney disease

Common questions:

How do I decide which medicines to use?

Your Quit Coach can help you decide which medicines to use. Tell your Quit Coach whether you have used any of these medicines before and if they helped. Tell him or her if you take any other medicines, and if you have any health problems.

Can I use more than one medicine?

Yes. Talk with your Quit Coach or your doctor about which medicines can be combined.

Some of these medicines cost a lot of money. Are there ways to get help paying for them?

Talk with your Quit Coach about ways to pay for these medicines. He or she will help you find out which medicines are covered by insurance.

I have a health problem. Can I still use these medicines?

Tell your doctor, nurse or Quit Coach about your health problem. He or she can help you decide which medicines are safe for you.

Medicines: Side effects and what you can do

Quit medicines may have side effects. Many of these are listed below. Most side effects are minor and go away on their own. Read the information that comes with each medicine to learn about side effects you might have. Contact your doctor or Quit Coach if you have side effects that worry you or do not go away in one to two weeks.

Nicotine patch	
Side effects	What to do
Skin irritation (local redness or a rash or hives that are close to the patch site)	Move the patch to a new location each day. Talk to your health care provider or pharmacist about using hydrocortisone cream.
Upset stomach or headache	This can be the result of getting too much or too little nicotine. Call your Quit Coach to discuss the problem.
Strange or vivid dreams	This may be caused by getting nicotine while you sleep. Try taking off the patch one hour before bedtime if vivid dreams are a problem.
Nicotine gum	
Side effects	What to do
Upset stomach or headache	Make sure you are using the gum correctly. Nicotine gum is not chewed like regular gum. Go to page 31 to review use instructions. A headache can be the result of getting too much or too little nicotine. Call your Quit Coach to discuss the problem.
Stomach gas	Make sure you're using the gum correctly.
Gum is not working like you think it should	Nicotine gum is not chewed like regular gum. If not chewed correctly it may give you gas and it will not help you quit as well. Go to page 31 to review use instructions.

Nicotine lozenge	
Side effects	What to do
Upset stomach or headache	This can be the result of getting too much or too little nicotine. Call your doctor or pharmacist to discuss the problem.
Sore throat	This can be a temporary side effect. Contact your doctor if it does not go away.
Nicotine inhaler	
Side effects	What to do
Upset stomach or headache	This can be the result of getting too much or too little nicotine. Call your doctor or pharmacist to discuss the problem.
Sore throat	Try not to inhale into your throat. Hold the nicotine in your mouth only.
Nicotine nasal spray	
Side effects	What to do
Upset stomach or headache	This can be the result of getting too much or too little nicotine. Call your doctor or pharmacist to discuss the problem.
Nose is sore	This is a common side effect and often goes away within a week or so. Contact your doctor if your nose irritation does not go away after two weeks.

Bupropion SR	
Side effects	What to do
Trouble going to sleep or staying asleep	If taking two pills per day, take the last one at least four hours before bed (and at least eight hours after the first pill). You could also talk to your doctor about taking only one pill per day.
Dry mouth	Sip on water. Suck on hard candies.
Feel nervous	Bupropion SR can increase anxiety for some people. Talk to your doctor if this happens to you.
Think you had a seizure	Stop taking bupropion SR right away and contact your doctor or call 911.
Varenicline (Chantix)	
Side effects	What to do
Nausea (an upset stomach so upset you feel you may throw up)	This is the most common side effect. Follow instructions closely and take with a full glass of water and with a meal. If nausea does not go away, contact your doctor or pharmacist to discuss a lower dosage.
Changes in your mood (feeling sad or angry)	Be sure to let your doctor know about this as soon as possible. He or she will help you decide whether to keep using varenicline.
Strange dreams or trouble sleeping	This usually goes away in a week or two. If it lasts longer than a week or two, try reducing your dosage. Your doctor can help you.

Step 4 Control your environment

One of the keys to a successful quit is an environment that helps rather than hinders your progress. Think about how your work, home, car and other places where you spend time can help support you.

Tobacco-proof your home

It is important to get rid of your cigarettes and any other types of tobacco the night before you quit. Soak your tobacco products under water so you cannot smoke them. Look in your purse, car and coat pockets to make sure you don't have any stray cigarettes to tempt you.

The urge to smoke will be stronger and more frequent if you are near tobacco. You will have fewer urges to smoke if you get all tobacco and smoking supplies out of your home and car. Why keep ashtrays and lighters if you don't smoke? Give them away or throw them away.

What to do when others smoke around you

It can be difficult if your friends, co-workers or family members smoke around you. But there are some things you can do to make these situations easier.

Talk to your family, friends and co-workers

The first thing to do is to talk to those around you who smoke and tell them you are planning to quit. Maybe they will want to join you and you can use each other for support. Even if they don't want to quit, they may be willing to help support your quit process. Ask them if they are willing to:

- Smoke outside when you're inside
- Make at least one room tobacco-free at all times
- Only smoke in one part of the house.

Remember — you are in control!

It is important to remember that it is your decision to smoke or not to smoke. You are in control of your own behaviors and the way you think. Next time you are around people who are smoking, think about:

- What you can do to distract yourself from the urge to join them. Can you play with a puzzle, chew on a straw or give yourself a manicure?
- What you can tell yourself that will make your decision to quit stronger than the urge to smoke. You might tell yourself something like "I am tired of spending so much money on cigarettes" or "I promised my daughter I would quit and I don't want to let her down."

One idea for you is to post notes around the home. These remind you of your decision to quit. Here are some ideas to help you come up with your own Post-it reminders:

- "I don't have to smoke, even if I want to."
- "All I have to do is get through today without having a cigarette."
- "No one can make me smoke — I can do it!"



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Step 5 Get social support

Support from family members or friends can make your quit attempt go more smoothly. Look at the tips on the next page for ideas on how to ask for support and what kind of support you want.



Choose your allies

Allies are people who can help you quit. They can be anyone you like and trust, such as family members, friends, or people you work with. Think about allies who can best support you when you quit.

It can help to choose allies who have quit smoking themselves since they know what you are going through. But a helpful nonsmoker can support you too! Do not pick allies who still smoke.

Here are some ways allies can help:

- Listening when you need to talk
- Cheering you on and not judging you
- Calling to see how you are doing
- Helping with childcare or errands
- Talking about problems and ways to solve them

Help your allies support you. Here are some ways:

- Tell allies your quit date. Ask them to write your quit date on their calendars so they know when you are quitting.
- Let your allies know if quitting is a secret
- Give them the booklet, "Your allies' guide: Helping someone quit tobacco"
- Plan how often to talk to your allies
- Warn your allies that you may be grouchy after you quit
- Do fun things together, such as cooking, walking, going to the movies or other

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Don't just quit, become a nonsmoker

For many people trying to quit tobacco, the hardest part is the first two weeks after they quit.⁶ These two weeks can make or break a person's success at quitting.

If you've prepared well and have set a realistic quit date, have figured out how to conquer your urges, and know how to use your medicines correctly, then your chances of success are very high. But you still might be feeling grouchy, nervous and stressed. This is normal. Your body is craving nicotine and you're having to adjust to life without tobacco. The good news is that it all gets easier with time, and the rewards for staying quit are great.

This section helps you recognize the rewards you will gain from quitting. It also teaches you how to stay quit for life using coping strategies for dealing with stress and withdrawal from nicotine.

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Quitting gets easier over time

Most people find it helpful to think about quitting one day at a time, or even one hour at a time. The hours and days add up. You have a very high chance of quitting for good after staying quit for two weeks!

Here are some tips from other smokers that may help in the first two weeks after quitting:

- **Avoid other smokers.** You are more likely to smoke if you are around other smokers.
- **Do not smoke** — Not even one puff.
- **Use medicines to help you quit.** Talk with your doctor, nurse or Quit Coach to decide which medicines are right for you.
- **Remove all cigarettes and other tobacco from your home and car.** Throw out ashtrays.
- **Do things in different ways now that you are not smoking.** Go to pages 25-27 to review your coping skills.
- **Ask friends and family for their help and support.** Call your Quit Coach for even more support.
- **Remind yourself why you are quitting.** Make a list of your reasons for quitting and display the list where you often see it.
- **Reward yourself.** Celebrate the benefits of quitting.
- **Avoid alcohol.** Stay out of smoky bars and taverns. If you must drink, please do so moderately. Drinking alcohol too soon after quitting can cause some people to slip back into smoking.
- **Reduce your stress.** Try breathing exercises and stay active.

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"Money in the bank" rewards

You will save a lot of money when you quit. Cigarettes cost as much as \$11.00 a pack. Think of all the money you can save by not buying cigarettes! The charts below show how much you will save if cigarettes cost \$5.00 or \$7.00 a pack.

This is your savings if cigarettes cost \$5.00 a pack:

Money I will save in	If I smoked:		
	1 pack a day	2 packs a day	3 packs a day
1 Day	\$5.00	\$10.00	\$15.00
1 Week	\$35.00	\$70.00	\$105.00
1 Month	\$150.00	\$300.00	\$450.00
1 Year	\$1,825.00	\$3,650.00	\$5,475.00
5 Years	\$9,125.00	\$18,250.00	\$27,375.00
10 Years	\$18,250.00	\$36,500.00	\$54,750.00

This is your savings if cigarettes cost \$7.00 a pack:

Money I will save in	If I smoked:		
	1 pack a day	2 packs a day	3 Packs a day
1 Day	\$7.00	\$14.00	\$21.00
1 Week	\$49.00	\$98.00	\$147.00
1 Month	\$210.00	\$420.00	\$630.00
1 Year	\$2,555.00	\$5,110.00	\$7,665.00
5 Years	\$12,775.00	\$25,550.00	\$38,325.00
10 Years	\$25,550.00	\$51,100.00	\$76,650.00

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Nicotine withdrawal

Nicotine withdrawal is when your body misses the nicotine you got from smoking. Nicotine withdrawal usually goes away within two to four weeks after quitting. Using a quit medicine can make quitting easier. Here are some things that can help you feel and be more in control — even if you are also using a medicine.

Withdrawal symptom	What you can do
Strong urge or craving to smoke	<ul style="list-style-type: none"> • Use a substitute (something that replaces a cigarette), like a toothpick or straw, or find a distraction, like a crossword puzzle. • Drink water or take deep breaths. • Most urges go away in three to five minutes. • If you are using nicotine gum or lozenges, try using them when urges hit.
Feel sleepy during the day	<ul style="list-style-type: none"> • This is very normal and usually goes away in a couple of weeks. • Go for a walk or be active in other ways. • Take a 15-minute nap.
Feel restless, like you have too much energy and cannot sit still	<ul style="list-style-type: none"> • Go for a walk or be active in other ways. • Try cutting back on coffee, tea or sodas with caffeine. • Use deep breathing.
Have trouble sleeping	<ul style="list-style-type: none"> • Exercise can help improve sleep. • Try cutting back on caffeine (in coffee, tea and some sodas), especially in the early afternoon. • Take deep breaths before bedtime to relax. • Talk to your doctor if this continues. • If you are using a medicine to quit smoking, call your Quit Coach or doctor.
Extra hungry, craving sweets or eating too much	<ul style="list-style-type: none"> • After quitting, it is normal to want to eat more. • Choose healthy foods that are filling but are low in fat and sugar. • You can also use substitutes that are not food. • Look on page 23 for more ideas.

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Withdrawal symptom	What you can do
Constipation (trouble having bowel movements)	<ul style="list-style-type: none"> • Drink lots of water. • Eat more fruits, vegetables and whole grains. • Be active each day.
Have diarrhea (too many bowel movements) or an upset stomach	<ul style="list-style-type: none"> • Quitting smoking can change the way you digest food for a while. If you are using the patch, gum or lozenges, an upset stomach may mean that you are getting too much nicotine or are not using them the right way. Contact your doctor or nurse. (To learn more about side effects of quit medicines, see page 39).
Trouble thinking clearly or getting things done	<ul style="list-style-type: none"> • This is very common in the first month or so after quitting. It is a sign of nicotine withdrawal. Go easy on yourself. Ask others to be patient with you. This will get better soon.
Irritable or grouchy	<ul style="list-style-type: none"> • This is very normal right after quitting. Your body and brain crave nicotine after quitting. Quit medicines like the patch, gum, lozenges, bupropion SR or varenicline can help with these feelings.
Mild headache	<ul style="list-style-type: none"> • This is common in the first couple of weeks after quitting. If it persists or gets in the way of your daily activities, call your Quit Coach or your doctor.

“My husband and I are so happy with your program. We’re here and healthy and going to be around for our grandkids. Your program really helped us!”
 — Margaret, age 42

Dealing with strong feelings

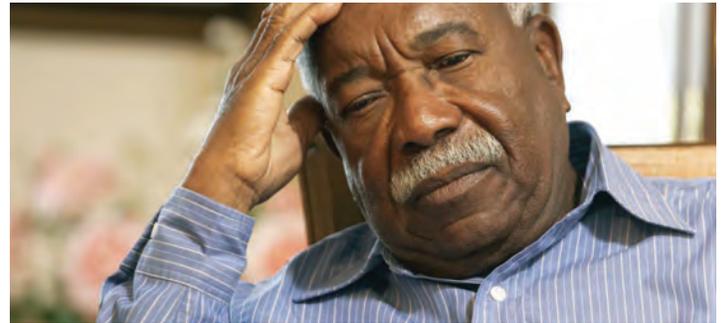
If you've tried to quit tobacco in the past, you may have experienced some strong feelings, such as frustration, anger, sadness, regret and fear. Maybe you found it hard to sleep, focus on your work or get along with other people because of these feelings. These feelings can make it much harder to stick with your plan to quit.

These strong feelings can be tough to cope with, but don't worry — they are common for people quitting tobacco. Strong feelings come and go throughout the day. If you know how, you can deal with them in the moment and turn these feelings into something more positive.

Why do we have such strong feelings after quitting tobacco?

Nicotine leaves your body within two or three days. But you might experience strong feelings for several weeks, months. You may be drinking coffee, trying to meet a work deadline or just watching TV, and suddenly you have a strong feeling that has nothing to do with using tobacco. Why does this happen?

The answer depends on how you used tobacco. Did you use it to relieve stress and calm yourself down when you were feeling angry, frustrated or anxious? If so, your body and mind may be searching for another way to manage these feelings. Think about what you can do instead of smoking. Make sure it is something that's fun, exciting and rewarding.



Frank's story:

Frank used this program and found a great solution. When Frank quit smoking, he was no fun to be around. He was sad all the time and became angry over small things. He told us that he really wanted to smoke during these times, so one day he decided to try something different.

When he started to feel angry, he went to the gym and hit a racquetball against the wall as hard as he could. He couldn't believe how quickly it took away his anger and desire to smoke! From then on, Frank packed his racquet in his backpack and played each day. Can you think of something like this that could work for you?

My ideas:

Don't ignore your strong feelings — they are telling you something! Just like Frank, you too can turn your strong feelings into something fun and rewarding — and stay quit for life.

A.C.E. model to stay quit

The A.C.E. model is a proven way to avoid having that first smoke after you quit. **Avoid** people and places that may give you an urge to smoke. If you can't avoid them, **Cope** with the situation using the skills you practiced. If the coping skills aren't working, **Escape**. Leave before you have a cigarette.

Now your work is to stay quit for good. Here are some ways to stay on track:

- Do not smoke — not even one puff.**
 Do not tell yourself “it is okay to have just one.” This is not true. If you have a cigarette — even one puff — it is very easy to start smoking again. Everyone who returns to smoking starts with “just one puff.”
- Make staying quit your #1 goal.**
 You have done a lot of work to get this far. Make this your goal so you never have to go through this again!
- Keep using quit medicines.**
 Use them every day for at least eight weeks. Call your Quit Coach or your doctor if you have questions or concerns.
- Ask for help and support.**
 Call your allies or your Quit Coach for help if you feel stressed, angry or just plain down, especially in the first few weeks after quitting.
- Stay away from people who are smoking.**
 Make sure people know you have quit and ask them not to offer you any cigarettes. Use your coping skills to deal with urges to smoke. Stay away from places where people smoke.
- Keep using your coping skills.**
 You are more likely to stay quit if you use coping skills that work for you.
- Limit alcohol.**
 Many people go back to smoking when they have a drink. Try to drink as little alcohol as you can for the first month or so. Stay away from smoky bars and taverns at first. If you must drink, know that urges may be stronger. Use your coping skills and the A.C.E. model.
- Avoid high-risk situations.**
 These are places or people that may give you the urge to smoke. Stay away from them if you can.
- Learn from the past.**
 Have you tried to quit before? Think about why you started smoking again. Plan what to do if it happens again.

Risky thinking

Here are four kinds of risky thinking that often lead back to smoking. If you find yourself having risky thoughts, try replacing them with more helpful thoughts.

Risky thought

I remember the good old days, when I used to smoke and felt so cool.

Helpful thought

Now that I am free of tobacco, I feel so healthy. I'm so glad I quit smoking!

Risky thought

I'm dealing with a lot right now. I deserve a cigarette.

Helpful thought

If I smoke a cigarette now, I'll feel worse in the long run. I deserve a healthy life.

Risky thought

I should be able to smoke just one cigarette once in a while.

Helpful thought

I know that if I have one cigarette, I will likely have another. It's a slippery slope.

Risky thought

I would rather deal with the consequences of smoking than gain weight!

Helpful thought

Smoking harms my entire body. If I eat healthy foods, I can minimize weight gain and be healthier!

What if I slip?

A slip is when you have a cigarette, cigar, pipe or even a puff after your quit date. Here is what you can do if you slip:

- **Use positive self-talk.**
Tell yourself, "This is only one slip. I will do things differently next time."
- **Learn from your slip.**
Figure out what caused the slip and what you can do the next time you have an urge to smoke. Take a look at your list of coping skills (pages 25-27).
- **If you are using a quit medicine, keep using it.**
Continuing to use a quit medication when slipping will help you get back on track to quit for good.
- **Get support.**
Call your Quit Coach and talk about ways to keep from having more slips.
- **If you slip, do not give up.**
Call your Quit Coach for more ideas.

Reward yourself

Some people reward themselves for quitting smoking. Now is the time to start thinking about what kind of reward you would like. Rewards can be small, large, frequent or once in a while. Here are some ideas:

Small rewards	Large rewards
• Dinner out	• Exotic vacation
• Massage	• New car or truck
• New pair of shoes	• Kitchen or bathroom remodel
• New music	• Gym membership
_____	_____
_____	_____
_____	_____
_____	_____

Why you may gain weight

You may worry about gaining weight. And it is true you may gain weight when you quit smoking. Most people gain about 10 pounds. Some do not gain any weight at all. Here are some reasons you may gain weight when you quit smoking:

- **You burn fewer calories each day.**
Smoking a pack a day burns about 200 calories. After you quit you may burn fewer calories each day.
- **You may be eating more calories than your body needs.**
Some people eat more after they quit. This is because they eat when they get a craving for a cigarette or want to do something with their hands or mouth.
- **You may not be active enough.**
You may need to be more active to not gain weight. Being active most days of the week will help you stay at a healthy weight. If you decide to start an exercise program, please talk to your doctor first and follow his or her advice.



Ways to manage your weight

You will likely not gain weight if you are active at least 30 minutes a day, limit how much you eat and eat healthy food. If you are worried about your weight gain, try these ideas:

Stay active!

Walk for 10 minutes, twice a day. This can keep you from gaining 10 pounds a year! Take the stairs instead of the elevator or park farther away so you need to walk a little farther to your job, home or grocery store.

Move around — everything counts

- Light housework
- Working on your car
- Slow walks
- Gardening
- Playing with your children
- Raking leaves

Check with your doctor to see what kinds of activities you can do

Eat healthy snacks

Everyone snacks. People snack because they are hungry, bored or restless. Here are some healthy snack ideas if you are really hungry:

- Apple or banana.
- Slices of chilled cucumber.
- 1 cup of blueberries or grapes.
- Chilled carrots and celery sticks.
- A serving of raw almonds.

Keep weight off with the right foods

Your weight is affected by the foods you eat and how you cook them. Try these ideas to keep your weight gain low:

- Eat nine to twelve servings of fruits and vegetables per day
- Eat two to three servings of low-fat dairy per day
- Eat one to two servings of fish, lean meat, beans or tofu per day
- Eat more whole foods and fewer processed foods per day
- Reduce fat intake to 25 percent of daily calories (or less)

Chronic conditions

If you have any of these conditions, quitting smoking can help.

When you have asthma and smoke:

- You are more likely to have an asthma attack because smoke can trigger these attacks.
- Asthma attacks may be more severe, and you are more likely to be hospitalized because of your asthma.
- Family and friends with asthma are at risk from secondhand smoke (when you smoke and they do not).

When you stop smoking:

- Your lungs and airways are clear of smoke, which is one of the most common triggers of asthma attacks.
- You can better control your asthma symptoms and may need less asthma medicine.
- Your airways are clearer and it is easier for you to breathe.

When you have Chronic Obstructive Pulmonary Disease (COPD) and smoke:

- It gets harder and harder to breathe because the smoke continues to damage your lungs.
- You have higher risk of serious lung infections, such as pneumonia.
- Your COPD will continue to get worse and you are likely to need more oxygen to help you breathe.

When you stop smoking:

- You will stop damaging your lungs and your breathing should get better.
- You will cough less and be less likely to get lung infections.
- You may not need extra oxygen to help you breathe and skin infections.

When you have diabetes and smoke:

- Your risk of diabetes and strokes is very high.
- You are more likely to get cancer of the lung, mouth, throat, esophagus, bladder, kidney, pancreas, and so on.
- You are at risk for breathing problems and lung diseases, such as COPD, asthma and pneumonia.
- Blood sugar medicines and insulin shots may not work as well.

When you stop smoking:

- Your risk of heart disease goes down soon after you quit and continues to go down as long as you stay quit.
- You have less risk of getting cancer and other complications of diabetes, including loss of vision, kidney disease, nerve damage and skin infections.
- You will be able to better control your blood sugar with insulin or other medicines.

When you have heart disease and smoke:

- You have double the risk of getting a heart attack or stroke than people with heart disease who do not smoke.
- Smoking increases blood pressure and heart rate and causes damage (clogging and hardening) in your blood vessels.
- If you are taking birth control pills, you are at even greater risk for heart attacks and strokes.

When you stop smoking:

- Your blood pressure and heart rate go down very soon after you quit, and your risk of having a heart attack or stroke also goes down.
- The damage to your blood vessels caused by smoking starts to repair itself.
- If you have a heart attack, you are less likely to die from it, and if you have had a heart attack before, you are less likely to have another one.

Quit the spit

If you are reading this you probably chew or "dip" tobacco and smoke. You may use moist snuff or chewing tobacco, or both. Maybe you have tried to quit before but found it very hard. The information in this section will help you quit using these types of tobacco for good. We give you a step-by-step plan to quit so that you can become completely free of smoked and chewed tobacco. We will refer to snuff and chewing tobacco as spit tobacco in this section of the guide.

Should I quit smoking and spit tobacco at the same time?

The simple answer is yes. Quitting both at the same time will help you stay quit for good and receive all the health benefits of being totally free of tobacco.

Dangers of spit tobacco

Unlike smoking, spit tobacco does not cause lung cancer or emphysema. But that is where the good news ends. Spit tobacco is known to cause other health problems that can shorten your life and make life less enjoyable. These include cancer of the mouth, tooth decay gum problems that can lead to tooth loss, and some research has shown that spit tobacco is also linked to heart disease and high blood pressure.

Addiction to nicotine

Spit tobacco gives you a lot of nicotine. In fact, someone who uses two tins per week of moist snuff is getting about the same amount of nicotine as a person who smokes 30 cigarettes per day! Most users of spit tobacco take in more nicotine each day than a typical smoker does. This can make it hard to quit spit tobacco.

The top-selling brands of spit tobacco have the most nicotine. In fact, the makers of these products actually treat the tobacco with chemicals (ammonia) to help the nicotine be absorbed into your body more quickly. Also, between 50 and 70 percent of the nicotine is what is called "free nicotine." This is nicotine that is absorbed into your mouth very, very quickly. This makes you more addicted to nicotine.

So, if you smoke and use spit tobacco you may be VERY addicted to nicotine. The information that follows will help you quit for good.

List your reasons to quit

Chewers can have many reasons to quit. Take a minute and think about why you want to quit spit tobacco. It is a good idea to post your reasons somewhere you will see them each day. Doing this will help you stay motivated to quit. Examples may be the following:

- To avoid health problems.
- To prove I can do it.
- I have sores or white patches in my mouth.
- To please someone I care about.
- To set a good example for my kids or other kids.
- To save money.
- I'm tired of the taste.
- I have gum or tooth problems.
- My physician or dentist told me to quit.
- People look at me funny when I spit.
- Because it's banned at work or school.
- I don't want it to control me.
- My girlfriend/boyfriend (or a person I'd like to date) hates it.
- My wife/husband/partner hates it.

My reasons:

Create your quit plan

Here is a step-by-step plan to stop using spit tobacco.

Set your quit date

Do you have a date to quit smoking? Why not make that same date you quit using spit tobacco? Take a minute and add a note to your quit calendar that you are quitting spit tobacco the same day you quit smoking.

Learn to control your urges to chew before you quit

It is a good idea to track when and where you chew or dip, and what you are doing or feeling at the time. When you do this, you can figure out what you are going to do instead of chewing. You may want to complete the tracking worksheet (page 8) for a couple days. Then pick out some coping strategies below and give them a try.

Use quit medicines

Most people who smoke and chew will have more success quitting if they use a quit medicine⁵. You can choose between a medicine that has nicotine in it and pills that have no nicotine. Many people who both smoke and chew do better if they use two nicotine medicines, such as the patch and gum or the patch and lozenges at the same time.⁶ Your Quit Coach can tell you more and help answer your questions.

Once you quit, stay quit for life

Once you quit, you can stay quit by watching out for difficult situations, such as stress or being around other chewers. Don't forget the A.C.E. model:

- **Avoid other chewers and situations where you always chew.**
If you can't avoid these, then ...
- **Cope using oral substitutes and remembering why you want to quit.**
If coping is not working, then ...
- **Escape the situation by leaving.**
Protect your health — you are worth it.

Track your spit tobacco use

On page 8 there is a track your smoking worksheet. You can use this to track your spit tobacco at the same time as you track your smoking. Many smokers and chewers find this exercise helps them see patterns in their smoking and chewing that they didn't notice before.

- Avoid being around other spit tobacco users when you can.
- Use an herbal substitute when you have a craving to take a dip or chew.
- Use other oral substitutes such as hard candy, chewing gum or sunflower seeds.
- Keep reminding yourself why you want to stop chewing or dipping. Try posting reminder notes.
- Mix up your routine to avoid places and activities that give you the urge to chew or dip.

My ideas:

Should I "taper" before quitting?

If you use more than two tins per week, you may want to "taper" or reduce your nicotine intake slowly before you quit for good. There are a couple ways to do that. One is to reduce how much you use over the course of two to three weeks by taking smaller dips or chews and spacing them farther and farther apart. The other way is to use an herbal substitute that you can mix with your spit tobacco before quitting.

Three-week taper method:

Using this method you will reduce your nicotine by at least half (50 percent). If you want to taper down even more, you can take a week or two longer to taper further.

- **Week 1:** Track how many tins or pouches you chew for one week. Write it down.
- **Week 2:** Reduce how much spit tobacco you use by one-quarter. For example: If you found in week 1 that you normally use one tin or one pouch a day, reduce back to three-quarters of a tin or pouch during week 2.
- **Week 3:** This is the week before you quit. Cut back to one-half the amount you used in week 1.
- **Week 4:** This is the week you quit.

Three-week herbal substitute method:

Using this method, you can reduce your nicotine by half (50 percent) or more. If you want to reduce even more, you can take a week or two longer to taper further. Herbal substitutes, such as Mint Chew, BACC OFF, Golden Eagle Herbal Chew or Smoky Mountain Herbal Chew, can be found in many convenience stores or online. Check to make sure the herbal brand you get does not contain any tobacco.

- **Week 1:** Track how many tins or pouches you chew for one week. Write it down.
- **Week 2:** Empty how much tobacco you normally use per day on a plate. Take away one-quarter of the tobacco and mix in some herbal substitute.

Important note: It is very important to mix the tobacco and herbal substitute together very well. "Long-cut" tobacco is harder to mix well than "fine-cut." You may want to switch to a fine-cut brand before you start reducing. If you use Skoal Long Cut, you can switch to Skoal Fine Cut. This will help you mix the tobacco with the herbal substitute so they are blended very well.

- **Week 3:** Repeat what you did for week 2, but instead take away one-half of the tobacco and replace it with an herbal substitute.
- **Week 4:** This is the week you quit.

Remember that your Quit Coach is available seven days a week to help you achieve your goal of being tobacco-free for life. Call if you need help!

Help someone else

Congratulations on quitting for good. You have done what many people are still trying to do — quit their deadly addiction to smoking. Give your support to someone you know who is trying to quit smoking or even thinking about quitting. Helping others is a great way to stay quit.

We are always here to help you stay quit for life. Feel free to call your Quit Coach for help at any time.

Congratulations on quitting for good!

Usted puede dejar de fumar.
Le enseñaremos cómo.



Usted
puede dejar
de fumar.

Le enseñaremos cómo.

PASO 1
Deje de fumar
a su propio ritmo



PASO 2
Domine el impulso de fumar

PASO 3
Utilice los medicamentos
para dejar de fumar
de manera que
realmente funcionen



PASO 4
Controle su entorno



PASO 5
Obtenga apoyo social

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Bienvenido al programa

Dejar de fumar es lo mejor que puede hacer por su bien y el de las personas que ama. Estos cinco pasos, basados en 25 años de investigación, han ayudado a cientos de miles de fumadores a dejar de fumar para siempre.

Siga estos cinco pasos para que dejar de fumar le resulte más fácil y más exitoso.

Paso 1: Deje de fumar a su propio ritmo

Para dejar de fumar a su propio ritmo, elija la fecha (el día que quiere dejar de fumar) que más le convenga. Su asesor Quit Coach® le ayudará a prepararse y estar listo para dejar de fumar en esa fecha.

Paso 2: Domine el impulso de fumar

Le ayudaremos a aprender cómo manejar el deseo de fumar, sin importar cuándo o dónde lo sienta. Esto le ayudará a dejar de fumar para siempre. También aprenderá cómo manejar el estrés sin fumar.

Paso 3: Utilice los medicamentos para dejar de fumar de manera que realmente funcionen

Le ayudaremos a elegir un medicamento como un parche, goma de mascar, bupropión de liberación prolongada o Chantix® (vareniclina) que sea adecuado para usted y le enseñaremos cómo utilizarlo correctamente para que le sirva para dejar de fumar.

Paso 4: Controle su entorno

Aprenda por qué deshacerse de todo el tabaco, ceniceros y encendedores puede ayudarle a dejar de fumar para siempre.

Paso 5: Obtenga apoyo social

Le enseñaremos por qué es importante que les pida a sus familiares y amigos el apoyo que usted quiere.

“Participar en este programa es lo único que hice diferente esta vez y funcionó. El solo hecho de saber que ustedes estaban a mi lado marcó toda la diferencia”.

— Danielle, 34 años



Su guía para dejar de fumar

Esta guía es para fumadores que quieren dejar de fumar sin recaer. Exactamente como usted. No importa cuántas veces haya tratado de dejar de fumar sin conseguirlo, esta guía puede serle útil. Ofrece mucha información sobre lo que hay que hacer en cada paso del camino.

La guía también tiene hojas de trabajo donde puede anotar sus propias ideas y planes (vea la página 18). La mayoría de la gente cuando empieza a dejar de fumar completa la hoja de trabajo **Registre lo que fuma**. Los asesores Quit Coach suelen sugerir completar esta hoja de trabajo en dos o tres días. Esto le ayuda a entender mejor cuándo, dónde y por qué fuma. Su asesor Quit Coach está entrenado para ayudar a los fumadores a dejar de fumar para siempre. Usted y su asesor Quit Coach trabajarán juntos en equipo. El asesor lo llamará por teléfono y es posible que le sugiera que complete algunas de las hojas de trabajo de esta guía.

La segunda hoja de trabajo que sugiere la mayoría de los asesores Quit Coach es **Tramos de práctica**. Un tramo¹ es un corto período en el cual usted practica no fumar antes de dejar el tabaquismo por completo. Estos tramos sin tabaco le ayudan a aprender cómo enfrentar el impulso de fumar. Puede obtener más información sobre los tramos sin fumar en la página 28.

Hay muchas maneras de utilizar esta guía. Puede leer todo el manual de principio a fin o solo consultar las secciones que necesita ahora. También puede completar cualquiera de las hojas de trabajo que le interese.

Hoja de trabajo Registre lo que fuma

Anote la hora del día en la que fuma, dónde está cuando fuma, qué está haciendo cuando fuma y cuántos cigarrillos fuma.

Hora del día	Dónde estoy	Qué estoy haciendo	Cuántos cigarrillos
Ejemplo: Mañana	<ul style="list-style-type: none"> Cocina Esperando el autobús 	<ul style="list-style-type: none"> Bebiendo café Leyendo el periódico 	<ul style="list-style-type: none"> 2 cigarrillos 1 cigarrillo
Mañana			
Tarde			
Noche			
Otro momento			



Pensar en dejar de fumar

¡Qué bien que está pensando en dejar de fumar! Dejar de fumar es la decisión más importante que puede tomar por su salud, su familia y su felicidad. Ha llegado al lugar indicado para obtener ayuda.

Dejar de fumar en equipo

En este programa, usted formará un equipo con asesores Quit Coach. Este programa ha ayudado a cientos de miles de fumadores a dejar de fumar en los últimos 25 años.

1. Su asesor le ayudará a fijar una fecha para dejar de fumar.
2. Le enseñará a manejar el impulso de fumar.
3. Seleccionará un medicamento y le enseñará cómo utilizarlo para que realmente funcione.
4. Le indicará cómo crear un ambiente a prueba de tabaco.
5. Lo guiará para recibir el apoyo de familiares y amigos.

Tal vez haya intentado dejar de fumar antes. Esta vez puede ser diferente. ¡Podemos ayudarle a que esta vez sea la definitiva!

Problemas de salud causados por el tabaquismo

Todos los años el tabaquismo mata a más personas que todas las que mueren en accidentes de tránsito, por consumo de drogas ilegales y alcohol, en incendios, por caídas y a causa del SIDA² en conjunto. El tabaquismo también causa muchos problemas de salud, como enfermedad cardíaca, cáncer, problemas respiratorios, problemas dentales, problemas en los ojos y oídos, problemas óseos, problemas sexuales y reproductores, y problemas de piel.

Si usted sufre una afección crónica como asma, EPOC, diabetes o enfermedad cardíaca, vea la página 57 para obtener más información sobre cómo el consumo de tabaco y el hecho de dejar de fumar inciden específicamente en estas afecciones. El tabaquismo también causa problemas de salud debido al "humo de segunda mano". Esto se refiere al humo de los cigarrillos, cigarros o pipas que están encendidos³. Respirar humo de segunda mano perjudica la salud y mata a más de 50,000 personas por año.

¿Por qué el humo de segunda mano es un problema?

El humo de segunda mano contiene muchas sustancias químicas que son peligrosas al inhalarlas. Estas sustancias químicas causan enfermedad cardíaca, ataque al corazón, accidente cerebrovascular, cáncer de pulmón y problemas en los vasos sanguíneos. El humo de segunda mano es aún más peligroso para los niños y las personas que ya tienen problemas respiratorios o enfermedad cardíaca.

Cuando usted fuma, sus hijos fuman

Los bebés expuestos al humo de segunda mano tienen el triple de probabilidades de morir a causa del síndrome de muerte súbita del lactante (*sudden infant death syndrome*, SIDS) o muerte blanca. Los niños son más propensos a tener infecciones en los oídos, asma, bronquitis, neumonía y otras infecciones pulmonares cuando están cerca de personas que fuman. Los hijos de fumadores tienen el doble de probabilidades de empezar a fumar.

¿Cómo me puedo cuidar y proteger a los demás del humo de segunda mano?

Una vez que haya dejado de fumar:

- Pídale a los fumadores que no fumen cerca de usted o de sus hijos.
- Haga de su casa y su automóvil lugares libres de humo.
- Manténgase alejado de lugares donde la gente fuma. Si donde usted trabaja se fuma, pídale a su jefe que prohíba fumar en su lugar de trabajo.

Hasta tanto deje el cigarrillo, fume en el exterior para que los demás no tengan que respirar el humo de segunda mano que usted genera. Dejar de fumar definitivamente es lo mejor que puede hacer por su bien y el de quienes lo rodean.

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Beneficios para la salud cuando se deja de fumar

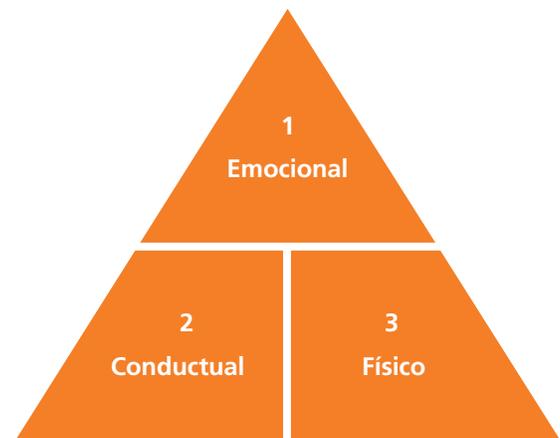
Su salud va a mejorar independientemente de cuándo deje de fumar. El organismo comienza a sanar minutos después de que usted deja de fumar. Cuanto más tiempo pase libre de humo de tabaco, más saludable estará. Vivirá hasta 10 años más que si siguiera consumiendo tabaco.⁴



Adicción: Por qué es difícil dejar de fumar

Adicción es la pérdida de control en el consumo de una droga. La nicotina del humo del tabaco es lo que determina la adicción al cigarrillo. Las tabacaleras hacen los cigarrillos de manera tal que la nicotina llegue al cerebro con mucha rapidez. Cuanto más rápido llega la nicotina al cerebro, más adictiva es. La nicotina del parche o la goma de mascar llega al cerebro más lentamente. Por este motivo, rara vez el parche o la goma de mascar generan adicción.

Puede ser difícil dejar de fumar cuando se es adicto al tabaco. Los motivos son tres. Puede verlos como los tres vértices de un triángulo.



Emocional: lo que siente al consumir tabaco, lo que cree sobre el consumo de tabaco y lo que piensa del tabaco.

Conductual: cómo responde en los lugares y momentos en los que quiere fumar, como cuando está tomando una taza de café o hace una pausa en su trabajo.

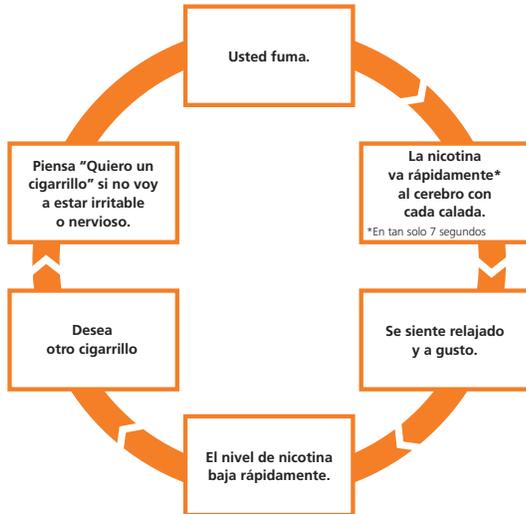
Físico: los momentos en los que su organismo ansía la nicotina del tabaco.

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El ciclo de nicotina se produce cuando el cuerpo y la mente desean mucho la nicotina. Es bueno entender este ciclo para poder romperlo. A continuación, podemos ver un gráfico de este ciclo.

Su asesor Quit Coach le ayudará a aprender formas de combatir este ciclo de la nicotina. Una forma de reducir las ansias de fumar es con el uso de medicamentos como parches, goma de mascar y pastillas que contienen nicotina. La vareniclina (Chantix) o el bupropión de liberación prolongada también pueden ser de utilidad. Encontrará información sobre estos medicamentos a partir de la página 30. Su asesor Quit Coach puede contarle más sobre estos medicamentos que pueden ayudarlo a dejar de fumar y cuáles pueden estar cubiertos por su seguro. Llame a su asesor Quit Coach, ¡está allí para brindarle ayuda!



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Qué puede hacer ahora

Puede ser útil saber cómo encaja el tabaquismo con lo que a usted le importa. Para muchas personas, la salud, la familia y la felicidad son importantes. Utilice la hoja de trabajo a continuación para ver cómo el tabaquismo incide en lo que a usted más le importa.

Hoja de trabajo Lo que a mí me importa

En cada columna escriba lo que a usted le importa, por qué le importa y cómo el tabaquismo se interpone. Puede agregar sus propias ideas al final de esta hoja de trabajo. Hay un ejemplo en la primera fila de la consigna a seguir.

Lo que a mí me importa	Por qué esto me importa	Cómo el tabaquismo se interpone en lo que me importa
Ejemplo: Familia	<ul style="list-style-type: none"> Me gusta dedicarles tiempo a mis hijos y quiero ser un buen padre. 	<ul style="list-style-type: none"> Me quedo sin aliento cuando juego con mis hijos. Mi hija tose cuando fumo.

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Prepararse para dejar de fumar

Dejar de fumar es lo mejor que puede hacer por su bien y el de las personas que ama. En esta sección, conocerá los "cinco pasos esenciales para dejar de fumar para siempre". Estos pasos están basados en 25 años de investigación y han ayudado a cientos de miles de fumadores a dejar de fumar y no recaer. Utilice estos pasos para que dejar de fumar le resulte más fácil y exitoso.

Los cinco pasos claves para dejar de fumar para siempre

Paso 1: Deje de fumar a su propio ritmo

Para dejar de fumar a su propio ritmo, elija la fecha (el día que quiere dejar de fumar) que más le convenga. Su asesor Quit Coach le ayudará a prepararse y estar listo para dejar de fumar en esa fecha.

Paso 2: Domine el impulso de fumar

Le ayudaremos a saber cuándo y dónde tiene ganas de fumar y cómo enfrentar esa situación. Esto le ayudará a dejar de fumar para siempre. También aprenderá cómo manejar el estrés sin fumar.

Paso 3: Utilice los medicamentos para dejar de fumar de manera que realmente funcionen

Le ayudaremos a elegir un medicamento (como un parche, goma de mascar, pastillas de nicotina, bupropión de liberación prolongada o Chantix) que sea adecuado para usted. Le enseñaremos cómo utilizar el medicamento correctamente para que le sirva para dejar de fumar.

Paso 4: Controle su entorno

Aprenda por qué deshacerse de todo el tabaco, ceniceros y encendedores puede ayudarlo a dejar de fumar para siempre.

Paso 5: Obtenga apoyo social

Le enseñaremos por qué es importante que les pida a sus familiares y amigos el apoyo que usted quiere.

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Paso 1 Deje de fumar a su propio ritmo

¿Cuántas veces intentó dejar de fumar? Para el fumador promedio, se necesitan varios intentos para finalmente dejar de fumar para siempre. Piense en todas las veces que ha intentado dejar de fumar, pero luego volvió a consumir tabaco.

Lo más probable es que no estaba verdaderamente preparado, se sintió presionado por los demás o tomó una decisión a la ligera y no se preparó en absoluto. Dejar el tabaco puede ser difícil, pero crear un plan es la mitad de la batalla. En esta sección, le ayudaremos a pensar en su relación con el tabaco, por qué quiere dejar de fumar, cuándo dejar de fumar y cómo prepararse para su fecha para dejar el tabaco.



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Cómo y por qué elegir una fecha para dejar de fumar

Es muy importante elegir una fecha para terminar con el tabaquismo. Se llama "fecha para dejar de fumar". Puede darnos miedo tener que elegir una fecha para dejar de fumar, pero sirve para fijar un objetivo en el cual trabajar. Cuando usted elige una fecha para dejar de fumar, se está diciendo "Me estoy tomando en serio este tema".

¿Entonces cómo se elige una fecha para dejar de fumar? Depende de usted decidir cuándo dejará de fumar, pero las investigaciones indican que quienes fijan una fecha para dejar de fumar en un período de dos semanas tienen más éxito. Estas son algunas cuestiones para tener en cuenta:

- Para algunas personas, los días de semana pueden ser mejores que los fines de semana. Si no puede fumar en el trabajo, tiene menos oportunidades de fumar durante la semana. Muchas personas eligen un lunes en la mañana como fecha para dejar de fumar.
- El fin de semana puede ser un mejor momento si usted tiene menos estrés que durante los días de semana. El fin de semana, puede planificar pasar el primer par de días en lugares agradables libres de humo, como el cine.
- Las investigaciones indican que quienes fijan una fecha para dejar de fumar en un período de dos semanas tienen más probabilidades de lograrlo.
- Si planea utilizar un medicamento que le ayude a dejar de fumar, asegúrese de tenerlo a mano y de saber cómo utilizarlo correctamente antes de dejar de fumar. Su asesor Quit Coach puede enseñarle cómo utilizar un medicamento para dejar de fumar.
- ¿Tiene pensado dejar de fumar con un amigo, su pareja o un familiar? Si es así, es una buena idea sentarse con esa persona y seleccionar una fecha que sea buena para los dos.

Anote la fecha para dejar de fumar en el calendario

Utilice un calendario para escribir la fecha para dejar de fumar. Colóquela en un lugar donde la vea con frecuencia, como el refrigerador.

La fecha en la que tiene planificado dejar de fumar: _____

La fecha en la que comienza a utilizar medicamentos para dejar de fumar: _____

La fecha en la que les va a pedir a amigos y familiares su apoyo: _____



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Hoja de trabajo Hábitos saludables

Este es el momento de pensar en los hábitos saludables que le ayudarán a dejar de fumar. Marque lo que planea hacer y agregue sus propias ideas a continuación.

Dos semanas antes de mi fecha para dejar de fumar, voy a:

- Pensar en las cosas que quiero hacer, que no sea fumar.
- Hacer actividad física al menos tres veces por semana. Hablar con mi médico si tengo problemas de salud o si ha pasado cierto tiempo desde que hice ejercicio por última vez.
- Completar la hoja de trabajo **Registre lo que fuma** (página 8).
- Aprender cómo enfrentar el impulso de fumar (página 20).

Mis ideas:

Una semana antes de mi fecha para dejar de fumar, voy a:

- Dejar de fumar en el automóvil y en casa.
- Decirles a los demás que está prohibido fumar en mi automóvil y en mi casa.
- Practicar el no fumar durante unas horas por vez antes de dejar de fumar definitivamente. Estos son los llamados "tramos sin tabaco" (página 28).
- Comenzar a utilizar el medicamento para dejar de fumar si debo usar bupropión de liberación prolongada (Zyban® o Wellbutrin®) o vareniclina (Chantix).
- Pensar en alternativas para cambiar mi rutina diaria. Algunas ideas son: levantarme más tarde, salir a caminar o tomar té en lugar de café.

Mis ideas:

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La noche anterior a mi fecha para dejar de fumar, voy a:

- Tirar a la basura los cigarrillos y encendedores, y guardar los ceniceros.
- Limpiar el cenicero del automóvil.
- Repasar la manera correcta de utilizar los parches, goma de mascar y pastillas de nicotina, si tengo pensado usar estos medicamentos.
- Practicar formas de manejar el estrés, como hacer respiración profunda.
- Visitar Web Coach (forma parte de mi programa).
- Llamar a mi asesor Quit Coach si tengo preguntas o necesito apoyo.

Mis ideas:



"Traté de dejar de fumar antes, pero esta vez fue diferente. Gracias por ocuparse de escucharme de verdad y ayudarme a armar un plan exitoso. Eso es lo que marcó la diferencia".

— Craig, 27 años

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Paso 2 Domine el impulso de fumar

Tener un impulso de fumar o un gran deseo de consumir tabaco después de haber dejado el cigarrillo es normal. El impulso puede estar causado por una necesidad física del organismo que ansía la nicotina o por un factor desencadenante como hablar por teléfono o terminar de comer.

Este impulso de fumar puede ser fuerte, especialmente en las primeras dos semanas después de haber dejado el tabaco. Por eso, es importante tener un plan en marcha para saber cómo dominar este impulso y ¡no salirse del camino!

Esta sección le ayudará a comprender cuándo, dónde y por qué consume tabaco (antes de dejar de fumar). Estos patrones y factores desencadenantes son exclusivos en cada persona, por eso es fundamental comprenderlos. También aprenderá técnicas y destrezas para saber estar preparado cuando tenga ganas de fumar.



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Hoja de trabajo Factores desencadenantes y habilidades para hacerles frente

Utilice esta hoja de trabajo para identificar sus factores desencadenantes para el consumo de tabaco.

1. Elija los "factores desencadenantes" a continuación que puedan causarle problemas a la hora de dejar de fumar.
2. Luego, trate de utilizar diferentes sustitutos y distracciones para NO fumar en estas situaciones y momentos. Si le interesa incluir sus propios sustitutos o distracciones, escríbalos en la sección "otros".

Elija los sustitutos/distracciones que mejor funcionaron y anótelos en la columna "Lo que me dio resultado".

Factor desencadenante	Sustitutos y distracciones	Lo que me dio resultado
Después de comer	<ul style="list-style-type: none"> • Salir a caminar. • Lavar los platos. • Cepillarme los dientes. • Irme de la mesa. • Tomar una taza de té o café, comer una pastilla de menta o un caramelo. Mis ideas: _____	
Después de levantarme	<ul style="list-style-type: none"> • Cambiar mi rutina de la mañana bañándome apenas salgo de la cama o tomando el desayuno en otro lugar. • Desayunar algo. • Lavarme los dientes lo antes posible. • Salir a caminar con el perro. Mis ideas: _____	
Al tomar café, té o alcohol	<ul style="list-style-type: none"> • Tratar de tomar café o té en un lugar distinto del habitual. • Cambiar de bebida (por ejemplo, té en lugar de café). • Dibujar, escribir o mantener las manos ocupadas mientras tomo café o té. Mis ideas: _____	

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Factor desencadenante	Sustitutos y distracciones	Lo que me dio resultado
Al conducir	<ul style="list-style-type: none"> • Vaciar el cenicero y llenarlo con flores secas o semillas de girasol. • Tomar un camino diferente para evitar los lugares en el recorrido de ida y vuelta al trabajo donde normalmente fumo. • Quitar todos los cigarrillos del automóvil o camioneta. Mis ideas: _____	
Durante los descansos en el trabajo	<ul style="list-style-type: none"> • Descansar en un área para no fumadores. • No ir a mi área de descanso de antes. • Hacer los descansos con no fumadores. • Utilizar sustitutos para las manos y la boca si tengo que estar cerca de otros fumadores. Mis ideas: _____	
Al mirar televisión	<ul style="list-style-type: none"> • Mirar televisión durante períodos más cortos. • Quitar los ceniceros, cigarrillos y encendedores de la habitación donde está el televisor. • Impedir que se fume en la habitación donde está el televisor. • Jugar algo. • Colocar un recordatorio en el televisor. Mis ideas: _____	

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Factor desencadenante	Sustitutos y distracciones	Lo que me dio resultado
Cuando estoy estresado	<ul style="list-style-type: none"> • Hablar con un amigo/aliado. • Practicar la respiración profunda. • Recordarme a mí mismo que fumar no va hacer que desaparezca mi enojo o mi estrés. • Si usted reza, intente con una oración o con meditación. Mis ideas: _____	
Cuando estoy aburrido	<ul style="list-style-type: none"> • Hacer algo de ejercicio. • Salir a caminar. • Hacer un crucigrama. • Llamar o visitar a un amigo. • Leer un libro. • Jugar videojuegos. • Iniciar sesión en Web Coach o la página de Facebook de Quit For Life®. Mis ideas: _____	
Cuando estoy con otras personas	<ul style="list-style-type: none"> • Pasar tiempo con no fumadores. • Evitar a otros fumadores siempre que sea posible. • Pedirles a los demás que no fumen a mi alrededor. • Evitar los restaurantes y bares donde se puede fumar. • Usar escarbadientes. Mis ideas: _____	

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Tramos: una forma de practicar

Este es un buen momento para poner en práctica las habilidades para hacer frente a los desafíos. Así, dejar de fumar puede ser más fácil y usted puede tener más éxito. Piénselo como un entrenamiento deportivo. Los corredores de larga distancia primero corren tramos más cortos para desarrollar su fortaleza. De la misma manera, los tramos sin tabaco de práctica pueden servirle de preparación para dejar de fumar para siempre a largo plazo cuando llegue su fecha para dejar de fumar.

Consejos para los tramos sin tabaco:

Utilice la información que ingresó en la hoja de trabajo Registre lo que fuma, en la página 8, para llevar a cabo estos tramos de práctica.

Practique no fumar durante una actividad en la que normalmente fuma, como cuando termina de comer.

Pruebe realizar tramos sin tabaco de práctica en diferentes momentos del día y durante diferentes actividades. Este es un excelente momento para ejecutar las habilidades para hacer frente a los desafíos que usted escribió en las páginas 25-27. Utilice las destrezas que seleccionó en la hoja de trabajo de habilidades para hacer frente a los factores desencadenantes.

Hora del día	Dónde estoy	Qué estoy haciendo	Qué me ayudó a no fumar
Ejemplo: Mañana	<ul style="list-style-type: none"> • Cocina • Esperando el autobús 	<ul style="list-style-type: none"> • Bebiendo café • Leyendo el periódico 	<ul style="list-style-type: none"> • Chupé la cucharita del café y deformé un gancho para papel • Mastiqué goma de mascar común
Mañana			
Tarde			
Noche			

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Formas de sobrellevar el estrés

El estrés puede interponerse en el camino para dejar de fumar para siempre. El estrés atenta contra la claridad de pensamiento y es posible que incremente el nerviosismo. La mayoría de las personas tiene estrés de vez en cuando. Es bueno aprender distintas maneras de sobrellevar el estrés.

La respiración profunda o abdominal es una forma de hacer frente al estrés.

Este es un ejercicio de respiración profunda que puede probar, durante unos cinco minutos, en lugar de fumar.

- Vaya a algún lugar donde pueda estar sentado y relajarse, como un sofá, o la silla de su escritorio o su automóvil.
- Apague la televisión, la radio, el teléfono celular y cualquier otro dispositivo que lo distraiga.
- Respire profundamente por la nariz e infle el estómago.
- Contenga la respiración durante cinco segundos.
- Exhale suavemente por la boca y espere cinco segundos.
- Luego diga en voz alta la palabra "relajado".
- Siga respirando profundamente durante cinco minutos en total.

Hoja de trabajo Formas de sobrellevar el estrés

Estas son algunas formas de hacer frente al estrés. Marque con un círculo todas las ideas que le gustaría poner en práctica, luego agregue las suyas. Hable con amigos que hayan dejado de fumar y averigüe cómo lidian con el estrés.

Para su salud

- Duerma lo suficiente.
- Salga a caminar.
- Pruebe a rezar o meditar.
- Coma alimentos naturales y saludables.
- Duerma la siesta.

Cuando está con otras personas

- Hable con alguien que lo escuche.
- Léales un cuento a sus hijos.
- Juegue las cartas.
- Cene con un amigo.
- Prepare la comida con su familia.

Cuando está solo

- Lea un libro.
- Mire una película.
- Escuche música.
- Escriba algo en su diario.
- Haga un ejercicio de relajación.

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Medicamentos que pueden ayudarle a dejar de fumar

Parche de nicotina

La nicotina de estos parches puede ayudarle a dejar de querer fumar. Con el tiempo, usará parches con menos y menos nicotina.

Modo de uso

- Colóquese un parche nuevo todos los días apenas se levante. Siempre asegúrese de retirar el parche que utilizó el día anterior.
- Busque un lugar del cuerpo en el cual colocarse el parche: debe ser por encima de la cintura y por debajo del cuello. Colóquese el parche en un lugar distinto cada día para no lastimarse la piel.
- Presione el parche para fijarlo en su lugar sosteniéndolo con firmeza durante 10 segundos.

Cómo pueden ayudar los parches

- Son fáciles de usar.
- Administran una dosis pareja de nicotina todo el día para ayudarle a no fumar.
- Los parches se venden en la mayoría de las farmacias y no se necesita receta.
- ¡Cuestan menos por día que un paquete de cigarrillos!
- Las investigaciones indican que el parche puede duplicar las probabilidades de dejar de fumar.

Goma de mascar de nicotina

Es un tipo de chicle sin azúcar que contiene nicotina. La goma de mascar mantiene ocupada la boca y ayuda al organismo a incorporar nicotina lentamente, lo cual ayuda a dejar de fumar.

Modo de uso

- Se debe masticar de una forma especial para que dé resultado.
- Mastíquela lentamente varias veces. Tal vez sienta un sabor "picante".
- "Deje quieta" la goma de mascar a un costado de la boca después de masticarla varias veces.
- Cuando el sabor se disipe, vuelva a masticarla y a "dejarla quieta".
- Deseche la goma de mascar después de 30 minutos.
- Utilice una nueva goma de mascar cada una o dos horas en las primeras cuatro semanas.

Cómo puede ayudar la goma de mascar

- Administra una dosis pareja de nicotina todo el día para ayudarle a no fumar.
- La goma de mascar se vende en la mayoría de las farmacias y no se necesita receta.
- ¡Cuesta menos por día que un paquete de cigarrillos!
- Las investigaciones indican que la goma de mascar puede duplicar las probabilidades de dejar de fumar.

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Paso 3

Utilice los medicamentos para dejar de fumar de manera que realmente funcionen

Estos son medicamentos seguros y eficaces con los que dejar de fumar puede ser más fácil. Algunos tienen nicotina, como el parche, la goma de mascar, las pastillas, el inhalador y el aerosol nasal.

Otros no tienen nicotina, como el bupropión de liberación prolongada (Zyban o Wellbutrin) y la vareniclina (Chantix). ¿Anteriormente intentó utilizar medicamentos para dejar de fumar y solo consiguió sentirse frustrado con los efectos secundarios o los dejó de utilizar porque le pareció que no le daban resultado?

Es cierto que dejar de fumar con medicamentos puede duplicar las probabilidades de tener éxito, pero si los utiliza incorrectamente o si no enfrenta los aspectos emocionales y conductuales que lo vinculan con el tabaco, las probabilidades de tener éxito son menores. En esta sección le ayudaremos a comprender la diferencia entre todos los medicamentos disponibles para dejar de fumar, cómo se utiliza cada tipo de medicamento correctamente y cómo se manejan los efectos secundarios comunes.

Comuníquese con su médico o con su asesor Quit Coach si tiene algún efecto secundario que le preocupa o si tiene preguntas sobre la forma de utilizar su medicamento.



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Pastilla de nicotina

Una pastilla de nicotina se usa como una pastilla para la garganta en caso de resfriado o dolor de garganta. Libera la nicotina lentamente en el organismo a medida que se disuelve, lo que ayuda a reducir las ganas de fumar.

Modo de uso

- Colóquese una pastilla de nicotina en la boca.
- No la mastique.
- Mueva la pastilla por la boca de vez en cuando.
- Deje que se disuelva en la boca.
- Utilice una nueva pastilla cada una o dos horas en las primeras cuatro semanas.

Cómo pueden ayudar las pastillas

- Son fáciles de usar.
- Puede utilizar las pastillas cuantas veces las necesite para refrenar el impulso de fumar (hasta 20 por día).
- Las pastillas de nicotina se venden en la mayoría de las farmacias y no se necesita receta.
- ¡Cuestan menos por día que un paquete de cigarrillos!
- Las investigaciones indican que las pastillas de nicotina pueden duplicar las probabilidades de dejar de fumar.

Inhalador de nicotina

El inhalador de nicotina se parece a un cigarrillo. Se sostiene con los dedos y se "aspira". El inhalador es un medicamento recetado, de manera que será necesario que vaya al médico.

Modo de uso

- Coloque el cartucho de nicotina en la boquilla del inhalador.
- Aspire en el inhalador para que ingrese el vapor en la boca, pero no lo haga llegar a los pulmones.
- Utilice el inhalador según las indicaciones de su médico.

Cómo pueden ayudar los inhaladores

- Puede utilizar el inhalador de nicotina cuantas veces lo necesite (lea las instrucciones de fábrica).
- Utilizar el inhalador es parecido a fumar un cigarrillo.
- El inhalador mantiene ocupadas las manos y la boca.
- Las investigaciones indican que el inhalador puede duplicar las probabilidades de dejar de fumar.

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Aerosol nasal de nicotina

Este medicamento se rocía en la nariz con un vaporizador. Se trata de un medicamento recetado, de manera que será necesario ir primero al médico.

Modo de uso

- Coloque la boquilla del vaporizador en cada fosa nasal.
- Rocíe, pero no inhale.
- Puede utilizar el aerosol una o dos veces por hora.
- Utilice el inhalador según las indicaciones de su médico.

Cómo puede ayudar el aerosol nasal

- El aerosol nasal lleva nicotina al cerebro más rápidamente que el parche, la goma de mascar o las pastillas, lo cual ayuda a disminuir el impulso de fumar.
- Puede utilizar el aerosol nasal cuantas veces lo necesite (lea las instrucciones de fábrica).
- Las investigaciones indican que el aerosol nasal puede duplicar las probabilidades de dejar de fumar.

Combinación del parche y goma de mascar o el parche y pastillas

Con el uso en conjunto del parche de nicotina con goma de mascar o con pastillas es probable que dejar de fumar le resulte más fácil y exitoso. El parche administra la nicotina lentamente mientras que la goma de mascar y las pastillas funcionan con más rapidez y ayudan a reducir los síntomas de abstinencia y el impulso de fumar antes de que aparezcan.

Combinación del parche y goma de mascar

Cómo utilizar el parche y la goma de mascar juntos

- Comience a utilizar los parches y la goma de mascar de nicotina el primer día que deje de fumar.
- Colóquese un parche nuevo al comienzo de cada día.
- Ubique el parche en algún lugar por encima de la cintura y por debajo del cuello.
- No coloque el parche exactamente en el mismo lugar todos los días porque puede lastimarle la piel.
- Puede utilizar la goma de mascar cada una o dos horas. No utilice más de 24 gomas de mascar por día.
- Mastique cada goma de mascar varias veces y luego "déjela quieta" a un costado de la boca.
- Después de unos minutos, vuelva a masticarla unas cuantas veces y "déjela quieta" otra vez.
- Repita este proceso durante 20 o 30 minutos y luego escupa la goma.

Cómo pueden ayudar el parche y la goma de mascar

- El uso combinado del parche y la goma de mascar puede ayudarle a manejar mejor el impulso de fumar.
- Usted decide cuánta goma de mascar va a utilizar además del parche.
- Estudios de investigación indican que el uso del parche con la goma de mascar puede aumentar las probabilidades de dejar de fumar en comparación con el uso solo del parche o de la goma de mascar.
- La goma de mascar de nicotina se vende en la mayoría de las farmacias y no se necesita receta.
- ¡El parche y la goma de mascar juntos pueden costar menos por día que un paquete de cigarrillos!

Combinación del parche y pastillas

Cómo utilizar el parche y las pastillas juntos

- Comience a utilizar los parches y las pastillas de nicotina el primer día que deje de fumar.
- Colóquese un parche nuevo al comienzo de cada día.
- Ubique el parche en algún lugar por encima de la cintura y por debajo del cuello.
- No coloque el parche exactamente en el mismo lugar todos los días porque puede lastimarle la piel.
- Puede utilizar una pastilla cada una o dos horas. No utilice más de 20 pastillas por día.
- Deje que la pastilla de nicotina se disuelva lentamente. No la mastique ni la trague.
- Muévala de un lado de la boca al otro después de unos minutos.
- La pastilla se debe disolver por completo en unos 30 minutos.

Cómo pueden ayudar el parche y las pastillas

- El uso combinado del parche y las pastillas puede ayudarle a manejar mejor el impulso de fumar.
- Usted decide cuántas pastillas va a utilizar además del parche.
- Estudios de investigación indican que el uso del parche con las pastillas puede aumentar las probabilidades de dejar de fumar en comparación con el uso solo del parche o de las pastillas.
- Las pastillas de nicotina se venden en la mayoría de las farmacias y no se necesita receta.
- ¡El parche y las pastillas juntos pueden costar menos por día que un paquete de cigarrillos!

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Medicamentos recetados que pueden ser útiles

Bupropión de liberación prolongada (también conocido como Zyban o Wellbutrin)

Este medicamento viene en comprimidos. Disminuye las ganas de fumar y reduce los impulsos, pero no contiene nicotina.

Modo de uso

- Comience a utilizar bupropión de liberación prolongada una semana antes de su fecha para dejar de fumar.
- Limite el consumo de alcohol, lo que incluye cerveza, vino y licores.
- Informe a su médico o enfermero si quiere dejar de tomar este medicamento.
- Utilícelo según las indicaciones de su médico. Si tiene preguntas sobre el modo de uso del bupropión de liberación prolongada, hable con su médico o farmacéutico.

Cómo puede ayudar el bupropión de liberación prolongada

- Disminuye las ganas de fumar y alivia la abstinencia de nicotina.
- El bupropión de liberación prolongada puede duplicar las probabilidades de dejar de fumar.
- ¡Cuesta menos por día que un paquete de cigarrillos!

Vareniclina (también conocida como Chantix)

Este medicamento viene en comprimidos. Actúa en la misma parte del cerebro que la nicotina. La mayoría de las personas que utilizan vareniclina tienen menos impulsos de fumar. La vareniclina no contiene nicotina.

Modo de uso

- Comience a utilizar la vareniclina una semana antes de su fecha para dejar de fumar.
- Siga las instrucciones de dosificación al pie de la letra.
- Limite el consumo de alcohol, lo que incluye cerveza, vino y licores.
- Tome la vareniclina con un vaso lleno de agua y junto con la comida para reducir la probabilidad de malestar estomacal, un efecto secundario común de este medicamento.
- Hable con su médico inmediatamente si tiene cambios significativos en el estado de ánimo, o si se siente deprimido o irascible después de comenzar a utilizar la vareniclina.
- Utilícela según las indicaciones de su médico. Si tiene preguntas sobre el modo de uso de la vareniclina, hable con su médico o farmacéutico.

Cómo puede ayudar la vareniclina

- Alivia la abstinencia de nicotina.
- Si usted fuma después de haber dejado el tabaco, es menos probable que "le guste" el cigarrillo. La vareniclina bloquea la parte del cerebro que "se pone bien" cuando usted fuma.
- ¡Cuesta menos por día que un paquete de cigarrillos!
- Las investigaciones indican que el uso de vareniclina implica más del doble de probabilidades de dejar de fumar.

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Si tiene determinadas afecciones de salud, hable con su médico antes de utilizar estos medicamentos. Consulte la información a continuación para ver aspectos específicos de cada tipo de medicamento.

En lo que respecta al bupropión de liberación prolongada (Zyban o Wellbutrin), hable con su médico si:

- Tiene enfermedad renal
- Tiene enfermedad hepática
- Está embarazada, amamanta o intenta quedar embarazada
- Tiene anorexia o bulimia (trastornos de la alimentación)
- Tiene convulsiones
- Ha sufrido una lesión de gravedad en la cabeza anteriormente (se desmayó o perdió el conocimiento)

En lo que respecta a la vareniclina (Chantix), informe al médico si:

- Está embarazada, amamanta o intenta quedar embarazada
- Tiene depresión, ansiedad, esquizofrenia o trastorno bipolar, o tiene tendencias suicidas (pensamientos de terminar con su vida)
- Tiene enfermedad renal

Preguntas frecuentes:

¿Cómo decido qué medicamentos utilizar?

Su asesor Quit Coach puede ayudarle a decidir qué medicamentos utilizar. Dígale a su asesor Quit Coach si utilizó alguno de estos medicamentos anteriormente y si obtuvo algún beneficio. Dígale si toma algún otro medicamento y si tiene algún problema de salud.

¿Puedo utilizar más de un medicamento?

Si. Hable con su asesor Quit Coach o con su médico sobre los medicamentos que se pueden combinar.

Algunos de estos medicamentos son muy costosos. ¿Hay alguna manera de recibir ayuda para pagarlos?

Hable con su asesor Quit Coach sobre alternativas para pagar estos medicamentos. El asesor puede ayudarle a averiguar qué medicamentos están cubiertos por su seguro.

Tengo un problema de salud. ¿Puedo usar estos medicamentos de todos modos?

Informe a su médico, enfermero o asesor Quit Coach qué problema de salud tiene. Puede ayudarle a determinar qué medicamentos puede utilizar sin correr riesgos.

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Medicamentos: efectos secundarios y lo que usted puede hacer

Los medicamentos para dejar de fumar pueden tener efectos secundarios. Muchos de ellos se enuncian a continuación. La mayoría de los efectos secundarios son de menor importancia y desaparecen espontáneamente. Lea la información que viene con cada medicamento para conocer los efectos secundarios que podría tener. Comuníquese con su médico o con su asesor Quit Coach si tiene efectos secundarios que le preocupan o que no desaparecen en una o dos semanas.

Parche de nicotina	
Efectos secundarios	Qué debe hacer
Irritación cutánea (enrojecimiento local o sarpullido o urticaria cerca del lugar donde se coloca el parche)	Coloque el parche en un lugar distinto todos los días. Hable con su proveedor de atención médica o farmacéutico sobre el uso de una crema con hidrocortisona.
Malestar estomacal o dolor de cabeza	Puede ser consecuencia de la administración de mucha o poca cantidad de nicotina. Llame a su asesor Quit Coach para hablar del tema.
Sueños extraños o vívidos	Pueden ser causados por la administración de nicotina mientras duerme. Pruebe sacarse el parche una hora antes de irse a dormir si los sueños vívidos son un problema para usted.
Goma de mascar de nicotina	
Efectos secundarios	Qué debe hacer
Malestar estomacal o dolor de cabeza	Asegúrese de estar usando la goma de mascar correctamente. La goma de mascar de nicotina no se mastica como un chicle común. Vaya a la página 31 para repasar las instrucciones. El dolor de cabeza puede ser consecuencia de la administración de mucha o poca cantidad de nicotina. Llame a su asesor Quit Coach para hablar del tema.
Meteorismo abdominal	Asegúrese de estar usando la goma de mascar correctamente.
La goma de mascar no está actuando como usted piensa que debería	La goma de mascar de nicotina no se mastica como un chicle común. Si no se mastica correctamente, puede producir gases y tampoco le ayudará a dejar de fumar. Vaya a la página 31 para repasar las instrucciones.

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Pastilla de nicotina	
Efectos secundarios	Qué debe hacer
Malestar estomacal o dolor de cabeza	Puede ser consecuencia de la administración de mucha o poca cantidad de nicotina. Llame a su médico o farmacéutico para hablar del tema.
Dolor de garganta	Puede ser un efecto secundario pasajero. Comuníquese con su médico si no desaparece.
Inhalador de nicotina	
Efectos secundarios	Qué debe hacer
Malestar estomacal o dolor de cabeza	Puede ser consecuencia de la administración de mucha o poca cantidad de nicotina. Llame a su médico o farmacéutico para hablar del tema.
Dolor de garganta	Trate de que la inhalación no llegue a la garganta. Retenga la nicotina solo en la boca.
Aerosol nasal de nicotina	
Efectos secundarios	Qué debe hacer
Malestar estomacal o dolor de cabeza	Puede ser consecuencia de la administración de mucha o poca cantidad de nicotina. Llame a su médico o farmacéutico para hablar del tema.
Sensibilidad en la nariz	Es un efecto secundario común y suele desaparecer en una semana aproximadamente. Comuníquese con su médico si la irritación en la nariz no desaparece después de dos semanas.

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Bupropión de liberación prolongada	
Efectos secundarios	Qué debe hacer
Dificultad para conciliar el sueño o para dormir sin interrupción	Si toma dos pastillas por día, tome la última como mínimo cuatro horas antes de irse a la cama (y como mínimo ocho horas después de la primera pastilla). También podría ver con el médico si puede tomar solo una pastilla por día.
Boca seca	Beba agua a sorbos. Chupe caramelos duros.
Nerviosismo	El bupropión de liberación prolongada puede aumentar la ansiedad en algunas personas. Hable con su médico si esto le pasa.
Piensa que tuvo una convulsión	Deje de tomar bupropión de liberación prolongada de inmediato y comuníquese con su médico o llame al 911.
Vareniclina (Chantix)	
Efectos secundarios	Qué debe hacer
Náuseas (malestar estomacal de intensidad suficiente como para sentir que va a vomitar)	Este es el efecto secundario más común. Siga las instrucciones al pie de la letra y tome el medicamento con un vaso lleno de agua junto con una comida. Si las náuseas no desaparecen, comuníquese con su médico o farmacéutico para ver si se puede bajar la dosis.
Cambios en el estado de ánimo (tristeza o irascibilidad)	Informe a su médico lo antes posible si esto le sucede. El médico le ayudará a determinar si puede seguir usando la vareniclina o no.
Sueños extraños o dificultad para dormir	Esto suele desaparecer en una o dos semanas. Si duran más de una o dos semanas, pruebe a reducir la dosis. Su médico puede ayudarle.

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Paso 4 Controle su entorno

Una de las claves para tener éxito a la hora de dejar de fumar es un entorno que contribuya a su progreso en lugar de obstaculizarlo. Piense en cómo su trabajo, casa, automóvil y otros lugares donde pasa su tiempo pueden ser un apoyo para usted.

Haga de su casa un lugar a prueba de tabaco

Es importante deshacerse de los cigarrillos y de cualquier otro tipo de tabaco la noche anterior a dejar de fumar. Moje con agua sus productos de tabaco para no poder fumarlos. Busque en los bolsos, el automóvil y los bolsillos de chaquetas o abrigos para corroborar que no le quede ningún cigarrillo con el que se pueda tentar.

El impulso de fumar será más fuerte y frecuente si tiene tabaco al alcance. Tendrá menos impulsos de fumar si saca todo el tabaco y los implementos para fumar de su casa y automóvil. ¿Por qué conservar ceniceros y encendedores si no fuma? Regálelos o tírelos a la basura.

Qué debe hacer cuando otras personas fuman a su alrededor

Puede ser complicado para usted cuando sus amigos, compañeros de trabajo o familiares fumen a su alrededor. Pero hay algunas cosas que puede hacer para que estas situaciones sean más fáciles.

Hable con su familia, amigos y compañeros de trabajo

Lo primero que tiene que hacer es hablar con las personas de su entorno que fuman y decirles que tiene planificado dejar de fumar. Tal vez quieran acompañarlo y puedan brindarse apoyo mutuamente. Aunque no quieran dejar de fumar, quizás estén dispuestos a darle apoyo en su proceso para dejar el tabaco. Pregúnteles si están dispuestos a:

- Fumar afuera cuando usted esté adentro
- Designar al menos una habitación libre de tabaco en todo momento
- Fumar únicamente en una parte de la casa.

Recuerde, ¡usted tiene el control!

Es importante que tenga presente que la decisión de fumar o no fumar es suya. Usted tiene el control de sus propios actos y su manera de pensar. La próxima vez que esté con personas que fuman, piense en lo siguiente:

- Qué puede hacer para distraerse y no seguir el impulso de fumar con los demás. ¿Podría entretenerse con algún juego, masticar una pajilla o hacerse la manicura?
- Qué puede decirse a sí mismo para que su decisión de dejar de fumar sea más fuerte que el impulso de fumar. Podría decirse algo como “Me cansé de gastar tanto dinero en cigarrillos” o “Le prometí a mi hija que iba a dejar de fumar y no quiero decepcionarla”.

Una buena idea es colocar notas por toda la casa. Son recordatorios de su decisión de dejar de fumar. Estas son algunas ideas que pueden ayudarle a crear sus propios recordatorios para distribuir en la casa:

- “No tengo que fumar, aunque tenga ganas”.
- “Todo lo que tengo que hacer es pasar todo el día sin fumar un cigarrillo”.
- “Nadie me puede inducir a fumar. ¡Lo voy a lograr!”.



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Elija a sus aliados

Los aliados son personas que pueden ayudarle a dejar de fumar. Puede ser cualquier persona de su agrado y en la que usted confíe, como familiares, amigos o compañeros de trabajo. Piense en los aliados que puedan darle más apoyo cuando deje de fumar.

Puede ser bueno elegir aliados que también hayan dejado de fumar porque saben por lo que usted va a pasar. ¡Pero un no fumador colaborador también puede servir de apoyo! No elija aliados que sigan fumando.

Estas son algunas de las formas en las que los aliados pueden ayudar:

- Escuchando cuando usted necesita hablar
- Estimulándolo sin juzgarlo
- Llamando por teléfono para saber cómo le está yendo
- Colaborando con el cuidado de los niños o los mandados
- Charlando sobre los problemas y las formas de resolverlos

Ayude a sus aliados a que le den apoyo. Estas son algunas formas de hacerlo:

- Dígalos a los aliados su fecha para dejar de fumar. Pídales que anoten su fecha para dejar de fumar en sus calendarios para que sepan cuándo va a dejar de fumar.
- Hágale saber a sus aliados si el hecho de dejar de fumar es un secreto
- Entrégueles el folleto “Your allies’ guide: Helping someone quit tobacco” (Guía para sus aliados: cómo ayudar a alguien a dejar el tabaco)
- Planifique con qué frecuencia va a hablar con sus aliados
- Advierta a sus aliados que es posible que esté irritable cuando deje de fumar
- Hagan cosas divertidas juntos, como cocinar, caminar, ir al cine

**No se limite a dejar de fumar, conviértase en no fumador**

Para muchas personas que tratan de dejar el tabaco, las primeras dos semanas después de dejar de fumar son las más difíciles.⁶ Estas dos semanas pueden definir el éxito o el fracaso de una persona que quiere dejar de fumar.

Si se preparó bien y fijó una fecha realista para dejar de fumar, definió cómo dominar el impulso de fumar y sabe cómo utilizar sus medicamentos correctamente, sus probabilidades de tener éxito son muy altas. Pero, así y todo, es probable que esté irritable, nervioso y estresado. Esto es normal. Su organismo ansia la nicotina y usted está reorganizando su vida sin tabaco. La buena noticia es que todo va siendo más fácil con el tiempo y las recompensas por no volver a fumar son estupendas.

Esta sección le ayuda a reconocer las recompensas que tendrá al dejar de fumar. También le enseña cómo no volver a fumar nunca más con la implementación de estrategias para sobrellevar el estrés y la abstinencia de nicotina.

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Dejar de fumar es cada vez más fácil con el tiempo

Para la mayoría de las personas es útil pensar en dejar de fumar un día a la vez, o incluso una hora a la vez. Las horas y los días son granitos de arena. ¡Sus probabilidades de dejar de fumar para siempre son muy altas después de no haber fumado durante dos semanas!

Estos son algunos consejos de otros fumadores que pueden ser de ayuda en las primeras dos semanas después de dejar de fumar:

- **Evite a otros fumadores.** Es más probable que fume si está cerca de otros fumadores.
- **No fume**, ni siquiera una sola calada.
- **Utilice medicamentos que le ayuden a dejar de fumar.** Hable con su médico, enfermero o asesor Quit Coach para determinar qué medicamentos son adecuados para usted.
- **Saque todos los cigarrillos y cualquier otro producto con tabaco de su casa y automóvil.** Tire los ceniceros a la basura.
- **Haga las cosas de un modo diferente ahora que no fuma.** Vaya a las páginas 25-27 para repasar las habilidades para hacer frente a los desafíos.
- **Pídales ayuda y apoyo a sus familiares y amigos.** Llame a su asesor Quit Coach para contar con más apoyo.
- **Recuérdese a sí mismo por qué está dejando de fumar.** Haga una lista de sus motivos para dejar de fumar y colóquela en un lugar donde la vea con frecuencia.
- **Prémiese.** Celebre los beneficios de dejar de fumar.
- **Evite el alcohol.** No vaya a bares y cantinas donde se fuma. Si no puede evitar beber, hágalo con moderación. Beber alcohol muy poco después de dejar el tabaco puede hacer que algunas personas vuelvan a fumar.
- **Disminuya su nivel de estrés.** Pruebe hacer ejercicios de respiración y manténgase activo.

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Recompensas “Dinero en el banco”

Va a ahorrar mucho dinero cuando deje de fumar. Un paquete de cigarrillos cuesta unos \$11.00. ¡Piense en todo el dinero que puede ahorrar si no compra cigarrillos! En los cuadros a continuación, puede ver cuánto va a ahorrar si los cigarrillos cuestan \$5.00 o \$7.00 por paquete.

Esto es lo que ahorra si el paquete de cigarrillos cuesta \$5.00:

Dinero que voy a ahorrar en	Si fumara:		
	1 paquete por día	2 paquetes por día	3 paquetes por día
1 día	\$5.00	\$10.00	\$15.00
1 semana	\$35.00	\$70.00	\$105.00
1 mes	\$150.00	\$300.00	\$450.00
1 año	\$1,825.00	\$3,650.00	\$5,475.00
5 años	\$9,125.00	\$18,250.00	\$27,375.00
10 años	\$18,250.00	\$36,500.00	\$54,750.00

Esto es lo que ahorra si el paquete de cigarrillos cuesta \$7.00:

Dinero que voy a ahorrar en	Si fumara:		
	1 paquete por día	2 paquetes por día	3 paquetes por día
1 día	\$7.00	\$14.00	\$21.00
1 semana	\$49.00	\$98.00	\$147.00
1 mes	\$210.00	\$420.00	\$630.00
1 año	\$2,555.00	\$5,110.00	\$7,665.00
5 años	\$12,775.00	\$25,550.00	\$38,325.00
10 años	\$25,550.00	\$51,100.00	\$76,650.00

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Abstinencia de nicotina

La abstinencia de nicotina ocurre cuando su organismo extraña la nicotina que obtenía con el cigarrillo. La abstinencia de nicotina suele desaparecer después de dos a cuatro semanas de dejar de fumar. El uso de un medicamento para dejar de fumar puede facilitar el proceso. Estas son algunas cosas que pueden ayudarle a sentir que tiene más dominio de la situación, incluso si también utiliza un medicamento.

Síntoma de abstinencia	Qué puede hacer
Fuerte impulso o ansias de fumar	<ul style="list-style-type: none"> • Utilice un sustituto (algo que reemplaza a un cigarrillo), como un escabadietes o una pajilla, o busque una distracción, como hacer un crucigrama. • Beba agua o haga respiraciones profundas. • La mayoría de los impulsos de fumar desaparecen en tres a cinco minutos. • Si utiliza goma de mascar o pastillas de nicotina, pruebe usarlas cuando tenga el impulso de fumar.
Somnolencia durante el día	<ul style="list-style-type: none"> • Es muy normal y suele desaparecer en un par de semanas. • Salga a caminar o haga algún tipo de actividad. • Duerma una siesta de 15 minutos.
Está inquieto, como si tuviera demasiada energía y no se puede quedar sentado tranquilo	<ul style="list-style-type: none"> • Salga a caminar o haga algún tipo de actividad. • Pruebe tomar menos café, té o gaseosas con cafeína. • Haga respiraciones profundas.
Dificultad para dormir	<ul style="list-style-type: none"> • El ejercicio puede ayudar a mejorar el sueño. • Pruebe consumir menos cafeína (café, té y algunas gaseosas) especialmente en las primeras horas de la tarde. • Respire profundamente antes de acostarse para relajarse. • Hable con su médico si sigue teniendo dificultad para dormir. • Si utiliza un medicamento para dejar de fumar, llame a su asesor Quit Coach o a su médico.
Tiene más hambre, antojos de dulces o come en exceso	<ul style="list-style-type: none"> • Después de dejar de fumar, es normal querer comer más. • Elija alimentos saludables que causen saciedad pero que tengan poca grasa y azúcar. • También puede utilizar sustitutos que no sean comida. • Vea más ideas en la página 23.

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No se limite a dejar de fumar, conviértase en no fumador

Síntoma de abstinencia	Qué puede hacer
Estreñimiento (dificultad para tener movimientos intestinales)	<ul style="list-style-type: none"> • Beba mucha agua. • Coma más frutas, verduras y cereales integrales. • Manténgase activo todos los días.
Tiene diarrea (muchos movimientos intestinales) o malestar estomacal	<ul style="list-style-type: none"> • Dejar de fumar puede cambiar la forma en la que digiere los alimentos durante un tiempo. Si utiliza el parche, la goma de mascar o las pastillas, el malestar estomacal puede indicar que se está administrando mucha nicotina o que no está usando los medicamentos correctamente. Comuníquese con su médico o enfermero. (Para obtener más información sobre los efectos secundarios de los medicamentos para dejar de fumar, vea la página 39).
Dificultad para pensar con claridad o hacer las cosas	<ul style="list-style-type: none"> • Es muy común en el primer mes después de dejar de fumar. Es un signo de abstinencia de nicotina. Tranquilícese. Pídales a los demás que le tengan paciencia. Pronto va a notar una mejoría.
Irritabilidad o irascibilidad	<ul style="list-style-type: none"> • Es muy normal inmediatamente después de dejar de fumar. El organismo y el cerebro ansían la nicotina cuando usted deja el tabaco. Los medicamentos para dejar de fumar como el parche, la goma de mascar, las pastillas, el bupropión de liberación prolongada o la vareniclina pueden ayudar en estos estados.
Dolor de cabeza leve	<ul style="list-style-type: none"> • Es común durante las primeras dos semanas después de dejar de fumar. Si persiste o interfiere en sus actividades diarias, llame a su asesor Quit Coach o a su médico.

“Mi esposo y yo estamos muy contentos con este programa. Estamos vivos y saludables y vamos a poder disfrutar de nuestros nietos. ¡Su programa realmente nos ayudó!”

— Margaret, 42 años

Lidiar con sentimientos fuertes

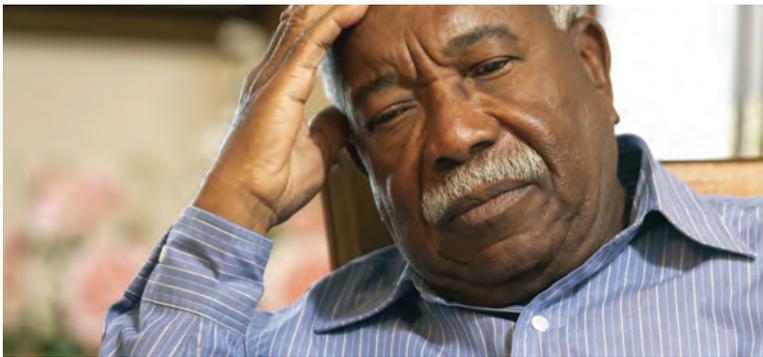
Si en el pasado intentó dejar de fumar, probablemente haya tenido algunos sentimientos negativos, como frustración, enojo, tristeza, pesar y temor. Tal vez le haya costado dormir, concentrarse en su trabajo o llevarse bien con otras personas debido a estos sentimientos, los cuales pueden convertirse en una gran complicación a la hora de seguir adelante con su plan para dejar de fumar.

Puede ser difícil lidiar con estos sentimientos negativos, pero no se preocupe, son una constante en las personas que dejan el tabaco. Los sentimientos negativos van y vienen a lo largo del día. Si sabe cómo, puede enfrentarlos en el momento y transformarlos en algo más positivo.

¿Por qué tenemos estos sentimientos tan fuertes después de dejar el tabaco?

La nicotina se va del organismo en dos o tres días. Pero los sentimientos negativos mencionados pueden durar varias semanas o meses. Es posible que esté tomando café, tratando de cumplir con una fecha límite en el trabajo o simplemente mirando televisión cuando de repente siente algo fuerte que no tiene nada que ver con el consumo de tabaco. ¿Por qué pasa esto?

La respuesta depende de cómo usted utilizó el tabaco. ¿Lo usaba para aliviar el estrés y calmarse cuando estaba enfadado, frustrado o ansioso? Si es así, es posible que su mente y su cuerpo estén buscando otra forma de manejar esos sentimientos. Piense qué puede hacer en lugar de fumar. Asegúrese de que sea algo divertido, interesante y gratificante.



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La historia de Frank:

Frank utilizó este programa y encontró una fantástica solución. Cuando Frank dejó de fumar, estar a su lado no era sencillo. Estaba decaído todo el tiempo y se enojaba por tonterías. Nos dijo que realmente tenía ganas de fumar en esos momentos, por eso un día decidió hacer algo distinto.

Cuando se empezaba a poner de mal humor, iba al gimnasio y jugaba al rúquetbol con todas sus fuerzas. ¡No podía creer lo rápido que se iban su enojo y sus ganas de fumar! Así fue que tomó la costumbre de llevar la raqueta en la mochila y jugar todos los días. ¿Se le ocurre algo parecido que podría funcionar para usted?

Mis ideas:

No ignore sus sentimientos negativos: ¡le están diciendo algo! Al igual que Frank, usted también puede transformar sus sentimientos negativos en algo divertido y gratificante, y nunca más volver a fumar.

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Modelo E.E.E. para no volver a fumar

El modelo E.E.E. es un medio comprobado para eludir ese primer cigarrillo después de dejar de fumar (este modelo se denomina A.C.E. en inglés por "Avoid, Cope y Escape"): **evite** a las personas y los lugares que pueden despertar sus ganas de fumar. Si no puede evitarlos, **enfrente** la situación con las habilidades que adquirió. Si las habilidades para hacer frente a los desafíos no funcionan, **escape**. Váyase antes de agarrar un cigarrillo.

Ahora su trabajo es no volver a fumar nunca más. Estas son algunas formas de no salirse del camino:

- **No fume, ni siquiera una sola calada.**
No se diga a sí mismo: "No pasa nada si solo fumo un cigarrillo". No es cierto. Si fuma un cigarrillo, o tan solo da una calada, es muy fácil volver a fumar. Todos los que vuelven a fumar empiezan con "solo una calada".
- **No volver a fumar debe ser su objetivo número 1.**
Se esforzó mucho para llegar hasta aquí. ¡Que este sea su objetivo y nunca más tendrá que volver a pasar por esto!
- **Siga utilizando los medicamentos para dejar de fumar.**
Úselos todos los días durante al menos ocho semanas. Llame a su asesor Quit Coach o a su médico si tiene preguntas o inquietudes.
- **Pida ayuda y apoyo.**
Llame a sus aliados o a su asesor Quit Coach para pedirles ayuda si está estresado, enojado o simplemente está decaído, en especial las primeras semanas después de dejar de fumar.
- **Manténgase alejado de las personas que fuman.**
Asegúrese de que los demás sepan que usted dejó de fumar y pídale que no le ofrezcan ningún cigarrillo. Emplee sus habilidades para hacer frente a los impulsos de fumar. Manténgase alejado de los lugares donde la gente fuma.
- **Siga utilizando sus habilidades para hacer frente a los desafíos.**
Es más probable que pueda seguir sin fumar si utiliza las habilidades que le resultan más útiles.
- **Limite el consumo de alcohol.**
Muchas personas vuelven a fumar cuando toman un trago. Trate de tomar la menor cantidad de alcohol posible durante el primer mes aproximadamente. Primero, no vaya a bares y cantinas donde se fuma. Si no puede evitar beber, sepa que los impulsos de fumar pueden ser más fuertes. Utilice las habilidades para hacer frente a los desafíos y el modelo E.E.E.
- **Evite las situaciones de alto riesgo.**
Nos referimos a los lugares o las personas que pueden despertar sus ganas de fumar. Manténgase alejado si puede.
- **Aprenda de la experiencia.**
¿Intentó dejar de fumar anteriormente? Analice por qué volvió a fumar. Planifique qué va a hacer si eso vuelve a suceder.

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No se limite a dejar de fumar, conviértase en no fumador

Pensamientos riesgosos

Estas son cuatro clases de pensamientos riesgosos que suelen llevar a volver a fumar. Si se da cuenta de que tiene pensamientos riesgosos, trate de reemplazarlos por pensamientos más útiles.

Pensamiento riesgoso

Recuerdo los viejos buenos tiempos cuando fumaba y me sentía tan bien.

Pensamiento útil

Ahora que me libré del tabaco, me siento tan sano. ¡Estoy tan feliz de haber dejado de fumar!

Pensamiento riesgoso

Debería poder fumar un cigarrillo de vez en cuando.

Pensamiento útil

Sé que si fumo un cigarrillo, lo más probable es que fume otro. Es un camino sin retorno.

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¿Y si tengo un traspíe?

Un traspíe es cuando usted fuma un cigarrillo, un cigarro, la pipa o incluso una calada después de su fecha para dejar de fumar. Esto es lo que puede hacer si tiene un traspíe:

- **Piense en positivo.**
Dígame a sí mismo "Esto es un tropezón nada más. Voy a hacer las cosas diferentes la próxima vez".
- **Aprenda de lo que hizo mal.**
Identifique qué hizo que se equivocara y tuviera un traspíe, y lo que puede hacer la próxima vez que tenga ganas de fumar. Observe su lista de habilidades para hacer frente a los desafíos (páginas 25-27).
- **Si utiliza un medicamento para dejar de fumar, siga usándolo.**
Seguir usando los medicamentos para dejar de fumar cuando se tiene un traspíe le ayudará a retomar el camino para dejar de fumar para siempre.
- **Obtenga apoyo.**
Llame a su asesor Quit Coach y analice las distintas maneras de evitar tener más traspíes.
- **Si tiene un traspíe, no se rinda.**
Llame a su asesor Quit Coach para tener más ideas.

Prémiese

Algunas personas se premian a sí mismas por dejar de fumar. Este es el momento de empezar a pensar qué clase de recompensa le gustaría. Las recompensas pueden ser pequeñas, grandes, frecuentes o esporádicas. Estas son algunas ideas:

Pequeñas recompensas

- Salir a comer afuera
- Ir a una sesión de masajes
- Comprarse un par de zapatos nuevos
- Comprarse un nuevo CD de música

Grandes recompensas

- Vacaciones exóticas
- Comprarse una camioneta o un auto nuevo
- Remodelar la cocina o el baño
- Adquirir la membresía de un gimnasio

_____	_____
_____	_____
_____	_____
_____	_____

Pensamiento riesgoso

Tengo que hacer y resolver muchas cosas en este momento. Me vendría muy bien un cigarrillo.

Pensamiento útil

Si fumo un cigarrillo ahora, me voy a sentir peor más adelante. Me merezco llevar una vida saludable.

Pensamiento riesgoso

¡Preferiría tener que ocuparme de las consecuencias del cigarrillo que subir de peso!

Pensamiento útil

El cigarrillo le hace mal a todo mi organismo. Si me alimento saludablemente, ¡puedo reducir al mínimo el aumento de peso y estar más sano!

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Por qué podría aumentar de peso

Quizás le preocupe subir de peso. Y es cierto que es posible que engorde cuando deja de fumar. La mayoría de la gente sube unas 10 libras. Otros no suben ni un gramo. Estos son algunos motivos por los que es posible que suba de peso cuando deje de fumar:

- **Quema menos calorías por día.**
Fumar un paquete por día quema unas 200 calorías. Después de dejar de fumar, es posible que queme menos calorías por día.
- **Tal vez ingiera más calorías que las que necesita su cuerpo.**
Algunas personas comen más después de dejar de fumar. Esto se debe a que comen cuando tienen ganas de fumar un cigarrillo o a que quieren hacer algo con las manos o la boca.
- **Es posible que no esté lo suficientemente activo.**
Tal vez debería estar más activo para no aumentar de peso. Hacer actividad física la mayoría de los días de la semana le ayudará a mantenerse en un peso saludable. Si decide comenzar un programa de ejercicio, primero hable con su médico y siga sus recomendaciones.



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Formas de controlar el peso

Lo más probable es que no aumente de peso si hace actividad física al menos 30 minutos por día, limita la cantidad de comida y consume alimentos saludables. Si le preocupa su aumento de peso, pruebe estas ideas:

¡Manténgase activo!

Camine 10 minutos, dos veces por día. ¡De esta manera puede evitar aumentar 10 libras al año! Suba por las escaleras en lugar de ir en el ascensor o estacione el auto más lejos, de manera de tener que caminar un poco más para llegar al trabajo, su casa o el supermercado.

Muévase todo lo que pueda. Por poco que parezca, todo suma

- Hacer tareas domésticas livianas
- Caminar a ritmo tranquilo
- Jugar con sus hijos
- Hacer trabajos en su automóvil
- Hacer trabajos de jardinería
- Rastrillar las hojas

Consulte a su médico para ver qué clases de actividades puede hacer

Coma refrigerios saludables

Todos comemos cosas fuera de las comidas principales. Lo hacemos porque tenemos hambre, por aburrimiento o porque estamos ansiosos. Estas son algunas ideas de refrigerios saludables que puede consumir si realmente tiene hambre:

- Manzana o banana.
- 1 taza de arándanos o uvas.
- Una porción de almendras al natural.
- Rodajas de pepino bien frío.
- Palitos de zanahoria y apio bien fríos.

Mantenga el peso bajo control con los alimentos adecuados

El peso depende de los alimentos que comemos y cómo los cocinamos. Ponga en práctica estas ideas para no subir mucho de peso:

- Coma entre nueve y doce porciones de frutas y verduras por día
- Coma entre dos y tres porciones de lácteos bajos en grasa por día
- Coma una o dos porciones de pescado, carne de res magra, legumbres o tofu por día
- Coma más cereales integrales y menos alimentos procesados por día
- Reduzca la ingesta de grasa al 25 por ciento de las calorías diarias (o menos)

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Afecciones crónicas

Si tiene alguna de estas afecciones, es muy bueno que deje de fumar.

Si tiene asma y fuma:

- Usted es más propenso a tener un ataque de asma porque el cigarrillo puede disparar estos ataques.
- Es posible que los ataques de asma sean más intensos y es más probable que deba hospitalizarse por el asma.
- Los familiares y amigos con asma corren riesgo debido a la exposición al humo de segunda mano (cuando usted fuma y ellos no).

Al dejar de fumar:

- No hay humo en los pulmones y las vías respiratorias, uno de los factores desencadenantes más comunes de los ataques de asma.
- Puede controlar mejor los síntomas del asma y es posible que necesite menos medicamentos para el asma.
- Las vías respiratorias están más despejadas y es más fácil respirar.

Si tiene enfermedad pulmonar obstructiva crónica (EPOC) y fuma:

- Respirar es cada vez más y más difícil porque el humo del cigarrillo sigue dañando los pulmones.
- Corre más riesgo de tener infecciones pulmonares graves, como neumonía.
- La EPOC se seguirá agravando y es probable que necesite más oxígeno que le ayude a respirar.

Al dejar de fumar:

- Dejará de dañarse los pulmones y debería poder respirar mejor.
- Toserá menos y bajarán las probabilidades de tener infecciones pulmonares.
- Posiblemente no necesite oxígeno extra que le ayude a respirar y no tenga infecciones cutáneas.

Si tiene diabetes y fuma:

- Su riesgo de diabetes y accidente cerebrovascular es muy alto.
- Tiene más probabilidades de tener cáncer de pulmón, boca, garganta, esófago, vejiga, riñón, páncreas, entre otros.
- Corre el riesgo de tener problemas respiratorios y enfermedades pulmonares, como EPOC, asma y neumonía.
- También es posible que no actúen los medicamentos para el azúcar en sangre y las inyecciones de insulina.

Al dejar de fumar:

- Baja su riesgo de enfermedad cardíaca poco después de dejar de fumar y sigue disminuyendo siempre y cuando no vuelva a fumar.
- Corre menos riesgo de tener cáncer y otras complicaciones de la diabetes, como pérdida de la visión, enfermedad renal, daño nervioso e infecciones cutáneas.
- Podrá controlar mejor el azúcar en sangre con insulina y otros medicamentos.

Si tiene enfermedad cardíaca y fuma:

- Tiene el doble de riesgo de tener un ataque al corazón o un accidente cerebrovascular que las personas con enfermedad cardíaca que no fuman.
- El tabaquismo aumenta la presión arterial y la frecuencia cardíaca y causa daño en los vasos sanguíneos (obstrucción y endurecimiento).
- Si toma pastillas anticonceptivas, corre incluso más riesgo de ataques al corazón y accidentes cerebrovasculares.

Al dejar de fumar:

- La presión arterial y la frecuencia cardíaca disminuyen muy poco después de dejar de fumar, al igual que el riesgo de tener un ataque al corazón o accidente cerebrovascular.
- El daño en los vasos sanguíneos causado por el tabaco empieza a repararse espontáneamente.
- Si tiene un ataque al corazón, es menos probable que muera. Y si tuvo un ataque al corazón antes, es menos probable que tenga otro.

Deje de mascar

Si está leyendo esto, es probable que masque o “chupe” tabaco. Tal vez use rapé húmedo o tabaco para escupir, o ambos. Quizás haya intentado dejar el tabaco antes, pero le costó mucho. La información en esta sección le ayudará a dejar de usar estos tipos de tabaco para siempre. Le ofrecemos un plan paso a paso para dejar de fumar y liberarse completamente del tabaco para fumar y mascar. En esta sección de la guía, nos vamos a referir al rapé y al tabaco para escupir como tabaco de mascar.

¿Debería dejar de fumar y de utilizar tabaco de mascar al mismo tiempo?

Para ser simples, sí. Dejar ambas cosas a la vez le ayudará a dejar de fumar definitivamente y recibir todos los beneficios de salud que implica estar totalmente sin tabaco.

Peligros del tabaco de mascar

A diferencia del tabaco que se fuma, el tabaco de mascar no causa cáncer de pulmón o enfisema. Pero las buenas noticias se acaban aquí. Se sabe que el tabaco de mascar causa otros problemas de salud que pueden acortarle la vida y hacerla menos placentera. Entre ellos se incluyen cáncer de boca, caries dentaria y problemas en las encías que pueden conducir a la pérdida de dientes, y algunas investigaciones han demostrado que el tabaco de mascar también está vinculado a enfermedad cardíaca y presión arterial alta.

Adicción a la nicotina

El tabaco de mascar aporta mucha nicotina. En realidad, alguien que usa dos latas por semana de rapé húmedo consume aproximadamente la misma cantidad de nicotina que una persona que fuma 30 cigarrillos por día. La mayoría de los usuarios de tabaco de mascar consumen más nicotina por día que el fumador promedio. Esto puede hacer que sea difícil dejar el tabaco de mascar.

Las marcas más vendidas de tabaco de mascar tienen la mayor cantidad de nicotina. De hecho, los fabricantes de estos productos en realidad tratan el tabaco con sustancias químicas (amoníaco) para que el organismo absorba la nicotina con más rapidez. Además, entre el 50 y el 70 por ciento de la nicotina es lo que se llama “nicotina libre”, que se absorbe en la boca muy pero muy rápidamente. En consecuencia, la adicción a la nicotina es mayor.

Por lo tanto, si usted fuma y usa tabaco de mascar posiblemente sea MUY adicto a la nicotina. La información a continuación le ayudará a dejar de fumar para siempre.

Deje de mascar

Haga una lista de sus motivos para dejar el tabaco

Quienes mastican tabaco pueden tener muchos motivos para dejar este hábito. Tómese un minuto y piense por qué querría dejar de mascar tabaco. Una buena idea es colocar sus motivos en algún lugar en el que los vea a diario. Hacerlo le ayudará a mantener la motivación para dejar de mascar tabaco. Algunos ejemplos podrían ser los siguientes:

- Evitar problemas de salud.
- Demostrar que puedo hacerlo.
- Tengo llagas o aftas blancas en la boca.
- Complacer a alguien que me importa.
- Dar un buen ejemplo a mis hijos u otros niños.
- Ahorrar dinero.
- Me cansé del sabor.
- Tengo problemas en los dientes o las encías.
- Mi médico o dentista me dijeron que lo deje.
- La gente me mira extrañada cuando lo escupo.
- Está prohibido donde estudio o trabajo.
- No quiero que el tabaco me controle.
- Mi novia/novio (o alguien con quien me gustaría tener una relación) lo detesta.
- Mi esposo/esposa/pareja lo detesta.

Mis motivos:

Cree su plan para dejar el tabaco

Este es un plan paso a paso para dejar de usar tabaco de mascar.

Fije su fecha para dejarlo

¿Tiene una fecha para dejar de fumar? ¿Por qué no usar esa misma fecha para dejar de usar tabaco de mascar? Tómese un minuto y agregue una nota en su calendario para indicar que va a dejar el tabaco de mascar el mismo día que deje de fumar.

Aprenda a controlar el impulso de mascar antes de dejar este tabaco

Una buena idea es registrar cuándo y dónde masca o chupa tabaco, y lo que hace o siente en ese momento. Si lo hace, puede definir qué va a hacer en lugar de mascar tabaco. Tal vez le interese completar la hoja de trabajo de registro (página 8) durante un par de días. Luego, elija algunas estrategias para hacer frente a los desafíos a continuación y póngalas en práctica.

Utilice medicamentos para dejar el tabaco

La mayoría de la gente que fuma y masca tendrá más éxito a la hora de dejar el tabaco si utiliza medicamentos⁵. Puede elegir un medicamento que contiene nicotina o bien pastillas sin nicotina. A muchas personas que fuman y mascan les va mejor si utilizan dos medicamentos con nicotina, como el parche y la goma de mascar o el parche y las pastillas al mismo tiempo.⁶ Su asesor Quit Coach puede brindarle más información y responder sus preguntas.

Una vez que deje el tabaco, no vuelva a consumirlo nunca más

Una vez que deje el tabaco, puede evitar reincidir en el consumo si está atento a las situaciones difíciles, como el estrés o la cercanía a otros consumidores de tabaco de mascar. No se olvide del modelo E.E.E.:

- **Evite a otros consumidores de tabaco de mascar y situaciones en las que usted siempre masca.**
Si no los puede evitar, entonces...
- **Enfrente la situación con sustitutos orales y recuerde por qué quiere dejar el tabaco.**
Si enfrentar la situación no da resultado, entonces...
- **Escape de la situación y váyase.**
Proteja su salud, usted lo vale.

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Método de uso de sustituto a base de hierbas en tres semanas:

Si utiliza este método, puede reducir la nicotina que consume a la mitad (50 por ciento) o más. Si quiere reducir el consumo aún más, puede disponer de una o dos semanas más para afianzar esta disminución gradual. Los sustitutos a base de hierbas, como Mint Chew, BACC OFF, Golden Eagle Herbal Chew o Smoky Mountain Herbal Chew, se pueden comprar en muchas tiendas o por Internet. Cerciórese de que la marca del sustituto a base de hierbas que compre no contenga tabaco.

- **Semana 1:** Cuente cuántas latas o bolsas de tabaco de mascar consume en una semana. Anote.
- **Semana 2:** Vacíe la cantidad de tabaco que normalmente usa por día en un plato. Saque un cuarto del tabaco y mezcle el resto con un poco del sustituto a base de hierbas.

Nota importante: Es muy importante mezclar muy bien el tabaco y el sustituto a base de hierbas. Es más difícil mezclar bien el tabaco de "corte grueso" que el de "corte fino". Tal vez le convenga adquirir una marca de corte fino antes de empezar a reducir el consumo de tabaco. Si utiliza Skoal Long Cut, puede cambiar a Skoal Fine Cut. Así le será más fácil mezclar el tabaco con el sustituto a base de hierbas para que quede una mezcla homogénea.

- **Semana 3:** Repita lo que hizo en la semana 2, pero en su lugar saque la mitad del tabaco y reemplácelo con el sustituto a base de hierbas.
- **Semana 4:** Esta es la semana en la que va a dejar el tabaco de mascar.

Recuerde que su asesor Quit Coach está disponible los siete días de la semana para ayudarle a alcanzar su objetivo de llevar una vida sin tabaco. ¡Llame si necesita ayuda!

Ayuda a otra persona

Felicitaciones por haber dejado de fumar definitivamente. Hizo lo que muchas personas aún están intentando hacer: dejar su adicción mortal al cigarrillo. Ofrézcale su apoyo a alguien que usted sepa que está intentando dejar de fumar o que recién esté empezando a pensar en dejar de fumar. Ayudar a los demás es una excelente manera de no reincidir en el tabaquismo.

Siempre vamos a estar aquí para ayudarle a seguir llevando una vida sin tabaco. No dude en llamar a su asesor Quit Coach para recibir ayuda en cualquier momento.

¡Felicitaciones por haber dejado de fumar definitivamente!

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Deje de mascar

Registre su uso de tabaco de mascar

En la página 8 encontrará una hoja de trabajo Registre lo que fuma. Puede utilizarla para registrar su uso de tabaco de mascar al mismo tiempo que registra lo que fuma. Para muchos fumadores y consumidores de tabaco de mascar este ejercicio es útil para ver los patrones de consumo de tabaco que se fuma y masca que antes no habían advertido.

- Evite estar cerca de otros consumidores de tabaco de mascar siempre que le sea posible.
- Utilice un sustituto a base de hierbas cuando tenga ganas de mascar o chupar tabaco.
- Emplee otros sustitutos orales como caramelos duros, chicle o semillas de girasol.
- No deje de tener presente por qué quiere dejar de fumar y mascar tabaco. Pruebe colocar notas recordatorias.
- Reorganice su rutina para evitar los lugares y las actividades que despiertan sus ganas de mascar o chupar tabaco.

Mis ideas:

¿Debería disminuirlo gradualmente?

Si consume más de dos latas por semana, tal vez quiera ir disminuyendo su ingesta de nicotina gradualmente antes de dejar el tabaco de mascar para siempre. Hay dos maneras de hacerlo. Una es reducir la cantidad que utiliza en el transcurso de dos o tres semanas, para lo cual lo recomendable es mascar o chupar menos tabaco e ir espaciando el consumo progresivamente. La otra consiste en utilizar un sustituto a base de hierbas que pueda mezclar con el tabaco de mascar antes de dejarlo.

Método de disminución gradual en tres semanas:

Si utiliza este método, reducirá la nicotina que consume en al menos la mitad (50 por ciento). Si quiere disminuir el consumo aún más, puede disponer de una o dos semanas más para afianzar esta reducción gradual.

- **Semana 1:** Cuente cuántas latas o bolsas de tabaco de mascar consume en una semana. Anote.
- **Semana 2:** Reduzca en un cuarto la cantidad de tabaco de mascar que utiliza. Por ejemplo: Si se da cuenta de que en la semana 1 normalmente utiliza una lata o una bolsa por día, baje la cantidad a tres cuartos de la lata o bolsa en la semana 2.
- **Semana 3:** Esta es la semana anterior a dejar el tabaco de mascar. Consuma la mitad de la cantidad que usó en la semana 1.
- **Semana 4:** Esta es la semana en la que va a dejar el tabaco de mascar.

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Citas

1 El protocolo de tramos sin tabaco se extrajo de 2008 Clinical Practice Guideline Update: Treating Tobacco Use and Dependence, donde se esboza el modelo STAR. La "A" remite a "anticipar los desafíos... ofrecer asesoramiento práctico que incluye entrenamiento en destrezas y resolución de problemas; identificación y práctica de habilidades para hacer frente a los desafíos o resolver problemas". (tabla 6.19, pág. 98)

2 American Lung Association, lung.org/associations/states/colorado/tobacco/

3 Informe de Surgeon General, Centros para el Control y la Prevención de Enfermedades (CDC, por sus siglas en inglés), cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/tobacco_related_mortality/

4 American Lung Association cdc, cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting/index.htm#benefits

5 US Clinical Practice Guideline 2008 Update: Treating Tobacco Use and Dependence. Strength of Evidence A (pág. 106)

6 Addiction. Enero de 2004;99(1):29-38. Shape of the relapse curve and long-term abstinence among untreated smokers. Hughes JR

7 Nicotine Tob Res. Diciembre de 2006;8 Suppl 1:S21-5. Integrated online services for smokers and drinkers? Use of the check your drinking assessment screener by participants of the Stop Smoking Center. Cunningham JA

8 Clinical Practice Guideline *Treating tobacco use and dependence. 2008.*



Ally Guide:

A guide to help you help them quit

Someone you care about has just asked you to help them quit smoking. Your support is important and could play a big part in helping them to quit smoking successfully.

This guide is for you. It explains how you can help your friend or family member make a change that will last a lifetime.

Quitting smoking is hard work. But it is the job of the person quitting to do that work, not you. As their ally, it is your job to be understanding, supportive, and caring.

Your friend or family member is in good hands. This program has helped hundreds of thousands of people quit smoking for more than 25 years. But we need your help to be there when we can't.

Thanks for being part of the team!

Dear _____

I am giving you this guide because I want you to be my "ally" (to give me support) while I quit smoking. Quitting will be much easier if I have your help.

Support from people like you is an important part of my quitting plan.

When I have set a quit date, I will let you know. I will also tell you when I want other people to know my quit date.

For now, please read this guide. It will help you to help me quit.

Thanks, _____

How You Can Help

For most people, quitting smoking does not happen overnight. There are many steps that a person will take to get ready to quit. The type of support you give may change with each step. Your friend or family member will tell you what kind of help is needed and when it's needed. Try to be there for them when they need you. Be ready to listen and let them tell you what they need.

Remember, it is the person quitting who makes the rules. Try not to offer advice or tell them what you think is the problem. Don't nag them. **Just ask how you can help.**

Ways You Can Help

You can help take their mind off smoking by keeping them busy. Suggest things you can do together. Take a walk, do chores, go to a movie, go shopping, or have dinner in a smoke-free restaurant.

Ask them to think about things that have helped them keep from smoking in the past. Make a list of those things and try to do them often.

In the first two weeks after quitting, help them with things that may cause stress. You might want to run some errands for them, take care of their kids or help them out at work.

Most people smoke because they are addicted to nicotine and cigarettes are part of their daily routine. Nicotine in tobacco smoke is very addictive, while certain feelings and activities trigger urges to smoke. When people quit smoking, they are learning to live without something that their body wants badly and that they are used to having as part of their daily life. Maybe you were once a smoker and remember how hard it was to quit.

Try to be patient. Be ready for your friend or family member to be grumpy or nervous. Don't take their bad mood personally—it is a normal part of quitting and will soon get better. If you are not sure how to help, just ask.

Triangle of Addiction



People who smoke are addicted physically, behaviorally, and emotionally. That's why it can be so hard to quit smoking.

Tell your friend or family member that you are proud of them for trying. Tell them you will support them no matter how long it takes.

5

Slips and Relapses

Many people trying to quit may slip or relapse.

A **slip** is when a person has one or two cigarettes after they quit. A **relapse** is when a person begins to smoke again as they did before they quit.

A slip or relapse usually happens because the person quitting was not ready to deal with a certain situation. It does not mean that the person is weak. A slip or relapse usually teaches a person about how they can do things differently next time they are in a similar situation. Your friend or family member is in a program that will help them see what went wrong and get back on track. You can help too:

- Be positive about slips. Slips can be part of the quitting process and help for next time.
- Tell them that you won't judge them or scold them if they slip.

Stay Quit For Life

The first two weeks after quitting smoking can be the hardest. Give your friend or family member lots of praise if they have stayed quit for this long. But the hard work is not over. Living without tobacco is still very new to the person who has quit. The program they have joined will teach them many new skills for staying away from tobacco for life. Your support over the next weeks and months will help too. It might even be the one thing that keeps them on track.

Quitting smoking is a big deal. Tell your friend or family member how proud you are of them!

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You and Tobacco

If you are an ex-smoker:

- Do let the person quitting know how your life has improved since you quit smoking. Your real-life experiences can help them feel inspired and motivated. Just knowing that you quit yourself will mean a lot to them.
- Don't try to push them to quit the same way you quit. Everyone is different, so what was easy for you may not be easy for them. And what was hard for you may not be hard for them.

If you have never smoked:

- Do think of some other big changes you have made in your life like losing weight or facing a big fear. That will help you to know how hard it is to quit smoking.
- Don't try to give advice or nag the person quitting to do things differently. Just listen and ask how you can help.

If you are a current smoker:

- Do smoke only in places that the person quitting can avoid. Try to smoke outside of the house, car, restaurant, or workplace. Keep your cigarettes and lighter out of sight.
- Don't offer them a cigarette, even if you are only joking! Ask your friend or family member what to do if they ask you for a cigarette.

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Su recorrido a través del embarazo

¡Felicitaciones! Usted está embarazada. Es muy importante cuidarse y cuidar a su bebé en desarrollo. Este libro le ayudará a hacerlo. No reemplaza a su médico. Pero le ayudará a comprender lo que le ocurre a su cuerpo. Y la guiará desde el comienzo del embarazo hasta las primeras seis semanas de la vida de su bebé. *¡Disfrute del recorrido!*



Su recorrido a través del embarazo



Tabaquismo y embarazo

Su feto necesita oxígeno al igual que usted. Cuando usted respira, le proporciona al bebé en desarrollo el oxígeno que necesita para vivir y crecer. Cuando fuma, el bebé no recibirá oxígeno suficiente y no se desarrollará de la misma manera. Además, tanto usted como su bebé ingerirán los químicos nocivos del tabaco. Fumar aumenta el riesgo de aborto espontáneo y trabajo de parto prematuro. También aumenta el riesgo de bajo peso al nacer y síndrome de muerte súbita del lactante (SMSL). Por eso, si fuma: *¡deje de hacerlo!* Pida ayuda a su médico y busque programas para dejar de fumar en Internet.

El humo de tabaco ambiental—el humo de los cigarrillos de los demás—también puede dañarla a usted y a su bebé. Así que no permita que fumen en su casa y evite los lugares que sí lo permiten.

Abandonar el hábito

El cigarrillo está relacionado con casi todas las afecciones médicas de este libro. Fumar es especialmente peligroso si está embarazada. Si fuma, intente dejarlo lo antes posible. Es mejor si es una no fumadora. Pero dejar en cualquier momento del embarazo la beneficiará a usted y a su bebé. Aumentará el flujo de oxígeno hacia su bebé en desarrollo.



Y reducirá los riesgos de salud para ambos. Según la American Heart Association (AHA), ocho horas después de dejar de fumar, el monóxido de carbono (gas venenoso del humo del cigarrillo) que se encuentra en la sangre desciende a un valor normal. Entre las dos semanas y los tres meses después de dejar, la circulación mejora y la función pulmonar aumenta hasta un 30 por ciento. Un año después de dejar de fumar,

el riesgo de sufrir una enfermedad cardíaca se reduce a la mitad del de un fumador.

Terapia de reemplazo de nicotina (TRN) La TRN ayuda a los fumadores a dejar el cigarrillo de a poco. Lo hace al darles la nicotina pero no otros químicos venenosos que se encuentran en los cigarrillos. La nicotina es la principal causa por la cual las personas tienen tanta dificultad para dejar de fumar. La TRN les proporciona a los fumadores nicotina en una goma de mascar, un spray nasal o un parche (que se coloca sobre la piel) para disminuir la cantidad de cigarrillos. La TRN se debe utilizar junto con programas para dejar de fumar con el fin de aumentar el éxito. *No use productos de reemplazo de la nicotina sin antes consultar con su médico. Algunos pueden no ser seguros durante el embarazo.*



Clases para dejar de fumar Estas clases pueden ser muy útiles. La clave está en encontrar la mejor para usted. Las más efectivas duran al menos dos semanas, ofrecen como mínimo entre cuatro y siete sesiones (cada una de alrededor de 20 minutos) y las dicta alguien certificado. Si necesita ayuda para encontrar una clase, comuníquese con la American Cancer Society (ACS), la American Lung Association (ALA) o con su departamento de salud local. Ellos ofrecen clases en la mayoría de las comunidades. Si no tienen ninguna disponible, ellos pueden decirle quién sí. También puede preguntarle a su proveedor de seguro de salud si ofrece programas para dejar de fumar o cubre el costo de otros programas para dejar de fumar. (Consulte **Más ayuda**, página 65.)

Fumadores Anónimos Fumadores Anónimos es un grupo como Alcohólicos Anónimos. Solo que es para fumadores que intentan dejar el cigarrillo. Es un programa de 12 pasos que tiene reuniones locales a las que puede asistir. Para encontrar un programa de Fumadores Anónimos en su área, visite el sitio Web nicotine-anonymous.org.



Reglas de juego para dejar de fumar

No es fácil dejar de fumar. El primer paso es decidir hacerlo. El segundo paso es elegir un día para dejar; y marcarlo en un calendario. Para prepararse para su gran día, haga una lista de todos los motivos por los cuales quiere dejar de fumar. Cuénteles a sus amigos y familiares su plan. Inscríbese en una clase para dejar de fumar *ahora*. Y compre goma de mascar sin azúcar, palitos de zanahoria y refrigerios para llevarse a la boca en vez de cigarrillos. Pídale a su médico, amigos y familiares que la apoyen y la ayuden.

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Cuenta regresiva hasta el momento de dejar de fumar

5 días antes de dejar de fumar

- Deje de comprar paquetes de cigarrillos.
- Pida un turno con el dentista para hacerse una limpieza el día anterior a dejar de fumar.



4 días antes de dejar de fumar

- Piense por qué fuma. Realice actividades alternativas. Por ejemplo, si lo hace para relajarse, piense formas nuevas y saludables de hacerlo. Algunas buenas opciones: leer, hacer ejercicio, escuchar música y mirar una película.
- Piense en cosas que puede sostener (como una bandita elástica o un lápiz) cuando extraña sostener un cigarrillo.

3 días antes de dejar de fumar

- Haga una lista de lo que puede hacer con el dinero que ahorrará en cigarrillos.
- Compre una alcancía transparente para que pueda ver su dinero acumularse.
- Haga una lista de amigos, familiares y/o grupo de apoyo para llamar en caso de que necesite ayuda para mantener el rumbo.

2 días antes de dejar de fumar

- Limpie la casa y lave su ropa para deshacerse del olor a cigarrillo.

1 día antes de dejar de fumar

- Piense en un premio para darse después de dejar de fumar.
- Hágase una limpieza dental.
- Tire todos los cigarrillos y fósforos. Deshágase de los ceniceros y los encendedores.

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Día de abandono y días posteriores

- ¿Tiene ganas de fumar? En su lugar, coma refrigerios saludables como zanahoria, yogur o queso parcialmente descremado y/o mastique goma de mascar sin azúcar.
- Llame a un amigo o familiar para charlar.
- Manténgase ocupada todo el día.
- Piense en cosas positivas.
- Descanse bastante.
- Lávese los dientes con frecuencia.
- Juegue con un lápiz o una bandita elástica si extraña tener un cigarrillo en la mano.
- Póngase un escarbadiantes o una pajilla en la boca. O mastique zanahoria u otro refrigerio saludable si desea tener algo en la boca.
- Ponga algunos dólares en su alcancía transparente todos los días.
- Beba abundante agua.
- Limite la cantidad de café y bebidas alcohólicas.
- Respire hondo, tome un baño tibio, lea, salga a caminar y haga otras cosas para relajarse.
- No vaya a lugares que le hagan pensar en fumar.



Más ayuda

Para obtener más información sobre cómo dejar de fumar, comuníquese con los siguientes grupos:

American Heart Association: heart.org
 American Cancer Society: cancer.org
 American Lung Association: lung.org
 Center for Disease Control and Prevention (CDC): cdc.gov

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Dejar el consumo de tabaco sin humo



Beneficios de dejar de consumir tabaco

- Elimine los riesgos de salud relacionados
- Deje de producir daño a dientes y encías
- Ahorre dinero (al no gastar en tabaco)
- Tenga un mejor aliento



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Esto es lo que aprenderá:

- Por qué el tabaco sin humo es malo para su salud
- Cómo planificar y llevar adelante una estrategia para dejar de consumir tabaco
- Medicamentos que pueden ayudarle a dejar de consumir tabaco
- Maneras en que el apoyo puede ayudar y dónde obtenerlo

Bienvenido al programa

Ya está a bordo

¡Felicitaciones! Ha dado el primer paso en su recorrido para dejar de consumir tabaco sin humo y mejorar su salud.

Consejos para dejar de consumir tabaco

Esta guía ofrece herramientas que le ayudarán a dejar de consumir tabaco *para siempre*. La información incluida se basa en evidencia científica recabada durante más de tres décadas de ayudar a las personas a dejar de masticar y a *mantenerse* libres de tabaco.

Pasos para dejar de consumir tabaco

Hay cinco pasos clave para abandonar el hábito:

- Haga un plan.
- Fije una fecha para dejar de consumir tabaco.
- Pida ayuda.
- Controle sus impulsos de consumir tabaco.
- Frene los síntomas de abstinencia de nicotina.

Cree un plan

Siga los pasos en esta guía para crear su propio plan para *dejar de consumir tabaco*. Es posible que en el pasado haya descubierto otras estrategias que le ayudaron a dejar de consumir tabaco, aunque solo por poco tiempo. Use esas ideas y estas recomendaciones para que este sea su *último intento*.



1

¿Qué es el tabaco sin humo?

El tabaco sin humo es tabaco que no se quema. No se fuma. En cambio, por lo general se mastica y se escupe el jugo marrón que produce (creado por la mezcla de tabaco y saliva) cada pocos segundos.

Por lo tanto, parece ser una alternativa segura a fumar tabaco. ¿Correcto? ¡Incorrecto!

¿Peligroso para la salud? Todas las formas de tabaco, incluso masticado o fumado, contienen ingredientes dañinos que pueden causar cáncer y otros problemas de salud graves, advierten los Centros para el Control y la Prevención de Enfermedades (CDC).

El tabaco sin humo también se denomina *tabaco para escupir*, *tabaco de mascar*, *chew*, *chaw*, *dip* y *plug*. Existen dos tipos: *rapé* y *tabaco de mascar*.

- El rapé es un tabaco de grano fino. Los usuarios "aprietan" o "hunden" el tabaco entre el labio inferior y la encía.

- El tabaco de mascar viene en forma de hojas de tabaco trituradas, retorcidas o "compactadas". Los usuarios lo colocan entre la mejilla y la encía.

Los usuarios por lo general dejan que el tabaco se asiente en la boca y escupen con frecuencia para eliminar la saliva que se acumula. Esto permite que la nicotina y otros ingredientes incluidos ingresen en el torrente sanguíneo a través de los tejidos de la boca.



3



Riesgos para la salud

Mascar tabaco puede provocar llagas dolorosas en la boca y mal aliento, y además puede teñir los dientes con un color marrón amarillento. También puede causar:

- Resquebrajamiento y sangrado de labios y encías
- Enfermedad de las encías y pérdida de dientes
- Aumento de la frecuencia cardíaca y la presión arterial

Cáncer El tabaco sin humo también aumenta el riesgo de cáncer de la boca (también llamado *oral*), según los CDC. Puede afectar los labios, la lengua, las paredes superiores y las paredes inferiores, las mejillas y las encías. Algunos de los agentes causantes de cáncer también pueden llegar hasta el recubrimiento del estómago, el esófago y la vejiga, advierten los CDC.

4

2

¿Qué hay en el tabaco sin humo?

El tabaco sin humo contiene muchas sustancias químicas peligrosas, entre ellas más de 30 *carcinógenos* o agentes causantes de cáncer, según la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA). También contiene saborizantes y azúcar que aumentan el riesgo de enfermedad de las encías, caries dentarias y pérdida de dientes, expresa la FDA.

Nicotina

Todos los tipos de tabaco sin humo, al igual que el otro tabaco, también contienen nicotina. La nicotina es altamente adictiva y hace que sea más complicado dejar de consumir tabaco. Algunos tipos de tabaco sin humo son tratados con sustancias químicas que hacen a la nicotina incluso más adictiva. Esto se denomina "nicotina libre". Cuanto más rápido viaja la nicotina desde los tejidos de la boca hacia el cerebro, más adictiva será y más difícil resultará abandonar el hábito.

Grandes dosis de nicotina aumentan la presión sanguínea y la frecuencia cardíaca, que son factores de riesgo para ataques cardíacos, accidentes cerebrovasculares y otras enfermedades cardiovasculares, según los CDC.



5

3

Crear un plan para dejar de consumir tabaco

Haga una lista de sus razones para dejar de consumir tabaco

Tal vez esté motivado por los riesgos para la salud. O por el dinero que ahorra al abandonar el hábito. O bien a causa del disgusto que las personas que no mastican demuestran cuando le ven masticar y escupir, sienten su mal aliento o ven sus dientes manchados con tabaco. Posiblemente sea por *todas estas razones*.

Marque las razones a continuación que justifican su decisión de dejar de consumir tabaco:

- Deseo mejorar mi salud y prevenir el cáncer de boca y de otro tipo, las enfermedades cardíacas y la presión arterial alta relacionados con masticar nicotina.
- Quiero ahorrar dinero. (*¡Imagine lo que podría hacer con ese ahorro!*)
- Quiero evitar el consecuente mal aliento, la enfermedad de las encías y la pérdida de dientes y las caries.
- Quiero ser un mejor ejemplo para mis hijos.
- Quiero evitar el disgusto (y el rechazo) de otros.
- Me quiero sentir mejor conmigo mismo.
- Quiero liberarme de la adicción a la nicotina.
- Otras razones: _____

6

Valores fundamentales

Es posible que haya comenzado a masticar tabaco a una edad temprana sin prestar atención a las posibles consecuencias. Con el tiempo, probablemente haya aprendido o cambiado sus puntos de vista con respecto a lo que es *realmente* importante o un *valor fundamental* para usted. Los valores fundamentales incluyen cosas como la familia, la fe, la buena salud y la seguridad financiera. Use el cuadro a continuación para identificar sus valores fundamentales *actuales* y si el tabaco sin humo tiene algo que ver con ellos. (*Hay un ejemplo en la primera fila que le puede orientar.*)

Valor fundamental: Lo que es importante para mí	Por qué esto es importante para mí	Cómo el uso del tabaco sin humo se interpone en lo que es importante para mí
Ejemplo: Familia	Me gusta dedicarle tiempo a mis hijos y quiero ser un buen padre.	Mis hijos dicen que tengo muy mal aliento y no quieren estar cerca de mí y hacer cosas conmigo.

7

Fije una fecha para dejar de consumir tabaco

La fecha para *dejar de consumir tabaco* es el día en que planifica dejar de usar tabaco sin humo. A esta fecha la elige usted. Pero los estudios muestran que establecer una fecha para dejar de consumir tabaco dentro de las dos semanas posteriores a tomar la decisión de dejar de consumir aumenta ampliamente las probabilidades de éxito. Marque con un círculo la fecha seleccionada en un calendario. Coloque recordatorios de su fecha para dejar de consumir tabaco en lugares en donde los vea todos los días. Esto le ayudará a mantener el rumbo. Cuénteles a sus amigos, familiares y compañeros de trabajo su plan. Pídale ayuda.



8

4

Controlar el impulso de consumir tabaco

Es común *desear masticar tabaco después de dejar de consumir*

Algunos motivos son:

- La nicotina que contiene el tabaco es *altamente adictiva*. (Consulte *Medicamentos que ayudan a dejar de consumir tabaco* en la página 15 para ver recomendaciones sobre maneras de frenar los síntomas de abstinencia de nicotina).
- Es posible que esté acostumbrado a masticar durante ciertas actividades y horas del día.
- Estar cerca de otros fumadores o consumidores de tabaco sin humo puede despertar la tentación.

La buena noticia es que hay muchas maneras de controlar los impulsos. Es posible que le lleve días, semanas o incluso meses. Pero *definitivamente* los superará, y se adaptará a vivir *sin consumir tabaco*.

Aparte su mente del impulso de masticar tabaco

Para prevenir o resistir la tentación:

- **Haga ejercicio o camine.** *Haga ejercicio o camine. Obtenga la aprobación de su médico antes de comenzar un nuevo plan de acondicionamiento físico.*
- **Cambie su rutina diaria**, especialmente en los momentos en los que por lo general masticaba tabaco.
- **Evite estar cerca de fumadores o personas que mastican tabaco.** Dígalos a sus amigos fumadores o consumidores de tabaco sin humo que los está evitando.

• **Otras ideas:** _____



9

Elija sustitutos más saludables

Es posible que extrañe tener algo en la boca después de abandonar el hábito de consumir tabaco. Use productos sin tabaco como sustituto. Algunas sugerencias:



- **Coloque caramelos duros sin azúcar** o goma de mascar en el lugar de la boca donde solía colocar el tabaco. Algunas personas afirman que consumir semillas de girasol (moderadamente) es un buen sustituto.
- **Use una mezcla de hierbas sin tabaco de reemplazo.** Se puede comprar en línea y en muchas tiendas de autoservicio. No hay evidencia científica concluyente que indique que esto ayude. Pero muchos de nuestros exconsumidores dicen que los ayudó. *Confirme que el sustituto de hierbas que use no contenga tabaco.* (Consulte la *Guía para dejar de consumir tabaco sin humo de la Sociedad Estadounidense del Cáncer*).

- **Mastique un escarbadienies o una pajilla corta.**

• **Otras ideas:** _____



Derrote los pensamientos riesgosos

Después de dejar de consumir, es posible que tenga pensamientos que hagan que resulte más complicado permanecer libre de tabaco. Esos "pensamientos derrotistas" son comunes y pueden causar una reincidencia. Los siguientes son algunos ejemplos de cómo transformar los pensamientos negativos en pensamientos positivos o útiles.

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Pensamiento negativo	Pensamiento positivo
"Está bien, quiero masticar tabaco ahora mismo. ¡Me lo merezco!"	Sí, realmente quiero masticar. Pero no me ayudará a sentirme mejor o a abandonar el hábito. Sé que el impulso pasará si hago algo para alejar mi mente del deseo de consumir. Además, me prometí a mí mismo que dejaría de consumir."
"No puedo imaginar no meterme una pizca de tabaco en la boca nunca más. Así que solo será una hora."	"No es necesario que deje de consumir para siempre. Solo debo parar por hoy, ¡y puedo hacerlo! Debo pedir ayuda a mi equipo de apoyo."

Otras ideas para convertir pensamientos negativos en pensamientos positivos:

Practique técnicas de relajación y para enfrentar desafíos

Dejar de consumir tabaco puede resultar estresante. Los ejercicios de relajación como los siguientes pueden ayudar a aliviar la ansiedad.

Respiración profunda:

- Vaya a un lugar donde pueda sentarse y relajarse.
- Desconecte todos los dispositivos electrónicos (computadora, teléfono móvil, televisor).
- Respire profundamente por la nariz e infle el estómago.
- Contenga la respiración durante cinco segundos.
- Exhale lentamente por la boca. Espere cinco segundos.
- Diga en voz alta la palabra "relajación". Repita este ejercicio durante 5 minutos.

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Relajación muscular progresiva*:

- Siéntese en un lugar cómodo en el que no haya distracciones. (Tal vez desee recostarse en el piso). Qúitese los zapatos.
- Respire normalmente. Perciba cómo se siente el cuerpo de pies a cabeza.
- Contraiga los dedos de los pies fuertemente como si tratara de apretar una pelota pequeña entre los dedos y la parte inferior del pie.
- Sostenga esta contracción durante 10 segundos. Afloje y extienda los dedos.
- Repita este ejercicio con las pantorrillas, las manos, los brazos, la parte superior de la espalda y la cara.
- Respire profundo durante algunos segundos. Perciba cómo se sienten ahora todas las partes del cuerpo.

* No intente esta práctica mientras conduce, cuida niños, opera equipos pesados o hace otras actividades que requieran su atención completa.

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Asegúrese de que no haya tabaco en su espacio

Deshágase de todos los productos de tabaco o cosas que le recuerden su consumo. Es clave desechar todos los productos de tabaco (y las cosas que le recuerdan el consumo) cuando decida abandonar el hábito. Mantenerlos a la vista puede hacer que resulte más difícil abandonar el hábito y permanecer libre de tabaco. La noche antes de dejar de consumir, haga correr agua sobre todo el tabaco que le haya quedado y deséchelo.

Evite estar cerca de fumadores y otras personas que mastican tabaco

Pídales a sus amigos que no fumen ni mastiquen tabaco a su alrededor. Puede resultar más difícil dejar de consumir si uno se encuentra cerca de otras personas que mastican o fuman tabaco, especialmente en los primeros días o semanas después de abandonar el hábito. ¿No puede evitar completamente estar cerca de ellos? *Simplemente diga "no"*. O piense en otras respuestas si le ofrecen mezcla para masticar. Tenga a mano sustitutos (caramelos, pastillas de menta, semillas de girasol) para ponerse en la boca en lugar de tabaco.

Pida ayuda

Informe a sus familiares, amigos y compañeros de trabajo que está pensando en dejar de consumir tabaco. Así, dejar de consumir puede ser más fácil y usted puede aumentar sus posibilidades de éxito. A medida que se prepara para dejar el hábito, considere en quién puede (o en quién desea) apoyarse más. Podría ser alguien a quien ve a diario o con quien puede comunicarse en momentos de crisis.



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Una buena idea para comenzar es elegir a alguien que ya haya dejado de consumir tabaco y sepa de qué se trata. ¿No está seguro? Elija a alguien que usted sabe que estará presente en los momentos en que usted lo necesite.

Cómo pedir ayuda

Es posible que le resulte difícil pedir ayuda. Tal vez se sienta incómodo o piense que debería poder hacer esto por su cuenta. Una manera de acercarse a alguien es decir algo como lo siguiente: "Tengo pensado dejar de masticar tabaco en esta fecha. ¿Podría recurrir a ti en busca de ayuda si las cosas se complican para mí? Dígame a su persona (o equipo) de apoyo de qué manera puede ayudar. Posiblemente quiera que esta persona se comunice con usted a diario para ver cómo lo está haciendo. O tal vez solo desee contar con una persona o un equipo de apoyo para recurrir a ellos cuando le parece que es necesario. Como usted desee. Permita que su persona o equipo de apoyo sepa de antemano de qué manera usted desea que ellos ayuden. También puede llamar a su asesor para dejar de consumir en cualquier momento.



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Cuando deje de usar tabaco sin humo, el cuerpo probablemente anhelará los efectos de la nicotina. Esto se denomina *abstinencia de nicotina*. Los síntomas incluyen dolor de cabeza, dificultad para concentrarse y/o sensación de ansiedad y enojo. Sentirse triste a veces es perfectamente normal. Pero es importante no reaccionar ante estas sensaciones ni descargarse con otras personas. Intente hacer ejercicios de relajación para controlar estas sensaciones. Algunos medicamentos también pueden ayudar a frenar los síntomas de abstinencia de nicotina.



Tratamiento de reemplazo de la nicotina (TRN)

El TRN ayuda a frenar los síntomas de abstinencia reemplazando la nicotina sin otras sustancias químicas dañinas del tabaco. La Administración de Alimentos y Medicamentos (FDA) aprobó su uso para ayudar a las personas a dejar de fumar. Pero los estudios demuestran que también ayudan a reducir los síntomas de abstinencia entre las personas que tratan de dejar de masticar tabaco.

Existen cinco tipos de TRN. Cada uno libera lo que se considera niveles seguros de nicotina, y por lo general se los usa durante 8 a 12 semanas (para reemplazar la nicotina del tabaco). Pregunte a su médico si el TRN puede ayudarle y si es así, qué tipo es el mejor en su caso. *Úselo solamente de la manera en que se le indicó.*

Parche de nicotina. Se trata de un parche que se adhiere a la piel. El parche se aplica una vez al día después de despertarse. Libera lentamente la nicotina en el cuerpo. Los parches vienen en diferentes potencias. Son fáciles de usar. Son de venta libre (sin receta) y se los puede comprar en la mayoría de las farmacias.

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de todos estos medicamentos. Entregue a su médico una lista de todos los medicamentos que toma, incluidos los medicamentos recetados y de venta libre, vitaminas y suplementos. Aprenda cuáles son los efectos secundarios posibles de todos los medicamentos.

Averigüe si sus beneficios de salud cubren alguna de estas terapias o todas.

La forma correcta de usar medicamentos para dejar de consumir tabaco

Algunas personas dicen que los medicamentos para dejar de consumir tabaco no les sirvieron de ayuda. En muchos casos, esto se debe a que no lograron usarlos de la forma correcta. Siempre siga las indicaciones de manera exacta. ¿Tiene preguntas? Hable con su médico o farmacéutico. Otros consejos:



- Úselos todos los días o según las recomendaciones de su médico.
- La goma de mascar de nicotina, el inhalador y el aerosol nasal son más efectivos cuando se los usa *cada una o dos horas todos los días* durante las primeras cuatro semanas de uso.
- Use la goma de mascar según las indicaciones. Recuerde: *No se mastica como un chicle común. Si la mastica como un chicle común no funcionará bien y probablemente le cause malestar estomacal.*
- Use el parche todos los días. Cámbielo de lugar todos los días para evitar picazón o irritación de la piel.
- La vareniclina y el bupropión de liberación prolongada deben comenzar a tomarse preferentemente una o dos semanas *antes* de dejar de consumir. Es clave seguir las instrucciones del médico o farmacéutico.

(Consulte las páginas 15 y 16 para obtener más información sobre TRN).

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Goma de mascar de nicotina. Viene en dos potencias: 2 miligramos (mg) y 4 mg. Por lo general se usa durante todo el día. La goma de mascar de nicotina no se mastica como un chicle común. Se coloca un trozo en la boca y se lo mastica varias veces. Luego se lo coloca en un ángulo de la boca y se lo deja allí durante varios minutos. Se lo mastica unas veces más, y nuevamente se lo deja en un ángulo de la boca. La nicotina que libera la goma de mascar es absorbida por los tejidos de la boca. La goma de mascar se desecha luego de usarla durante 20 a 30 minutos. *Disponible sin receta.*

en un ángulo de la boca y se lo deja allí durante varios minutos. Se lo mastica unas veces más, y nuevamente se lo deja en un ángulo de la boca. La nicotina que libera la goma de mascar es absorbida por los tejidos de la boca. La goma de mascar se desecha luego de usarla durante 20 a 30 minutos. *Disponible sin receta.*

Pastilla de nicotina. Estas también vienen en dos dosis de nicotina (2 mg y 4 mg). Pero no se mastican. Se colocan en la boca y se las mueve de un lado a otro. La nicotina que libera la pastilla es absorbida por los tejidos de la boca. *Disponible sin receta.*

Aerosol nasal de nicotina. Ese medicamento debe ser recetado por un médico. Actúa más rápidamente que las terapias anteriores y se usa durante todo el día. Además, es más costoso que el parche, la goma de mascar y las pastillas.

Inhalador de nicotina. Debe ser recetado por un médico. Se aplica mediante disparo. Libera pequeñas cantidades de nicotina con cada disparo. No debe inhalar la nicotina desde este dispositivo. Puede irritar la garganta y los pulmones. La nicotina que libera el dispositivo es absorbida por los tejidos de la boca. Su médico le dirá con qué frecuencia puede usarlo. Cuesta más que el parche, la goma de mascar y las pastillas.

Combinaciones de TRN. Puede usar el parche de nicotina con otro medicamento para dejar el consumo para proporcionar alivio adicional. El parche ofrece una dosis uniforme de nicotina. Otros tipos de TRN se pueden usar con regularidad (durante todo el día) o según sea necesario, para ayudar a combatir el impulso de consumir tabaco. Otros dos medicamentos recetados que se usan para combatir los impulsos de consumir tabaco son la *vareniclina* (Chantix®) y el *bupropión de liberación prolongada* (Zyban®). Estos medicamentos *no* contienen nicotina.

Su médico o farmacéutico pueden ofrecerle más información acerca

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Cambie a una mezcla con menor contenido de nicotina

Algunos tipos de tabaco sin humo contienen más nicotina que otros. Si está usando un tipo de tabaco cortado fino, intente cambiar a una variedad de corte más largo unas semanas antes de comenzar con el proceso de dejar de consumir. Hacer esto puede hacer que abandonar el hábito resulte más fácil debido a que el cuerpo se acostumbrará a menos nicotina.

Si elige esta opción, es importante *no* usarla como excusa para consumir trozos o pizcas *más grandes*. *Recordatorio: Menos nicotina no hace que el tabaco sin humo sea más seguro. Solo significa que contiene menos nicotina por trozo.*

Reduzca las pizcas

Reducir la cantidad de trozos o pizcas que consume es otra manera de prepararse para dejar de consumir. Lleve un registro de las pizcas que usa cada día, y comience a saltar algunas. Esto ayudará a medida que se acerca a su fecha para dejar de consumir. Si usa este método, es importante *no* usar trozos o pizcas *más grandes*. Eso derrotará su propósito.

Método de disminución gradual en dos semanas

Esto ayuda a reducir la ingesta de nicotina *antes* de dejar de consumir. Para disminuir gradualmente aun más, sume una semana o dos más al proceso.

Paso 1: Lleve un registro de la cantidad de trozos o pizcas que usa cada día durante algunos días. Registre la hora del día, lo que estaba haciendo o sintiendo y con quién estaba en el momento de consumir.

Paso 2: Reduzca la cantidad de pizcas a una o dos por día. Por ejemplo, si normalmente usa 15 pizcas al día, elimine una de ellas.

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Al final de la semana, idealmente habrá reducido la cantidad a cero.

Paso 3: Comience a usar su capacidad de soportar situaciones y los medicamentos para dejar de consumir tabaco (si opta por usar uno) en su fecha para dejar de consumir (a menos que se le indique comenzar antes). Llame a su asesor para dejar de consumir según sea necesario. Busque el apoyo de familiares y amigos.

Use sustitutos a base de hierbas

El "tabaco para escupir" de hierbas tiene un sabor similar al tabaco común pero no contiene tabaco. Se puede comprar en línea y en la mayoría de las tiendas de autoservicio. (Algunas marcas: Mint Chew, Golden Eagle® Herbal Chew y Smoky Mountain® Herbal Chew).



Confirme que el sustituto de hierbas que use no contenga tabaco.

Cómo reducir el consumo con sustitutos a base de hierbas:

Semana 1: Registre la cantidad de latas o bolsas de tabaco sin humo que usa en una semana en el calendario de la página siguiente.

Semana 2: Vacíe en un plato la cantidad de tabaco semanal que habitualmente consume. Retire un cuarto del tabaco. Mezcle el sustituto a base de hierbas con el tabaco remanente. *Refrigere la mezcla en un contenedor sellado para mantenerla fresca.* **Nota: Es muy importante mezclar muy bien el tabaco y el sustituto a base de hierbas.**

Nota: El tabaco de "corte largo" se mezcla bien con los sustitutos a base de hierbas de corte largo, y el tabaco de corte fino con los sustitutos de corte fino.

Semana 3: Repita lo que hizo en la semana 2, pero esta vez saque la mitad del tabaco y reemplácelo con el sustituto a base de hierbas. *Refrigere en un contenedor sellado. Tome un suministro fresco diariamente.*

Semana 4: Esta es la semana en la que va por todo ¡y deja el tabaco de mascar!

Calendario de reducción en cuatro semanas con sustitutos a base de hierbas							
	Dom	Lun	Mar	Mié	Jue	Vie	Sáb
Semana:	1						
	2						
	3						
	4						

Método abrupto ("Cold Turkey")

Algunas personas prefieren dejar de consumir en forma abrupta. Si opta por este método, es posible que tenga más síntomas de abstinencia de nicotina en los primeros días o semanas después de dejar.

Tipos de tabaco sin humo	
Rapé húmedo	La forma más popular de tabaco para escupir. Este rapé cortado fino en general libera más nicotina que el tabaco de corte más largo. Algunas marcas de rapé húmedo contienen más nicotina que otras.
Snus	Se inserta bajo el labio superior. No se escupe porque no hay glándulas salivales en la parte superior de la boca (y por lo tanto no se produce saliva). La mayoría de los snus estadounidenses contienen mayor cantidad de agentes cancerígenos (que los snus importados).
Tabaco de mascar	Tabaco para escupir que frecuentemente contiene edulcorantes y está saborizado con regaliz. Los consumidores generalmente colocan un trozo grande en la boca. Lo mascan. Lo colocan en un ángulo de la boca. Y después escupen la saliva con tabaco.

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Tipos de tabaco sin humo (continuación)	
Tabaco soluble	Viene en gránulos, rollos (del tamaño de un mondadientes), tiras delgadas para la lengua y otros productos solubles. Se hace con tabaco finamente molido. Viene en diversos sabores como <i>wintergreen</i> . Se disuelve lentamente entre cinco y 20 minutos. No es necesario escupir.
Bloques, pastillas y trenzas/rollos	Todas las variedades (salvo el tabaco enrollado) en general se mezclan con melaza u otros edulcorantes y se prensan en pastillas o bloques cuadrados. Los usuarios rompen o muerden un trozo, lo mascan y escupen el jugo de tabaco.
Iq'mik	Una mezcla de hojas de tabaco y ceniza (de un hongo del abedul) usada más comúnmente por los nativos de Alaska. Se puede comprar en tiendas en las zonas rurales de Alaska. La combinación de ceniza y hojas hace que la nicotina se absorba con más facilidad en la boca. Este tipo de tabaco puede venir precortado en "dosis" individuales y guardarse en una lata para uso posterior.
Gutkha, khaini y pan masala	Productos originarios de África, India y Asia, disponibles en los EE.UU. Contienen tabaco cortado, triturado o en polvo. El tabaco puede estar mezclado con cal muerta, ceniza u otros saborizantes para aumentar el efecto de la nicotina y mejorar el sabor. Con frecuencia se comercializan como producto "natural" o "tradicional", pero causan los mismos riesgos para la salud que el tabaco.
Rapé seco	Forma de tabaco seco en polvo. Los usuarios toman una pequeña cantidad entre los dedos pulgar e índice y lo colocan bajo la nariz. Lo inhalan. A algunas personas les causa estornudos. Algunos usuarios también colocan una pizca entre el labio y la encía. Esta forma es menos popular en la actualidad.

Para obtener más información sobre los tipos de tabaco sin humo y su contenido de nicotina, visite el sitio: <http://www.fda.gov/TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm482582.htm>

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7 Hoja de trabajo del plan para dejar de consumir tabaco

Fije una fecha para dejar de consumir tabaco:

Mi fecha planificada para dejar de consumir es el _____
 Marque esta fecha en su calendario. Fije una fecha dentro de las próximas dos o tres semanas. Coloque en su teléfono móvil un recordatorio de la fecha para dejar de consumir. También puede poner recordatorios en la puerta del refrigerador y avisar a sus amigos a través de Facebook o Twitter.

Elija un medicamento para reducir el deseo de consumir nicotina (si desea utilizar alguno):

Usar un medicamento para dejar de consumir tabaco puede facilitar el proceso. ¿Piensa usar un medicamento? Pregunte a su médico sobre las diferentes opciones con y sin receta.

Pienso usar _____

como medicación de apoyo para dejar de consumir tabaco.

¿Cómo puedo manejar los síntomas de abstinencia de tabaco?

Distracciones. Voy a hacer estas actividades para mitigar el deseo de mascar tabaco:

Sustitutos. Voy a tener estos sustitutos a la mano.

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Pensamientos riesgosos. Coloque esto donde pueda verlo todos los días (en la puerta del refrigerador o en el espejo del baño).

Pensamientos negativos/riesgosos: _____

Pensamientos positivos/útiles: _____

Voy a crear un área libre de tabaco:

- Desechando todo mi tabaco y los productos relacionados.
- Evitando a otros mascadores y fumadores.
- Eliminado todos los recordatorios del tabaco sin humo del hogar y el lugar de trabajo.

Mi equipo de apoyo:

Familia _____

Amigos _____

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- Cambie su rutina. Evite los disparadores del consumo de tabaco.
- Use su sistema de apoyo.
- Prémiese por dejar de consumir tabaco. Sustituya el tabaco con otras actividades recreativas o saludables para recordarse a sí mismo que no solo se trata de hacer sacrificios.
- Evite o limite el consumo de alcohol, especialmente durante las primeras etapas después de dejar el tabaco.
- Aprenda a manejar el estrés sin el tabaco. Esto le resultará más fácil con el transcurso del tiempo.

Estamos aquí para ayudarle

No es fácil dejar de consumir tabaco para siempre. Pero sabemos que puede lograrlo. Miles de usuarios de tabaco sin humo han logrado dejar de consumir usando este programa. ¿Necesita más ayuda? Llame a su asesor para dejar de consumir en cualquier momento. ¡Estamos aquí para ayudarle!

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Cómo evitar volver a consumir tabaco

A algunas personas les resulta fácil dejar de consumir y mantenerse firmes con el programa. Otras pueden tener más problemas. Si ya una vez lo intentó y falló, posiblemente sepa qué fue lo que le impidió tener éxito. Trate de recordar cómo y cuándo comenzó otra vez a consumir tabaco y qué puede cambiar para evitar una nueva recaída. Hable con su asesor para dejar de consumir. Esta persona le ayudará a liberarse del tabaco *para siempre*.

Es normal pensar que está bien consumir "solo un trocito o una pizca" después de dejar. Repítase siempre *por qué* quiso dejar de consumir. *Comprométase* a no consumir tabaco, un día por vez. Los éxitos se acumularán. Pronto verá que transcurren días —y después semanas— sin ni siquiera pensar en consumir tabaco.

El modelo ACE

El modelo ACE es una herramienta que puede utilizar para mantenerse libre de tabaco. La "A" significa *avoid* (evitar), la "C" *cope* (soportar) y la "E" *escape* (escapar). La clave es *evitar situaciones riesgosas*. Si no logra evitarlas, use su *capacidad de "soportar"* (lo que incluye su sistema de apoyo, distracciones y sustitutos). Si su capacidad de soportar falla, intente *escapar de la situación*. Salga de donde esté e intente desviar su mente del deseo de consumir un trozo o una pizca de tabaco. Ocupe-se con otra cosa. La urgencia *seguro* pasará.

Otras recomendaciones para mantenerse libre de tabaco:

- No tome una pizca, no importa lo fuerte que sea la tentación.
- Evite estar con otros mascadores o fumadores, especialmente en los primeros tiempos después de dejar de consumir.
- Tome todos los días el medicamento para dejar de consumir, según las indicaciones.

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¿Preguntas?

Recuerde: Como parte del programa puede contactar a un asesor para dejar de consumir si tiene preguntas o inquietudes. ¡Llame en cualquier momento!

Consulte los Recursos a continuación para obtener más información.

Recursos

American Cancer Society
(Sociedad Americana contra el Cáncer)
<http://www.cancer.org>

Centers for Disease Control and Prevention (CDC)
(Centros para el Control y la Prevención de las Enfermedades)
<http://www.cdc.gov>

National Cancer Institute
(Instituto Nacional del Cáncer)
<http://cancer.gov>

National Institutes of Health
(Institutos Nacionales de Salud)
<http://nidcr.nih.gov>

The Oral Cancer Foundation
(Fundación contra del Cáncer Oral)
<http://oralcancerfoundation.org/tobacco/tobacco-forms-types.php>

Referencias

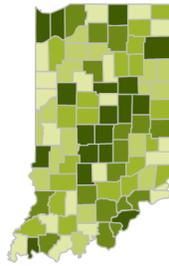
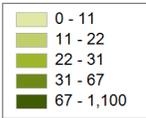
American Cancer Society (Sociedad Americana contra el Cáncer): <http://www.cancer.gov/about-cancer/causes-prevention/risk/tobacco/smokeless-fact-sheet> y <http://www.cancer.org/cancer/cancercauses/tobaccocancer/smokeless-tobacco>

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Appendix F-2.4.2.11.D.: Sample Reports

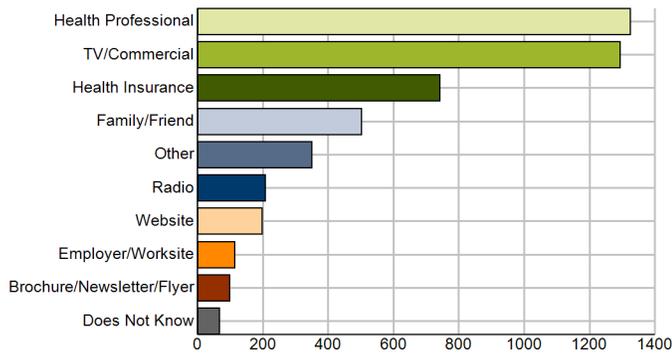
Contract dates from 7/1/2020 through 5/31/2021

Tobacco Users Served YTD (Adults)

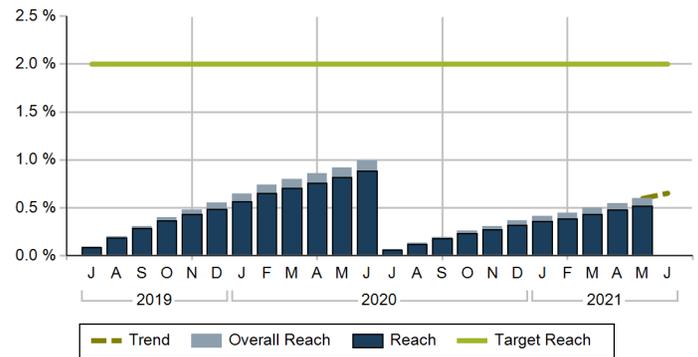


	Population	Prevalence	Tobacco Users
Adult	5,164,245	19.2%	991,535
		Quitline	State
Tobacco Users YTD		5,193	8,318
Unique Tobacco Users YTD		4	4,982
Target Reach		2.0%	2.0%
Reach YTD		1	0.52%
Reach - NAQC		2	0.50%
Annualized Reach		1	0.57%
Annualized Reach - NAQC		2	0.54%
Unique Individual Reach		4	0.50%

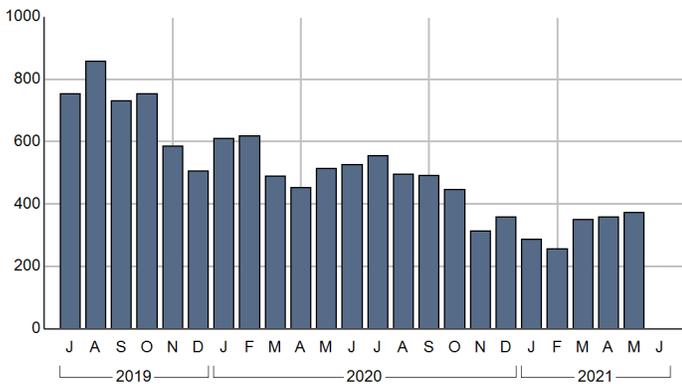
Top 10 How Heard About (Contract YTD)



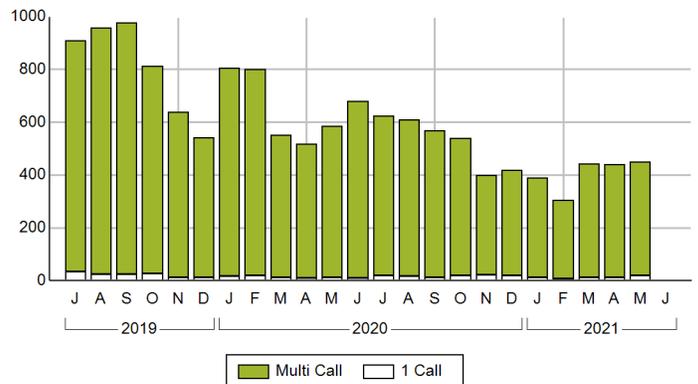
Cumulative Reach Rate



Tobacco Users Receiving NRT



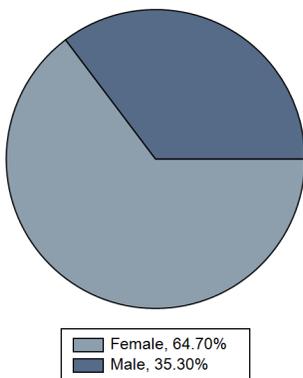
Tobacco User Enrollments By Program Type



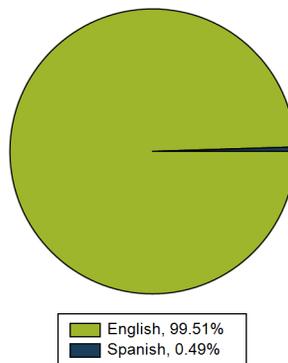
NOTE: Includes Tobacco Users only, does not include Proxy or Provider.

Demographics (Past 6 Months)

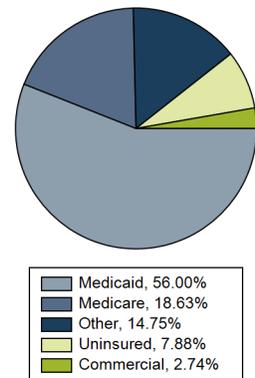
Tobacco Users By Gender



Tobacco Users By Language

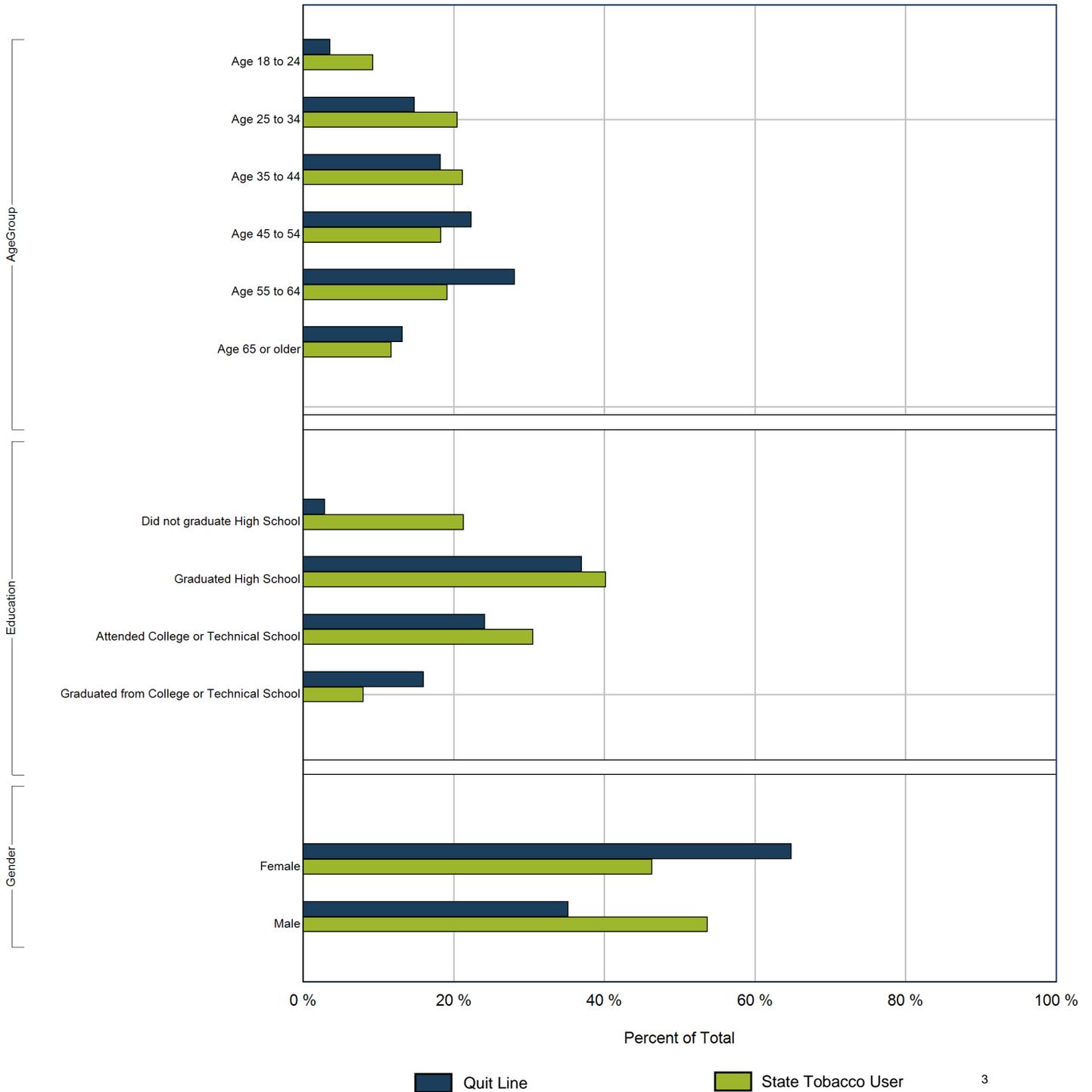


Tobacco Users By Health Plan



1. Reach – includes all tobacco users, regardless of service requested.
2. NAQC Reach – includes tobacco users provided minimal, low-intensity, or higher intensity counseling OR medications OR both counseling and medications.

Demographic Comparison



3. Data Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2019.

4. Unique Tobacco Users & Unique Individual Reach: Includes first time registered tobacco users, regardless of service requested.

The purpose of this report is to provide you with telephonic activity information. The intent of providing telephony data is to give you a summary of call volume and activity.

NOTE: Telecom data is unique from the participant registration data; therefore the total incoming calls will not match the total number of registered participants.

SUMMARY OF ALL TOLL FREE LINES

Indiana Tobacco QuitLine	Current Period	Current Period %	Contract YTD	Contract YTD %
Total Inbound Calls	20506	-	33937	-
Early Abandoned Calls	5607	27.3%	8629	25.4%
Direct to Quit Coach Calls	4699	22.9%	8241	24.3%

INDIVIDUAL TOLL FREE LINES

Indiana QUITNOW	Current Period	Current Period %	Contract YTD	Contract YTD %
Incoming Calls	10116	-	16962	-
Calls During Business Hours	10109	-	16938	-
Calls Answered Within 30 Seconds	8678	90.1%	14544	90.0%
Live Response Rate	9471	98.4%	15898	98.4%
Average Speed of Answer in Seconds	15	-	15	-
Abandonment Rate of Calls Within 30 Seconds	482	4.8%	775	4.6%
Abandonment Rate of Calls Over 30 Seconds	134	1.4%	237	1.5%
Voicemail During Business Hours	22	-	28	-
Voicemail During Non-Business Hours	2	-	7	-

Indiana QUITNOW Spanish	Current Period	Current Period %	Contract YTD	Contract YTD %
Incoming Calls	56	-	73	-
Calls During Business Hours	56	-	73	-
Calls Answered Within 30 Seconds	-	-	-	-
Live Response Rate	-	-	-	-
Average Speed of Answer in Seconds	-	-	-	-
Abandonment Rate of Calls Within 30 Seconds	14	-	23	-
Abandonment Rate of Calls Over 30 Seconds	-	-	-	-
Voicemail During Business Hours	42	-	50	-
Voicemail During Non-Business Hours	-	-	-	-

Indiana DEJELOYA	Current Period	Current Period %	Contract YTD	Contract YTD %
Incoming Calls	28	-	32	-
Calls During Business Hours	28	-	32	-
Calls Answered Within 30 Seconds	22	84.6%	24	85.7%
Live Response Rate	25	96.2%	27	96.4%
Average Speed of Answer in Seconds	34	-	32	-
Abandonment Rate of Calls Within 30 Seconds	2	7.1%	4	12.5%
Abandonment Rate of Calls Over 30 Seconds	-	-	-	-
Voicemail During Business Hours	1	-	1	-

Voicemail During Non-Business Hours	-	-	-	-
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Definitions:

1. Early Abandoned Calls: Calls coming in via toll free lines that abandoned prior to selecting to receive services in English or Spanish.
2. Direct to Quit Coach Calls: Those who are already enrolled in the multiple-call program whose phone number was recognized by Optum's telephony system and routed directly to a Quit Coach, bypassing the language selection step.
3. Live Response Rate %: $\text{Calls Answered During Business Hours} / (\text{Calls During Business Hours} - \text{Calls Abandoned Within 30 Seconds})$.
4. Calls Answered Within 30 Seconds %: $\text{Calls Answered Within 30 Seconds} / (\text{Calls During Business Hours} - \text{Calls Abandoned Within 30 Seconds})$.
5. Abandonment Rate of Calls Within 30 seconds = $\text{Number of calls abandoned within 30 seconds} / \text{number of incoming calls}$.
6. Abandonment Rate of Calls Over 30 seconds = $\text{Number of calls abandoned within 30 seconds} / (\text{number of incoming calls} - \text{number of calls abandoned within 30 seconds})$.



Indiana Quitline
ISDH- 940311
Medicaid Billing Report
From 2021-04-1
Through 2021-04-30

Print Date/Time 5/07/2021 2:55:00 PM (REPORT HAS BEEN REDACTED AND EDITED FOR VIEWING PURPOSES)

Last Name	First Name	County	Zip	Reg Date	Member ID	SSN	Birthdate	Health Plan	Pregnant	Mental Health Program	Registration	Call1	Patch	Gum	Lozenge	Total
								Medicaid Other			\$0.00	\$0.00	\$33.00	\$0.00	\$0.00	\$33.00
								Medicaid/Healthy Indiana Plan (HIP)			\$17.00	\$52.50	\$52.00	\$0.00	\$120.00	\$241.50
								Medicaid Other			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$33.00
								Medicaid Other			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$52.50
								Medicaid Other			\$17.00	\$52.50	\$52.00	\$0.00	\$120.00	\$294.00
								Medicaid/Healthy Indiana Plan (HIP)			\$17.00	\$52.50	\$0.00	\$0.00	\$160.00	\$229.50
								Medicaid Other			\$17.00	\$52.50	\$52.00	\$0.00	\$120.00	\$294.00
								Medicaid/MHS Hoosier Healthwise			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$52.50
								Medicaid/Anthem HIP			\$0.00	\$0.00	\$0.00	\$0.00	\$40.00	\$40.00
								Medicaid/Anthem HIP			\$17.00	\$33.00	\$52.00	\$60.00	\$0.00	\$162.00
								Medicaid Other			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$33.00
								Medicaid/Anthem HIP			\$0.00	\$0.00	\$52.00	\$0.00	\$0.00	\$209.50
								Medicaid/MHS Hoosier Healthwise			\$0.00	\$0.00	\$0.00	\$0.00	\$120.00	\$120.00
								Medicaid Other			\$0.00	\$0.00	\$33.00	\$0.00	\$0.00	\$33.00
								Care Source - Hoosier Health			\$17.00	\$33.00	\$0.00	\$0.00	\$0.00	\$50.00
								Medicaid/Anthem HIP			\$17.00	\$33.00	\$52.00	\$0.00	\$80.00	\$182.00
								Medicaid Other			\$17.00	\$52.50	\$52.00	\$0.00	\$120.00	\$294.00
								Medicaid/Anthem Hoosier Healthwise			\$17.00	\$52.50	\$52.00	\$0.00	\$0.00	\$121.50
								Medicaid/Anthem Hoosier Healthwise			\$0.00	\$0.00	\$33.00	\$0.00	\$0.00	\$33.00
								Medicaid/MHS HIP			\$0.00	\$0.00	\$52.00	\$0.00	\$40.00	\$197.00
								Medicaid/MHS HIP			\$0.00	\$0.00	\$52.00	\$0.00	\$0.00	\$209.50
								Medicaid/MHS HIP			\$17.00	\$33.00	\$0.00	\$0.00	\$0.00	\$50.00
								Medicaid/Healthy Indiana Plan (HIP)			\$17.00	\$33.00	\$0.00	\$0.00	\$0.00	\$50.00
								Medicaid/MHS Hoosier Care Connect			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$105.00
								Medicaid Other			\$0.00	\$0.00	\$33.00	\$0.00	\$0.00	\$33.00
								Medicaid Other			\$17.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.00
								Medicaid Other			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
								Medicaid Other			\$0.00	\$0.00	\$33.00	\$0.00	\$0.00	\$33.00
								Medicaid Other			\$0.00	\$0.00	\$33.00	\$0.00	\$0.00	\$33.00
								Medicaid/Anthem HIP			\$17.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.00
								Medicaid/Anthem HIP			\$0.00	\$0.00	\$33.00	\$0.00	\$0.00	\$33.00
								Medicaid/Anthem HIP			\$17.00	\$52.50	\$104.00	\$90.00	\$0.00	\$316.00

From 1/1/2020 through 12/31/2020
Contract Dates from 7/1/2019 through 12/31/2020

The purpose of this report is to display self-reported answers to the question about health insurance coverage during time of registration.

NOTE: Some participants may not know the name of their health plan. These participants fall into the 'Doesn't Know' category. If the health plan is not listed as an option, these participants fall in the 'Other' category. Percentage of total does not include 'Not Collected' and 'Refused'. It only includes those who have answered the question. Report includes Tobacco Users whose service is Intervention Requested, Materials Only or Transferred To (their health plan cessation benefit).

Commercial

Commercially Insured	User Defined Date Range	User Defined Date Range %	Contract YTD	Current YTD %
Advantage Health Solutions	1	0.1%	1	0.0%
Aetna	52	3.9%	89	4.0%
Arnett Health Plans	1	0.1%	1	0.0%
Cardinal Health Alliance	-	-	1	0.0%
CIGNA	88	6.7%	136	6.1%
Encore Health Network	2	0.2%	5	0.2%
Highmark	8	0.6%	12	0.5%
Humana Health Plan, Inc.	49	3.7%	80	3.6%
Indiana Health Network	6	0.5%	13	0.6%
Managed Health Services	24	1.8%	36	1.6%
Military Insurance	6	0.5%	6	0.3%
Other (a health plan that is not Medicaid or Medicare)	1061	80.5%	1789	80.8%
Physicians Health Plan of Northern Indiana	11	0.8%	23	1.0%
Principal Financial Group	-	-	1	0.0%
Sagamore Health Network	5	0.4%	8	0.4%
Southeastern Indiana Health Organization, Inc.	1	0.1%	3	0.1%
Unicare Health Plans of the Midwest	1	0.1%	7	0.3%
Welborn Health Plans	1	0.1%	1	0.0%
WellPoint Inc.	1	0.1%	2	0.1%
Total	1318	18.9%	2214	18.9%
Total Commercial	1318	18.9%	2214	18.9%

Medicaid

Medicaid	User Defined Date Range	User Defined Date Range %	Contract YTD	Contract YTD %
Care Source - HIP	128	3.6%	174	3.0%
Care Source - Hoosier Care	5	0.1%	8	0.1%
Care Source - Hoosier Health	7	0.2%	8	0.1%
Medicaid Other	801	22.4%	1383	23.8%
Medicaid/Anthem HIP	737	20.6%	1083	18.6%
Medicaid/Anthem Hoosier Care Connect	159	4.4%	261	4.5%
Medicaid/Anthem Hoosier Healthwise	74	2.1%	121	2.1%
Medicaid/Healthy Indiana Plan (1	0.0%	1	0.0%

From 1/1/2020 through 12/31/2020
Contract Dates from 7/1/2019 through 12/31/2020

Medicaid/Healthy Indiana Plan (HIP)	372	10.4%	597	10.3%
Medicaid/MDWise HIP	279	7.8%	443	7.6%
Medicaid/MDWise Hoosier Care Connect	27	0.8%	45	0.8%
Medicaid/MDWise Hoosier Healthwise	38	1.1%	64	1.1%
Medicaid/MHS HIP	742	20.7%	1224	21.1%
Medicaid/MHS Hoosier Care Connect	140	3.9%	276	4.7%
Medicaid/MHS Hoosier Healthwise	73	2.0%	123	2.1%
Total	3583	51.4%	5811	49.6%
Total Medicaid	3583	51.4%	5811	49.6%

Medicare				
Medicare	User Defined Date Range	User Defined Date Range %	Contract YTD	Contract YTD %

Medicare Insured	User Defined Date Range	User Defined Date Range %	Contract YTD	Current YTD %
Medicare Other	1130	100.0%	1974	100.0%
Total	1130	16.2%	1974	16.8%
Total Medicare	1130	16.2%	1974	16.8%

Uninsured	User Defined Date Range	User Defined Date Range %	Contract YTD	Contract YTD %
Uninsured	865	100.0%	1574	100.0%
Total Uninsured	865	12.4%	1574	13.4%

Other	User Defined Date Range	User Defined Date Range %	Contract YTD	Contract YTD %
Doesn't Know	76	31.3%	147	34.3%
Not Collected	120		191	
Refused	47		91	
Total Other	243	1.1%	429	1.3%

Total excluding Refused and Not Collected	6972		11720	
Grand Total	7139		12002	



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**Indiana Tobacco QuitLine
Transfers By Health Plan**

From 5/1/2021 through 5/31/2021

Contract Dates From 8/1/2017 through 5/31/2021

	Transfers		Services	
	Period	YTD	Period	YTD
Commercial				
Advantage Health Solutions	-	-	-	4
Aetna	-	-	3	259
Arnett Health Plans	-	-	-	3
Cardinal Health Alliance	-	-	-	3
CIGNA	-	-	4	339
Encore Health Network	-	-	-	19
Highmark	-	-	-	27
Humana Health Plan, Inc.	-	-	2	238
I don't know	-	-	-	1
I'd rather not answer	-	-	-	5
Indiana Health Network	-	-	-	41
Lumenos	-	-	-	3
Managed Health Services	-	-	2	113
Military Insurance	-	-	1	9
NC State Health Plan	-	-	-	3
Other (a health plan that is no	-	-	-	15
Partners National Health Plans of Indiana, Inc.	-	-	-	1
Physicians Health Plan of North	-	-	-	1
Physicians Health Plan of Northern Indiana	-	-	1	56
Principal Financial Group	-	-	-	1
Sagamore Health Network	-	-	-	36
Southeastern Indiana Health Organization, Inc.	-	-	-	6
St. Anthony Health Network LLC	-	-	-	1
Unicare Health Plans of the Midwest	-	-	-	20
Uninsured	-	-	1	12
United Healthcare	-	-	-	1
Welborn Health Plans	-	-	-	2
WellPoint Inc.	-	-	-	8



**Indiana Tobacco QuitLine
Transfers By Health Plan**

From 5/1/2021 through 5/31/2021

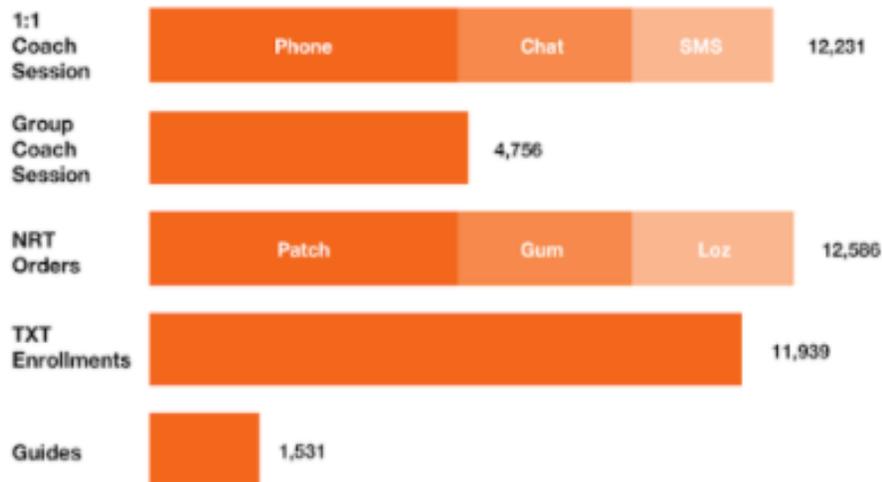
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Contract Dates From 8/1/2017 through 5/31/2021

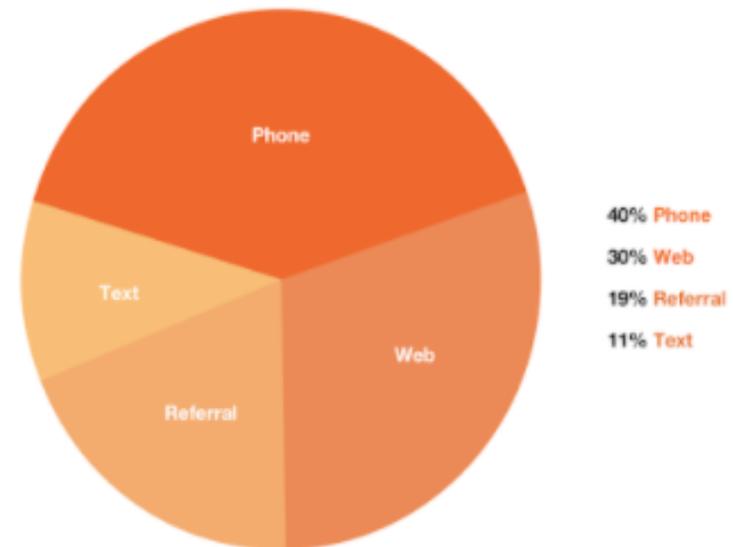
Medicaid				
Care Source - HIP	-	-	6	334
Care Source - Hoosier Care	-	-	-	28
Care Source - Hoosier Health	-	-	2	35
Medicaid Other	-	-	72	3753
Medicaid/Anthem HIP	-	-	48	2618
Medicaid/Anthem Hoosier Care Co	-	-	-	3
Medicaid/Anthem Hoosier Care Connect	-	-	11	735
Medicaid/Anthem Hoosier Healthw	-	-	-	1
Medicaid/Anthem Hoosier Healthwise	-	-	4	334
Medicaid/Fee for Service	-	-	-	6
Medicaid/Healthy Indiana Plan (-	-	1	3
Medicaid/Healthy Indiana Plan (HIP)	-	-	18	1678
Medicaid/MDWise HIP	-	-	10	1032
Medicaid/MDWise Hoosier Care Connect	-	-	-	120
Medicaid/MDWise Hoosier Healthw	-	-	-	1
Medicaid/MDWise Hoosier Healthwise	-	-	3	202
Medicaid/MHS HIP	-	-	40	2654
Medicaid/MHS Hoosier Care Conne	-	-	-	3
Medicaid/MHS Hoosier Care Connect	-	-	12	631
Medicaid/MHS Hoosier Healthwise	-	-	6	341
Medicare				
Medicare Other	-	-	97	5278
Other				
I don't know	-	-	6	447
I'd rather not answer	-	-	5	345
Not Collected	-	-	33	1632
Other (a health plan that is not Medicaid or Medicare)	-	-	56	4858
Uninsured	-	-	46	4325
Totals	0	0	490	32624



Program Utilization



Enrollment Method of Entry

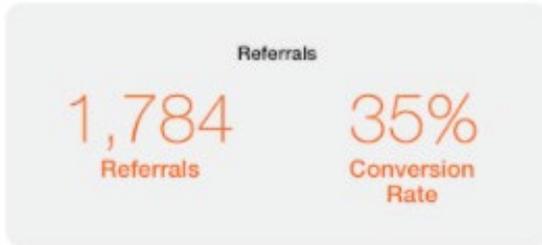


Top 5 Top 5 Referral Sources

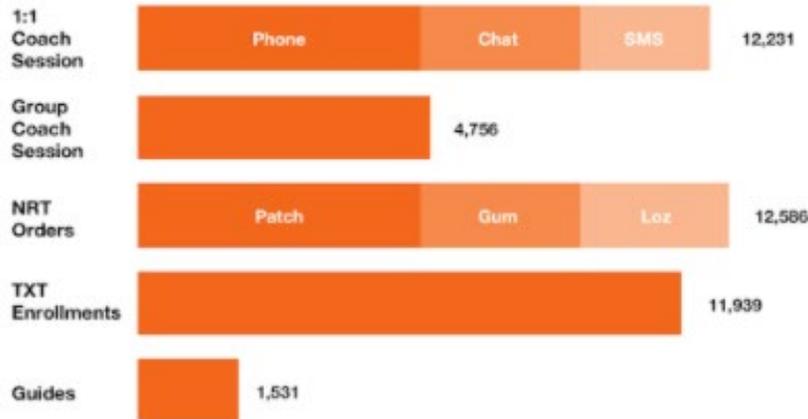
Clinic	Referrals	Enrollments
• IU Health	286	52
• Porter Starke	230	70
• Shalom Healthcare	201	33
• Meridian Health Services	130	21
• Johnson Memorial	90	17

Highlights

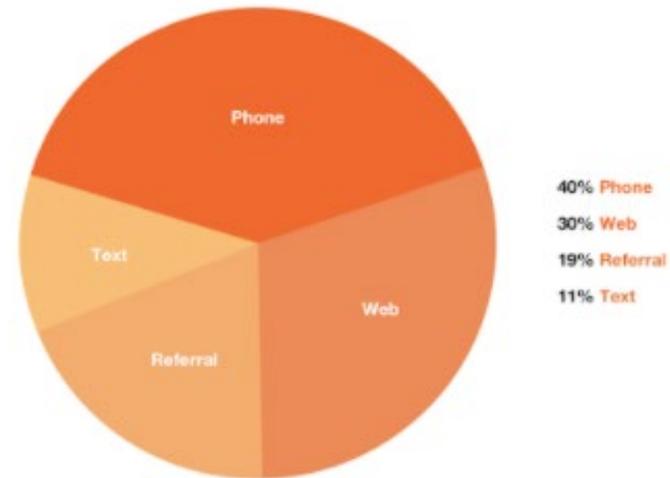
- Year-to-date performance metrics
- 93% first call coach connection rate
 - Average speed to answer 0:23 seconds
 - Telephonic abandonment rate 2.7%
 - Delivery times: 3.2 days (NRT) and 2.7 days (Guides)



Program Utilization



Enrollment Method of Entry



Top 5 Referral Sources

Clinic	Referrals	Enrollments
• Central Oklahoma Care	286	52
• Integris Baptist Medical Center	230	70
• Good Samaritan Health	201	33
• Mercy Clinic	130	21
• Oklahoma Health & Wellness Center	90	17

Highlights

Year-to-date performance metrics

- 93% first call coach connection rate
- Average speed to answer 0:23 seconds
- Telephonic abandonment rate 2.7%
- Delivery times: 3.2 days (NRT) and 2.7 days (Guides)

Appendix F-2.4.2.13.: Rally Coach®

Appendix F-2.4.2.13. – Rally Coach®

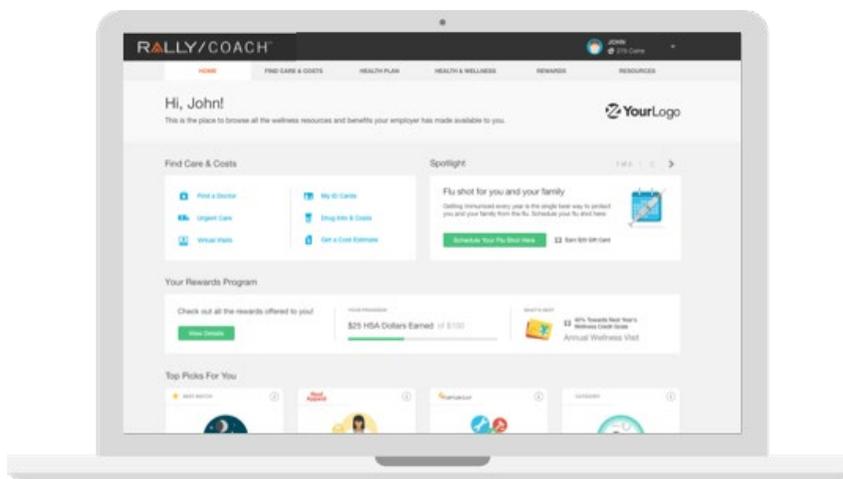
Optum is pleased to begin rollouts in 2022 of a significant enhancement to our already industry-leading state Quitline tobacco cessation service package: Rally Coach®, powered by Rally Health, a national affiliate of Optum that specializes in digital consumer reach and engagement to drive better health outcomes.

Rally Coach® offers a centralized digital experience that allows users to quickly create an account, register for services, and manage their journey whenever and from wherever. From this online experience, users will engage with a milestone driven, action card driven dashboard, where they can access online education, expert-led, video-based online learning, text messaging and accessibility to our Coaches through chat, text, or phone. It is from within this experience that participants can choose what to engage with and how, transforming the concept of integrated vs stand-alone.



As Optum’s digital health platform, Rally Coach® provides an easy-to-use experience that houses these offerings on one platform as well as leverages a comprehensive engagement strategy that brings people back to connect with content, a Coach, or to track their quit status.

The online experience for each user, as shown in the graphic below, is personalized based on known data, such as quit status, gender, chronic conditions, medication preference, relapse status and more. Participants can access video-based learning and engage with their custom action plans in between coaching calls. This digital experience allows individuals to take consistent actions that move them toward their quit milestones, and ultimately to quit tobacco successfully. As demonstrated in the graphic, on-the-go users have greater control over when and where they engage with the program. Participants can access the video-based courses, message their Quit Coach, track urges, as well as receive program reminders and personalized daily tips. In addition, this enhanced digital experience will include the following essential components:



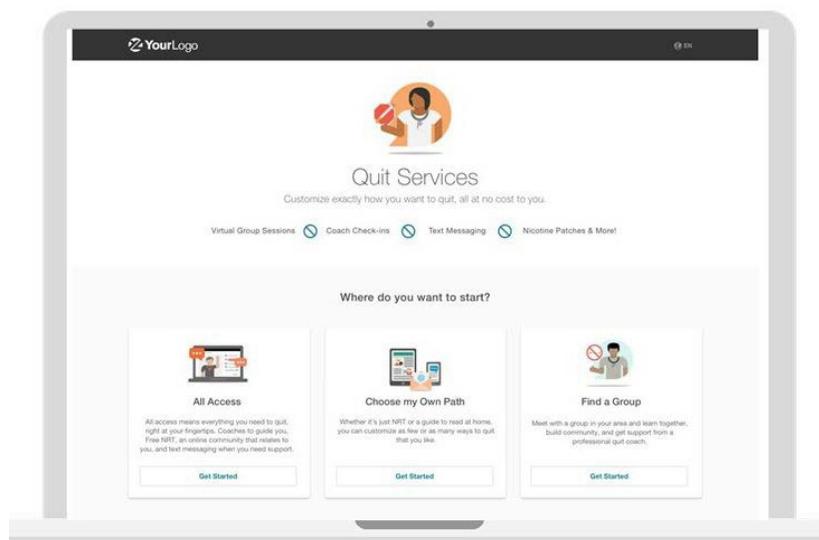
- Direct login to program portal at the end of enrollment to improve web engagement
- Contact information collected upfront providing the ability to contact participants who did not finish the enrollment, allowing us to reach and enroll additional participants into the program
- Interactive Quit Coach engagement with the participant’s Action Plan where the Quit Coach can add/review items for the participant to work on

- Ability to track medication delivery and support
- Ability to chat directly with a Quit Coach, send an email, or click to call
- Participant program surveys
- Comprehensive health library with specialized content on conditions
- More responsive to user needs via personalization based on user input such as call and NRT trackers

Additionally, as part of our strategy to drive digital quit services and bring Rally Coach ® to Indiana, we will collaborate closely with the IDOH to implement this platform with all of its features and capabilities, which also include:

- Member and Coach facing applications
- Desktop/mobile experiences
- Action card system
- Group & 1:1 video coaching sessions
- Online learning
- Online scheduling tools
- Telephonic, live chat, & secure messaging
- Progress Trackers
- Mini-survey assessments and quizzes

Optum's Rally-powered solution for the Indiana Quitline leverages numerous technical and management methods and telephonic and digital capabilities. We fully understand the digital landscape is everchanging. To better reach and empower tobacco users, old and young, we will provide services that are varied, flexible, engaging and personalized. Meeting the participant where they are and how they prefer, in conjunction with in-program engagement strategies to draw people to do more, will increase reach, quit attempts, and, ultimately, quit rates.



Rally's Approach: Rally's approach to cessation services is grounded in three major pillars which we will explore in greater detail below:

- Intensive Behavior Change
- An Agile Mindset
- A Holistic View to Cessation

Intensive Behavior Change: Our model incorporates not only individual cognitions/behaviors but also biological and environmental factors, which clearly play a key role in tobacco addiction and cessation. We also provide a clear path, called the 5 Keys, which includes setting a quit date, making an actionable plan, managing urges, tobacco proofing the environment, and leveraging NRT and social support. We have infused this model into our digital strategy to provide a person a consistent experience however they engage. As the below graphic illustrates, key constructs of this model and critical components of coaching across our programs include: During the initial and ongoing sessions, our quit services will apply social cognitive theory, cognitive behavioral therapy, motivational interviewing, modeling, reinforcement and principles of self-efficacy to achieve effective behavior change. Specifically, either digitally, or with a human touch, our services conduct a self-efficacy assessment, help participants build confidence, reframe irrational thoughts about quitting, provide valuable education about the quitting process, and learn important quit skills. The goal is to shift participants to a perspective of confidence, from which they are ready to make a quit attempt. Action plans are based on SMART (Specific, Measurable, Achievable, Realistic and Time Bound) incremental goals, so that participants can take the next best step toward becoming or staying tobacco free. Mini quits are a core practice strategy and we provide participants milestones to pass through during their journey.

In addition to managing behavioral urges, our Quit Coaches address physical craving and withdrawal from tobacco. During the planning session, Quit Coaches educate the participant about quit medications, help them decide what will work best for them, direct mail the product to eligible participants for arrival within 3-5 days. Our quit services support long-term maintenance by helping participants build plans for high-risk situations and by identifying and reinforcing long-term intrinsic motivation for change. They can either do this through scheduling group video sessions, or through one-on-one sessions with a Coach. We realize that every user has their own story and journey – we treat each one as an individual, judgement-free, and with empathy.

Agile Mindset: Optum embraces an agile set of beliefs, principles, and way of thinking which drives our decisions and approaches to helping participants quit. This agility will improve with the integration of the Rally platform. The table below highlights our focus on four major pillars:

- **Focus on Individuals and Interactions.** We put participants first and use them as our guiding focus when conducting research, implementing new features, and maintaining fresh educational content (for both participants and our Quit Coaches ®)
- Accessible, clinically proven digital tools focused on easy navigation and meeting users where they are on their quit journeys. We focus on real-time access to digital program resources, trackers, and immediate coach support through the phone (web and mobile), chat, text and in-program messaging to help participants in precisely the way they prefer to receive support. We understand that some participants will want us to build their plan, making recommendations on quit services to engage in, while others will want to build their own journey.
- **Collaboration with Indiana and its ecosystem of partners.** We apply a collaborative strategy to connecting and coordinating the numerous partners and stakeholders across Indiana. We understand that the Quitline is one part of Indiana’s overall tobacco control strategy.

- **Proactively identifying opportunities or responding to changes.** Our Optum Center of Wellness Research (OCWR) and data analytics teams continuously capture, monitor, analyze, and report in collaboration with our clients. We proactively identify opportunities that might enable greater reach or engagement with users, bringing our clients to the table to contribute to the literature of best practices.

Holistic View to Cessation: Behavioral health conditions, socioeconomic disparities, and other lifestyle factors, such as stress, nutrition, sleep, and physical activity, can be obstacles or accelerators to successful quit rates. Understanding and creating a tailored quit plan with participants that account for these intertwining factors requires a whole-person approach is critical to successful outcomes. Specifically, tobacco users with chronic conditions, health inequity, or who have been targeted by the tobacco industry have more difficulty quitting and may also suffer from other conditions (e.g., behavioral health conditions) or engage in unhealthy lifestyle behaviors (e.g., limited physical activity, poor diet) face additional barriers than most when quitting.

The Rally Coach® platform is based on the same time-tested, evidenced-based best practices that serve as the foundation to our current Quitline services. However, in an age when more and more people are reading, watching, searching, and interacting in digital modalities, Rally Coach® blends our industry leading tobacco cessation protocols and support with a user-friendly, digital platform that just about anyone can use to get even more support and help in their journey to quitting tobacco and tobacco products for good. We are excited to offer this enhancement to the Indiana Quitline and look forward to collaborating with IDOH maximizing the potential of Rally Coach® to help even more Hoosiers quit tobacco.

Appendix F-2.4.2.14.: Implementation Plan

Appendix F-2.4.2.14. – Implementation Plan

Task Name	Start	Finish	Resource Names
Contract Implementation	Wed 9/1/21	Thu 9/30/21	
Award contract	Wed 9/1/21	Wed 9/1/21	Indiana Department of Health
Negotiate contract	Thu 9/2/21	Thu 9/9/21	Optum, Indiana Department of Health
Execute contract	Fri 9/10/21	Thu 9/30/21	Optum, Indiana Department of Health
Schedule call to review required tasks for new contract	Thu 9/2/21	Thu 9/2/21	Optum
Establish primary point of contact for Indiana Department of Health to work with daily	Thu 9/2/21	Thu 9/2/21	Optum
Contract executed	Thu 9/30/21	Thu 9/30/21	Optum, Indiana Department of Health
Communication Coordination	Fri 10/1/21	Thu 10/7/21	
Establish meeting schedule with Optum Client Services and Indiana Department of Health key personnel for coordination and execution of deliverables	Thu 9/2/21	Wed 10/6/21	Optum, Indiana Department of Health
Reiterate goals and Quitline expectations for the contract year; identify additional goals for Quitline and partners	Fri 10/1/21	Wed 10/6/21	Optum, Indiana Department of Health
Convene first weekly meeting with Indiana Department of Health and Optum E-Referral Team to discuss e-referral pipeline and annual goals	Fri 10/1/21	Thu 10/7/21	Optum, E-referral Specialist, Indiana Department of Health
Billing	Fri 10/1/21	Wed 11/10/21	
Provide an overview of how to reconcile monthly reports with invoice	Fri 10/1/21	Mon 10/11/21	Optum
Update contract number and line items on invoices	Fri 10/1/21	Mon 10/11/21	Optum
Send first monthly invoice for new contract	Wed 11/10/21	Wed 11/10/21	Optum

Task Name	Start	Finish	Resource Names
Program Reporting	Mon 9/27/21	Tue 1/25/22	
Confirm reporting requirements	Fri 10/1/21	Mon 10/11/21	Optum, Indiana Department of Health
Provide Data Dictionary for data sets	Tue 10/12/21	Fri 10/29/21	Optum
Review new KPI metrics showing quarterly metrics of engagement	Mon 9/27/21	Mon 9/27/21	Optum, Indiana Department of Health
Deliver first suite of weekly reports under new contract	Tue 10/12/21	Tue 10/19/21	Optum
Deliver first suite of monthly reports under new contract, including participant-level data and coalition reports	Wed 11/10/21	Wed 11/10/21	Optum
Send first month of participant-level data	Wed 11/10/21	Wed 11/10/21	Optum
Deliver first month of Medicaid report	Wed 11/10/21	Wed 11/10/21	Optum
Deliver first suite of quarterly reports under new contract	Tue 1/25/22	Tue 1/25/22	Optum
Telecommunications	Fri 10/1/21	Fri 10/1/21	
Begin accepting sessions from 1-800-QUITNOW and 1-855-DEJELO-YA under new contract	Fri 10/1/21	Fri 10/1/21	Optum
Triage callers with employer or health plan benefit under new contract	Fri 10/1/21	Fri 10/1/21	Optum
Support text telephone (TTY) number, 1-877-777-6534, for callers under new contract	Fri 10/1/21	Fri 10/1/21	Optum
Establish live agent availability to callers for both English and Spanish 24/7 with the exception of specific holidays under new contract	Fri 10/1/21	Fri 10/1/21	Optum
Utilize third-party interpretation service under new contract	Fri 10/1/21	Fri 10/1/21	Optum
Offer text-based enrollment service	Fri 10/1/21	Fri 10/1/21	Optum

Task Name	Start	Finish	Resource Names
Technical Assistance	Fri 10/1/21	Fri 10/15/21	
Proactively call individuals referred by fax (1-800-483-3078), online provider referral tool, self-referral tool, secure email or e-referrals under new contract	Fri 10/1/21	Fri 10/1/21	Optum
Provide outcomes to HIPAA covered providers under new contract	Fri 10/1/21	Fri 10/1/21	Optum
Begin building secure e-referral connections to newly identified health systems under new contract; continue providing technical support to existing health systems	Fri 10/8/21	Fri 10/15/21	Optum, E-referral Specialist, Indiana Department of Health
Program Materials	Fri 10/1/21	Fri 10/1/21	
Begin sending Indiana branded Quit Guide for under new contract	Fri 10/1/21	Fri 10/1/21	Optum
Begin sending tailored materials to Quitline callers under new contract	Fri 10/1/21	Fri 10/1/21	Optum
Services	Thu 9/2/21	Fri 10/1/21	
Confirm eligibility requirements for counseling and medication services with Indiana Department of Health	Thu 9/2/21	Tue 9/7/21	Optum, Indiana Department of Health
Build eligibility requirements into application	Wed 9/8/21	Wed 9/15/21	Optum
Review eligibility requirements; update as needed	Thu 9/16/21	Fri 10/1/21	Optum
Provide 1 to 10 professional nicotine addiction treatment sessions under new contract	Fri 10/1/21	Fri 10/1/21	Optum
Assist callers with developing and executing a personalized quit plan with each of the sessions	Fri 10/1/21	Fri 10/1/21	Optum
Provide support for youth callers age 13 and older under new contract	Fri 10/1/21	Fri 10/1/21	Optum
Provide support for pregnant and postpartum callers under new contract	Fri 10/1/21	Fri 10/1/21	Optum

Task Name	Start	Finish	Resource Names
Assure protocols for initial and follow up sessions are culturally competent and research-based; enforce internal quality control measures regularly for staff	Fri 10/1/21	Fri 10/1/21	Optum
Offer tailored counseling for tobacco users reporting behavioral health conditions	Fri 10/1/21	Fri 10/1/21	Optum
Pharmacotherapy	Fri 10/1/21	Fri 10/1/21	
Dose and provide guidance for usage of pharmacotherapy, including NRT, based on tobacco user's medical history, under new contract	Fri 10/1/21	Fri 10/1/21	Optum
Ship NRT supplies to tobacco users age 18 and older, as appropriate per eligibility guidelines, under new contract	Fri 10/1/21	Fri 10/1/21	Optum
Web-Based Services	Fri 10/1/21	Fri 10/1/21	
Continue to provide online services from quitnow.net/Indiana	Fri 10/1/21	Fri 10/1/21	Optum
Text-Based Services	Fri 10/1/21	Fri 10/1/21	
Offer Text2Quit to tobacco users who opt-in to text messaging under new contract	Fri 10/1/21	Fri 10/1/21	Optum
Live Vape Free	Fri 10/1/21	Fri 10/1/21	
Offer online courses about youth vaping for parents and educators	Fri 10/1/21	Fri 10/1/21	Optum
Offer texting experience for youth to quit vaping	Fri 10/1/21	Fri 10/1/21	Optum
Program Redesign	Mon 11/1/21	Fri 9/30/22	
Convene initial meeting with Indiana about program redesign elements	Mon 11/1/21	Tue 11/30/21	Optum
Receive feedback from key personnel at Indiana Department of Health and partners	Wed 12/1/21	Wed 12/29/21	Indiana Department of Health
<Rally Program Redesign>	Thu 3/31/22	Thu 3/31/22	Optum

Task Name	Start	Finish	Resource Names
Quality Assurance of Implementation Activities	Fri 10/1/21	Fri 10/29/21	
Begin reporting on meaningful metrics to monitor quality and engagement	Tue 10/12/21	Tue 10/12/21	Optum
Assure specific ongoing training of Quit Coaches completed to maintain expertise and keep current with research in the behavioral health/tobacco cessation field	Fri 10/1/21	Fri 10/1/21	Optum
Subcontractor Activities	Wed 9/1/21	Mon 1/31/22	
Convene initial kick off meeting with all three subcontractors	Thu 9/30/21	Fri 10/29/21	Optum, Indiana Department of Health
Establish clear goals, project management and clear objectives with each subcontractor	Thu 9/30/21	Mon 11/29/21	Optum, Indiana Department of Health
Kick off referral conversion and quality control program with subcontractors as established	Mon 11/1/21	Mon 1/31/22	Optum, Indiana Department of Health