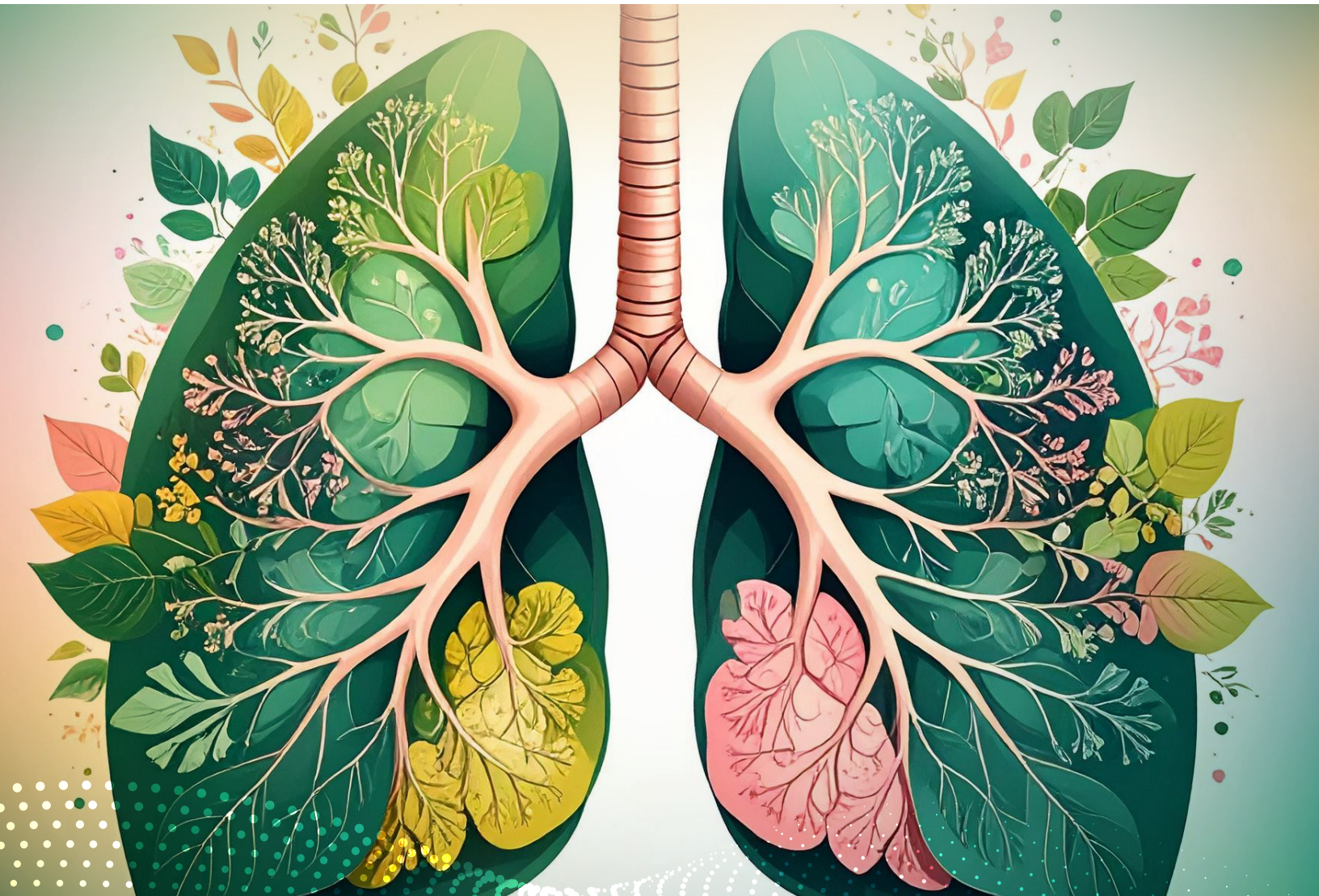
Supporting Workplace Investment in Tobacco Control and Health

PROJECT SWITCH

A Step-by-Step Guide for Tobacco-Free Workplace Program Implementation in Lung Cancer Screening Centers

Cancer Prevention & Research Institute of Texas



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INTRODUCTION AND ACKNOWLEDGEMENTS

Lung cancer is the leading cause of cancer-related mortality in the United States, contributing to more than 120,000 deaths annually.[1] Conventional cigarette smoking is causally associated with 80–90% of lung cancer incidence and deaths, while use of other combustible tobacco products (e.g., cigars, pipes) also increases risk.[2] Early diagnosis of lung cancers via a low-dose computed tomography (low-dose CT) scan has the potential to significantly improve lung cancer survival via early detection.[3,4] While low-dose CT scans are a valuable tool for early detection, they are not a substitute for quitting smoking. However, many individuals eligible for/who undergo screening continue to smoke cigarettes or are at risk for smoking relapse. Healthcare settings that refer high-risk patients to, or provide them with, lung cancer screening present an ample opportunity for provision of tobacco cessation intervention.

Healthcare settings that provide lung cancer screening in Texas (referred to hereafter as lung cancer screening centers), which may include standalone facilities but are often embedded within broader healthcare centers or departments, face significant challenges in providing evidence-based smoking cessation and relapse prevention interventions. Research suggests that many centers lack the necessary infrastructure, resources, and training to effectively integrate tobacco cessation into patient care.[5] Without these critical interventions, patients who continue smoking remain at heightened risk for tobacco-related diseases including but not limited to lung cancers, even after early detection efforts.[6,7]

Project SWITCH (Supporting Workplace Investment in Tobacco Control and Health) is a comprehensive tobacco-free workplace program that promotes lung health through evidence-based tobacco use interventions delivered in lung cancer screening centers.[8] By providing lung cancer screening centers with policy and workflow guidance, staff training, and equipping them with tailored resources, Project SWITCH enhances their capacity to provide effective tobacco cessation and relapse prevention support to their patients.[8] This guide provides a step-by-step approach to help these settings integrate tobacco control into their daily operations, ultimately reducing tobacco-related cancer incidence and improving survival rates across Texas.

The completion of **this Implementation Guide is a testament to the power of collaboration and shared commitment to creating healthier, tobacco-free environments**. Its development would not have been possible without the dedication, expertise, and contributions of several people and organizations:

- **Project SWITCH program partners:** Lung Nodule Program at the UT Health East Texas and Lung Nodule Program at Hendrick Health.
- **The Project SWITCH team at The University of Texas MD Anderson Cancer Center**:
  Program Directors:
  Dr. Lorraine Reitzel and Dr. Maggie Britton.
  Co-Investigators:
  Dr. Isabel Martinez Leal, Dr. Lisa M. Lowenstein, and Dr. Jennifer A. Minnix.
  Program Staff Members: Mikal Zere, Marcy Zere, and Asfand B. Moosa.
- **The Project SWITCH evaluation expert at the University of Houston:** Dr. Tzuan "Ann" Chen.
- **Collaborators:**
  Courtney Rasmussen, Daniele "Dani" White, and Abigail "Abby" Bergey for contributing to the refining of this guide.
  Mirna Centeno for the graphic design of this guide.

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CONTACT INFORMATION

If you have any questions about this guide or would like assistance with implementing a tobacco-free workplace program, please contact the Project SWITCH team at TakingTexasTobaccoFree@gmail.com.

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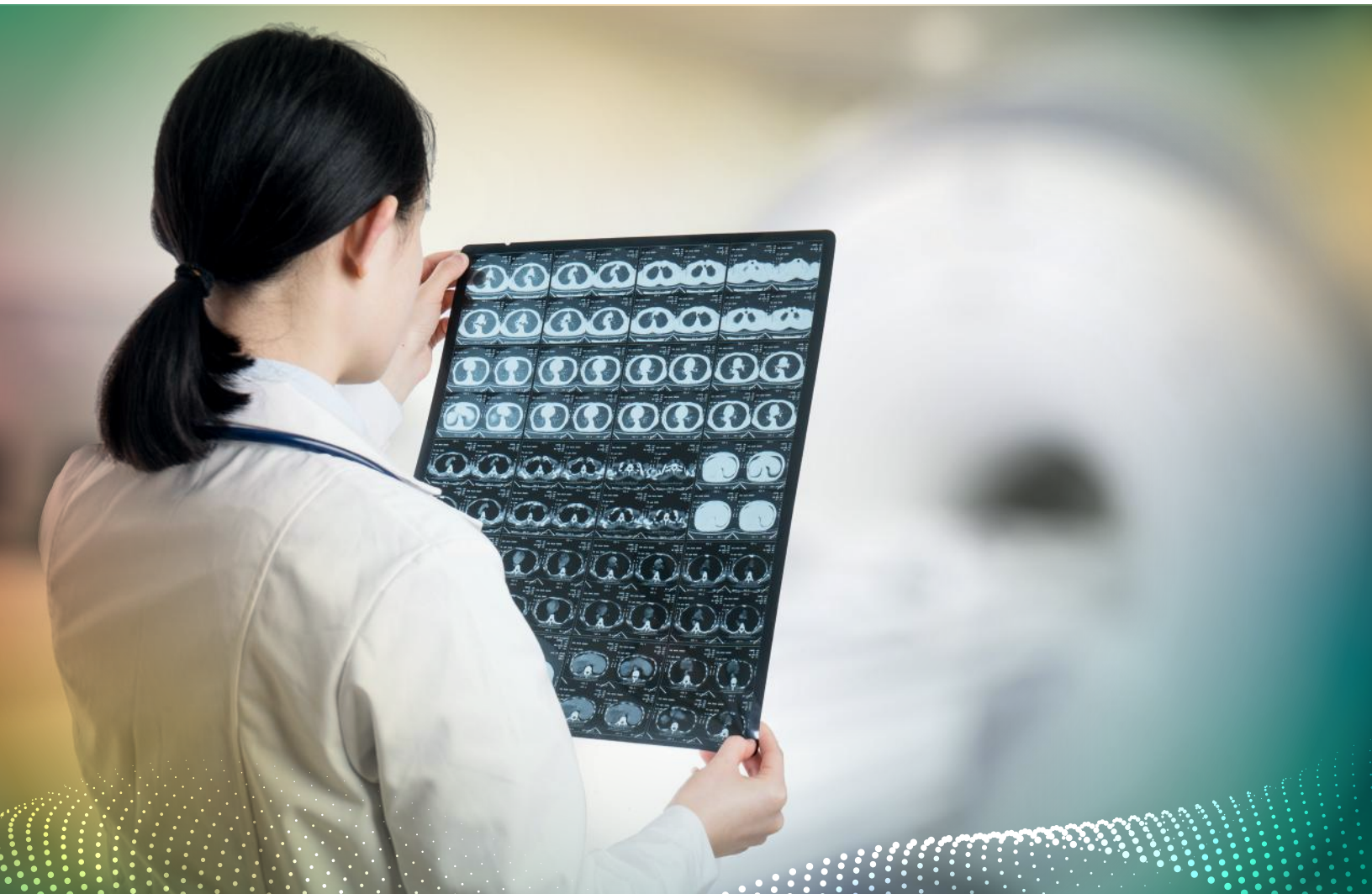
II. ABOUT PROJECT SWITCH

Project SWITCH (Supporting Workplace Investment in Tobacco Control and Health) is a comprehensive, evidence-based initiative designed to reduce tobacco use among individuals undergoing lung cancer screening and among the clinical staff who serve them.[8] Funded by the Cancer Prevention & Research Institute of Texas, this program provides organizational-level tools and training to implement sustainable, tobacco-free workplace programs in lung cancer screening centers.

WHY LUNG CANCER SCREENING CENTERS?

Tobacco use remains the leading cause of preventable death in the United States. Among individuals receiving lung cancer screening services, smoking prevalence is estimated at 55%, significantly higher than the general population (~11%).[9,10]



Despite clear evidence that cessation improves clinical outcomes, most lung cancer screening centers do not offer evidence-based tobacco treatment services. According to Texas-based data[5]:

This gap presents a critical opportunity, as patients in these settings often have extensive tobacco use/smoking histories and may be highly motivated to quit.[5,8] Project SWITCH offers a structured yet adaptable model to support lung cancer screening centers address this gap — improving both short-term health outcomes and long-term cancer prevention and survival.

PROGRAM GOALS

Project SWITCH seeks to:

1. Establish comprehensive tobacco-free workplace policies across lung cancer screening centers.
2. Educate staff and providers about how and why to screen and treat tobacco dependence in these settings.
3. Incorporate routine tobacco use screenings into patient workflows.
4. Expand access to evidence-based cessation interventions, including pharmacotherapy and referrals for patients and staff.
5. Promote long-term program sustainability through leadership engagement, internal expertise, and ongoing training.

GUIDING FRAMEWORKS

Project SWITCH is grounded in:

- **Exploration, Preparation, Implementation, Sustainment (EPIS)** – a phased model that guides program rollout and ensures sustainable integration.[11]
- **Social Cognitive Theory** – emphasizing behavioral modeling, reinforcement, and self-efficacy to drive culture change within healthcare settings.[12]

CORE PROGRAM COMPONENTS

Project SWITCH comprises three interconnected components that work together to create a supportive, evidence-based system for promoting tobacco cessation at lung cancer screening centers. These components span organizational, staff, and patient levels to ensure comprehensive and sustainable impact:

1. Tobacco-Free Workplace Policy Development and Implementation

Project SWITCH provides guidance and templates for developing and implementing a written tobacco-free workplace policy that applies to all staff, patients, visitors, and contractors. A comprehensive policy includes the prohibition of all tobacco products – including electronic nicotine delivery systems (e.g., e-cigarettes, vapes) – across all facilities and associated grounds. Centers are supported with resources for signage, staff and patient communication, and encouraged to adopt structured enforcement processes to promote adherence.

2. Staff Education and Specialized Provider Training

Education: Training Staff on the Risks of Tobacco Use and Benefits of Cessation

All staff, from administrative to clinical personnel, are provided with education on the harms of tobacco use, the benefits of quitting, and the details of the center's tobacco-free workplace policy. Trainings cover topics including nicotine addiction, the importance of treatment integration, effective communication with tobacco users, referral resources for more in-depth smoking cessation care, and tobacco-free workplace policy enforcement procedures.

Clinical Training: Educating Treatment Providers on Evidence-Based Tobacco Treatment

Specialized provider training focuses on various interventions and resources to assist patients in quitting tobacco use including:

- **Brief interventions**, including the 5A's (Ask, Advise, Assess, Assist, Arrange) and the 5R's (Relevance, Risks, Rewards, Roadblocks, Repetition).
- **Pharmacotherapy approaches**, such as nicotine replacement therapy and prescription medications (i.e., bupropion and varenicline), including administration, dosing, side effects, and best practices.
- **Behavioral counseling techniques**, including evidence-based interventions to support patients in reducing and quitting tobacco use, including but not limited to motivational interviewing techniques.[13]
- **Guidance on leveraging external resources** for referral or connection to care, such as how to connect patients with the Texas Tobacco Quitline.
- **Advanced training**, including a Tobacco Treatment Specialist course, to support ongoing internal capacity.

3. Treatment Integration: Routine Tobacco Use Screening and Cessation Services

Centers receive technical assistance to embed evidence-based tobacco use screening tools into routine patient care. This includes:

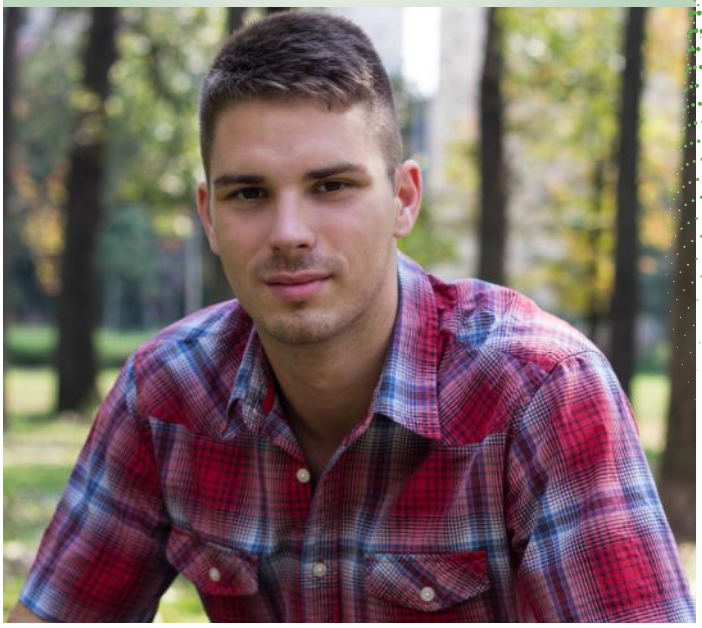
- Incorporating tobacco use assessments into standard patient intake procedures.
- Screenings are integrated into the electronic medical record (EMR) workflows. Where feasible, prompts are built into the EMR to force (i.e., hard-stop alert) provider engagement in tobacco cessation at each visit, reinforcing treatment delivery as a clinical standard.

- Screening is accompanied by clear referral protocols to ensure patients are connected to appropriate cessation services, including counseling and pharmacotherapy.
- Cessation strategies are incorporated into individualized care plans, with follow-ups conducted to assess patient progress and tailor ongoing support.

Together, these three core components ensure that tobacco use is addressed comprehensively – from policy to personalized patient care – creating a sustainable model for tobacco cessation in lung cancer screening centers. This integrated, evidence-based framework reflects Project SWITCH's commitment to reducing tobacco-related disparities and improving cancer prevention outcomes in this setting.[14-16]

TOOLKIT-BASED APPROACH

Project SWITCH provides a range of tools and templates to support practical application of each program component. These key materials are cited as appendices throughout the implementation guide and centers are welcome to tailor each to fit their unique needs, promoting adoption and ownership among staff and leadership. Project SWITCH also maintains a website where resources can be accessed freely. This website is part of the larger Taking Texas Tobacco Free (TTTF) platform, which features an implementation toolkit, as well as pages devoted to provider resources, patient education resources, presentations, and more. Materials are regularly updated based on insights and feedback gathered from a wide range of TTTF programs and their community and healthcare partners.



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III. STEP-BY-STEP IMPLEMENTATION PLAN

Project SWITCH is guided by the **Exploration, Preparation, Implementation, Sustainment Framework** that views implementation as a process based on key phases focusing on essential factors that impact successful program uptake while taking into consideration the local settings.[11] The following sections are structured according to these phases, based on a recommended 9-month timeline for program rollout. This timeline can be lessened or increased as needed to accommodate the center's needs.

PHASE 1: EXPLORATION (MONTHS 1-3)

KEY INSIGHTS

The first step toward implementing a sustainable and effective tobacco-free workplace program through Project SWITCH begins with the Exploration phase. This stage focuses on assessing current practices, engaging key stakeholders and champions, and laying the groundwork for program adoption. The goal is to ensure that every decision made is informed by the realities of the clinical setting, patient population, organizational infrastructure, and staff capacity.[11]

Establishing a clear foundation during this phase increases the likelihood of long-term success and buy-in from leadership and staff alike. This preliminary work ensures that the core components – adoption of a tobacco-free workplace policy, provision of staff education and specialized provider training, and integration of tobacco use assessments and intervention protocols – are perceived as acceptable and can be practically incorporated into routine organizational practice.[17]

a. ASSESSING ORGANIZATIONAL READINESS AND ESTABLISHING A BASELINE

To successfully tailor Project SWITCH to lung cancer screening centers, it is important to assess current tobacco-related practices and infrastructure during the Exploration phase. Prior to program adoption, centers may collect information from leadership and staff (e.g., through surveys, interviews) that assess the receipt of recent training on treating tobacco use, extant knowledge about treating tobacco use, and the extent to which tobacco use screenings and cessation interventions are happening in the clinic (and their alignment with best practice recommendations). Queries would also include concerns about program implementation, possible barriers or facilitators to program implementation, and perceived readiness to implement the program.

A thorough readiness assessment should examine whether the center has an existing tobacco-free workforce policy, whether it applies to all individuals on site and all tobacco products including vapes (i.e., is comprehensive in nature), and whether the policy is being adhered to (i.e., observing behaviors in the workplace). Additionally, the assessment should document current patient and staff tobacco use rates, determine whether tobacco use screenings are already in place, and evaluate if providers are currently offering cessation support.

This process should also include a review of available resources, such as nicotine replacement therapy, behavioral counseling, educational materials for patients, and any connections to external cessation services like the Texas Tobacco Quitline. Understanding where the center stands in terms of workflows, documentation capacity within the electronic medical record (EMR), and existing staff training on tobacco use treatment will help shape a realistic implementation plan.

b. LEADERSHIP BUY-IN AND VISION PLANNING

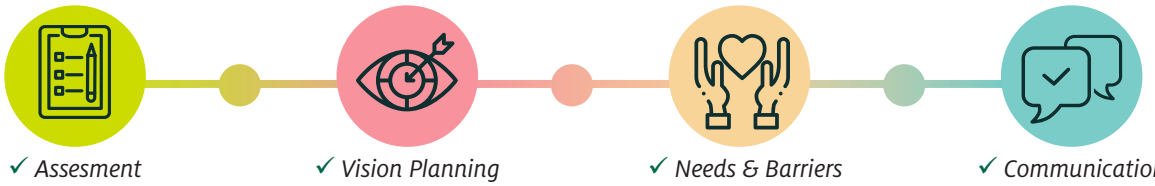
Securing visible and ongoing support from senior leadership is critical to the success of Project SWITCH. When leaders actively endorse the program, communicate its importance, and allocate necessary resources, they signal to staff that tobacco cessation is a priority.[17] During this phase, leadership should be provided with information on the actual or likely tobacco use rate of staff and patients, evidence on the impact of comprehensive workplace programs,[18-20] and examples of how the program aligns with the center's mission to promote patient health and well-being.

Leadership's commitment can be formalized through written endorsements, participation in kickoff events, or integration of Project SWITCH goals into strategic documents. Equally important is the articulation of a unified vision for the program and development of a workable timeline for program rollout. Developing a statement that reflects the center's commitment to supporting both patients and staff in quitting tobacco sends a strong message of purpose. This statement can later be used in communications, signage, and public-facing materials.

c. INITIAL COMMUNICATION AND STAFF ENGAGEMENT

Transparent and early communication is key to gaining staff buy-in and reducing uncertainty or resistance. The introduction of Project SWITCH should be accompanied by clear, consistent messaging about why the program is being implemented, what the timeline looks like, and how staff will be supported throughout the transition.

Messages should be delivered in formats familiar to staff, such as team meetings, internal newsletters, and email updates. It is helpful to begin these communications during this early stage to set expectations and encourage dialogue. Staff should be encouraged to ask questions, provide feedback, and even support the initiative as program champions.



Conclusion of the Exploration Phase

By the end of the **Exploration** phase, your center should have a clear understanding of its starting point and secured leadership engagement that is aligned with the program's goals. Understanding your center's needs as well as barriers and facilitators to implementation are essential to adapt tobacco cessation interventions to center-specific characteristics. Preliminary staff communication should be underway, and champions should begin to emerge. These foundational efforts ensure that future implementation steps will be strategic, inclusive, and sustainable.[21]

PHASE 2: PREPARATION (MONTHS 4-6)

KEY INSIGHTS

Following the foundational efforts established during the Exploration phase, the Preparation phase focuses on building the necessary infrastructure and momentum to launch Project SWITCH within your center. This phase transitions the vision into action by formalizing policy development, selecting program champions, setting an implementation timeline, preparing workflows for delivering tobacco use assessments and brief cessation interventions, and coordinating tobacco education training and logistics. The aim is to ensure that all systems, people, and processes are aligned before official implementation begins.

a. DEFINING ROLES AND RESPONSIBILITIES

At this stage, leadership should formally assign roles and responsibilities to implementation stakeholders. Clear accountability ensures coordinated efforts and avoids delays due to unclear expectations. For example, Human Resources may be tasked with incorporating tobacco-free workplace policy materials into onboarding documents, while Information Technology (IT) leads may oversee EMR workflow integration for tobacco use screening.

b. SELECTING AND SUPPORTING PROGRAM CHAMPIONS

Identifying program champions – staff members who are enthusiastic, respected, and committed to the mission – is an essential driver of program success. These individuals serve as visible advocates who promote the initiative among peers, troubleshoot resistance, and help reinforce implementation procedures.

Program champions may be recruited from clinical teams, administrative departments, or patient-facing roles. Ideally, they are comfortable speaking about the benefits of tobacco cessation and are willing to assist with peer education, policy enforcement support, and program promotion. We recommend that champions have adequate time to devote to Project SWITCH's implementation and monitoring; individuals in formal leadership roles in lung cancer screening centers would not typically meet this criterion.

The number of program champions needed may vary based on factors like center size, number of locations, etc. While at least one program champion will be required, centers can select as many champions as needed based upon the interest level/availability of staff and the size of the center. The following are some guidelines that might be helpful:

- If your center has only one site/location, 1 program champion may be sufficient. Factors to consider here might include the size of your center/total number of staff to coordinate as well as how much time your proposed program champion would have to execute their work.
- For multiple sites with locations less than 30 miles away, 1 program champion may be sufficient if they have the willingness and ability to travel to the different locations (as needed). Another factor that may affect this is how familiar the program champion is with the other sites. Would this person feel comfortable communicating and coordinating with staff from other sites?
- For multiple sites located greater than 30 miles away, 1 program champion would be selected to be the lead champion. Each additional site could also have a site-specific program champion. The lead champion could remain the main point of contact; able to delegate to and communicate with other site-specific champions.
- We generally recommend at least 1 champion per physical location, and at least 2 champions for workplaces with over 100 staff members.

To prepare champions for their role, they should be provided with:

- Background on Project SWITCH and its goals.
- Scripts for addressing common questions or concerns.
- Training in tobacco dependence education and cessation strategies.
    - Ideally, champions should be sponsored to attend a Tobacco Treatment Specialist course – a 5-day training that equips participants with the knowledge and skills to treat tobacco dependence. The course covers a range of topics including behavioral counseling, pharmacotherapy, and documentation and evaluation of tobacco cessation programs. Champions selected to attend this course should preferably be clinical providers or have experience in clinical service delivery.

The involvement of peer leaders and program champions is essential to successfully supporting staff in adopting health system changes.[22] However, serving as a program champion is not envisioned as a full-time position; rather, it is estimated to take between 5-15% of effort during the active implementation process.

c. DEVELOPING THE TOBACCO-FREE WORKPLACE POLICY

A centerpiece of Project SWITCH is the implementation of a comprehensive tobacco-free workplace policy. During the Preparation phase, a team of key program champions should review sample policy language, gather stakeholder input, and draft a policy tailored to the organization's context. For centers with an existing tobacco-free workplace policy, we recommend its review to assess for comprehensiveness and make revisions as needed (i.e., "refresh" the policy). Both a short and long version of a tobacco-free policy developed by Project SWITCH partners are included in Appendix A for reference.

To ensure a coordinated and effective rollout, it is essential to establish a formal implementation or "refresh" date for the tobacco-free workplace policy. This official launch date serves as a unifying milestone, allowing the center to align activities, timelines, and communication efforts. Setting a formal date helps ensure that all necessary components (e.g., trainings, workflow changes, resources for tobacco cessation) are in place and functioning prior to the policy going into effect. It also provides staff and stakeholders with a concrete timeline to prepare for and adapt to the upcoming changes.

A strong policy should clearly state that the use of all tobacco products, including electronic nicotine delivery systems (e.g., e-cigarettes, vapes), is prohibited by all individuals (staff, patients, visitors, contractors) across all center-owned properties—both indoor and outdoor. Loopholes, such as designated smoking areas, are discouraged, as they undermine the policy's effectiveness in promoting cessation and creating a health-centered culture.

Key elements of the policy should address:

The scope of coverage (e.g., all buildings, parking lots, vehicles, etc.)

Populations to whom the policy applies

Tobacco products included in the ban

Procedures for violations (e.g., educational, disciplinary)

Resources available for those who want to quit

Scheduled date for next review

Prominently displaying signage on the tobacco-free workplace policy across the facility well before the implementation date is recommended to help raise awareness and reinforce expectations. Visual cues such as signage, posters, banners, or digital displays near entrances, waiting rooms, and staff break rooms serve as both educational tools and reminders of the center's commitment to health.

Policies that are comprehensive, consistently enforced, and paired with cessation support are associated with greater reductions in tobacco use and higher cessation success rates.[23-24]

d. PLANNING FOR WORKFLOW INTEGRATION

Integrating Project SWITCH components into existing workflows is essential for long-term sustainability. At this stage, program champions should work with clinical leads, administrative staff, and IT personnel to define how each element – tobacco use screening, advice to quit, treatment provision, and referrals – will be operationalized during patient visits and through staff interactions.

Tobacco Use Assessments:

For tobacco use screening, clinical and IT staff should collaborate to embed a standardized tobacco use assessment (TUA) into the EMR. This tool should prompt staff to document current tobacco use, prior quit attempts, readiness to quit, and any treatment delivery and/or referrals to cessation services. Appendix B includes an example TUA to help guide development. If a TUA already exists, consider reviewing it alongside the example to assess its completeness and make updates as needed.

Programs should also consider:

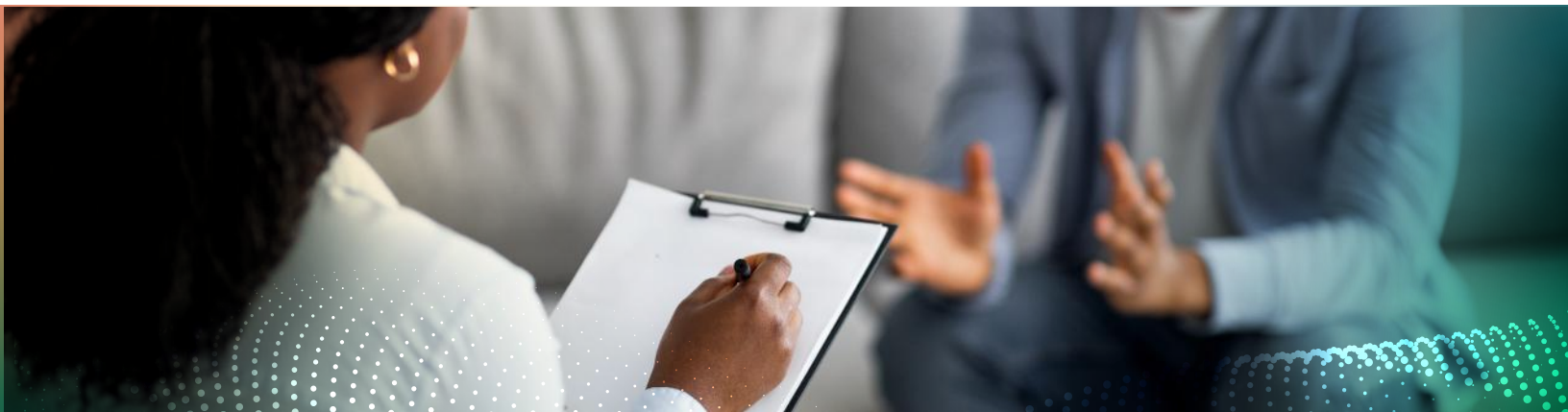
- Who will administer the TUA and at what point during the visit?
- How will staff access treatment referral tools and educational materials?
- How referrals to internal or external cessation services (e.g., Texas Tobacco Quitline) will be tracked?
- What EMR prompts (e.g., hard stops) are needed to ensure screening and treatment/referral completion?
- How will cessation follow-ups be integrated into return visits or follow-up planning?

Tobacco Cessation Treatment:

Provision of evidence-based tobacco cessation treatment is essential to implementation of Project SWITCH. Evidence-based care includes behavioral counseling *and* pharmacotherapy.

Through **behavioral counseling**, providers can offer patients personalized support and strategies to quit. During the Preparation phase, centers should consider how behavioral counseling will be delivered, documented, and integrated within the tobacco cessation program.

- Who will provide behavioral counseling (e.g., in-house or via externals referrals)?
- If in-house, what counseling approaches or frameworks (e.g., motivational interviewing, the 5A's, 5R's) will be used?
- How will counseling sessions be documented and tracked in the EMR or other systems?
- What educational materials or follow-up supports will be offered alongside counseling?
- Consider whether any educational materials developed by Project SWITCH, as shown in Appendix C, are appropriate for your needs.



Pharmacotherapy approved for tobacco cessation includes two oral medications (i.e., bupropion and varenicline) as well as five types of nicotine replacement therapy (i.e., patch, gum, lozenge, inhaler, and nasal spray). As part of the Preparation phase, centers should develop a policy for pharmacotherapy storage, tracking, and distribution. See Appendix D for a sample policy regarding center procedures for nicotine replacement therapy.

This policy should define:

- Where and how will pharmacotherapy be stored (e.g., secure, temperature-appropriate location)?
- Who is authorized to distribute pharmacotherapy to patients and under what clinical conditions?
- How will the distribution be documented in the EMR or another tracking system?
- What are the processes for ensuring products are not expired prior to dispensation and for placing new orders when supplies get low?
- What educational materials or counseling must accompany pharmacotherapy provision?
  - Consider whether any educational materials developed by Project SWITCH, as shown in Appendix C, are appropriate for your needs.

For centers without onsite treatment services, consider offering a range of external referral options (e.g., using the Ask-Advise-Refer method) – such as those listed in Appendix E (e.g., the Texas Tobacco Quitline) or local cessation providers – and incorporating these resources into discharge materials and patient navigation protocols.
By establishing clear and customized processes for both screening and treatment, tobacco cessation care becomes a sustainable part of daily operations, rather than an add-on initiative.

e. COORDINATING STAFF EDUCATION AND SPECIALIZED PROVIDER TRAINING

The Preparation phase is the ideal time to schedule staff-wide education sessions. These trainings should introduce the new policy, highlight why tobacco cessation is a clinical priority, and equip providers with brief intervention strategies such as the 5A's and 5R's, motivational interviewing techniques, and use of evidence-based pharmacotherapy.

Staff should be trained to:

- Understand the rationale for the tobacco-free workplace policy.
- Address policy violations respectfully and effectively.
  - Emphasize that all employees share responsibility for addressing policy violations. Provide them with respectful, easy-to-use language and resources (e.g., palm cards) to help them address policy violations effectively. See Appendix F for examples.
- Be familiar with the center's available tobacco cessation resources for both patients and employees.

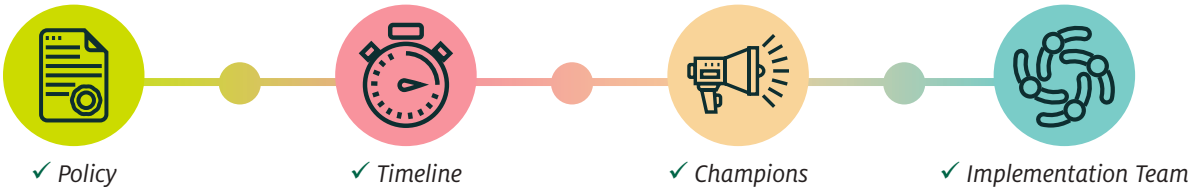
Providers should *additionally* be trained to:

- Screen patients for tobacco use and assess readiness to quit.
- Deliver brief interventions (e.g., the 5A's, 5R's) to tobacco users.
- Administer or refer patients for intensive behavioral counseling and pharmacotherapy.

Project SWITCH provides a range of virtual training opportunities and leverages established community-based trainings, as well as tele-mentoring and peer exchange platforms, some of which include free continuing education credits. Refer to Appendix G for a list of staff training and education resources.

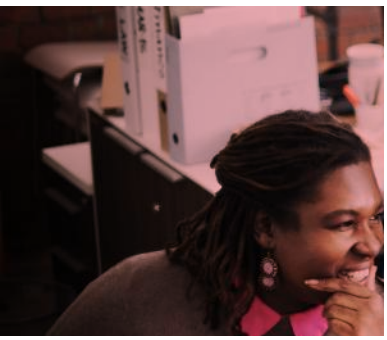
f. SUSTAINING ENGAGEMENT THROUGH COMMUNICATION

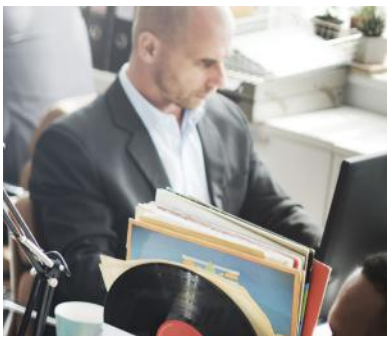
As the formal implementation date approaches, regular communication is essential to maintain enthusiasm and address questions. Centers should distribute weekly or bi-weekly updates via email, flyers, or brief all-staff huddles. These updates might include policy reminders, training dates, "champion spotlights," or tips for responding to common staff or patient concerns. Examples from our partners, shown in Appendix H, include email communications, pull-up banners, postcards mailed to patients, and flyers placed in patient rooms.



Conclusion of the Preparation Phase

By the end of the **Preparation** phase, your center should have a finalized policy approved by leadership, a clear timeline for rollout, trained champions, and a fully engaged implementation team. Workflow adjustments and training efforts should be well underway, and communication with staff and patients should reflect confidence and transparency about the upcoming transition. With the groundwork now firmly in place, your center will be ready to launch Project SWITCH in the Implementation phase.





PHASE 3: IMPLEMENTATION (MONTHS 7-9)

KEY INSIGHTS

The Implementation phase marks the official rollout of Project SWITCH. By this point, key planning elements should be in place: leadership endorsement has been secured, policies are finalized, workflows have been adjusted, and staff have been educated. The focus now shifts to putting the plan into practice across the center, ensuring the new processes and expectations are communicated, enforced, and supported consistently.

Implementation is not just about activating procedures—it is about modeling a cultural shift that centers tobacco cessation as a core component of health promotion and patient care.

a. LAUNCHING THE TOBACCO-FREE WORKPLACE POLICY

The formal launch or "refresh" of the tobacco-free workplace policy should be accompanied by visible and celebratory communication. Staff, patients, and visitors need to be clearly informed about what the policy entails, when it goes into effect, why it is important for health/lung health, and what resources are available to support compliance.

Centers are encouraged to hold a policy kickoff event, which may include:

- A formal announcement from leadership.
- Presentations from program champions.
- Distribution of printed materials and quit resources.
- Giveaways (e.g., water bottles, stress balls).
- Tabling with trained staff or cessation counselors.

Facilities should post signage in all high-traffic areas and entrances. Language should be clear, supportive, and consistent with the center's values. Staff announcements and digital messaging should be updated to reflect the live policy.

b. EMBEDDING SCREENING AND TREATMENT INTO CLINICAL WORKFLOWS

During the Implementation phase, standardized tobacco use screening becomes an expected component of every patient visit. The tobacco use assessment should be administered consistently at intake, ideally by medical support staff (e.g., nurses, medical assistants), and recorded in the electronic medical record (EMR). Providers should then assess readiness to quit and offer brief advice and support accordingly. Providers should keep in mind that patients may be uncomfortable discussing their current tobacco use, especially when they may be at elevated risk for lung cancer. Accordingly, screening and interventions for tobacco use should be delivered in a non-stigmatizing manner.

Clinical teams providing in-house treatment should follow the 5A's model for patients ready to quit:

- **Ask** about current tobacco use.
- **Advise** all users to quit.
- **Assess** willingness to make a quit attempt.
- **Assist** with brief counseling, resources, and pharmacotherapy.
- **Arrange** for follow-up or referral to specialized support.

If a patient is ready to quit, the provider or staff member can offer pharmacotherapy options and refer them to internal resources or external programs like the Texas Tobacco Quitline for behavioral counseling.

Clinical teams providing external referrals should follow the Ask-Advise-Refer model for patients ready to quit:

- **Ask** about current tobacco use.
- **Advise** all users to quit.
- **Refer** those willing to make a quit attempt.

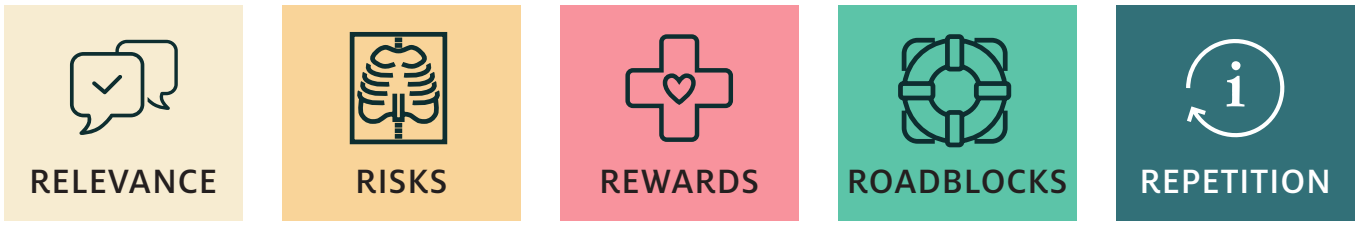
Referral protocols should have been mapped into workflows during the Preparation phase and customized to fit the center's resources.

Clinical teams should follow the 5R's model for patients not ready to quit:

- **Relevance:** Help the patient understand why quitting is personally relevant to them.
- **Risks:** Discuss the short-term and long-term health risks of tobacco use.
- **Rewards:** Highlight the benefits of quitting, such as improved health, finances, and social life.
- **Roadblocks:** Identify barriers to quitting and help the patient develop strategies to overcome them.
- **Repetition:** Repeat these motivational interventions with each patient encounter.

5A's model

5R's model



To reinforce the reliable delivery of brief interventions, staff may use checklists or clinical decision support prompts integrated within the EMR or displayed in patient rooms. See Appendix I for provider support one-pagers and badge cards outlining the 5A's and 5R's.

Pharmacotherapy Access and Distribution:

Provision of pharmacotherapy is a key component of Project SWITCH's evidence-based tobacco treatment strategy. Clinical staff should be trained to assess tobacco dependence, determine patient readiness to quit, and match individuals with appropriate pharmacotherapy options.

Centers are encouraged to:

- Offer pharmacotherapy to patients who express readiness to quit during their visit as well as to staff to support a tobacco-free workplace.
- Document pharmacotherapy distribution in the EMR and use tracking tools to monitor inventory and follow-up needs.
- Display educational materials near distribution points to guide use and reinforce effectiveness.

Integrating pharmacotherapy into routine clinical workflows helps reduce access barriers and reinforces cessation support as a standard component of lung cancer screening care.

c. PROGRAM CHAMPION AND STAFF REINFORCEMENT

Program champions take on a particularly important role during implementation. They serve as peer mentors, troubleshooters, and communication liaisons throughout the rollout. Program champions may lead short in-service refreshers, observe and support screenings, and offer positive reinforcement to colleagues adopting new practices.

To maintain momentum, centers are encouraged to:

- Recognize champions and early adopters through internal communications.
- Highlight staff successes in newsletters or during team meetings.
- Provide refresher tips and talking points via email or handouts.
- Offer booster training sessions for targeted groups, especially clinical staff administering pharmacotherapy.

Some resistance is natural, particularly in the early stages of implementation

Consistent reinforcement helps prevent early fatigue and promotes a sense of shared ownership over the new system.

d. RESPONDING TO CHALLENGES AND POLICY VIOLATIONS

Some resistance is natural, particularly in the early stages of implementation. Staff should be equipped with non-confrontational language to address patients or coworkers who violate the policy.

The resources provided in Appendix F can help staff respond with empathy while reinforcing the center's commitment to a healthy, tobacco-free environment. It is important for staff to emphasize compassion, support, and the availability of cessation services when engaging patients who use tobacco.

Examples include:

- "For your health and safety, we are a tobacco-free campus. I can share information about resources if you're interested in quitting."
- "We understand quitting is hard. Our policy is here to support everyone's health. Here's a handout with resources if you'd like help."
- "Part of our policy includes not using tobacco or vaping products on site. If you need support, we've got options that might help."

Supervisors should be prepared to handle staff violations of the tobacco-free workplace policy according to the remedial or disciplinary procedures outlined with it.

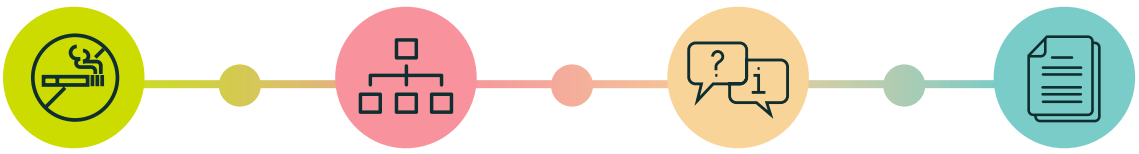
e. MONITORING RELIABLE INTERVENTION DELIVERY AND ADDRESSING BARRIERS

Implementation should be monitored closely during the initial weeks and months. Consider this a "soft launch" period; ensure the team of program champions hold regular check-ins to evaluate how well processes are working and identify any emerging issues. For example, centers may notice that:

- Screening is inconsistent across departments or providers.
- Documentation of screening and services provided are inconsistent between departments or providers.
- Staff are uncertain about pharmacotherapy options or how to refer patients.
- Patients report confusion about the tobacco-free workplace policy's scope.
- Materials are not displayed uniformly throughout the facility.

These issues should be documented and addressed through targeted adjustments, clarification emails, and follow-up trainings. Program champions and frontline staff should be invited to share feedback and suggestions.

In cases where the program is being delivered reliably and consistently, but impact is limited (e.g., few referrals for tobacco cessation care), teams should assess whether workflows, scripts, or incentives need to be revised.



Conclusion of the Implementation Phase

By the end of the **Implementation** phase, your center should have successfully launched the tobacco-free workplace policy, embedded screening and referral practices into clinical workflows, and established clear lines of communication to support staff and patient compliance. Program champions should be active, materials should be visible, and early indicators of success—such as completed assessments and patient engagement—should be emerging. The groundwork laid here will enable your center to transition into the final phase of Project SWITCH: Sustainment.

PHASE 4: SUSTAINMENT (MONTH 9 AND BEYOND)

KEY INSIGHTS

The **Sustainment** phase is critical to ensuring that the efforts initiated through Project SWITCH are not temporary, but rather embedded into the fabric of your center. In this final phase, the focus shifts from launching new practices to maintaining them, refining them over time, and institutionalizing them across all levels of the center's operations. Effective sustainment strategies preserve the integrity of the program, foster a community of practice, and support a culture of continuous quality improvement to support wellness, prevention, and patient-centered care.

a. ESTABLISHING ONGOING REINFORCEMENT MECHANISMS

One of the clearest indicators of a sustainable program is the presence of systems that reinforce tobacco-free policies and workflows without external prompting. These systems include institutional policies, onboarding materials, routine training schedules, and standing data collection procedures to assess success.

Centers should update Human Resources documents and staff orientation protocols to reflect the tobacco-free workplace policy, ensuring that every new staff member understands expectations from day one. Periodic reminders through newsletters, signage, or brief in-service refreshers help maintain awareness among existing staff. Champions or clinical leads may continue to serve as on-site mentors and resources for troubleshooting or peer training.

Leadership can support these efforts by continuing to reference the program in high-level communications and by allocating budgetary support for program maintenance (e.g., restocking printed materials, updating signage, making pharmacotherapy available on site, or renewing staff training).

b. MAINTAINING INTERNAL TRAINING CAPACITY

To sustain momentum, centers must be able to train new and existing staff. This can be accomplished by adopting a "Train-the-Trainer" model, wherein program champions or selected staff receive advanced training in tobacco treatment strategies and program implementation, and how to train others in these subjects.[25-26] These individuals are then empowered to conduct internal training sessions or onboarding briefings. Adoption of a Train-the-Trainer model builds internal training capacity, ensuring in-house expertise can withstand staff turnover.

Options to build internal capacity include:

- Encouraging key staff to attend a Tobacco Treatment Specialist (TTS) course.
- Hosting annual "booster" trainings or refresher modules.
- Creating internal video tutorials or e-learning modules tailored to center-specific workflows.
- Maintaining a training toolkit with printed materials and scripts.

Investing in internal expertise ensures that as staff turnover occurs, the knowledge and skills required to support Project SWITCH remain within the organization.

c. MONITORING PROGRAM DELIVERY AND IMPACT

Long-term success requires regular monitoring of both reliable program delivery and impact. Delivery refers to how consistently the tobacco-free policies, screening practices, and treatment workflows – already designed to reflect clinical best practices – are being followed. Impact refers to outcomes such as increased patient quit attempts, higher intervention rates, or improved provider confidence in delivering brief interventions.

Long-term success requires regular monitoring of both reliable program delivery and impact.

Centers should establish clear metrics and timelines for reviewing program performance. For example:

- Regular (e.g., quarterly) audits of tobacco use screening rates.
- Reviews of referral rates to internal or external cessation services.
- Surveys of staff attitudes and knowledge about tobacco treatment.
- Patient satisfaction data or follow-up quit success rates (when/if possible).

Data collection processes may be streamlined by leveraging electronic medical records or existing quality improvement mechanisms. Findings should be reviewed by a designated quality improvement committee and used to guide future adjustments or training needs.

d. NORMALIZING THE POLICY AND PROMOTING A CULTURE OF WELLNESS

Sustainment is not just about policy adherence; it is also about culture change. A truly integrated program becomes an embedded community of practice and a part of how the organization defines itself.[25-26] The tobacco-free workplace policy should be positioned not simply as a rule, but as a reflection of the center's commitment to patient and staff well-being.

Centers can continue to promote this culture by:

- Publicly celebrating tobacco-free anniversaries or milestones.
- Sharing staff or patient success stories related to quitting.
- Partnering with local public health initiatives or lung health awareness campaigns.
- Engaging with community partners to expand cessation reach and visibility.

In addition, continued visibility of materials (e.g., signage, patient education brochures) helps reinforce the center's stance and provides easy access to resources for those still on their cessation journey.

e. ENSURING CONTINUING ACCESS TO TOBACCO CESSATION TREATMENT

To ensure long-term success, centers must ensure evidence-based interventions are embedded into routine care. This entails:

- Update clinical workflows to ensure that tobacco screening is conducted at every patient visit.
- Integrate electronic medical record reminders prompting providers to discuss and recommend pharmacotherapy, including nicotine replacement therapy (NRT).

Incorporating peer support for NRT adherence is effective and can be accomplished through encouraging peer-led tobacco cessation groups to help patients navigate challenges. Patients who engage in peer-supported quit attempts are more likely to stay tobacco-free.[27]

Lastly, sustaining a tobacco-free workplace program like Project SWITCH often requires strategic planning around funding and resource allocation for treatment availability, provider training, and educational materials. The most sustainable method is to track these expenses during implementation and include them in the center's annual budget. If that's not possible, consider the following options:

- Identify and apply for grants from organizations focused on public health, tobacco cessation, and substance use treatment that can be solicited for funds.
  - Consider the Cancer Prevention & Research Institute of Texas, the Centers for Disease Control, the Substance Abuse and Mental Health Services Administration, local foundations, state health departments, and health-focused non-profits.
    - Tips for securing funding:
      - Align funding proposals with your center's strategic goals and ongoing efforts in cancer prevention or tobacco cessation.
      - Emphasize the integration of tobacco treatment into lung cancer screening as a strategy to enhance clinical outcomes and patient care.
      - Highlight the high prevalence of tobacco use among individuals eligible for lung cancer screening and the potential for improved health outcomes through cessation support.
      - Collect program data and success stories to demonstrate need and potential impact.

- Explore insurance reimbursement options to cover behavioral counseling and pharmacotherapy costs. The American Lung Association is one of several reputable organizations that includes information about coverage for tobacco cessation services on their website.

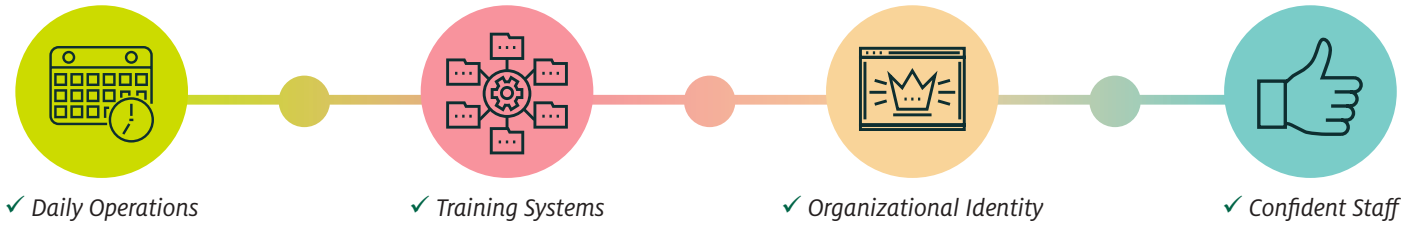
f. PLANNING FOR ADAPTATION AND GROWTH

As healthcare environments evolve, centers should anticipate the need to revisit policies, workflows, and training content. This is particularly relevant when:

- New buildings or clinic sites are opened.
- Services are expanded (e.g., telehealth offerings).
- New cessation guidelines or medications are introduced.
- Leadership transitions occur.

Planning for periodic review of policies and workflows ensures that Project SWITCH remains current and effective. As shown in Appendix A, including dates like the most recent review, approval, or update – along with the next planned review – can help keep records organized and up to date. Continuing supervision of program implementation can be assigned to a sustainability team or to a quality improvement department.

Adaptability is a key principle of successful implementation. As long as the core goals remain intact – **protecting health, promoting cessation, and maintaining a tobacco-free environment** – adjustments can and should be made to meet changing needs.



Conclusion of the Sustainment Phase

By the end of the **Sustainment** phase, Project SWITCH should be fully embedded into your center's daily operations, training systems, and organizational identity. Staff should feel confident in delivering brief interventions, providing or referring patients to treatment, and upholding tobacco-free expectations. Patients and visitors should clearly understand the center's stance on tobacco use and feel supported in their quit efforts.

Sustainment marks not an endpoint, but rather a transition from active rollout to lasting cultural change. With consistent reinforcement, internal capacity, and leadership support, your center can continue to champion tobacco cessation for years to come.

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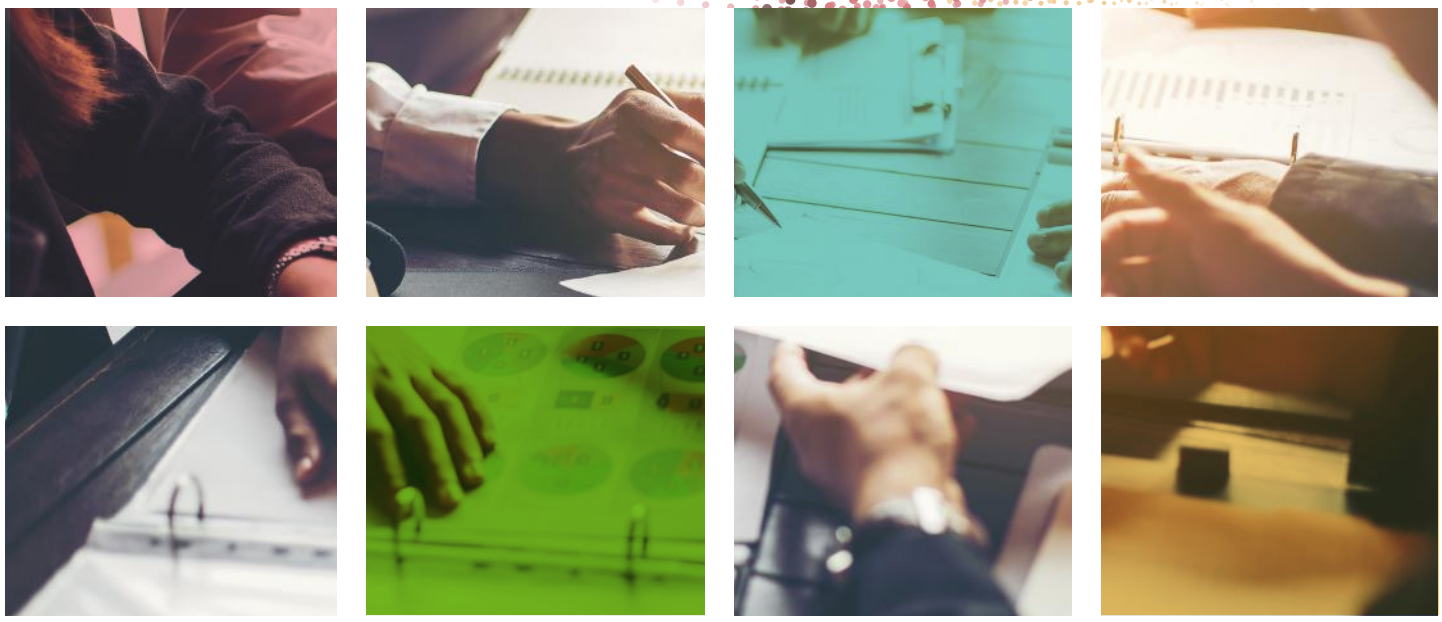
IV. EVALUATION STRATEGY

KEY INSIGHTS

Evaluation is an essential component of Project SWITCH, designed not only to assess implementation success, but also to promote a culture of continuous quality improvement. Using an approach that integrates data monitoring with stakeholder reflection, centers can ensure that program activities lead to meaningful, lasting outcomes for patients, staff, and the broader healthcare environment. This section outlines methods for assessing the reliability, effectiveness, and sustainability of program delivery, using a combination of structured tools and practical feedback mechanisms.

a. ONGOING DOCUMENTATION OF ACTIVITIES AND PROGRESS

Throughout implementation, program champions and staff are encouraged to maintain monthly documentation of site-level activities. This may include notes on staff education sessions, signage installation, screening efforts, tobacco cessation interventions delivered, and educational materials distributed.



PROGRAM PARTNER HIGHLIGHT:

For example, at UT Health East Texas, the implementation team regularly compiled summaries that highlighted gaps in policy enforcement and clinical engagement with tobacco use services. These updates enabled collaborative efforts to strengthen policy enforcement through improved signage and broader program promotion across the health system.

These progress updates can be simple and informal but provide valuable insight into the program's integration and evolution over time.

UTHealth East Texas

b. PATIENT AND STAFF ENGAGEMENT REFLECTIONS

Centers are encouraged to collect feedback from both staff and patients to gauge how the tobacco-free workplace policy and cessation services are being received. This feedback may be gathered via informal surveys, comment cards, focus groups, or brief post-interaction questions added to follow-up calls.

Reflections might explore:

- Providers' confidence in delivering brief cessation interventions.
- Patient awareness of available resources such as pharmacotherapy, counseling, or referrals.
- Perceptions of how well the tobacco-free workplace policy is communicated and enforced.
- Recommendations for how to clarify or improve access to cessation services.

This type of engagement helps ensure the program is responsive to the needs of the individuals it aims to serve, and that policy implementation is both inclusive and practical.

c. WORKFLOW INTEGRATION MONITORING

Centers are encouraged to periodically review how well Project SWITCH components have been embedded into clinical workflows. This can include checking whether:

- Tobacco use screening is occurring routinely during patient intake.
- Referral processes to cessation services or the quitline are being followed.
- Staff are regularly documenting how and when they address patients' tobacco use in the electronic medical record.

These reviews do not need to be exhaustive or overly technical. Often, brief team debriefings or chart reviews conducted by champions or clinical leads are sufficient to highlight strengths and identify areas where reinforcement is needed.

d. REGULAR CHECK-INS WITH STAFF AND CHAMPIONS

In preparation for and throughout the implementation process, centers are encouraged to conduct brief interviews or discussions (aka. "check-ins") with key staff and program champions.[28,29]

These conversations can explore:

- What is working well in launching the policy and workflows.
- Challenges to implementation as they arise, and how they might be addressed.
- How providers and patients are responding to the new system.
- What adaptations need to be made to fit the program to the needs of centers.
- How the program might be improved or sustained going forward.

Information gleaned from these "check-ins" complements quantitative tracking and provides depth and context that can inform strategic adjustments.

PROGRAM PARTNER HIGHLIGHT:
This approach was successfully applied through interviews with staff at Hendrick Health, where champions shared thoughtful reflections on policy rollout, nicotine replacement therapy integration, and staff responses to the shift toward a tobacco-free environment. These insights informed strategic implementation pivots, such as developing a palm card (see Appendix F) to support gentle tobacco-free workplace enforcement alongside resource provision.

HENDRICK HEALTH

e. COLLABORATIVE REVIEW AND QUALITY IMPROVEMENT

Evaluation should be a shared, reflective process. Project SWITCH encourages centers to hold occasional meetings with key implementation stakeholders (e.g., program champions, center leadership, patients) focused specifically on program review. These may occur quarterly or semi-annually, depending on center capacity.

In these meetings, teams can:

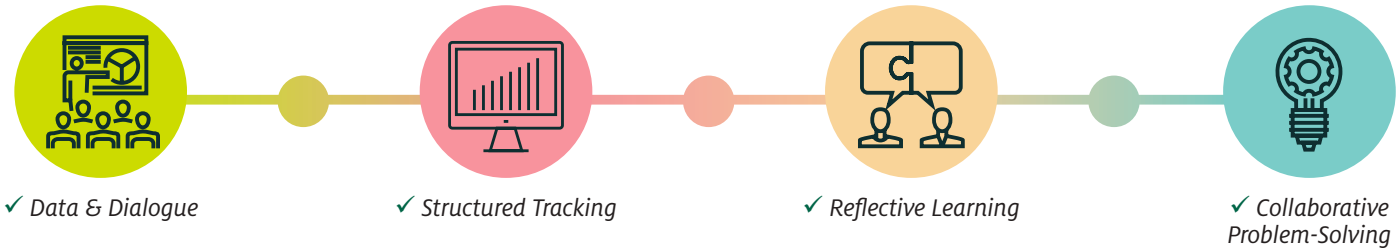
- Review patient and staff feedback.
- Discuss successes and opportunities for refinement.
- Decide on any adjustments needed in training, workflows, or communication.
- Reaffirm leadership support and program visibility.

This ongoing review process reinforces sustainability and keeps the program relevant as organizational needs evolve.

f. CONTRIBUTION TO BROADER LEARNING

Centers adopting Project SWITCH are contributing to a growing understanding of how to best support tobacco cessation in lung cancer screening contexts. Centers may consider sharing (with appropriate consent) evaluation findings – whether in the form of formal reports, informal summaries, or testimonials – on their website and/or through academic publications or presentations at professional conferences.

These insights help improve the program across sites and allow participating centers to serve as thought leaders in cancer prevention, equity, and workplace wellness.



Conclusion of Evaluation Strategy

Evaluation in Project SWITCH is not limited to numbers—it is a dynamic and participatory process that values both data and dialogue. By integrating structured tracking with reflective learning and collaborative problem-solving, this strategy supports sustained success while honoring the lived realities of staff and patients. Through this approach, centers can celebrate progress, adapt thoughtfully, and ensure their tobacco-free efforts continue to grow stronger over time.

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V. ANTICIPATED BARRIERS AND MITIGATION STRATEGIES: TURNING ROADBLOCKS INTO STEPPING STONES

KEY INSIGHTS

Implementing a comprehensive tobacco-free workplace program within lung cancer screening centers requires organizational change that can, at times, be met with hesitation, confusion, or resistance. Understanding and preparing for potential challenges helps ensure a smoother implementation process and increases the likelihood of long-term success. This section outlines common barriers reported by participating centers and offers practical, experience-informed strategies for addressing them.

a. STAFF RESISTANCE OR LOW ENGAGEMENT

Some staff may be hesitant to participate in tobacco-free workplace efforts due to personal tobacco use, misconceptions about the program's intent, misunderstandings about smoker's legal rights, or concerns about increased workload.

Mitigation Strategies:

- **Early and Transparent Communication:** Emphasize that Project SWITCH is designed to support – not penalize – staff and patients. Share data on tobacco's negative impact on health and productivity and position the initiative as part of the center's commitment to wellness and patient care.
- **Use of Champions:** Leverage respected program champions and/or staff to model behavior, share testimonials, and address peer concerns informally.
- **Training as Empowerment:** Frame trainings as professional development opportunities that equip staff with tools to support patients effectively.
- **Normalize Support:** Promote that services support staff as well as patients, creating a supportive environment for cessation.

b. INCONSISTENT POLICY ENFORCEMENT

Maintaining consistency in how the tobacco-free workplace policy is enforced across departments and shifts is a common challenge, particularly in larger campuses or areas with shared spaces.[23,30,31]

Mitigation Strategies:

- **Clear Signage and Policy Visibility:** Use signage in all entryways, waiting areas, and staff zones to reinforce policy expectations.
- **Enforcement Scripts and Training:** Provide all staff with simple, respectful language they can use to address violations (e.g., palm cards, role-play scenarios; see Appendix F). Reinforce these scripts during training and onboarding.
- **Role Clarity:** Clarify who is responsible for reinforcing policy adherence and ensure supervisors are prepared to support staff who may face resistance from patients or peers.
- **Feedback Loops:** Encourage reporting of repeat issue areas and adjust signage or enforcement plans as needed.

c. LIMITED TIME FOR TOBACCO USE SCREENING AND REFERRAL

In busy clinic environments, time constraints may reduce the likelihood that providers complete screenings or engage patients in tobacco cessation conversations.

Mitigation Strategies:

- **Streamline Workflow Integration:** Embed screening tools (such as the tobacco use assessment) into intake procedures already completed by medical support staff (e.g., nurses, medical assistants).
- **Brief Intervention Models:** Promote the 5A's and Ask-Advise-Refer models, which require only 1–3 minutes of provider time but have proven effectiveness.
- **Automate Referrals:** When possible, set up referrals in the electronic medical record (such as direct referrals to the Texas Tobacco Quitline), so a coach can proactively contact the patient within 48 hours, reducing patient effort and increasing enrollment.
- **Train All Staff:** Train medical assistants, nurses, and other support staff to initiate conversations or referrals to reduce the burden on providers.

d. PATIENT RESISTANCE OR POLICY VIOLATIONS

Patients may challenge the policy or be reluctant to engage in cessation efforts due to past quit failures, low motivation, belief that tobacco use is unrelated to their current health, or a sense of hopelessness that damage from tobacco use has already been done.

Mitigation Strategies:

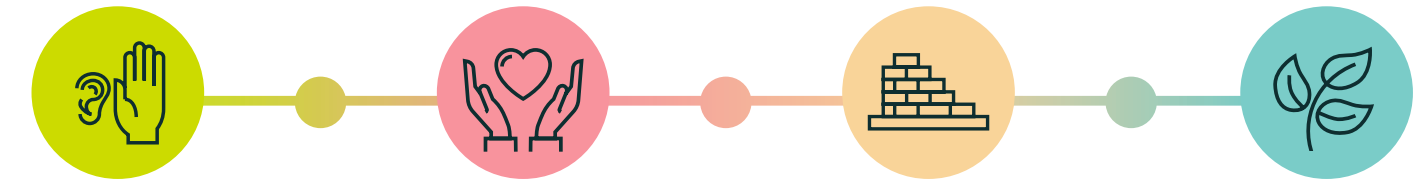
- **Empathetic Communication:** Train staff in motivational interviewing techniques[13] and the use of non-stigmatizing communication; provide scripts for respectful workplace policy enforcement.
- **Educational Materials:** Share easy-to-read materials that educate patients on the harms of tobacco use and available cessation resources (see Appendix C).
- **Support, Not Punishment:** Emphasize that the policy is about health promotion, not discipline. Offer resources alongside reminders rather than issuing threats; emphasize that quitting tobacco use has health and lung cancer care benefits at almost any age.
- **Provide Accessible Services:** Make cessation services easy to access, whether through on-site counseling, pharmacotherapy access, or referral to external treatment resources (see Appendix E).

e. COMPETING PRIORITIES AND ORGANIZATIONAL FATIGUE

In healthcare settings with limited staff and many concurrent initiatives, Project SWITCH may feel like "just another task."

Mitigation Strategies:

- **Align with Organizational Goals:** Demonstrate how SWITCH aligns with the center's mission, as well as supports broader institutional priorities such as patient safety, accreditation, quality care, and population health.
- **Integrate, Don't Add-On:** Embed Project SWITCH core components into existing systems like staff onboarding, regular quality improvement meetings, or health campaigns to avoid redundancy.
- **Celebrate Success:** Highlight achievements through newsletters, recognition awards, and leadership shoutouts. Even small wins, like increased screening rates or successful nicotine replacement therapy distribution, deserve celebration.



✓ *Navigate Resistance* ✓ *Strengthen Engagement* ✓ *Strong Foundation* ✓ *Sustainable Change*

Conclusion of Anticipated Barriers and Mitigation Strategies

Barriers are a natural part of any organizational change process. What matters most is not whether challenges occur, but how thoughtfully and proactively they are addressed. By using the tools, scripts, and resources built into Project SWITCH, participating centers can navigate resistance, strengthen engagement, and build a stronger foundation for sustained change. The result is a healthier workplace, empowered staff, and patients supported on their journey toward quitting tobacco.

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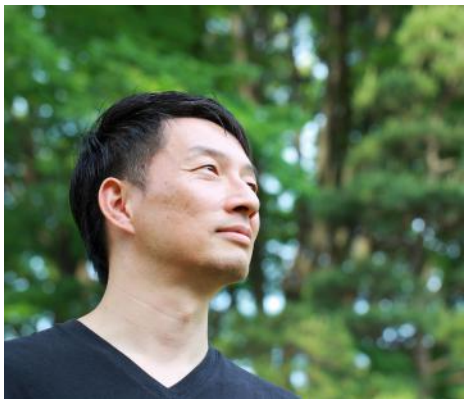

VI. FREQUENTLY ASKED QUESTIONS

1. Are we able to bill for tobacco cessation services at our clinic?

Tobacco cessation services are billable. The American Lung Association (ALA) offers a detailed step-by-step billing guide that outlines coverage requirements for Medicaid, Medicare, and private insurance plans.

This guide also covers:

- Appropriate diagnosis and procedure codes
- Documentation requirements
- Common reasons for claim denials
- Additional billing resources

In addition, the ALA provides a separate guide focused on lung cancer and screening, which includes information on shared decision-making, tobacco cessation counseling, and diagnostic CT coding.

For billing-related support, the ALA offers free technical assistance. You can contact their team by emailing CessationTA@Lung.org and visiting Lung.org/CessationTA for more information.

2. Although lung cancer screening focuses on pack years for cigarettes, should we screen for other tobacco products?

Yes, it is important to screen patients for all forms of tobacco use, not just cigarettes. While pack-year history is specifically used to assess eligibility for lung cancer screening, all tobacco products are harmful and can contribute to long-term damage to both the respiratory and cardiovascular systems. Screening for other tobacco products is essential for understanding a patient's overall tobacco use and providing appropriate cessation resources and support.

3. I don't have enough time during appointments to discuss tobacco cessation. What is an effective and quick way to address tobacco use?

   A quick and effective evidence-based approach is the 5A's model: Ask, Advise, Assess, Assist, Arrange. This model offers a structured and repeatable framework for providers to incorporate tobacco cessation support into routine care, even during time-limited appointments. The 5A's is considered a best-practice method and is recommended for use with every patient at every meaningful provider encounter. For support in implementing this model, see Appendix I.

4. I have many patients who are resistant to quitting tobacco. What can I do as a provider to engage change?

   Similar to the 5A's, the 5R's model (Relevance, Risks, Rewards, Roadblocks, Repetition) can be used to help motivate patients who are unsure about quitting. This model explores barriers for quitting, perceived long term risks of tobacco use, and the importance of quitting. For support in implementing this model, see Appendix I.

5. How can we best support patients to prevent relapse during their tobacco cessation journey?

   Supporting patients in preventing relapse begins with proactive planning and ongoing encouragement throughout their quit journey. One of the most effective strategies is helping patients create a personalized quit plan in collaboration with their healthcare provider. This plan should include a combination of medication (such as varenicline, bupropion, or nicotine replacement therapy) and counseling, both of which have been shown to significantly improve quit success and reduce the risk of relapse.

   You can also support patients by helping them identify high-risk situations in advance. Teaching patients coping strategies is critical. Encourage them to plan to avoid or to step away from triggering situations. In addition, positive self-talk and mental reinforcement can be powerful tools. Lastly, it's important to normalize relapse as part of their journey; it should not be seen as a failure. Nicotine dependence is a chronic, relapsing condition. By combining practical tools, emotional encouragement, and medical support, we can help patients build resilience and confidence in maintaining a tobacco-free life. Please see Appendix C for our relapse prevention educational materials.

6. What are the best strategies for implementing and enforcing our tobacco-free workplace policy when patients continue to smoke on our grounds?

   It is important to first identify specific areas where patients are smoking. This can help determine whether additional signage is needed to more clearly communicate that the entire workplace, including outside spaces, is tobacco-free. If tobacco use persists near your center, staff or security can offer a gentle reminder about the policy. When appropriate, consider providing supportive resources, such as information about the Texas Tobacco Quitline or your own tobacco cessation program to encourage and assist patients in their efforts to quit.

7. Is it possible to set up direct referrals to the Texas Tobacco Quitline? How do we integrate this functionality into our electronic medical record?

   Yes, it's possible to set up direct referral to the Texas Tobacco Quitline. There are multiple methods that support a direct referral (see Appendix E), meaning that after the referral is submitted, a Quitline coach will contact the patient within 48 hours to start the program. Providers can also elect to receive a report once the patient is enrolled.

The Tobacco Research and Evaluation Team offers support for healthcare systems wishing to integrate the eTobacco protocol, including technical assistance, clinical staff training, and materials to promote the referral service. For more information about integrating the eTobacco protocol into your electronic medical record system, email uttobacco@utexas.edu.

8. What does the Texas Tobacco Quitline offer patients?

Texas residents aged 13 and older who use any tobacco product can be referred to the Texas Tobacco Quitline for free cessation support. The Quitline offers a range of specialized tracks to meet the diverse needs of its callers. For more information, visit their services page.

9. Aside from the Texas Tobacco Quitline, what other resources can we tell our staff and patients about to support them in their quit attempts?

Another free resource for patients is the EX Program (formerly known as "This is Quitting"). It is a text message-based program for individuals 13 and older. It offers a personalized experience based on factors like age and tobacco product type. Smokefree.gov is a valuable resource hub for individuals looking to quit smoking. It offers a variety of evidence-based programs and tools designed to support a smoke-free lifestyle. These programs are described in detail in Appendix E.

10. How can we get trained in how to address tobacco use with our patients?

Appendix G includes a variety of tobacco training and educational resources. Additionally, several listservs provide notifications of training opportunities that you may wish to sign up for, including:

- University of California at San Francisco Smoking Cessation Leadership Center
  - The Communiqué and 100Pioneers
- American Lung Association
  - Lung Association Insider
- Tobacco Online Policy Seminar
  - Mailing List
- National Council for Mental Wellbeing
  - National Council News
- National Center of Excellence for Tobacco-Free Recovery
  - Mailing List

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RESOURCE SPOTLIGHT!

Don't want to sort through multiple listservs? Taking Texas Tobacco Free sends out a curated training list twice a month, featuring free webinars and training opportunities focused on tobacco/nicotine dependence treatment, along with a highlighted resource (e.g., patient education material, government report, etc.). To subscribe, email TakingTexasTobaccoFree@gmail.com with the subject line "SWITCH Training List".

VII. APPENDICES

APPENDIX A - TOBACCO-FREE WORKPLACE POLICY EXAMPLES

Long example: UT Health East Texas' tobacco-free workplace policy

Last approved: 10/2024
Last revised: 10/2024
Next review: 02/2027
Tobacco-Free Campuses

A. PURPOSE

The purpose of this policy is to promote the health, well-being, and safety of students, Staff, and visitors with the establishment of a tobacco-free campus in compliance with Regents' Rule 80111: Smoke Free or Tobacco Free Policies. As of August 15, 2016, the University prohibits the use of all smoking devices and tobacco products on University property.

B. PERSONS AFFECTED

This Policy applies to all individuals associated with or on the premises of the University, including without limitation staff, faculty, students, patients, visitors, volunteers, contractors, or vendors.

C. DEFINITIONS

1. **Electronic Nicotine Delivery System (ENDS):** A battery-powered vaporizer which simulates tobacco smoking by producing an aerosol that resembles smoke. May also be referred to as an electronic cigarette (e-cigarette) or personal vaporizer (PV).
2. **Faculty member:** See HOP 1.05: Definitions of Terms.
3. **Smoking device:** Any device used to smoke tobacco products (e.g., pipes, water pipers, hookahs) as well as any ENDS.
4. **Tobacco product:** Any product made or derived from tobacco that is intended for human consumption, including without limitation cigarettes, cigars, bidis, kreteks, and any form of smokeless tobacco (e.g., snuff, chewing tobacco).
5. **University property:** Property located within the state of Texas that is owned, operated, leased, occupied, or controlled by the University. For purposes of this Policy, this includes but is not limited to all buildings and structures (e.g., external stairwells, walkways, balconies), grounds, sidewalks, parking lots, walkways, attached parking structures, and vehicles owned or controlled by the University.

D. POLICY

General Use

Use of all smoking devices and tobacco products on University property is prohibited.

Public Events

1. **Applicability.** Organizers and attendees at public events (e.g., conferences, meetings, public lectures, social events, cultural events, sporting events) on University property will be required to abide by this Policy.
2. **Responsibility.** Organizers of such events are responsible for communicating the Policy to attendees.

Advertising

Advertising, sale, or free sampling of tobacco products on University property is prohibited.

Litter

Littering University property with the remains of tobacco products or any other related waste product is prohibited.

Personal Vehicles

No smoking device or tobacco product is allowed in personal vehicles when transporting persons on authorized University business.

Violations

1. **Enforcement.** Violations of this Policy can and will be enforced through routine inspections or the result of complaints from the campus community.
2. **Complaints.** If someone is seen using smoking devices or tobacco products on University property, an individual may inform the user of this Policy and request compliance with this Policy, or the individuals may contact the UPD, OHR, or the Office of Compliance for appropriate resolution.
3. **Office of Compliance.** Where cases are referred to the Office of Compliance for resolution, such resolution may include referral to one of the following:
   a. OHR when the concern is related to a staff or faculty member.
   b. The Office of the Vice President for Student Success or a designee of the office when the concern is related to a student.
   c. Campus Auxiliary or a designee of those services when the concern is related to contractors.

Advertising, sale, or free sampling of tobacco products on University property is prohibited.

Penalties for Violation

1. **Fines.** Violation of this Policy constitutes a Class C misdemeanor with a possible fine up to $500 per occurrence.
2. **Administrative channels.** Any violations of this Policy will be handled through departmental administrative channels and administrative procedures.
3. **Disciplinary action.** Failure to comply may result in disciplinary action, up to and including termination of employment.

Exemptions to the Policy

Smoking devices or tobacco products may be permitted under the following circumstances:

1. **Research.** Sponsored research involving smoking devices or tobacco products, provided

the staff obtains the prior approval from the Office of Sponsored Research and a waiver is requested and granted in accordance with sponsored research requirements, if any. Smoke, like any other laboratory air contaminant, shall be controlled.

2. **Performances.** By artists or actors who participate in the University-authorized performances that require use of smoking devices or tobacco products as part of the artistic production, where prior approval of the appropriate vice president and other required officials is obtained.
3. **Special circumstances.** Under special circumstances, which may include clinical or educational purposes, where prior approval of the appropriate vice president and other required officials (e.g., the Office of Environmental Health & Safety) is obtained.

Awareness and Education

The implementation of this Policy is augmented by an awareness and education campaign that includes but is not limited to:

1. **Notification of Policy.** Current and prospective students and staff may be notified of the Tobacco-Free Campus Policy by communication available on the University websites, during the admission and enrollment process, and/or during new hire orientation for staff.
2. **Informational methods.** Informational meetings, postings, and electronic notifications may be used to heighten awareness.
3. **Signage.** Notices bearing the message "Tobacco-Free Campus" or similar signage may be posted around campus property. However, the Tobacco-Free Campus Policy applies to all University property whether or not notices are posted, unless specified as an approved exception.
4. **Tobacco cessation assistance.** The University is committed to supporting and assisting all students and staff who wish to stop using tobacco products. For a full listing of tobacco cessation resources, please visit the University website or the Centers for Disease Control and Prevention (CDC) website.

E. REFERENCE SOURCES AND AUTHORITY

- Texas Administrative Code, Title 25, Section 703.20: Certification of Tobacco-Free Policy for Grant Recipients
- Texas Penal Code, Title 10, 48.01: Smoking Tobacco
- Texas Education Code, Title 3, Section 51.202: Protection of Buildings and Grounds Regents'
- Rule 80111: Smoke Free or Tobacco Free Policies

F. REVIEW RESPONSIBILITIES AND DATES

The Policy Owner for this Policy is the Chief Human Resources Officer, and this Policy shall be reviewed every three (3) years or sooner, if necessary, by the Policy Owner or their designee.

Short example: Hendrick Health's tobacco-free workplace policy:

PURPOSE:

Hendrick is committed to providing a safe and healthy workplace and to promoting the health and well- being of its staff, patients, and visitors.

POLICY:

Smoking, dipping, vaping and other uses of tobacco or electronic smoking devices are prohibited on the campuses of Hendrick, at Hendrick sponsored off site conferences and meetings, and in all vehicles leased or owned by Hendrick.

a. The use of all tobacco products is prohibited on the campuses of Hendrick.
b. Electronic smoking devices are also prohibited on the campuses of Hendrick.
c. No smoking and tobacco-free signs shall be conspicuously posted at each entrance and all parking areas at Hendrick.
d. All staff, visitors, contractors, patients, students, volunteers, physicians will comply with this policy.
e. After consultation with the attending physician, patients who smoke or use tobacco products may be provided with information on alternative sources of nicotine, including nicotine patches and nicotine gum. Information on smoking cessation programs will also be provided.

APPENDIX B - TOBACCO USE ASSESSMENT

A comprehensive tobacco use assessment (TUA) that includes eligibility determination for lung cancer screening based on United States Preventive Services Task Force guidelines, which can be used to develop a new TUA or audit existing procedures.

Tobacco Use Assessment Form

Date of Assessment: _____

Note: *For the purposes of this assessment, the term "tobacco" refers generally to any product that contains tobacco or nicotine, including cigarettes, cigars, smokeless tobacco, e-cigarettes, hookah, etc.*

Section 1. Personal Information			
Name		Age	

Section 2. Tobacco Use History

Do you currently use tobacco? ☐ Yes ☐ No, skip to **Section 5**

Which types of tobacco do you currently use? *(Read out loud options as needed.)*

☐ Cigarettes (complete **Section 2A**) ☐ Electronic cigarette/vape (complete **Section 2B**)

☐ Smokeless tobacco (complete **Section 2B**) ☐ Other (*Please specify*): _____ (complete **Section 2B**)

2A. For individuals who smoke cigarettes:

i. For daily smokers: On average, how many cigarettes do you smoke **per day**: _____

For how many years have you smoked: _____

Calculate **Pack-Year History:**

___cigarettes **per day** ÷ 20 = ___packs/day

___years **X** ___packs/day =___**Pack-Year History**

ii. For non-daily smokers: On average, how many cigarettes do you smoke **per month**?

2B. For individuals who selected non-cigarette tobacco use (complete applicable row/s):

	How many days do you use per (circle one) week or month?	**i.** Daily users: How much do you use per day?	**ii.** Non-daily users: How much do you use each time you use?	How long have you used this product? *(months and/or years)*
Smokeless Tobacco				
Electronic Cigarette/Vape				
Other:_____				

Section 3. Quit Attempts

Have you ever attempted to quit tobacco? ☐ Yes When was your last quit attempt? _____ ☐ No

Did you use anything to help you quit in previous quit attempts? (*Read out loud options as needed. Check all that apply.)*

☐ No, cold turkey (quit with no help/guidance/medication)

☐ Nicotine Replacement Therapy: ○ patch ○ gum ○ lozenge ○ inhaler ○ spray

☐ Prescription medication (Chantix/ Wellbutrin/ Zyban) ☐ Hypnosis/Acupuncture

☐ If other, please specify _____

Do you have a desire to quit using tobacco product(s) ☐ Yes ☐ No ☐ Unsure

If yes, go to **Section 4A**. If no or unsure, go to **Section 4B**.

APPENDIX B - TOBACCO USE ASSESSMENT (CONTINUED)

Section 4. Services or Intervention Provided Today

4A. Complete following only if ready to quit:

What services were provided to assist the person to quit using tobacco products?

☐ Distributed NRT Product (check which were provided)

- ○ 21 mg nicotine patch
- ○ 14 mg nicotine patch
- ○ 7 mg nicotine patch
- ○ 4 mg nicotine gum
- ○ 4 mg nicotine lozenge
- ○ inhaler
- ○ spray

☐ Prescribed prescription medication (circle medication used: Chantix/ Wellbutrin/ Zyban)

☐ Referral to call the Texas Quitline ☐ Other service provided (*specify*): _____

4B. Complete following only if not ready to quit (or unsure):

What Intervention was provided to the person? *(Check all that apply)*

☐ Advised person to quit tobacco ☐ Provided card to Texas Quitline ☐ Discussed 5Rs

☐ Rack card provided *(check which were provided)*

- ○ secondhand smoke
- ○ smoking and pregnancy
- ○ substance use
- ○ mental health
- ○ electronic cigarettes/vapes
- ○ displaced individuals
- ○ pain/opioid
- ○ physical disabilities

☐ Provided Motivational Interviewing ☐ Agreed to discuss at next visit

Section 5. Screen for Past Tobacco Use / Exposure
(Skip and go to **Section 6** if a current tobacco user)

Do you live with a tobacco user?	☐ Yes	☐ No	**If Yes,** provide secondhand smoke rack card.
Have you ever used tobacco?	☐ Yes	☐ No	**If No,** the assessment is complete.
When you used tobacco, did you smoke cigarettes?	☐ Yes	☐ No	**If No,** the assessment is complete.

5A. For individuals who smoked cigarettes in the past:

How many years has it been since you quit smoking cigarettes? _____	Calculate **Pack-Year History =**
On average, how many cigarettes did you smoke **per day?** _____	___cigarettes **per day** ÷ 20 = ___packs/day
For how many years did you smoke? _____	___years **X** ___packs/day =___**Pack-Year History**

Section 6. Lung Cancer Screening Eligibility
*To be completed for anyone **aged 50-80** who **currently smokes cigarettes** OR **smoked cigarettes in the past**.*

For **current** cigarette smokers…

☐ Has pack-year history of 20 or greater

If the box above is checked, they might be eligible for lung cancer screening.

For **past** cigarette smokers…

☐ Quit within the last 15 years

☐ Has pack-year history of 20 or greater

If both boxes above are checked, they might be eligible for lung cancer screening.

Services Provided to Eligible/Potentially Eligible Individuals:

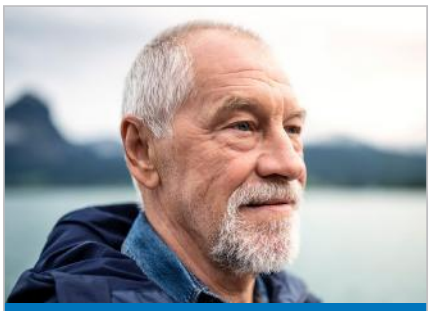
☐ Referral to lung cancer screening

☐ Lung cancer screening rack card

☐ Encouraged them to discuss their eligibility with their physician

APPENDIX C - HEALTH EDUCATION MATERIALS FOR PATIENTS

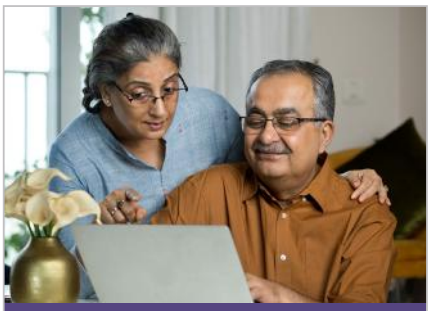
Below are selected example materials in English. To explore additional Project SWITCH resources, including materials in Spanish, please visit our website.



Benefits of lung cancer screening

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center
Making Cancer History®

CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS



Get your lung cancer screening every year

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center
Making Cancer History®

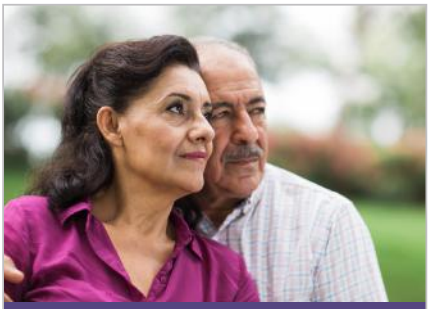
CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

Stay smoke-free: Tips to prevent relapse

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center
Making Cancer History®

CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

APPENDIX C - HEALTH EDUCATION MATERIALS FOR PATIENTS (CONTINUED)



Hispanic/ Latino Americans and lung cancer screening

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center
Making Cancer History®

CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

Lung cancer screening for Black adults

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center
Making Cancer History®

CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

Lung cancer screening for Black men

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center
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CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

APPENDIX D - PHARMACOTHERAPY STORAGE, TRACKING, AND DISTRIBUTION POLICY EXAMPLE

Example from UT Health North Campus Tyler:

SUBJECT:	Nicotine Replacement Therapy Storage and Distribution	PAGE 1 OF 2
DEPARTMENT:	Retail Pharmacy	
AUTHORS:	Misty Lewis, MPH, RN, Lung Nodule Program Vince Alibrando, RPh Retail Pharmacy Manager	EFFECTIVE: 9/2024
APPROVED BY:	Vince Alibrando, RPh Retail Pharmacy Manager	

I. PURPOSE:

The purpose of this procedure is to outline the storage/distribution of Nicotine Replacement Therapy (NRT).

II. SCOPE:

As a participant in Project SWITCH (Supporting Workplace Investment in Tobacco Control and Health), UT Health North Campus Tyler Retail Pharmacy has agreed to provide staff and patients with training and education related to tobacco use, Nicotine Replacement Therapy (NRT), and support for tobacco cessation efforts.

III. PROCEDURE:

As a participant in Project SWITCH, UT Health North Campus Tyler Retail Pharmacy has agreed to provide staff and patients with training and education related to tobacco use, Nicotine Replacement Therapy (NRT), and support for tobacco cessation efforts.

IV. NRT STORAGE:

a. Product inventory shall be the responsibility of the retail pharmacy and all NRT products shall be inventoried upon arrival at the retail pharmacy. Staff members from Project SWITCH will be notified of the receipt for NRT products and will confirm the correct amount was received.
b. The stock supply of NRT will be entered into our Sample Program software, which:
    i. Maintains a perpetual inventory on all sample products.
    ii. Allows providers to send orders for the products directly to the retail pharmacy.
c. All samples are labeled and dispensed by the retail pharmacy with counseling provided by one of our pharmacists and a drug monograph provided.
d. NRT will be inspected quarterly by designated staff to ensure that outdated/ expired NRT will be disposed of in accordance with the retail pharmacy's medication disposal policy.
e. If NRT products are recalled by the FDA or another agency, such NRT stock will be collected and returned to the manufacturer or disposed of in accordance with instructions provided. UT Health North Campus Tyler Retail Pharmacy Department staff will notify affected consumers and staff.
f. NRT will be kept separate from disinfectants and cleaning products.

VI. NRT ALLOCATION TO PATIENTS FROM PROVIDER OFFICE:

a. To receive NRT, the patient must meet with the ordering provider to determine:
    i. The correct dosing of NRT (patch, gum, lozenge).
    ii. The supply of NRT (two (2) week supply will be prescribed at one time. If the patient decides to continue NRT, they will need to meet with the provider prior to receiving the next two (2) week allocation).
    iii. Meeting with a provider can include an in-person visit, virtual visit, phone call, online patient portal message, or another interaction deemed appropriate by the provider.
b. Allocation of NRT to patients will be documented and become part of their medical record.
c. Individuals will be educated on the side effects associated with NRT.
d. If a patient has Medicaid or other insurance, the patient may also receive tobacco cessation aids (such as Zyban, Chantix, NicoDerm, Nicorette) if covered by their insurance and deemed clinically appropriate by the treating provider.
e. No NRT will be prescribed to minors (under the age of eighteen).

VII. NRT ALLOCATION TO PATIENTS FROM RETAIL PHARMACY:

a. Pharmacy will dispense NRT as prescribed by ordering provider.
b. NRT will be provided free of charge.
c. Individuals will be counseled upon initial dispensing

APPENDIX E - EXTERNAL TREATMENT RESOURCES

Telephone Quitlines

- Tobacco cessation services are provided by trained counselors who offer personalized support to help individuals quit.
- Quitlines are offered in every state, though services and hours vary (see: naquitline.org/page/quitlineprofiles).
- A national network of quitlines routes callers to their state-specific service when they call one of the following numbers:
  - English callers: 1-800-QUIT-NOW (1-800-784-8669)
  - Spanish callers: 1-800-DEJELO-YA (1-800-335-3569)

Texas Tobacco Quitline

The Texas Tobacco Quitline (TTQL) is operated by the Texas Department of State Health Services and provides confidential and free cessation services (in 100+ languages) to Texas residents to assist them in quitting all tobacco products, including e-cigarettes.

The Quitline offers a range of specialized tracks to meet the diverse needs of its callers. For more information, visit their services page.

To enroll:

- Interested individuals can call the Quitline directly at 1-877-YES-QUIT (1-877-937-7848).
- Healthcare providers can provide a direct referral to patients in a few different ways.
  - For more information, visit their referrals page.
- Whenever possible, the gold standard method for direct referrals is through Electronic Medical Record (EMR) integration.
  - To integrate this functionality into your EMR, providers can use the eTobacco Protocol. The Tobacco Research and Evaluation Team offers support for healthcare systems wishing to integrate the eTobacco protocol, including technical assistance, clinical staff training, and materials to promote the referral service. For more information about integrating the eTobacco protocol into your EMR, email uttobacco@utexas.edu.

National Quitlines

Select national quitlines are available to certain callers based on language and other specific needs.

- Veterans Quitline:
  - 1-855-784-8838
- The Asian Smokers' Quitline:
  - Chinese callers: 1-800-383-8917
  - Korean callers: 1-800-556-5564
  - Vietnamese callers: 1-800-778-8440

EX Program

The EX Program, developed by the Truth Initiative and Mayo Clinic, offers a personalized, digital quit plan designed for all tobacco users ages 13 and older, including those using menthol products, e-cigarettes, or multiple forms of tobacco. Users receive support based on their quit history, tobacco use type, and individual needs.

Services are available in English and Spanish and include:

- Custom quit plans and interactive tools
- Access to educational videos and expert guidance
- Motivational text messages tailored to their quit journey, including reminders, tips, and encouragement
- 24/7 online peer support community

To enroll:

- Text EXPROGRAM to 88709 for national access
- Text VAPEFREETX to 88709 if located in Texas

Nicotine Anonymous

Nicotine Anonymous is a 12-step fellowship that helps people quit nicotine through peer support and spiritual principles. It's free and open to anyone with a desire to stop using nicotine. Meetings are available:

- Conference call
- Hybrid
- In-person
- Online

SmokeFree.Gov

Through SmokeFree.Gov, the National Cancer Institute provides free information and professional help to people trying to quit smoking.

Quitline services:

- English and Spanish callers: 1-877-44U-QUIT (1-877-448-7848)

Tailored text messaging services:

Visit smokefree.gov/tools-tips/text-programs to find a text messaging program customized to you. Offerings include:

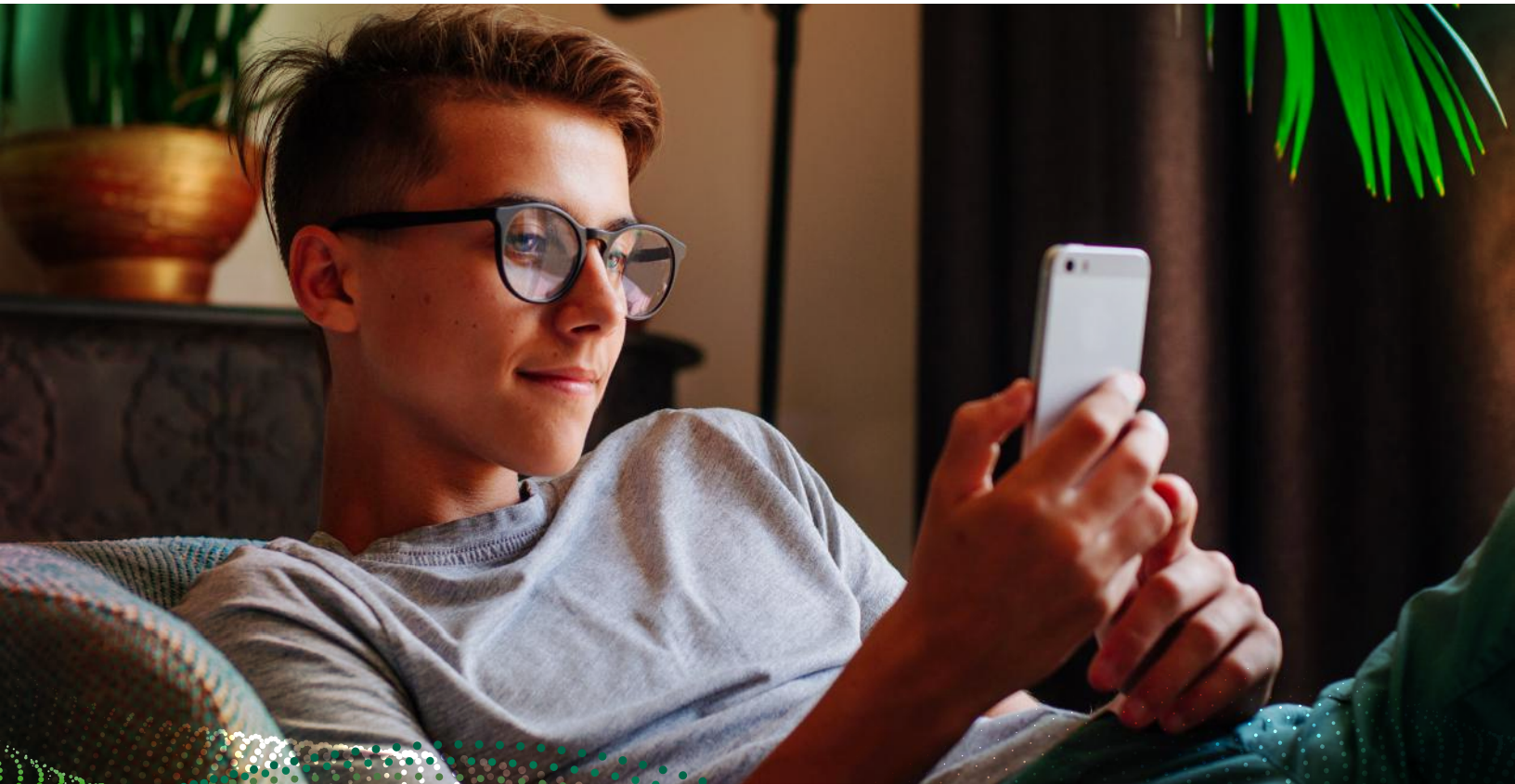
- SmokefreeTXT
  - Who: Adults who are ready to quit smoking
  - Enroll: Text QUIT to 47848
- SmokefreeTXT for teens
  - Who: Teens 13-17 who are ready to quit smoking
  - Enroll: Text QUIT to 47848
- SmokefreeNATIVE
  - Who: American Indian and Alaska Native adults and teens who are ready to quit smoking
  - Enroll: Text NATIVE to 47848
- SmokefreeVET
  - Who: Veterans enrolled in VA health care who are ready to quit tobacco
  - Enroll: Text VET to 47848
- SmokefreeMOM
  - Who: Pregnant women who are ready to cut back on cigarettes or quit smoking
  - Enroll: Text MOM to 222888

- DipfreeTXT
  - Who: Young adults who are ready to quit dip
  - Enroll: Text SPIT to 222888
- SmokefreeTXT en español
  - Who: Adults who speak Spanish and are ready to quit tobacco
  - Enroll: Text ESP to 47848
- SmokefreeVET en español
  - Who: Spanish-speaking veterans enrolled in VA health care who are ready to quit tobacco
  - Enroll: Text VETESP to 47848
- Practice Quit
  - Who: Adults who want to quit, but want to get comfortable with not smoking for short periods first
  - Enroll: Text GO to 47848
- Daily Challenges
  - Who: Adults who are thinking about quitting, but aren't ready to stop completely
  - Enroll: Text GO to 47848

Smartphone app:

Check out quitSTART, a free mobile app designed to help you understand your smoking habits, manage cravings, and stay smoke-free. With quitSTART, you can:

- Prepare to quit with expert tips and personalized guidance
- Track cravings by time and location to spot patterns
- Earn badges for milestones and achievements along your journey
- Get support after a slip and stay motivated
- Cope with cravings and tough moods in healthy ways
- Stay distracted with games and fun challenges
- Save your favorite tips, inspirations, and tools in your personalized Quit Kit
- Share your progress and victories on social media



APPENDIX F - TOBACCO-FREE WORKPLACE POLICY ENFORCEMENT RESOURCES

Below is a Hendrick Health “palm card” that provides employees with talking points and resources to support compliance with the tobacco-free policy.

This role-play video illustrates gentle enforcement when addressing policy violations. **Click the image below to watch!**

APPENDIX G - TOBACCO TRAINING AND EDUCATIONAL RESOURCES

Professional Training Opportunities

- **Project SWITCH Tobacco Dependence Education and Training** – a 40-minute virtual, asynchronous training designed for lung cancer screening centers, focused on equipping staff with information about the harms of tobacco use and evidence-based treatments for tobacco cessation and relapse prevention. **Click the image below to view the training!**

- **The University of Texas MD Anderson Cancer Center's** Tobacco Treatment Training Program (TTTP) – this program offers coursework in counseling skills, motivational interviewing,[13] treatment planning, pharmacotherapy, and relapse prevention. Training options include a 5-day course with up to 32.25 continuing education (CE) hours and a 1-day session for prescribers offering up to 7 CE hours. **Click the image on the next page or scan the QR code to visit the website and learn more!**

APPENDIX G - TOBACCO TRAINING AND EDUCATIONAL RESOURCES (CONTINUED)

Become a Tobacco Treatment Specialist

Tobacco Treatment Training Program is a nationally accredited course by the Council of Tobacco Treatment Training Programs.

Participants in this program will be trained to treat tobacco use disorder if they successfully complete the full program and pass the exam to become a tobacco treatment specialist.

The program exceeds the required 24 hours of core competency training to qualify for the national exam and become a Certified Professional in tobacco treatment offered by the American Heart Association (CPAHA).

- Counseling skills
- Motivational interviewing
- Treatment planning
- Pharmacotherapy
- Relapse prevention

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Registration
MDAnderson.org/Conferences

Questions
CTTS@MDAnderson.org

Visit our website

MD Anderson will offer continuing education hours from the Accreditation Council for Continuing Medical Education (ACCME), National Commission for Health Education Credentialing (NCHEC).

For further information on MD Anderson's End Tobacco Program:
www.mdanderson.org/EndTobacco

APPENDIX G - TOBACCO TRAINING AND EDUCATIONAL RESOURCES (CONTINUED)

- **Tobacco Dependence Education and Training** –a 60-minute virtual, asynchronous training (currently available through March 9, 2028). Designed for any level of healthcare professional, this training covers tobacco use disorder, disparities in tobacco-related health concerns across demographic groups, and clinical interventions to address these disparities. The training also explores evidence-based treatment options, cessation quitlines, and practice models such as Ask-Advise-Refer and Ask-Advise-Connect. Participants who complete the training can claim 1.0 CME/CNE/PA/MOC credit at no cost.

Tele-Mentoring and Peer Exchange

- **Project TEACH (Tobacco Education and Cessation in the Health System)** – a virtual learning series held twice monthly on Tuesdays from 12–1 PM CT, featuring sessions on motivational interviewing, tobacco cessation, substance use, relapse prevention, and more. In addition to didactic content, these sessions offer the option for providers to sign up and share case presentations, creating space for collaborative discussion, problem-solving, and sharing best practices. To join the listserv and receive the training link, email Echo-Tobacco@MDAnderson.org and complete the pre-assessment survey.

APPENDIX H - TOBACCO CESSATION TREATMENT RESOURCES NOTIFICATION

Below is a sample email communication to assist in informing providers about accessible tobacco cessation resources and how to refer patients.

Subject: UT Health East Texas Tobacco Cessation Program

Hello,

I hope this email finds you well. I'd like to take a moment to highlight the Tobacco Cessation Program at UT Health East Texas to support our patients in their journey toward a smoke-free life.

This evidence-based program is tailored to patients 18+ and provides treatment for dependency and addiction to:

- Nicotine
- Cigarettes
- Cigars and other tobacco products
- Vaping, electronic cigarettes (e-cigarettes), and other Electronic Nicotine Delivery Systems (ENDS)

This program offers free:

- Consultation appointments
- Maintenance and follow-up support
- Supportive behavioral counseling sessions
- FDA-approved medications
- Nicotine replacement therapy

As a valued provider, your role in referring patients to this program is crucial. If you encounter patients who are ready to quit, or considering it, please encourage them to participate. Make a referral* or patients can call 903-877-QUIT to schedule an appointment.

Please reach out if you would like further information on the program or have specific questions. Additional information is included in the attached flyer.
Thank you for your commitment to patient care!

Best wishes,

**Consider center-tailored instruction for how to refer patients; e.g., clinical workflow.*

APPENDIX H - TOBACCO CESSATION TREATMENT RESOURCES NOTIFICATION (CONTINUED)

The pull-up banner below is displayed in a high-traffic area to inform patients about available tobacco cessation resources and the benefits of quitting for those undergoing lung cancer screening.

UT Health East Texas Lung Nodule Program

The UT Health East Texas Lung Nodule Program is comprised of specialists in pulmonary medicine, radiology, thoracic surgery, oncology, radiation oncology and nurse navigators. Together they provide a comprehensive approach to follow-up management of lung nodules.

The program is managed by these core principles:

- Early Detection – Detect lung cancer early by using low-dose chest computerized tomography (CT) lung screening in high-risk active or former smokers.
- Evaluation – Provide timely assessment of lung nodules and cancer staging using advance technology.
- Treatment – Improve survival rates by timely follow-up and coordination of care.

Lung nodules are common and often go undetected because they do not usually cause any noticeable symptoms. They are often found on a chest X-ray or CT scan when performed for another condition. If you have been diagnosed with a lung nodule, your doctor can refer you to the Lung Nodule Program.

A lung nodule is more likely to be cancerous if you have a history of tobacco use, especially smoking. Lung cancer can start as a single nodule. If you are wanting to stop smoking ask about the Tobacco Cessation Program, which offers treatment to help patients quit. Quitting smoking and tobacco products is crucial to improve overall lung health. Ask about our programs at your next visit!

If you have been diagnosed with a lung nodule, your doctor can refer you to the Lung Nodule Program.

For more information, scan the QR code or call 903-877-7369.

UTHealth East Texas

APPENDIX H - TOBACCO CESSATION TREATMENT RESOURCES NOTIFICATION (CONTINUED)

This postcard, mailed directly to patients' homes, is designed to raise awareness about available tobacco cessation resources and emphasize the benefits of quitting.

Inspired to QUIT SMOKING?

It is NEVER too late to quit smoking. Within minutes of quitting, your body begins to recover:

20 minutes after quitting:
- Your heart rate and blood pressure drops.

12 hours after quitting:
- The carbon monoxide level in your blook drops to normal.

2 weeks to 3 months after quitting:
- Your circulation improves, and your lung function increases.

1 to 9 months after quitting:
- Coughing and shortness of breath decrease; the tiny hair-like structures that move mucus out of the lungs start to regain normal function.

1 year after quitting:
- The excess risk of heart disease is half that of someone who still smokes. Your risk of heart attack drops.

UTHealth East Texas

Be your own inspiration and quit for good!

Tobacco use is the leading cause of preventable death worldwide. It causes disease and disability and harms nearly every organ system of the body.

UT Health East Texas Tobacco Cessation Program offers proven treatments to improve your chances of quitting for good.

Treatment services are tailored to patients 18 years of age and older by providing the most effective treatment options for dependency and addition to one of the following:

- Nicotine
- Cigarettes
- Cigars and other tobacco products
- Vaping, electronic cigarettes (e-cigarettes) and other electronic nicotine delivery systems (ENDS)

The evidence-based practice program includes:

- Consultation appointments
- Maintenance and follow-up support
- Supportive behavioral counseling sessions
- FDA-approved medications
- Nicotine replacement therapy

33580 Rev. 10/24

If you are ready to quit smoking tobacco or nicotine products, please talk to your provider or call us at 903-877-QUIT to schedule an appointment.

UTHealth East Texas Physicians

P.O. Box 6400
Tyler, TX 75711

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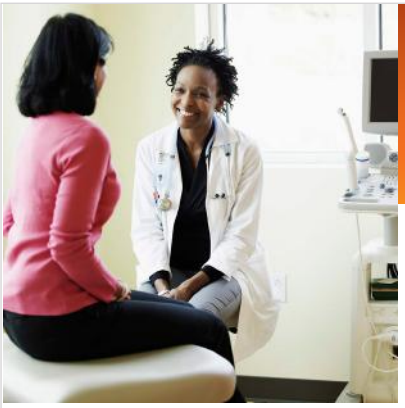
APPENDIX H - TOBACCO CESSATION TREATMENT RESOURCES NOTIFICATION (CONTINUED)

This flyer, placed in patient rooms, is intended to inform patients about available tobacco cessation resources and encourage quitting by highlighting its health benefits.



Be your own inspiration and quit for good!

It is NEVER too late to quit smoking. Within minutes of quitting, your body begins to recover:

20 minutes after quitting:
- Your heart rate and blood pressure drops.

12 hours after quitting:
- The carbon monoxide level in your blook drops to normal.

2 weeks to 3 months after quitting:
- Your circulation improves, and your lung function increases.

1 to 9 months after quitting:
- Coughing and shortness of breath decrease; the tiny hair-like structures that move mucus out of the lungs start to regain normal function.

1 year after quitting:
- The excess risk of heart disease is half that of someone who still smokes. Your risk of heart attack drops.

Resource: American Cancer Society

Inspired to QUIT SMOKING?

Tobacco use is the leading cause of preventable death worldwide. It causes disease and disability and harms nearly every organ system of the body.

UT Health East Texas Tobacco Cessation Program offers proven treatments to improve your chances of quitting for good.

Treatment services are tailored to patients 18 years of age and older by providing the most effective treatment options for dependency and addition to one of the following:
- Nicotine
- Cigarettes
- Cigars and other tobacco products
- Vaping, electronic cigarettes (e-cigarettes) and other electronic nicotine delivery systems (ENDS)

The evidence-based practice program includes:
- Consultation appointments
- Maintenance and follow-up support
- Supportive behavioral counseling sessions
- FDA-approved medications
- Nicotine replacement therapy

If you are ready to quit smoking tobacco or nicotine products, please talk to your provider or call us at 903-877-QUIT to schedule an appointment.

UTHealth East Texas

33646 Rev. 10/24

APPENDIX I - PROVIDER SUPPORT ONE-PAGERS AND BADGE CARDS

One-pager for using the 5A's:

USING THE 5A'S

ASK • ADVISE • ASSESS • ASSIST • ARRANGE

PATIENT NAME _____ **DATE OF BIRTH** _____

ASK about current tobacco use

- Ask every patient, at every visit, about their tobacco use.

FOR EXAMPLE

- *"Do you use any tobacco or electronic nicotine delivery products, even once in a while?"*
- *"How would you describe your current tobacco use?"*

NOTES _____

ADVISE them on the importance of quitting tobacco

- Advise the tobacco user to quit; explore or solicit the potential benefits of quitting.

FOR EXAMPLE

- *"Quitting is one of the most important things you can do to improve your overall health."*
- *"You mentioned wanting to become pregnant, smoking and exposure to tobacco smoke are harmful to reproductive health."*

NOTES _____

ASSESS willingness to make a quit attempt

- Assess their desire to quit using tobacco.

FOR EXAMPLE

- *"Do you have a desire to quit smoking/vaping/other tobacco use in the next 30 days?"*
- *"Have you considered quitting?"*

NOTES _____

ASSIST the quit attempt

BRIEF COUNSELING, MEDICATION/NRT, REFER TO ADDITIONAL RESOURCES

- Assist those who have a desire to quit to access treatment resources.

FOR EXAMPLE

- *"I am happy you want to quit. Would you like to hear about the options to help you quit smoking/vaping/other tobacco use?"*
- *"You've talked about being concerned about withdrawal symptoms, would you like to talk about NRT and explore resources for a free starter kit?* 1-800-QUIT-NOW *offers free and confidential resources."*

NOTES _____

ARRANGE a follow-up appointment (in person, virtual visit, or by telephone)

- Arrange a follow-up session to check in on their progress.

- *"I would like to meet with you again in two weeks to discuss your progress."*
- *"Let's set up a time to talk about how things are going."*

NOTES _____

TAKING TEXAS TOBACCO FREE @TTTF_ @HEALTHuh @TakingTexasTobaccoFree *TakingTexasTobaccoFree.com* Cancer Prevention & Research Institute of Texas Integral Care University of Houston Health Research Institute

APPENDIX I - PROVIDER SUPPORT ONE-PAGERS AND BADGE CARDS (CONTINUED)

One-pager for using the 5R's:

USING THE 5R'S

RELEVANCE • RISKS • REWARDS • ROADBLOCKS • REPETITION

PATIENT NAME _____ **DATE OF BIRTH** _____

RELEVANCE of their current tobacco use and reasons to stop

- Discuss their current tobacco use and why quitting is important to them.

FOR EXAMPLE

- *"What do you think the overall impact is to your health?"*
- *"I know you talked about trying to get pregnant, would you be open to discuss the effects of smoking on fertility and pregnancy?"*

NOTES

RISKS of continued tobacco use

- Go over risks of continuing to use tobacco, both to the patient and others. Incorporate any personal aspects or familial history if known.

FOR EXAMPLE

- *"Do you have children who may be exposed to the secondhand smoke?"*
- *"I remember you said you have a family history of diabetes, let's talk about how smoking affects your risk of developing diabetes."*

NOTES

REWARDS of quitting tobacco

- Ask the patient to identify the benefits of tobacco cessation.

FOR EXAMPLE

- *"You've had several visits this year for your asthma, can you tell me how quitting smoking might help your asthma symptoms?""*
- *"How much do you typically spend on cigarettes each week/month? I wonder what else you might spend that money on?"*

NOTES

ROADBLOCKS to a successful quit attempt

NEED COUNSELING REFERRAL? MEDICATION OR NRT? ANY ADDITIONAL RESOURCES?

- Explore the barriers to cessation and provide support/resources as appropriate.

FOR EXAMPLE

- *"You've talked about being concerned about withdrawal symptoms, would you like to talk about nicotine replacement therapy?"*
- *"I know you said money has been tight lately, let's explore resources for a free starter kit.* 1-800-QUIT-NOW *offers free and confidential resources."*

NOTES

REPETITION of all 5R's in each contact with currently unmotivated tobacco users

- Include aspects of the 5 R's in each clinical contact with currently unmotivated patients.
- Patients with a failed quit attempt should be advised that **most people make multiple quit attempts before they are successful.**
- Plan to follow-up to repeat these steps (in person, virtual visit, or by telephone).

NOTES

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APPENDIX I - PROVIDER SUPPORT ONE-PAGERS AND BADGE CARDS (CONTINUED)

Badge cards for using the 5A's:

USING THE 5A'S

ASK about current tobacco use.

ADVISE to quit / make a quit attempt.

ASSESS willingness to make a quit attempt.

ASSIST the quit attempt.
- Brief counseling
- Medication, if appropriate
- Refer to additional resources

ARRANGE a follow-up appointment (in person, virtual or by telephone).

ASK *"Do you use any tobacco or electronic nicotine delivery products, even once in a while?"*

ADVISE *"Quitting is one of the most important things you can do to improve your overall health."*

ASSESS *"Do you have a desire to quit smoking/vaping/other tobacco use in the next 30 days?"*

ASSIST *"I am happy you want to quit. Would you like to hear about the options to help you quit smoking/vaping/other tobacco use?"*

ARRANGE *"I would like to meet with you again in two weeks to discuss your progress."*

Badge cards for using the 5R's:

USING THE 5R'S

RELEVANCE of their current tobacco use and reasons to stop.

RISKS of continued tobacco use.

REWARDS of tobacco cessation.

ROADBLOCKS to a successful quit attempt.
- Need counseling referral?
- Medication or NRT?
- Any additional resources?

REPETITION of all 5R's in each contact with currently unmotivated tobacco users.

RELEVANCE: *"What do you think the overall impact is to your health?"*

RISKS: *"Do you have children who may be exposed to the secondhand smoke?"*

REWARDS: *"You've had several visits this year for your asthma, can you tell me how quitting smoking might help your asthma symptoms?"*

ROADBLOCKS: *"You've talked about being concerned about withdrawal symptoms, would you like to talk about nicotine replacement therapy?"*

REPETITION: Patients with a failed quit attempt should be advised that most people make multiple quit attempts before they are successful.

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