Part Ⅱ - Module 1-A

The burden of tobacco use and the potential of tobacco cessation to save lives

Tobacco kills up to half of its users

- **Smokers die 10 to 15 years earlier than non-smokers**

- **The tobacco epidemic kills nearly 6 million people each year, of whom:**
  - more than 5 million are users and ex users
  - more than 600 000 are nonsmokers exposed to secondhand smoke

Source: WHO Report on the Global Tobacco Epidemic 2011.

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World Health Organization

Costs to the society

- **$500 billion: exceeds the total annual expenditure on health in all LMICs combined!**

Cost* attributable to tobacco use (2007 or latest available data)	
The United States	167.00 billion
Japan	62.39 billion
Germany	23.75 billion
Canada	17.00 billion
France	15.30 billion
China	5.00 billion
Egypt	1.25 billion

*:Direct health care costs plus indirect costs, including productivity losses, absenteeism and other socioeconomic costs.

Source: Tobacco Atlas online- Cost to economy

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World Health Organization

Costs to families and individuals

- **Tobacco products are expensive. The price of 20 Marlboro cigarettes could buy**:
  - a dozen eggs in Panama
  - one kilogram of fish in France
  - four pairs of cotton socks in China
  - 6 kilograms of rice in Bangladesh

- **Tobacco use is costly with 5-15% of tobacco user's disposable income is spent on tobacco**
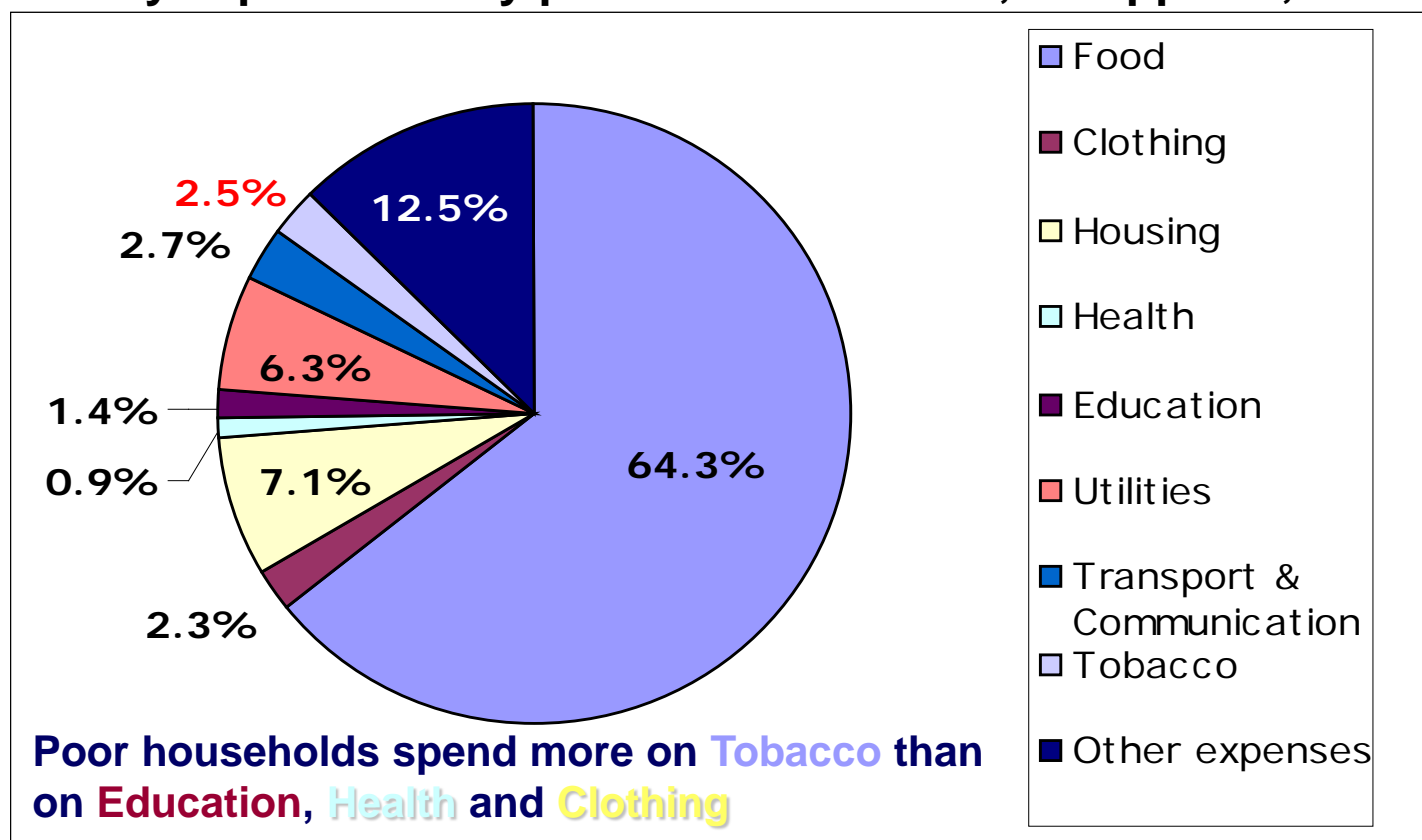
Part II : Training for primary care service managers: Planning and implementing system changes to support the delivery of brief tobacco interventions

World Health Organization

Costs to families and individuals

- The suffering of families and individuals because of diminished quality of life, death and financial burden

- Tobacco worsens poverty among its users: money spent on tobacco reduced access to essential goods such as education and health care

Monthly expenditure by poorest households, Philippines, 2003

Pie chart values:
- 12.5%
- 2.5%
- 2.7%
- 6.3%
- 1.4%
- 0.9%
- 7.1%
- 2.3%
- 64.3%

Legend:
- Food
- Clothing
- Housing
- Health
- Education
- Utilities
- Transport & Communication
- Tobacco
- Other expenses

Poor households spend more on Tobacco than on Education, Health and Clothing

Part II : Training for primary care service managers: Planning and implementing system changes to support the delivery of brief tobacco interventions

World Health Organization

WHO FCTC
- The powerful tool to reverse tobacco epidemic

- First global health treaty negotiated under auspices of WHO – adopted in **2003,** entered into force on **27 Feb 2005**

- **176 parties, covering about 90% of the world population**

World Health Organization

Core demand reduction provisions in the WHO FCTC

At the population level:

- Price and tax measures to reduce the demand for tobacco (**Article 6**) and smuggling control (**Article 15**)
- Protection from exposure to tobacco smoke (**Article 8**)
- Packaging and labeling of tobacco products (**Article 11,12**)
- Ban of tobacco advertising, promotion and sponsorship (**Article 13**)
- Monitoring and evaluation (**Articles 20, 21**)

At the individual level:

- **Tobacco dependence reduction and cessation (Article 14)**

World Health Organization

Article 14 of the WHO FCTC

WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

FCTC

"Each Parties…shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence… "

World Health Organization

Supporting current tobacco users to quit is key to achieve health gains in the short to medium term

Estimated cumulative tobacco deaths 1950–2050 with different intervention strategies
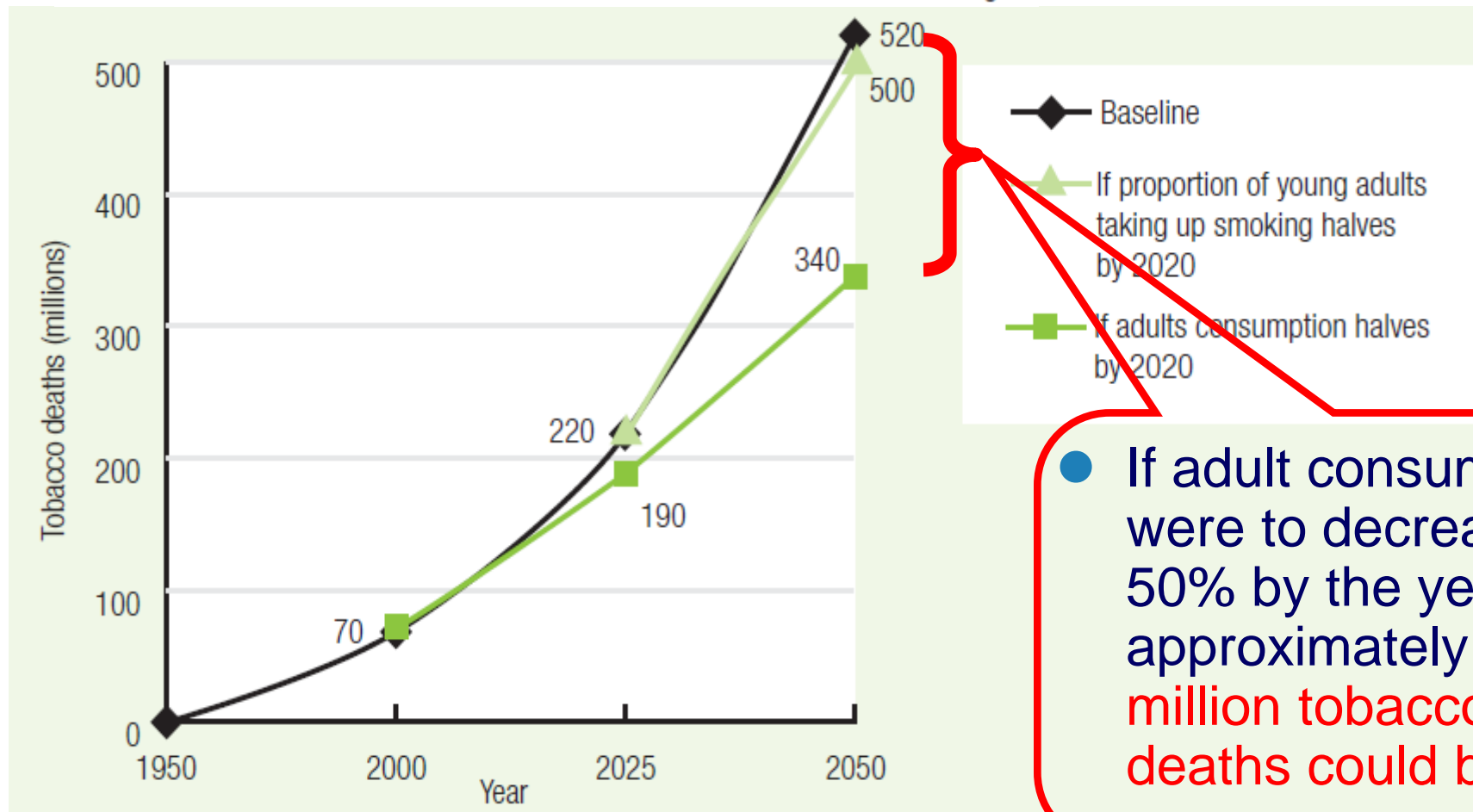
- Baseline
- If proportion of young adults taking up smoking halves by 2020
- If adults consumption halves by 2020

- If adult consumption were to decrease by 50% by the year 2020, approximately 180 million tobacco-related deaths could be avoided

Part II : Training for primary care service managers: Planning and implementing system changes to support the delivery of brief tobacco interventions

World Health Organization

Part Ⅱ - Module 1-B

The rationale for promoting access to treatment of tobacco dependence in primary care settings

Primary care setting is an ideal place to identify and treat tobacco users

- **The success of a service is measured by its:**
  - **Reach** (number of people who receive the service/intervention)
  - **Effectiveness** (percentage of people who change their behavior as a result of the service/intervention) and
  - **Cost** per person to deliver.

- **Primary care setting is a less costly setting to reach the majority tobacco users in many countries**

  Reach
  - Primary care staff have a long and close contact with the community and are well accepted by local people
  - It is the primary source of health care can reach the majority population in many countries
  - It appears to reach the poor far better than other types of health programs and the poor smoke the most

World Health Organization

Primary care setting is an ideal place to identify and treat tobacco users

Prevalence of tobacco use within countries and between countries of different levels of development
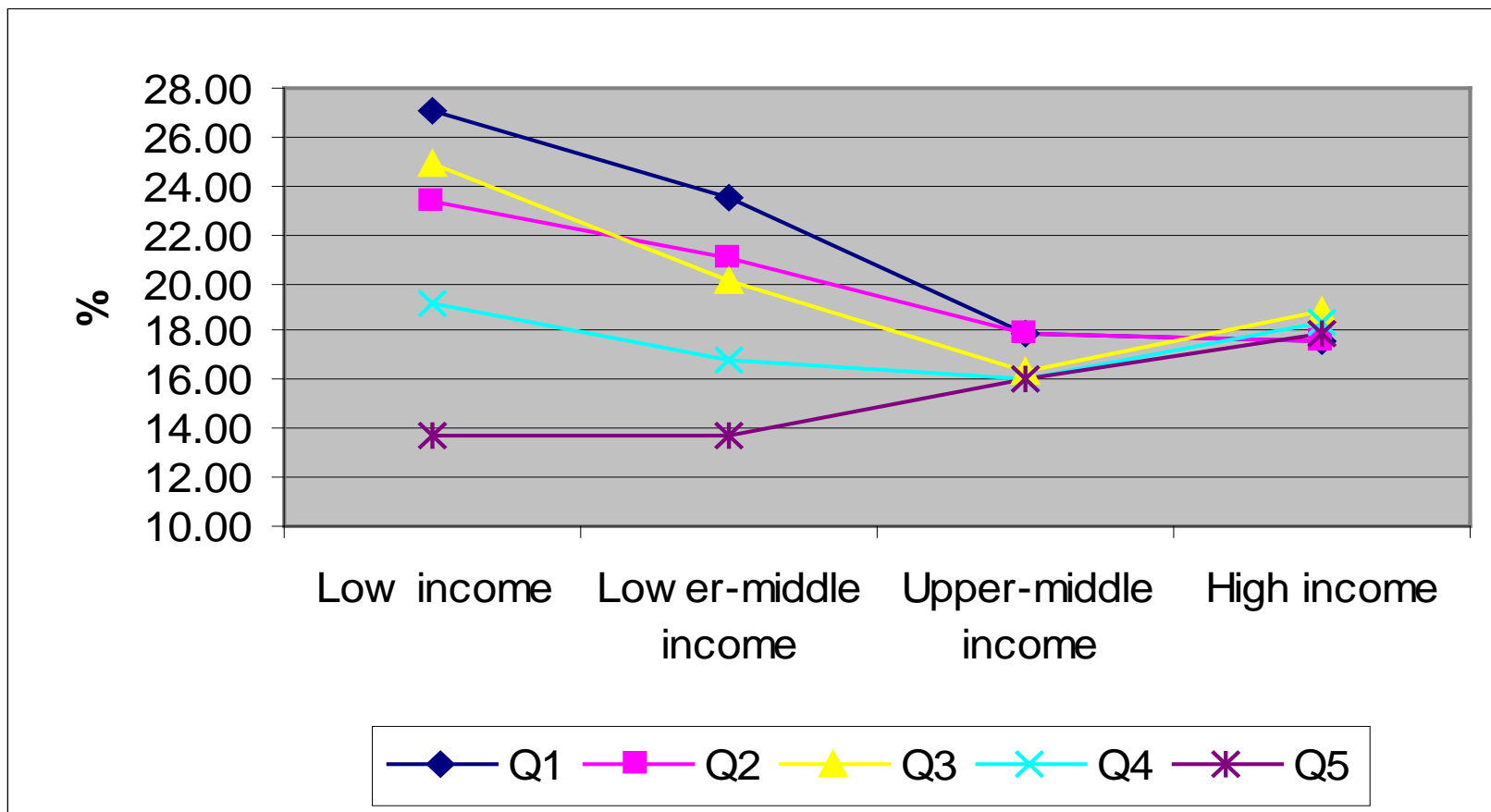
Note: Q1-Q5: Lowest-Highest income group

Source: World Health Survey 2006

12 | Part II : Training for primary care service managers: Planning and implementing system changes to support the delivery of brief tobacco interventions

World Health Organization

Primary care setting is an ideal place to identify and treat tobacco users

- Primary care setting is a less costly setting to reach the majority tobacco users in many countries
  Delivery **Cost**

  - Primary care setting is less costly setting as primary care approach emphasizes providing as much care as possible at the first point of contact through integrated service delivery models.

  - There are various opportunities and entry points exist for integrating identification and treatment of tobacco users in primary care (for example, DOTS strategy, programmes dealing with CVD, COPD, Diabetes, Maternal and Child Health).

World Health Organization

What tobacco treatment should be routinely offered in primary care?

- **Behavioral interventions:**
  - Self-help interventions
  - Physician advice
  - Nursing intervention
  - Individual behavioral counseling
  - Group behavioral therapy
  - Telephone counseling (quitlines)
  - Quit and Win competitions

- **Pharmacologic interventions:**
  - Nicotine replacement therapy (NRT)
  - Bupropion
  - Varenicline
  - Cytisine
  - Clonidine
  - Nortriptyline

World Health Organization

What tobacco treatment should be routinely offered in primary care?

The WHO FCTC Article 14 guidelines recommend that:

- **All Parties should aim to develop a comprehensive system to provide a range of interventions:**
  - **Population-level approaches**
    - Brief advice integrated into all health-care systems
    - Quit lines
  - **Intensive individual approaches**
    - Specialized tobacco dependence treatment
  - **Medications**
  - **Novel approaches and media**
    - Cellphone text messaging

- **They should use a stepwise approach and provide at least brief advice to all tobacco users**

World Health Organization
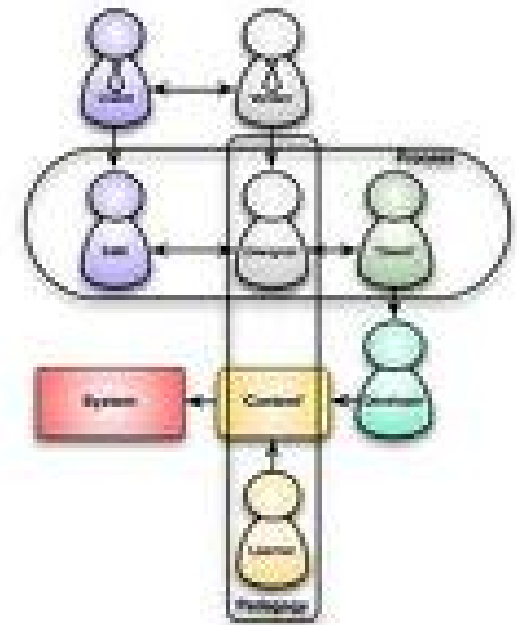
What tobacco treatment should be routinely offered in primary care?

- **Definition in the WHO FCTC Article 14 Guidelines**:
  - Advice to stop using tobacco, usually taking only a few minutes, given to all tobacco users, usually during the course of a routine consultation or interaction
  - Used interchangeably with brief intervention.

- **Starting with integrating brief advice into primary care, a country can develop their treatment system as rapidly as possible and at as low a cost as possible because it has the potential to:**
  - Reach > 80% of all tobacco users per year;
  - Trigger 40% of case to make a quit attempt;
  - Help 2-3% of those receiving brief advice quit successfully;
  - Form a promising referral source and create demand for more intensive tobacco cessation services.

Part II : Training for primary care service managers: Planning and implementing system changes to support the delivery of brief tobacco interventions

World Health Organization

What tobacco treatment should be routinely offered in primary care?

WHO recommends 3 treatment services for all countries:

- Tobacco cessation advice incorporated into primary care services (feasible, effective and efficient)
- Easily accessible and free quit lines
- Access to low-cost pharmacological therapy.

WHO recommends that countries should at least deliver brief tobacco interventions as part of its routine services in primary care

Quit Line

World Health Organization

Part Ⅱ- Module 1-C

Brief tobacco intervention models

Primary care providers can help patients quit tobacco use by offering interventions as short as 3 minutes

Level of contact	Number of arms	Estimated odds ratio (95% C.I.)	Estimated abstinence rate (95% C.I.)
No contact	30	1.0	10.9
Minimal counseling (< 3 minutes)	19	1.3 (1.01, 1.6)	13.4 (10.9, 16.1)
Low intensity counseling (3-10 minutes)	16	1.6 (1.2, 2.0)	16.0 (12.8, 19.2)
Higher intensity counseling (> 10 minutes)	55	2.3 (2.0, 2.7)	22.1 (19.4, 24.7)

World Health Organization

Effective delivery models

5A's for patients who are ready to quit

Ask - Ask all patients if they smoke

⬇

Advise - Advise smokers that they need to quit

⬇

Assess - Assess 'readiness' to quit

⬇

Assist - Assist the patient with a quit plan or provide information on specialist support

⬇

Arrange - Arrange follow up contacts or a referral to specialist support

5R's for patients not ready to quit

Relevance - How is quitting most personally relevant to you?

⬇

Risks - What do you know about the risks of smoking in that regard?

⬇

Rewards - What would be the benefits of quitting in that regard?
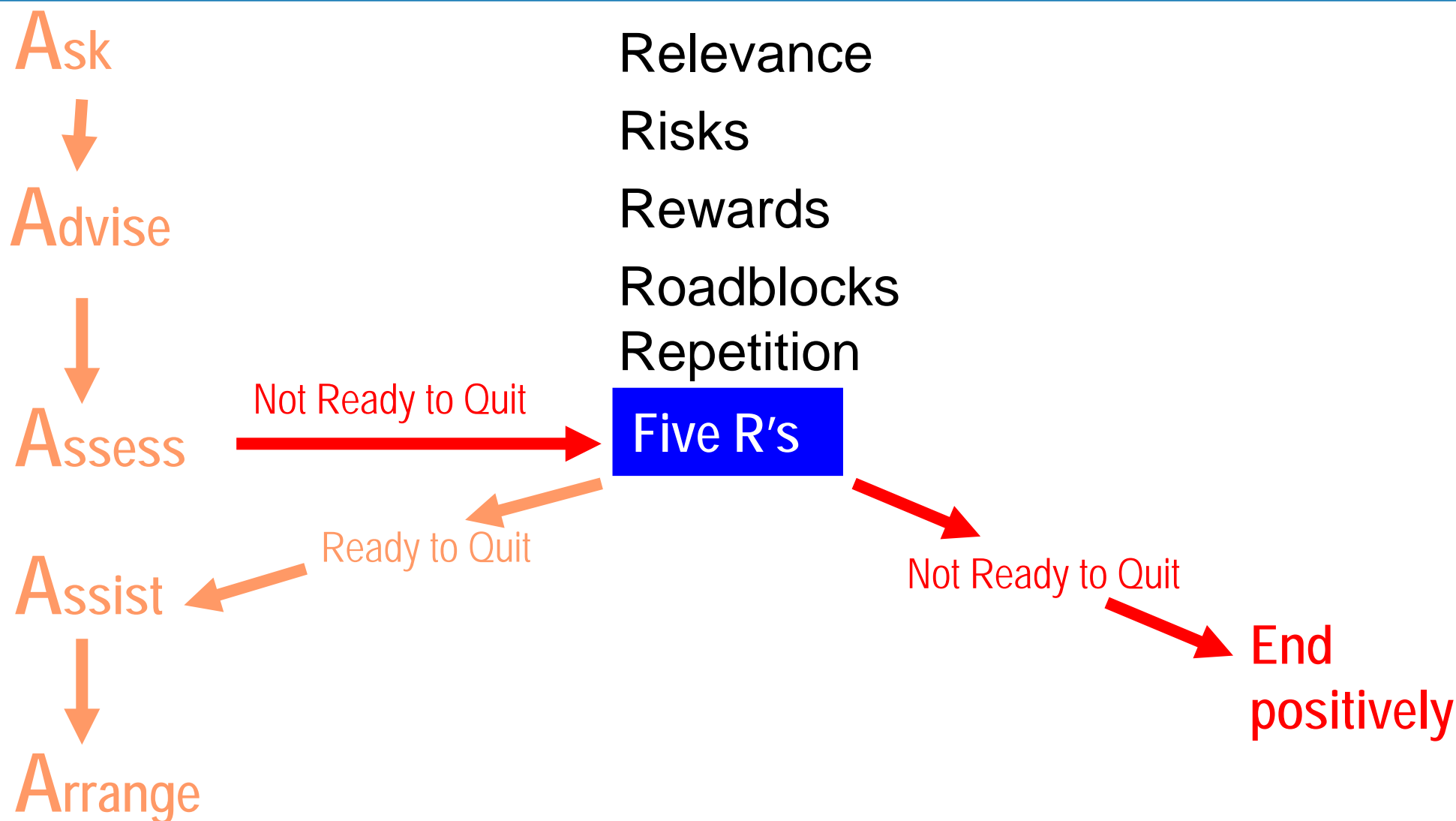
⬇

Roadblocks - What would be difficult about quitting for you?

⬇

Repetition - Repeat assessment of readiness to quit – if still not ready to quit repeat intervention at a later date.
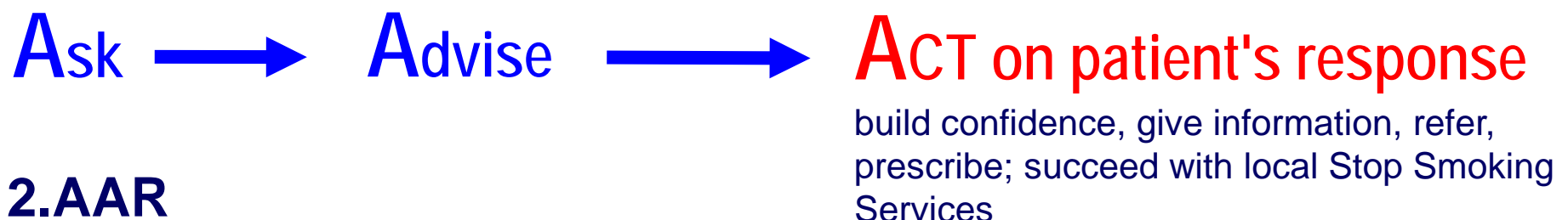
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How to implement 5A's and 5R's?

Ask

Advise

Assess

Assist

Arrange

Relevance

Risks

Rewards

Roadblocks

Repetition

Five R's

Not Ready to Quit

Ready to Quit

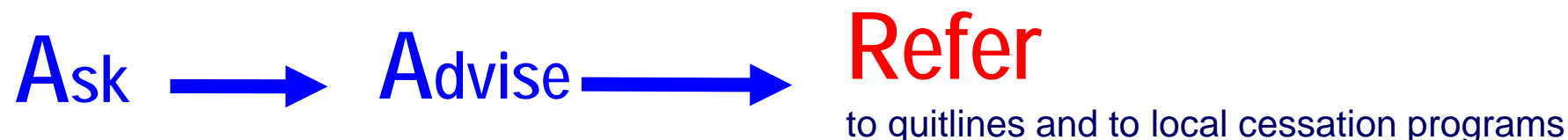Not Ready to Quit

End positively

World Health Organization

Other models of Brief Interventions

If specialist support (quitlines, cessation clinics) is available, other models can be used

1.AAA

Ask ➞ Advise ➞ Assess Assist Arrange

ACT on patient's response

build confidence, give information, refer, prescribe; succeed with local Stop Smoking Services

2.AAR

Ask ➞ Advise ➞ Refer

to quitlines and to local cessation programs

3.ABC

Ask ➞ Brief advise ➞ Cessation

Make referral to the Quitline or cessation services
Provide cessation support and medication
Arrange follow-up within a week

Summary

Brief interventions may be delivered anywhere – in the hospital setting, in the out-patient clinic or in the community.
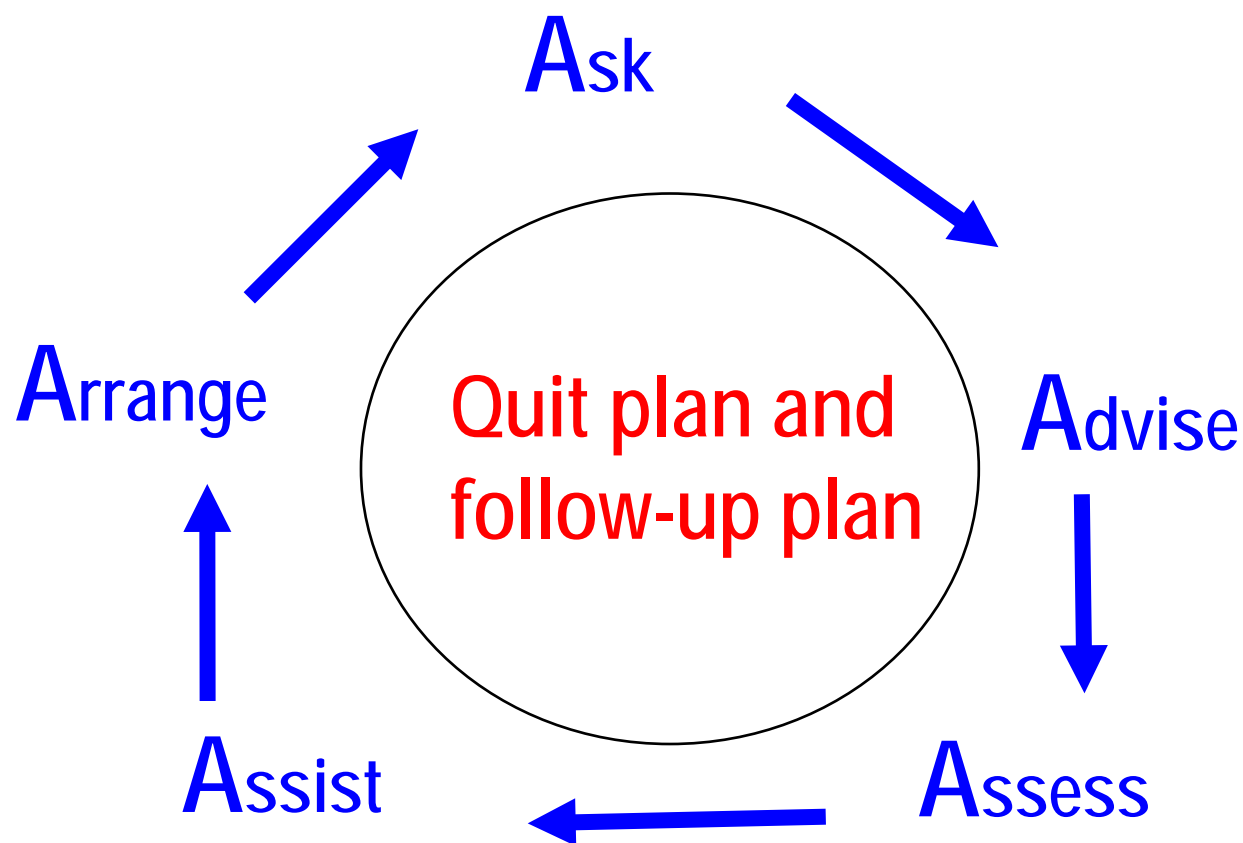
Brief interventions take a few minutes – but if done routinely – they can significantly increase the numbers of people quitting and save lives!

Impact = Reach + Effectiveness + Delivery cost

World Health Organization

Summary

- **The 5As (Ask, Advise, Assess, Assist, Arrange) summarize all the activities that a primary care provider can do to help a tobacco user within 3 to 5 minutes in primary care settings**

- **You can start and stop at any step as indicated in the diagram**

Ask

Advise

Assess

Assist

Arrange

Quit plan and follow-up plan

World Health Organization

5A's Model Demonstration

3 minutes video- 5A's in practice

Part II : Training for primary care service managers: Planning and implementing system changes to support the delivery of brief tobacco interventions

World Health Organization

Part Ⅱ - Module 2-A

WHO Health System Framework: a tool for strengthening health systems

Six building blocks of a health system

- **Shows practical ways to build a well-functioning health system to support primary care providers to routinely deliver brief tobacco interventions**

THE WHO HEALTH SYSTEM FRAMEWORK

SYSTEM BUILDING BLOCKS

- SERVICE DELIVERY
- HEALTH WORKFORCE
- INFORMATION
- MEDICAL PRODUCTS, VACCINES & TECHNOLOGIES
- FINANCING
- LEADERSHIP / GOVERNANCE

ACCESS
COVERAGE

QUALITY
SAFETY

OVERALL GOALS / OUTCOMES

- IMPROVED HEALTH (LEVEL AND EQUITY)
- RESPONSIVENESS
- SOCIAL AND FINANCIAL RISK PROTECTION
- IMPROVED EFFICIENCY

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Main features of a well functioning health system

Service delivery	Deliver effective, safe, high-quality personal and public health interventions to those who need them
Health workforce	There are sufficient numbers and mix of staff, fairly distributed; they are competent, responsive, and productive
Info. support	One that ensures the production, analysis, dissemination, and use of reliable and timely information
Medical product	Access to essential medical products, and technologies of assured quality, safety, efficacy, and cost-effectiveness
Financing	Adequate funds for health, in ways that ensure people can use services, and are protected from financial hardship
Leadership governance	Strategic-policy frameworks exist and attention to coalition building, appropriate regulations, system design

World Health Organization

As for tobacco dependence treatment, a well functioning health system is…

- Allows any tobacco users wherever they live and whatever their social and economic circumstances to access appropriate, good quality tobacco dependence treatment as part of primary care services (focusing on brief tobacco interventions)

- With referral to existing intensive treatments (quit line, specialist treatment) when needed

- Without the risk of financial hardship.

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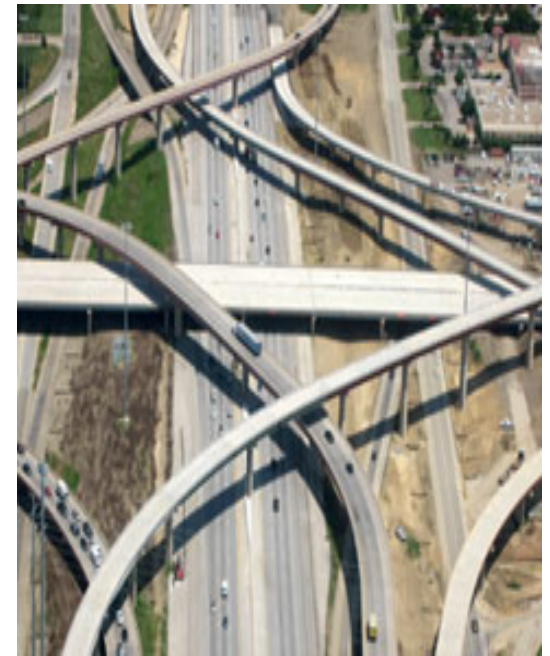
The WHO Health System Framework is a good tool for primary care service managers

- **A diagnostic tool** to diagnose all system problems/constraints that need to be addressed in order to improve primary care providers' performance of tobacco dependence treatment;

- **A planning tool** to plan and implement system changes to overcome the constraints to support primary care providers' delivery of tobacco dependence treatment.

World Health Organization

Part Ⅱ - Module 3-A

How tobacco dependence treatment are integrated into primary care

Use WHO six building blocks as a tool to plan action steps

- Case study 1-Group Health Cooperative

Building Block	Action
Leadership & governance	• Created a management team and set specific objectives • Kept tobacco cessation as a priority in the organization
Service delivery	• Selected NCI 4A model (now 5A's) • Provided group classes, individual phone-based treatment and medications
Medical products & technologies	• Provided access to medications • Developed posters and brochures
Information systems	• Designed and implemented a vital sign and a reminder system
Financing	• Made sufficient financial resources for the program • Provided "rewards" to motivate health care providers
Health workforce	• Training • Engaged individuals at different levels of the organization

World Health Organization

Use WHO six building blocks as a tool to plan action steps

- Case study 2-Beijing Hospital

Building Block	Action
Leadership & governance	• Organized a management team
Service delivery	• Brief interventions incorporated into physicians' daily practice • Established smoking cessation clinics
Medical products & technologies	• Provided access to medications
Information systems	• Designed and implemented an electronic recording and supporting system for physicians
Health workforce	• Training • Implemented the code of practice (smoke-free hospitals, supported hospital employees quit smoking.
Financing	

World Health Organization

Part Ⅱ - Module 4-A

Who are stakeholders and champions?

How to ensure a system change is successful

- Gain support from stakeholders

- Identify a champion from stakeholders

- Identify or develop supportive organizational policies, regulations and incentives

World Health Organization

Stakeholders

- **Any group or individual who can affect or who is affected by an organization's actions, objectives and policies.**

Part II : Training for primary care service managers: Planning and implementing system changes to support the delivery of brief tobacco interventions

World Health Organization

Champions

- Champions are stakeholders who are deeply interested in and are supportive of your project
  - Help remove roadblocks
  - Help get support from other stakeholders

World Health Organization

Part Ⅱ - Module 4-B

Four steps of engaging with stakeholders

Four steps to engage with stakeholders

- Identify your stakeholders

- Prioritize your stakeholders

- Understand your key stakeholders

- Determine appropriate strategies and actions to approach your key stakeholders

World Health Organization

Step 1: Identify your stakeholders

The first step is for you to brainstorm:

- Who have influence or power over your system changes?

- Who have an interest in your system changes?
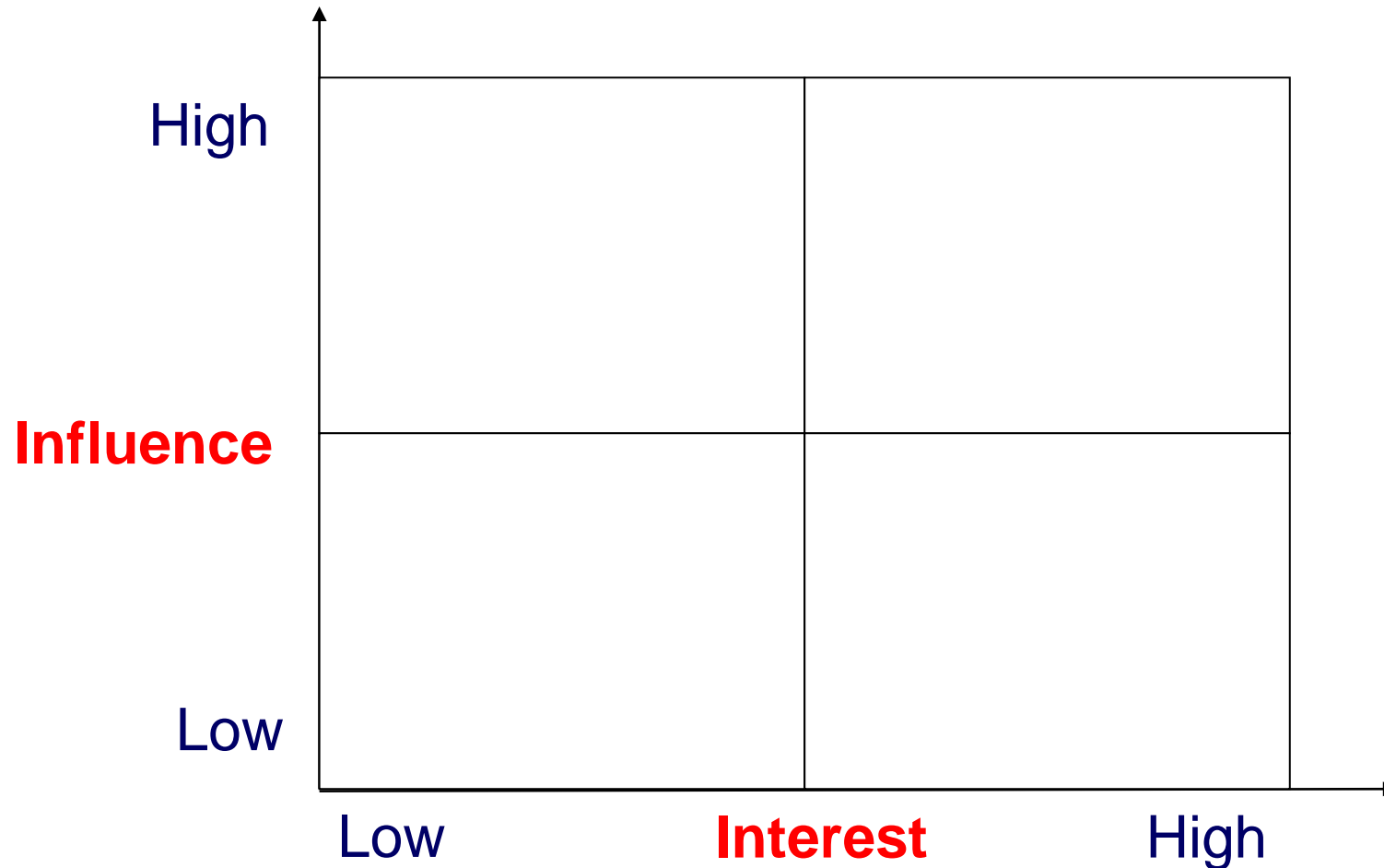
- Who are affected by your system changes?

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Step 1: Identify your stakeholders

The key stakeholders may include:

- Policy makers
- Health care providers
- Patients
- Public health department/ministry of health
- NGOs
- Community members

World Health Organization

Step 2: Prioritize your stakeholders

Influence/Interest Grid for Stakeholder Prioritization

World Health Organization

Step 3: Understand your key stakeholders

Know about your stakeholders perspectives:

- How would this stakeholder define a positive outcome for your planned systems changes?

- What can stakeholder gain from an improved system for tobacco dependence treatment?

- What are barriers or challenges that would limit this stakeholder's participation in this program?

- What would be an incentive for this stakeholder to participate in this program?

World Health Organization

Step 4: Determine appropriate strategies and actions to approach your key stakeholders

- **High influence, interested people**: you must fully engage and make the greatest efforts to satisfy

- **High influence, less interested people**: put enough work in with these people to keep them satisfied, but not so much that they become bored with your message

- **Low influence, interested people**: keep these people adequately informed, and talk to them to ensure that no major issues are arising

- **Low influence, less interested people**: monitor these people, but do not bore them with excessive communication

World Health Organization

Part Ⅱ - Module 4-C

Approaching the stakeholders

Approach your stakeholders
-addressing prioritizing

- **Number Needed to Treat**
  - tells you how many patients need to be treated to benefit one patient

Intervention	Outcome	NNT
Statins	Prevent one death over five years	107
Antihypertensive therapy for mild hypertension	Prevent one stroke, MI, death over one year	700
Cervical cancer screening	Prevent one death over ten years	1140
GP brief advice to stop smoking	Prevent one premature death	80

World Health Organization

Approach your stakeholders
-addressing prioritizing

- Treating tobacco supports effective treatment of other conditions, especially chronic illness

- Quitting smoking increases positive treatment outcomes:

Diabetes	Tuberculosis
Asthma	Heart Disease
HIV	

World Health Organization

Part Ⅱ - Module 4-D

Identifying champions

Brainstorming

- How champions can effect system changes?

- How to identify champions?

- What are qualities of a successful champion?

Part II : Training for primary care service managers: Planning and implementing system changes to support the delivery of brief tobacco interventions

World Health Organization

How champions can effect system changes?

Champions can contribute to the success of the planned systems changes by:

- advocacy

- support – act like a leader, help remove roadblocks

- acting as resource persons- facilitate the implementation of system changes.

World Health Organization

Practice ways of identifying champions

- Identifying champions through stakeholder analysis

- Sending out a call for participation

- Asking organizational or department managers to identify and nominate

World Health Organization

Qualities of a successful champion

A successful champion should be:

- well established in their work group, knowledgeable about the group's activities, and respected by their colleagues

- helpful and approachable to their colleagues

- able to communicate effectively with peers, superiors and subordinates.

World Health Organization

Stakeholders and champions in the health system

Health Work Force
Clinic Staff; educator; Clinic Mgrs

Information Support
Medical records managers

Service Delivery
Clinic Staff; Clinic managers

Leadership & Governance
Policy Makers; Government agencies Leaders

Finance
Business Office; Directors; Policy Makers

Medical Products/ Tech.
Pharmacists; pharmaceutical companies

World Health Organization

Part Ⅱ - Module 5-A

A consumer-community continuum

Consumer-community continuum

- Individuals who are receiving or who have received care
- Family Members who support individuals who receive care.
- Groups of consumers who share a common experience or chronic illness
- Potential consumers – those with unmet needs or access issues
- Members of the community, including future users who benefit from health care services
- Tax payers (people who ultimately pay for services) and government agencies.

World Health Organization

Part Ⅱ - Module 5-B

The goals of community participation in promoting brief tobacco interventions

The goal of community participation

- Tobacco dependence treatment to be high on the agenda of the community

- Increasing demand from tobacco users through public education

- Utilization of community resources in supporting tobacco dependence treatment

World Health Organization

Brainstorming

- As a service manager, how can you promote community involvement to meet these goals?

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How can primary care service managers meet the goals of community participation?

- Identify, assess and promote active involvement of community partners (leadership groups/organizations)

- Identify and promote utilization of community resources.

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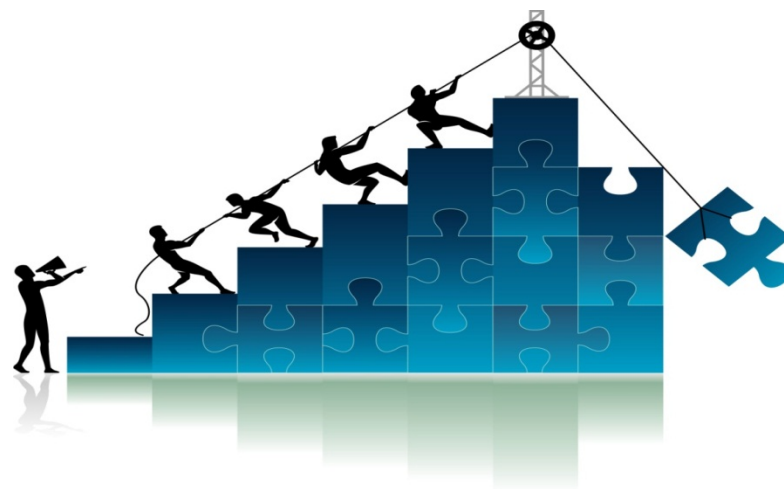
Assessing level of involvement

- ☐ Manipulation: Communities are manipulated.

- ☐ Decoration: Communities are used as needed.

- ☐ Tokenism: Communities are used in a perfunctory or merely symbolic way to give the appearance of real participation.

- ☐ Communities are assigned but informed.

- ☐ Communities are consulted and informed.

- ☐ Communities participate in project implementation.

- ☐ Communities initiate and direct decisions.

- ☐ Communities initiate, plan, direct and implement decisions

World Health Organization

How to promote community involvement?

- **Information**: Keeping people informed.

- **Consultation**: Getting feedback. Listening to ideas.

- **Decision Making**: Joint decision making; **Acting together**: forming a partnership to carry plans out.

- **Supporting independent community interests**.

World Health
Organization

Part Ⅱ - Module 6-A

Workplace motivation and incentives

Workplace motivation

- Motivation: The tendency to initiate and sustain effort towards a goal

- It has 3 components

  – Perceived task **importance**: value someone places on the task

  – **Self-efficacy**: the extent to which we believe we can be successful in our work

  – **Expectancy** of personal reward: anticipation of what will happen to us if the work goal is reached

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Organization

Self-efficacy: relates to confidence in one's own ability to succeed in doing something

World Health Organization

Incentives

- **Incentives**: the factors/conditions within health professionals' environments that enable and encourage them to improve their performance and to stay in their job.

- **Effective incentive systems should be:**
  - Open and transparent
  - Fair
  - consistent
  - Fit the purpose and based on reaching a specific goal.
  - Include both financial and non-financial incentives.
  - Sustainable and remain effective.
  - Motivate the target population.

World Health
Organization

Low-cost methods of providing incentives

- Case studies that demonstrate low-cost methods of providing incentives:
  - Rewards to organizations and individual workers in Haiti
  - Posting job performance in Kyrgyzstan
  - Reward systems be group-based and that recognition should emphasize positive effects on the community

World Health Organization

Using WHO building blocks to identify incentives

- **Match incentives to health system building block**
  - Reward success within that component of the system
  - Example: to motivate primary care providers to do "5A's"
    - Make this part of job expectation, track performance, and provide valued incentive

World Health Organization

Using WHO building blocks to identify incentives

Building Block	Incentives
Leadership & governance	• Staff performance evaluations • Reimburse providers • Policies that support treatment • Recognition
Service delivery	• Organizational arrangements • Intervention • Outcome data
Medical products & technologies	• Develop / disseminate clinical guidelines • Make education materials available & accessible

World Health Organization

Using WHO building blocks to identify incentives

Building Block	Incentives
Information systems	• Easy-to-use information system
Financing	• Incentives for efficient service provision • Build necessary budgets
Health workforce	• Financial Incentive • Training

World Health Organization

Part Ⅱ - Module 7-A

Definition and steps of creating an action plan

Brainstorming

- What is action plan?

- What does an action plan look like?

World Health Organization

Definition of an action plan

- A planned series of actions, tasks or steps designed to achieve an objective or goal.

- Action plans are written documents that individuals, groups, and organizations developed to guide their efforts in certain initiatives.

World Health
Organization

The key aspects of an action plan

- What problem do you want to resolve/what change do you want to bring about?

- Objectives

- Planned activities/solutions for your problem

- Timelines

- The expected resource needs

Five steps to create an action plan

1. Define the issue or problem to be addressed

2. Identify opportunities and challenges to bring about the desired changes

3. Set objectives

4. Construct action steps (list of actions)

5. Format your action plan

World Health Organization

Set SMART objectives

- **S**pecific :What exactly are we going to do for whom?

- **M**easureable: Can we measure it?

- **A**ttainable: Can we get it done in the time we have with the resources we have?

- **R**elevant: Will this objective have an effect in achieving the goal?

- **T**ime-bound: When will this objective be accomplished?

World Health Organization

Set SMART objectives

- Example:
  - By 31/12/10 (**time bound**), increase the number of training workshops given to primary care providers on the 5A's brief tobacco intervention model (**specific & relevant**) from 2 to 10 (**measurable & achievable**).

World Health Organization

Construct action steps

- The most crucial part of the action plan

- A realistic list of solutions and activities that will address the problem or bring about the desired change.

What	By Who?	By When?	Resources needed		Expected Outcome
			Non-financial	Budget	
Example: Meet with the Director of a community agency	Primary care service manager	By the end of December 2011	A meeting room, background materials on tobacco use in the community	$10	To get community agency interested in participating in tobacco dependence treatment program.

World Health Organization

Format your action plan

- Your action plan will need to be put into a formal document

- The suggested action plan format:

  Title

  The issue or problem needs to be addressed

  Challenges and opportunities to address the problem

  Objectives

  Action steps

  Monitoring & Evaluation

Part **II** : Training for primary care service managers: Planning and implementing system changes to support the delivery of brief tobacco interventions

World Health Organization

Part Ⅱ - Module 7-B

Closure and evaluation

Closure

Not the End…..

Just the beginning

World Health Organization

Save Lives!

Reduce Health Care Costs!

Make a Difference!

World Health Organization

Test & Win

World Health
Organization

Questions

Which Article of the WHO Framework Convention on Tobacco Control is related to tobacco dependence treatment? (   )

A. Article 8

B. Article 6

C. Article 14

D. None of the above

E. All of the above

C

World Health Organization

Questions

The cost of tobacco use includes (   )

A. Costs of tobacco-related death

B. Related productivity losses

C. Health care expenditures for active and passive smokers

D. Fire damage due to careless smokers

E. All of the above combined

E

World Health Organization

Questions

When a male smoker with breathing problems tells you that he does not want to be non smoker, what you are going to do? (   )

A. Blame him and let him go

B. Help him develop a quit plan

C. Use 5 R's intervention to encourage him to identify the relevance of quitting to him and to identify risks of smoking on lung diseases

D. Provide him nicotine replacement therapy

C

World Health Organization

Questions

Which of the following statements is incorrect (   )

A. Primary care staff have a long and close contact with the community
    and are well accepted by local people

B. The poor smoke the most

C. Primary care programs can reach the poor far better than other types
    of health programs

D. There are various opportunities and entry points exist for integrating
    identification and treatment of tobacco users in primary care

E. None of the above

E

World Health Organization

Questions

Which policy of the WHO MPOWER technical assistance package is related to tobacco dependence treatment? (   )

A. Monitor tobacco use and prevention policies

B. Protect people from tobacco smoke

C. Offer help to quit tobacco use

D. Warn about the dangers of tobacco

C

World Health Organization

Questions

Which of the following is a system-level intervention for treating tobacco dependence   (   )

A. Including nicotine replacement therapy (NRT) in national essential drug list

B. Training primary care providers on brief tobacco interventions

C. Including smoking status as a new vital sign

D. Policy for integrating tobacco dependence treatment into TB care services

E. All of the above

E

World Health Organization

Questions

Who are not your stakeholder for promoting tobacco dependence treatment in the community? (   )

A. Policy makers

B. Tobacco industries

C. Pharmaceutical companies

D. Community leaders

E. B and C

B

World Health Organization

Questions

Which one is the lowest level of community involvement (   )

A. Communities are used as needed.

B. Communities are manipulated.

C. Communities are used in a perfunctory or merely symbolic way to give the appearance of real participation.

D. Communities are consulted and informed.

E. Communities initiate, plan, direct and implement decisions

B

World Health Organization

Questions

Which of the following is not an effective workplace incentive to encourage primary care providers to treat tobacco users (   )

A. Only give them more money

B. Give them more money and recognize their performance.

C. Provide training to them

D. Develop toolkit to assist them in treating tobacco users

E. None of the above

A

World Health Organization

Questions

The first step to develop an action plan is (   )

A. Set your objectives

B. Identify the issue, challenge, or problem to be addressed

C. List action steps

D. Decide monitoring and evaluation strategy

E. Identify your stakeholders

B

Part II : Training for primary care service managers: Planning and implementing system changes to support the delivery of brief tobacco interventions

World Health
Organization

Questions

The Five A's consists of (   )

A. Ask, Advise, Assess, Assist and Arrange

B. Ask, Admire, Assess, Assist and Arrange

C. Ask, Anticipate, Assist , Admire and Arrange

D. Ask, Advise, Assess, Assist and Anticipate

E. None of the above

A

World Health Organization

Questions

Which of the following is(are) not evidence-based tobacco dependence treatment(s)   (   )

A. Nicotine replacement therapy

B. Brief tobacco interventions

C. Varenicline and Bupropion

D. Telephone counseling

E. Acupuncture and electronic cigarettes

E

World Health Organization

Evaluation

Ask participants to state:

- 2-3 things you have learned

- 2-3 things you want to learn more about

- 2-3 things you will do now/how will you act on this?

Thank you for your attention