Building a Program to Stop Smoking Among Health Center Communities Learning Collaborative (Session 2 of 4)

National Center for Health in Public Housing



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### National Center for Health in Public

- This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$668,800 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



Training and Technical Assistance



Data Analysis and Evaluation



Outreach and Collaboration

Increase access, quality of health care, and improve health outcomes



### **Speakers and Moderators**



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## Housekeeping

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email

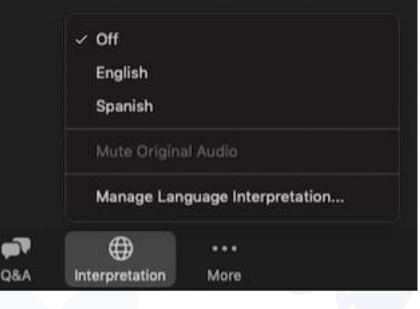
Video Conference via



### **Zoom Interpretation Instructions**

- 1. Select the "Interpretation" button at the bottom of the screen. It is shown as a globe icon.
- 2. Upon selecting the "Interpretation" button, click on "Spanish", and then click the "Mute Original Audio" option at the end of that list. This will allow for you to hear the Spanish interpreter while other voices are muted.
- 3. Questions and comments may also be submitted through the chat in Spanish.







## A VERY Brief Review of Motivational Interviewing



### True or False

- Toxic residues from smoking or vaping are easily disposed of from indoor environments
- New tobacco and nicotine products help you quit smoking
- Tobacco is the most widely consumed drug in the world





# In Other Words...

Guide the patient to telling you that they <u>want</u> to change rather than you telling them they have to change.



# Avoid

- Forcing the change
- Intimidating
- Nagging
- Guilt



# Benefits of this Approach

#### • Using MI:

- Prevents frustrating conversations with "noncompliant" patients
- Allows you to step away from the role of the parent scolding the naughty child for doing something wrong
- Establishes a real sense of collaboration between you and the patient



## How Do I Encourage Change?



# To Begin With:

Accept Ambivalence

View change as a learning process
 Understand that relapse is natural

• Elicit Change Talk



# Goal of Change Talk

- <u>Collaborate</u> with the patient to:
  - Understand and explore their own motivations for change.
  - Help them view the "change" as more enticing than the status quo
  - Increase their belief that they can change!



# Why Change Talk?

#### Change is more likely to occur when the idea comes from the individual not from you!



## Creating Change Talk Through Motivational Interviewing





# How To Elicit Change Talk

- Ask Permission
- Use Open Ended Questions
- Listen Reflectively
- Summarize Feedback
- Roll with Resistance/Ambivalence



# Ask Permission

 "Do you mind if we discuss your tobacco use today?"

 "Can I tell you what concerns me about your tobacco use?"

• "Is it ok to talk about the possibility of quitting?"



# Let Us Know

• How can tobacco and nicotine waste be removed from the environment?

 In what situations are children and young people exposed to smoke and nicotine?



## **Open Ended Questions:**

# Questions that do not invite short or one-word answers



# Open Ended Questions (cont.)

Most open-ended questions begin with:
 WHAT
 HOW

• What's wrong with Why?



## If Reluctant:

## "What would have to happen to you for you to consider.....?



## **The Importance Ruler**



## Importance

How important would you say it is for you to stop smoking? On a scale from 0 to 10, where 0 is not at all important and 10 is extremely important, where would you say you are?

012345678910Not at all importantExtremely Important



## **The Confidence Ruler**



## Confidence

If you decided to stop now, how confident are you that you could do it? On the same scale of 0 to 10, where 0 is not at all confident and 10 is extremely confident, where would you say you are?

 0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

 Not at all confident
 Extremely confident



## How to Boost Confidence

# "What accomplishment are you most proud of?"

#### "If you can do that you can......

"



# Listen Reflectively

#### • Use the patient's own words

- "I hear you saying that the idea of quitting is very scary"
- "I am getting the feeling that you don't think you can stop smoking because you have too much stress in your life."



## Summarize your Feedback

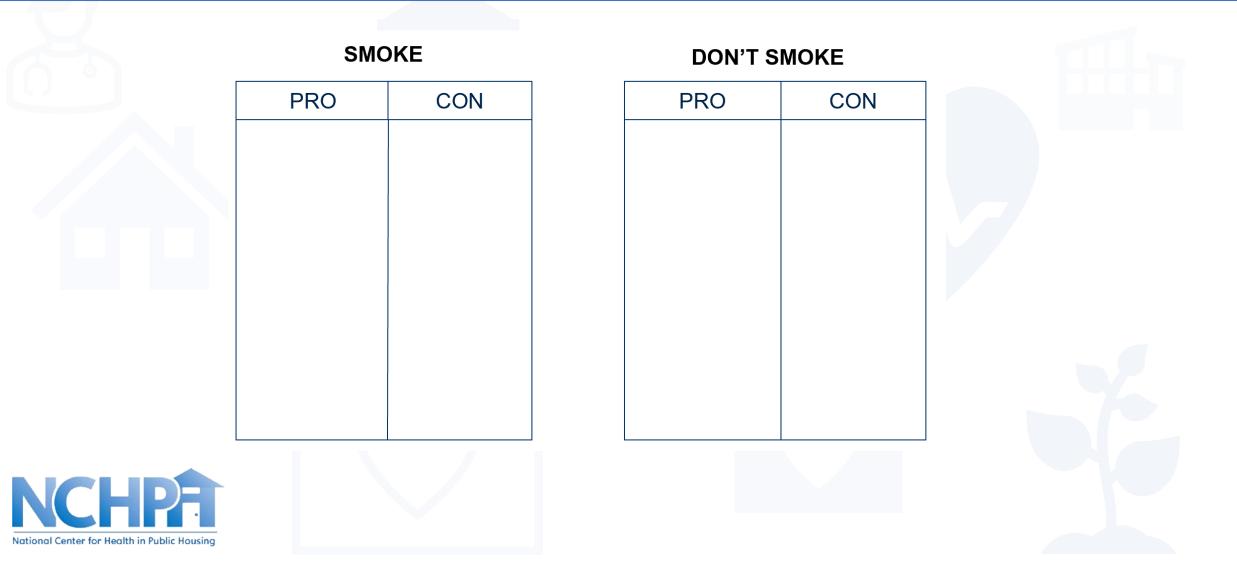
• "We have agreed.....

 "So here are the steps that you said you would do...."

• "Let me summarize what we have just discussed....."



## **Decisional Balance Sheet**



## Your Goal

- Establish a strong, clear, <u>internal</u> reason for changing:
  - Health
    - How is tobacco use affecting health
    - Don't talk about DEATH
  - Money
  - Family
  - Social
  - Other



# **Final Reminders**

- You can not <u>make</u> anyone change
- The more you push the more they'll resist
- Rather, help the patient want to change:
  - Increase displeasure with current behavior
  - Decrease fear of the new
- In the end, the patient:
  - Should present the reasons for change
  - Choose when and how to change



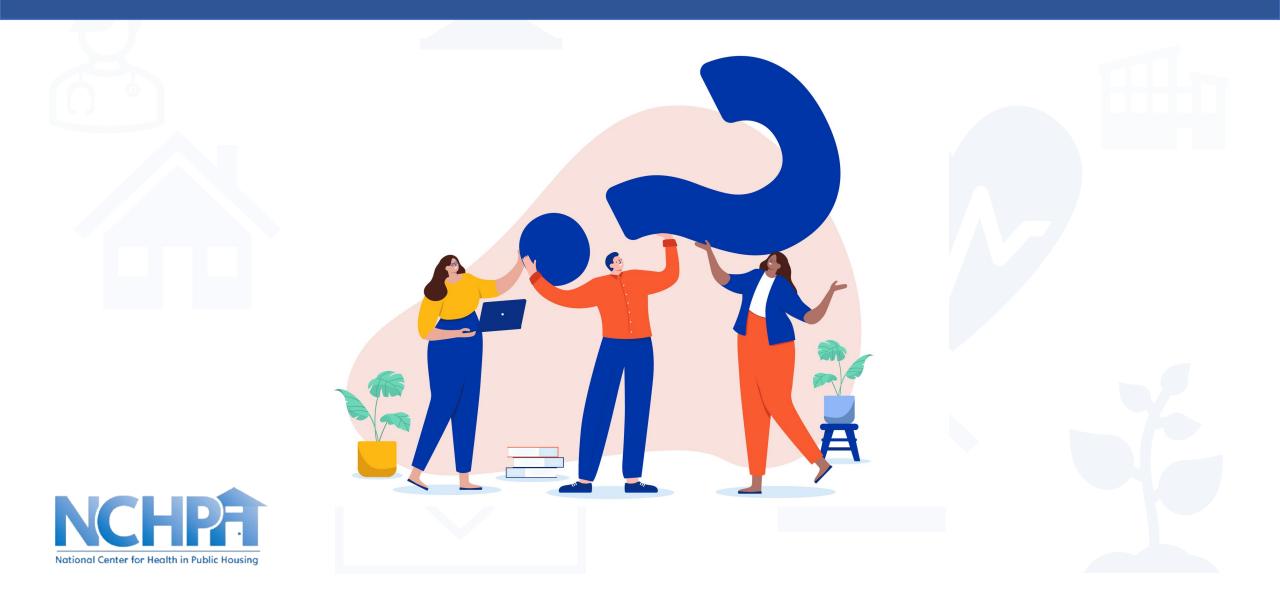
## References

 Motivational Interviewing: Preparing People for Change William R. Miller and Stephen Rollnick, The Guilford Press 2002

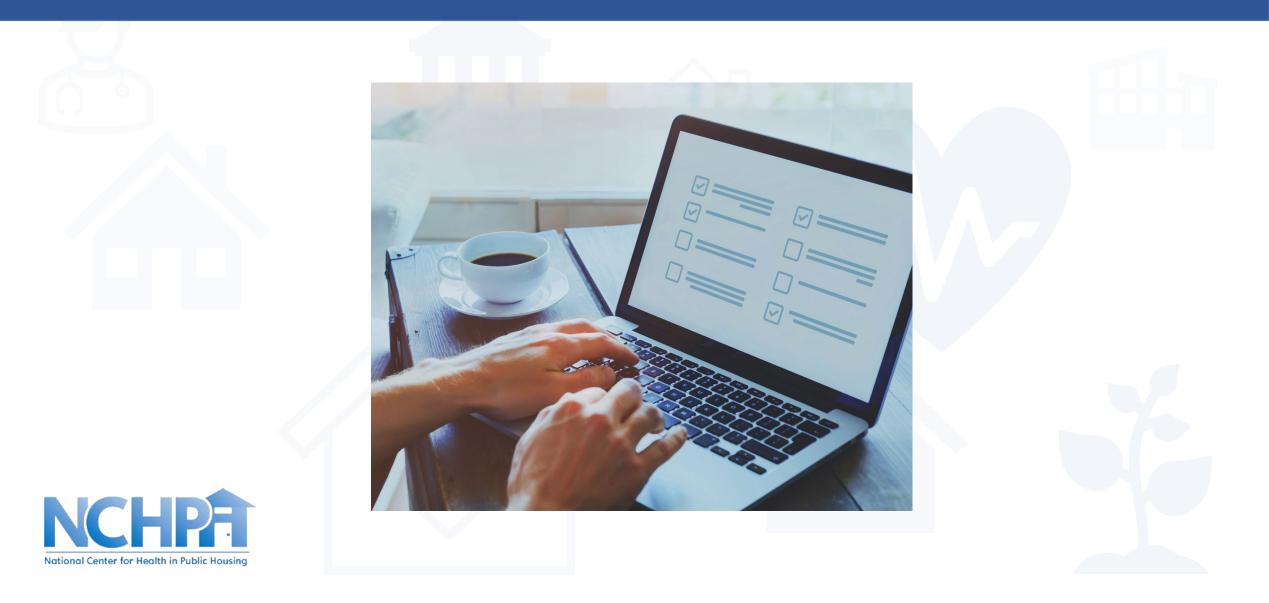
 Motivational Interviewing in HealthCare William R. Miller/Stephen Rollnick Guilford Press 2008



### Q & A Session



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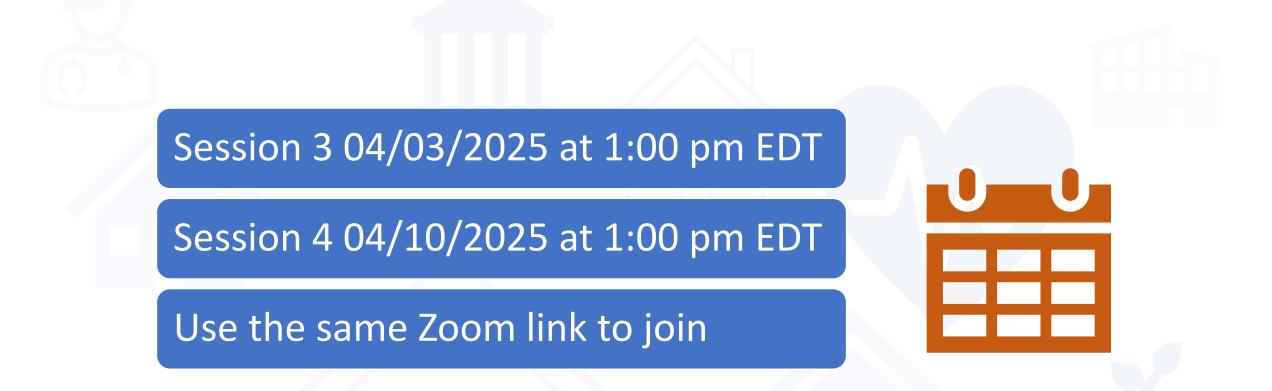


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# Thank you!

