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Resources for Smoking Cessation in Milton VT

Kai Ping Wang MS3

September 2015: Rotation 4

Mentor: Dr. Timothy Lishnak

Problem Identification:

- Today, Tobacco is still the #1 leading cause of preventable death in the United States. Use of tobacco products leads to chronic illnesses such as asthma, heart disease, cancer, lung disease, and stroke.
- In 2010, 68.8% or nearly 7 out of every 10 adult smokers in the United States reported that they wanted to quit cigarettes completely.
 - Only about 4-7% of people are able to quit smoking on any given attempt without assistance
 - With the use of medications, the number of smokers who successfully stay smoke free for over 6 months jumps to 25%. When medications are combined with counseling, the success rates are even higher.
- According to the latest data in 2013 from the Behavioral Risk Factor Surveillance System, 16.6% of adults in Vermont are current smokers compared to 19% of adults nationwide.
 - In 2013, 60% of adult Vermont smokers attempted to quit



Public Health Considerations

- Each year in Vermont, 1000 adults die as a consequence of smoking.
- Annual health care costs in Vermont directly caused by smoking run in **excess of \$348 million**
- Smoking related productivity losses in Vermont total **over \$232 million** a year.

Community Perspective

- Name Withheld, Health Coach/Tobacco Treatment Specialist
 - “Some barriers to access in the Milton community is due to most tobacco cessation groups being in Burlington, physically getting to a group is challenging. It is also difficult to find time to go to these classes for a lot of people, with the classes needing to be late in the day or on weekends.”
 - “Some short term improvements to access include getting information to people in a timely manner as well as self management workshops to educate patients to manage their own care.”
- Name Withheld, M.D.
 - “The rotating locations of the support groups and the costs of running them are all barriers on providing access to the local population.”
 - “In terms of best methods of smoking cessation, Chantix in addition to any other support groups that we can provide for our patients are effective.”

Intervention and Methodology

- Create an pamphlet detailing tobacco related health outcomes and risks, as well as information on resources for smoking cessation, focusing on resources within the local community i.e. Community Health Team.
- Resources include smoking cessation groups, smoking support groups, as well as information on obtaining free Medicaid sponsored transportation services for those who qualify.
- Post pamphlets in each clinical exam room within easy view of the patients.
- Follow up with Community Health Team on smoking cessation inquiries.

Data/Results

- The flyers were well received by the staff as well as the patients.
 - Placement inside the examination rooms allowed for easy access, and there were patients who inquired about the resources presented on the flyer.
- There was difficulty in ascertaining the impact of the posters on smoking cessation referrals due to the short time course available for this project.

Evaluation of Effectiveness and Limitations

- Successful smoking cessation relies on constant follow up as well as involvement by the healthcare, a week long intervention is very limited in what it can accomplish during that time.
- Distributed pamphlets were in the English language, limiting access to patients with language barriers.
- Patients with smoking histories are already being referred to the Community Health Team by their primary care providers which may confound the results pertaining to the effectiveness of the intervention.
- Lack of concrete documentation on effectiveness of intervention limits data collection.



Future Recommendations

- Create and organize a long term longitudinal study on rate of smoking cessation within the local community to compare with statewide averages.
- Increase presence of pamphlets or posters detailing the tobacco cessation resources within the community, specifically the Community Health Team.
- Continue to make referrals for patients to local resources during clinical visits.

References

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