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Assessing Access to Smoking Cessation Resources in Rural Populations

North Country Family Health, Champlain, New York

Tristan McKnight, MS-III

December 2015 – January 2016

Problem Identification

- The Affordable Care Act has increased resources available that can help smokers quit, including tobacco use screenings, cessation interventions and stop smoking counseling.
- Upstate New York has a high adult smoking rate of 20.9%, compared to a NY state rate of 16.2% and a national rate of 18.1%. Several patients that smoke are unaware of the resources available to them when they are ready to stop smoking.
- A Cochrane Review of smoking cessation interventions compared a group cessation program with a self-help cessation program and concluded that there was an increase in cessation with the use of a group program.
- Current smoking cessation interventions in Champlain, NY include tobacco use screenings and printed materials distributed at checkout, but there are no community-based group cessation services to support smokers who are in the process of quitting.
- The closest group smoking cessation intervention program is in Glens Falls, NY, 133 miles away from Champlain, NY.
- A separate Cochrane Review demonstrated that cessation interventions with a follow-up more than one month after initial contact were more successful than if follow up occurred less than one month after initial contact.

Public Health Cost

- Tobacco use remains the number one cause of preventable disease and death in NY State
 - Smoking kills 28,200 adults annually in New York.
 - More than 500,000 New Yorkers live with serious smoking-caused illnesses and disabilities.
- Every year, tobacco-related health care costs New Yorkers \$10.4 billion

Community Perspective on Issue

- I interviewed the local care manager, *Name Withheld*, who coordinates smoking cessation efforts at the practice. She informed me that person-to-person group smoking cessation is an ideal goal, but currently there are no local face-to-face cessation support options in Champlain, NY or Clinton County, NY.
- I also spoke with the office nurse manager, *Name Withheld*, who noted that when patients are committed to quitting, care managers work hard to personalize a self-help quit program by assisting in generating personalized quit plans tailored to the individual's needs.
- Smoking cessation follow up office visits currently are not routinely scheduled – follow up occurs at the next appointment, generally 6 months after initial cessation consultation.

Intervention and Methodology

- Developed a simple questionnaire, which was given to patients upon check-in and asked patients about their smoking status, which quitting tools they had familiarity with and which quitting tools they would most likely utilize.
- Providers were informed of findings via presentation.

Patient Questionnaire

Do you currently smoke tobacco? Yes No

The following are *some* resources available to people wishing to quit smoking. Please check the resources you already knew existed:

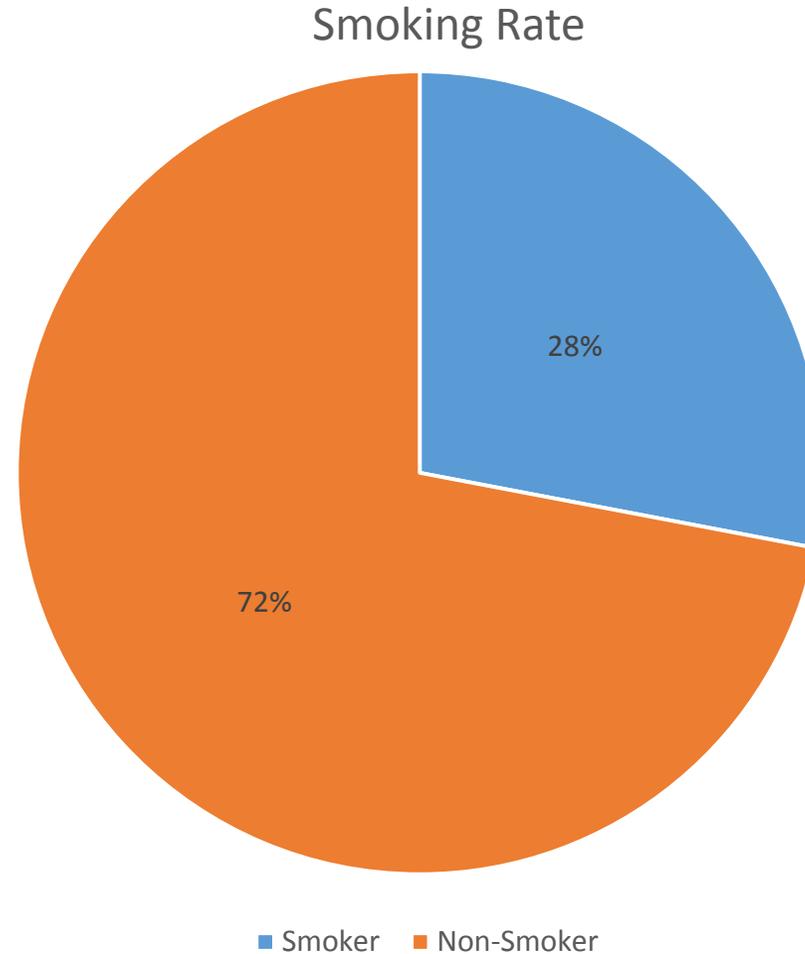
- Talk with your doctor
- Nicotine replacement products (gum, patches, etc.)
- Prescription medications (Chantix, Zyban, etc.)
- New York State Smokers' Quitline
- Smoking cessation programs, such as the American Lung Association's Freedom from Smoking
- Support groups, such as Nicotine Anonymous

If you did want to quit smoking, which resources would you likely use?

	Would use	Wouldn't use
Talk with your doctor	<input type="checkbox"/>	<input type="checkbox"/>
Nicotine replacement products (gum, patches, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Prescription medications (Chantix, Zyban, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
New York State Smokers' Quitline	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cessation programs, such as the American Lung Association's Freedom from Smoking	<input type="checkbox"/>	<input type="checkbox"/>
Support groups, such as Nicotine Anonymous	<input type="checkbox"/>	<input type="checkbox"/>

Results

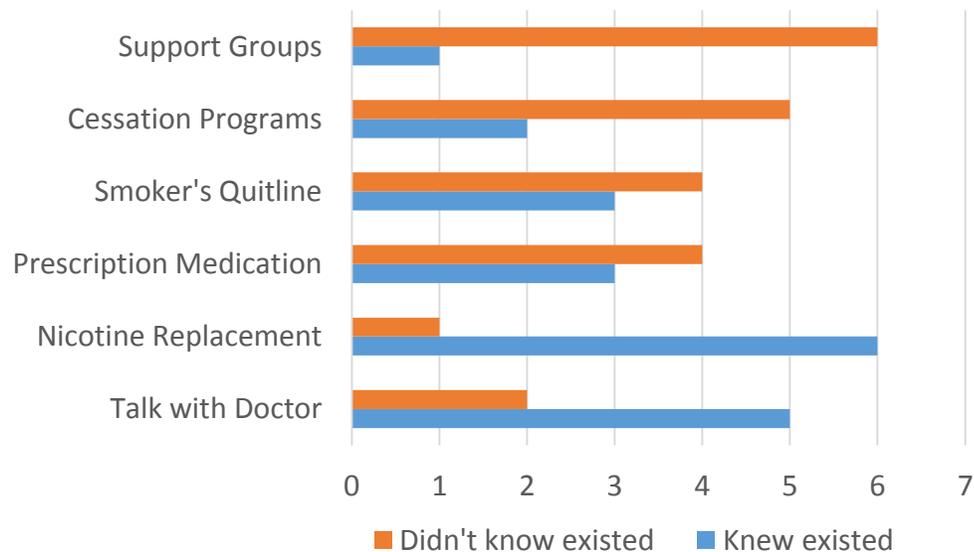
- N = 25
- 28% of individuals polled in office visits smoke, compared to smoking rates of 20.9% for upstate NY adults, 16.2% for all NY adults and 18.1% for US adults.



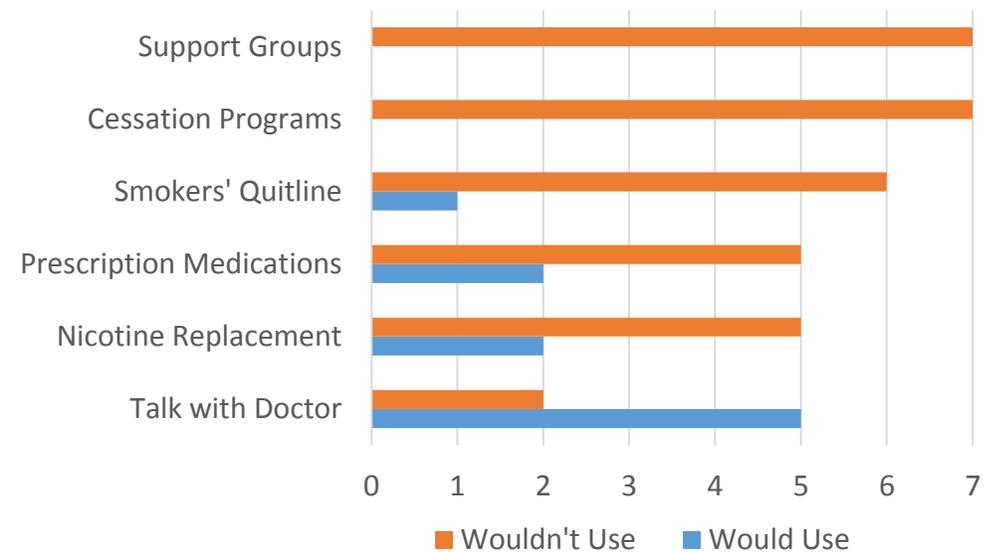
Results continued

- For the 7 of 25 patients who identified as current smokers, there was low awareness of available resources and low willingness to use cessation resources associated with higher quit success rates.

Knowledge of Cessation Resources



Desired Cessation Resources



Effectiveness and Limitations

Effectiveness:

- Health care team provided with actionable feedback for improving access to smoking cessation resources.
- Questionnaire served as a source of repetitive material to inquire about patient's desire to stop smoking and served as a minor tool to educate patients on what resources are available to them.

Limitations:

- Intervention was fact-finding in nature and relies on implementation of suggestions to serve as a tool for improving cessation.
- Small sample size of 25.

Recommendations for Future Projects

- Formal evaluation of patient knowledge regarding available tobacco cessation resources would be useful in determining the most effective strategies for patient education.
- Follow through with a poster/pamphlet for waiting room outlining all available cessation resources.
- Providers should assess what resources have been utilized by each patient and which resources the patient is most interested in trying.
- Improve local resource availability – e.g. establishing local smoking cessation groups.
- Implement follow-up protocols that bring patients back into the office 6 weeks after the initial cessation consultation.

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