Health System Changes Lead to Educating and Referring More Smokers to Cessation Services

According to the 2011-2012 California Health Interview Survey, the American Indian Alaskan Native (AIAN) smoking rate is 26%.The top two causes of death among the AIAN population are cardiovascular disease and lung cancer, and in both commercial tobacco use is a contributing factor. Nearly half the smokers in California begin using commercial tobacco before the age of 14, and 75% before the age of 18. Sonoma County Indian Health Project (SCIHP), a clinic in Sonoma County, California serving American Indians and Alaska Natives, was no exception. In 2007, only 17.5 % of their patients in the medical department were screened for commercial tobacco usage, and of those who were identified and counseled, 4% quit. Through their efforts since that time, those numbers have substantially improved.

Challenge

A group of employees from several departments at SCIHP in Santa Rosa, California felt it was a priority to reduce the incidence of smoking among their patients and employees. There were also feelings from clinicians and support staff that they could no longer permit smoking on the SCIHP campus because it endangered the health of everyone, especially children and elders, and presented an environment that passively condoned this addiction. This led the former CEO to assign the task of creating a smoke-free campus policy and the associated services needed to support community members to quit using tobacco for non-traditional reasons. The next step was to provide an effective assessment intervention in the limited amount of time that a Provider in the Medical Department has with a patient, when there are multiple issues to address.

> Sonoma County Indian Health Project sought to create a smoke-free campus policy and provide the associated services needed to support community members to quit using tobacco for non-traditional reasons.

Solution

In 2008 a committee of Native and non-Native staff and community members was formed to address this issue- to create respectful, gradual change and solid policy resulting in a smoke-free environment. With hands on support from the local health department tobacco coordinator the committee gathered information from the community through surveys and interviews while educating them on both the need for the policy and on the importance of a gradual and transparent, community-led

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process of implementation. As a result of this process there emerged the need to provide resources to patients and employees who wanted to quit.

The goal was to develop an in-house system to support those who want to quit smoking. First, the California Rural Indian Health Board (CRIHB) provided three trainings on-site to share the dangers and solutions to secondhand smoke. A short time later, CRIHB provided their Second Wind smoke cessation training, a curriculum developed for treating AIAN community members. This helped SCIHP gain understanding about how to affect change with individuals and groups within the AIAN community. Additionally the local health department supported training staff in the current evidence based interventions for smoke cessation. A social worker and a registered nurse who merged several smoke cessation curricula, integrating cultural components of the talking circle, prayer/meditation and ceremony, led the initial group classes. Classes were open to patients as well as employees to reach as many people as possible. In later classes, a pharmacist and Primary Care Provider joined the class teachers to ensure that nicotine replacement therapies and other medications could be offered to assist the quitting process.

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Posters were put up, and employees and patients could self- refer to the program. A system for referral was put in place in the Medical Department as well. Medical Staff were given a training in the 5 A's (Ask, Advise, Assess, Assist, Arrange Follow-up).The Medical Assistants and Nurses practiced through role-playing to become familiar with and at ease with asking patients about tobacco use.

The protocols now include the Medical Assistant asking at every visit about tobacco use, and if positive, the patients are given information about the danger of smoking/benefits of quitting. If the patients want to quit they are given information about the California Helpline and/or our in-house tobacco cessation counselor. The Medical Assistant can make this referral. If the patients are not ready to quit, they are given tobacco education materials and told that the clinic is there to help them when they are ready. To systematize and standardize the process, a screening template in the electronic health record prompts the tobacco assessment. When providers see the patient they can further discuss the issue, provide brief education, and if appropriate, pharmaceutical support. Screening for tobacco begins at age five and is done every single visit. All patient rooms have quit flyers and smoking cessation resources available. These are re-stocked monthly. Furthermore, patients are asked about their secondhand smoke exposure. If a household member is exposing the patients to second hand smoke, they are asked if they would like resources to support that person in quitting.

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Currently, the clinic is moving from group-level to individual-level cessation counseling. Clients are scheduled by the front desk staff for the weekly smoking cessation counseling clinic. They are told that they do not quit on their first visit. This initial visit is considered an opportunity to develop an individual smoking cessation plan. This has decreased the numbers of no-shows on the first visit. If patients miss the first session, they are sent a warm letter encouraging them to quit as well as explaining resources that are available, including on-

line support. After patients successfully quit, follow-up is done with them by telephone for support and relapse prevention.

The tobacco cessation counselor frequently audits a random selection of electronic health records to ensure the assessment, education and referral process is being done regularly and correctly. The counselor brings up issues at weekly staff meetings so that issues can be addressed and remediated quickly, and to ensure the staff is educating and documenting in a consistent manner. Staff members over the years have received further education through American Lung Association's Freedom from Smoking Program, and the Mayo Clinic Tobacco Cessation Specialist Program.

Sonoma County Indian Health Project increased patient screening from 17.5% in 2007 to 79.8% of all patients last year. Of the 636 patients identified as commercial tobacco users who were given counseling, referral, and/or cessation medication, 10% have quit for six months or more.

Due to these improvements, SCIHP has gone from screening 17.5 % of patients in 2007 to 79.8 % of all patients last year. In the 2013-2014 GPRA year 2,782 patients received tobacco screening. There were 636 identified commercial tobacco users who were given counseling, referral and/or cessation medication, and of those 10% have quit for six months or more.

Future Directions

SCIHP is looking at ways to further improve their tobacco cessation program. SCIHP aims for 100% documentation of smoking exposure, appropriate counseling, and offering of resources at every Medical visit. Staff are also looking at ways to improve coordination with other departments, such as Native Beginnings (a program for pregnant women) and the Behavioral Health Department, to provide the most comprehensive care for vulnerable populations such as pregnant women and those with mental health issues. Quitting smoking is one of the most important prevention strategies available for clients on their journey toward health. Simple changes in protocol can have a dramatic impact on the health and well-being of individuals and the greater community.

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For more information, contact the Sonoma County Indian Health Project at www.scihp.org or the California Rural Indian Health Board at www.crihb.org.