

Urban American Indian Clinic Smoking Cessation Program

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Background

- Abuse of tobacco products is the leading cause of preventable disease in the United States¹
- Cigarette smoking rates have decreased¹ from 20.9% in 2005 to 15.1% in 2015
- Cigarette smoking disparities exist among minority groups of adults¹
- American Indians have the highest prevalence of cigarette smoking² with a rate of 24% in 2017

Purpose & Objectives

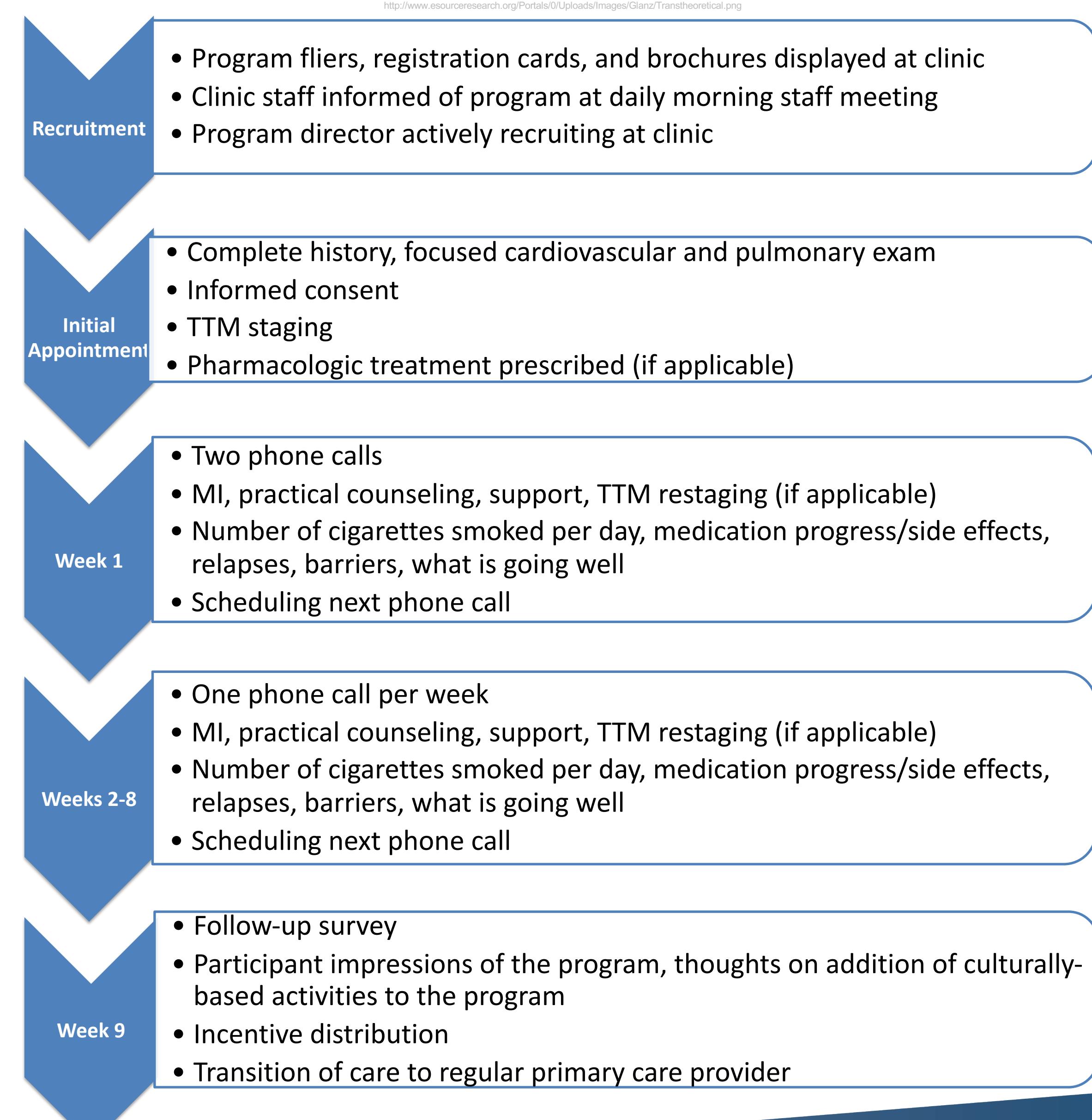
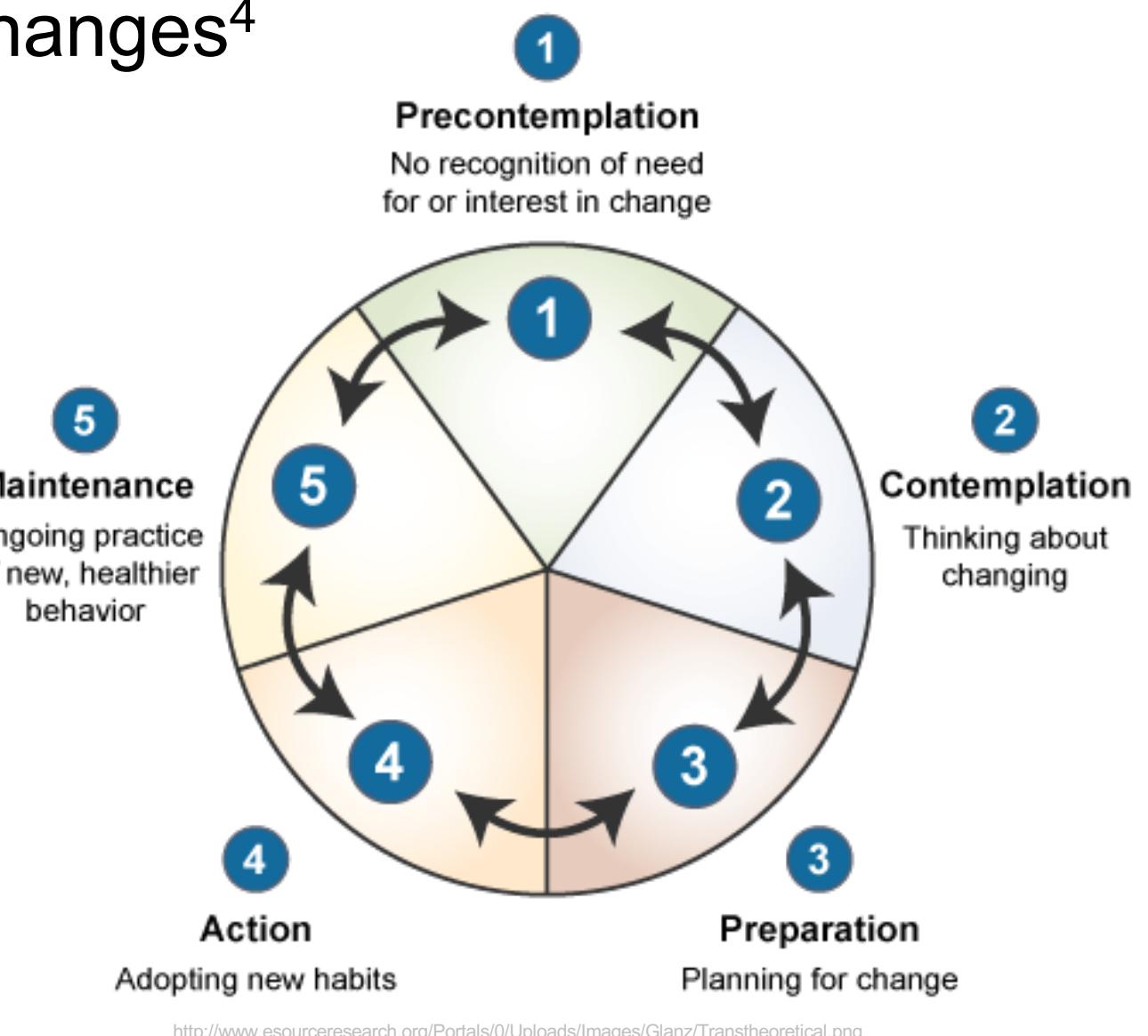
- Implement a nurse practitioner-led smoking cessation pilot program at an urban American Indian clinic
- Objectives:
 - To achieve smoking cessation after eight weeks in the program
 - To determine whether there was a change in smoking behaviors over the course of eight weeks
 - To identify barriers to and factors that facilitated successful smoking cessation

Methods

- Participant Inclusion Criteria:
 - At least 18 years of age
 - A current cigarette smoker
 - Primary care provider at the Indian clinic
- Participant Exclusion/Withdrawal Criteria:
 - Concurrent illicit drug or alcohol abuse
 - Onset of a severe adverse drug reaction to the chosen cessation medication
- Marquette University IRB approval as a quality improvement project
- Written permission obtained from medical director of Indian health clinic

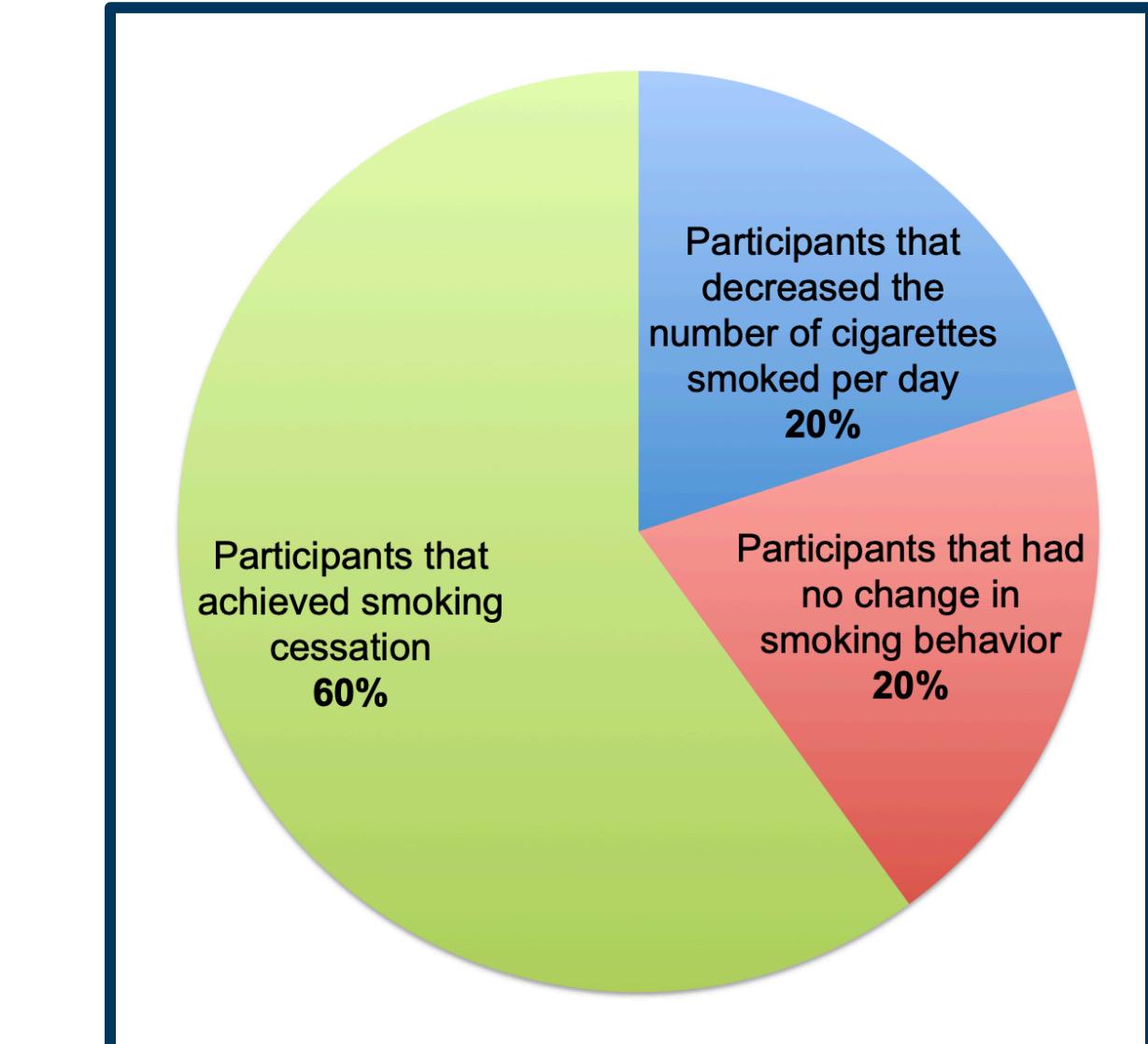
Program Design

- Unique hybrid program, designed by the program director
- Based on the Treating Tobacco Use and Dependence clinical practice guideline³
- Emphasis on motivational interviewing (MI)
- Guided by the Transtheoretical Model (TTM) of Health Behavior Changes⁴



Results & Program Evaluation

- 18 participants successfully recruited
- 5 participants completed the program
- All participants stated that the program was helpful
- Satisfaction with telephone interactions was high, but barriers were identified with this form of communication



Strengths & Weaknesses

- + Utilization of MI – an underutilized gold standard for health behavior change⁵
- + Served as an opportunity to have an active discussion and acknowledgment of the patient's smoking habit, even with those that did not ultimately participate
- + Increased provider attention to the smoking status of their patients
- + Provided primary care providers at the clinic with the most current evidence and management guidelines for smoking cessation
- Large number of participants lost to follow-up
- Issues with reliably reaching participants by telephone

Next Steps

- Address the issue of the large number of participants lost to follow-up
- Seek input from clinic patients who smoke in the design of the program
- Form an "Elder Council"
- Staff development workshop on MI at the clinic

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