Tobacco Use Screening and Cessation Intervention

Impact of Tobacco Use in Rural Northern California

- Cigarette smoking is one of the leading causes of preventable disease and death in the United States, accounting for more than 480,000 deaths every year, or 1 of every 5 deaths.[1]
- At the state level, each year Californians spend over $13 billion on health care and other costs associated with smoking and suffer an average of 40,000 smoking attributed deaths.[2]
- Rural communities across California have higher rates of smoking than urban communities. For example, in the state's largely rural northern counties the current smoker rate is 10.6%, higher than the state's average of 6.2%.[3]
- Low-income adults in the Rural Northern region are more likely to be current smokers compared to the low-income population statewide (16.2% vs. 8.8%).[4]
- Rural Northern California communities also have higher rates of e-cigarettes and smokeless tobacco use.[5]
- In the recent years, there has been an explosion of e-cigarette/vaporizer tobacco products that can be attractive to youth.[6]

How Health Centers Provide the Necessary Care

Clinical Interventions

- Utilize one of the recommended smoking cessation models (5 A's, AAR, AAC)[7]:
    - Ask every patient about tobacco use.
    - Advise all smokers to quit.
    - Assess smokers' willingness to quit.
    - Assist smokers with treatment and referrals.
    - Arrange follow-up contacts.
- Make tobacco assessment part of the patient intake process and use automated provider reminders to assess tobacco users' willingness to quit.
- Provide patients with quit packet (gum, toothpicks, etc.), educational materials, and information about the California Smokers' Helpline at time of visit if patient is open to quitting.
- Utilize motivational interviewing to support patients in setting goals for quitting.
- Follow-up with patients making a quit attempt. Contact patient within 1 week and 1 month to monitor progress.

Community Interventions

- Participate in American Cancer Smoke Out campaign and conduct educational outreach during health fairs and other community events.

[1] U.S. Department of Health and Human Services (2014). The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2016 Mar 14].
[2] SAMMEC Smoking Attribute Expenditures 2009. CDC State Highlights: California
[3] California Health Interview Survey. CHIS 2021 Adult Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research.
[4] Ibid. [Note: Low-Income was defined as <200% FPL for these calculations].
[5] Ibid.
[6] Olson, S. (2014). E-Cigarettes Anger Candy and Cookie Makers with Infringing Flavor Names. Medical Daily. May 27, 2014. See also Dennis, B (2014). Booming e-cigarette market in need of greater oversight, studies say. The Washington Post. June 27, 2014.
[7] U.S. Department of Health and Human Services. Smoking Cessation: A Report of the Surgeon General. Public Health Service. Office of Surgeon General. Rockville, MD. 2020

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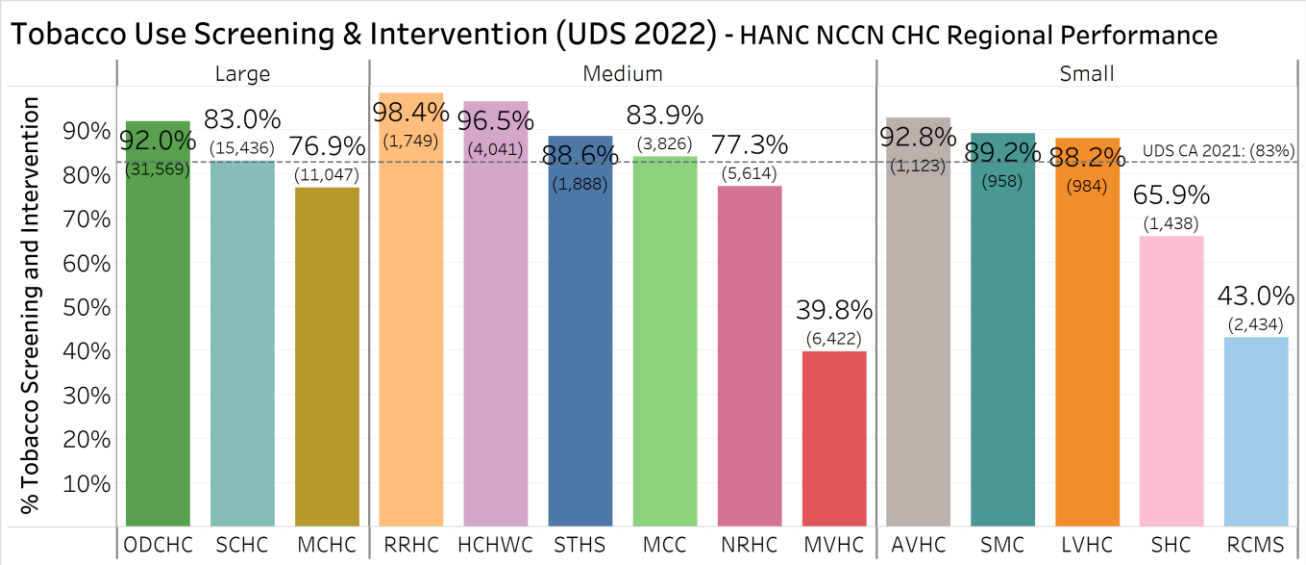
Rural Northern California Health Center Data

Key Points

- Identifying tobacco users and tracking cessation counseling and interventions can be a challenge due to limitations in some EHR configurations. New EHR updates help improve documentation.
- Health centers in rural Northern California have successfully incorporated regular tobacco use assessment and cessation interventions into primary care practice.



Quality Measure Definition (UDS)

The percentage of patients 18 and over:

- Who were screened for any and all forms of tobacco use one or more times within 24 months; ***and***
- Who received tobacco cessation counseling intervention and/or pharmacology if identified as a tobacco user.
    - Current research shows that provider participation and advice lead to a greater likelihood of successfully quitting smoking by as much 66 percent.[8]
    - As few as three minutes of counseling or other primary care interventions can increase the success rate of smoking cessation.[9]

National and State Quality Benchmarks

UDS 2021 CA Average: The average performance among health centers in California was 82.7%.
UDS 2021 U.S. Average: The average performance among health centers in the U.S. was 82.3%.

[8] USPSTF.2010. What to tell your patients about smoking: A report of the surgeon general: How tobacco smoke causes disease. Available at: http://www.cdc.gov/tobacco/data_statistics/sgr/2010/clinician_sheet/pdfs/clinician.pdf
[9] Counseling and Interventions to Prevent Tobacco Use and Tobacco-Caused Disease in Adults and Pregnant Women, Topic Page. April 2009. U.S. Preventive Services Task force. http://www.uspreventiveservicestaskforce.org/uspstf/uspstbac2.htm

AVHC – Anderson Valley Health Center; HCHW – Hill Country Health and Wellness Center; LVHC – Long Valley Health Center; MCC – Mendocino Coast Clinics; MCHC – MCHC Health Centers; MVHC – Mountain Valley Health Center; NRHC – Northeastern Rural Health Clinics; ODCHC – Open Door Community Health Centers; RCMS – Redwood Coast Medical Services; RRHC – Redwoods Rural Health Center; SCHC – Shasta Community Health Center; SHC – Shasta Cascade Health Centers; SMC – Shingletown Medical Center; STHS – Southern Trinity Health Services.