

**Purpose**

**To describe tobacco cessation policies in local health departments and Kentucky**

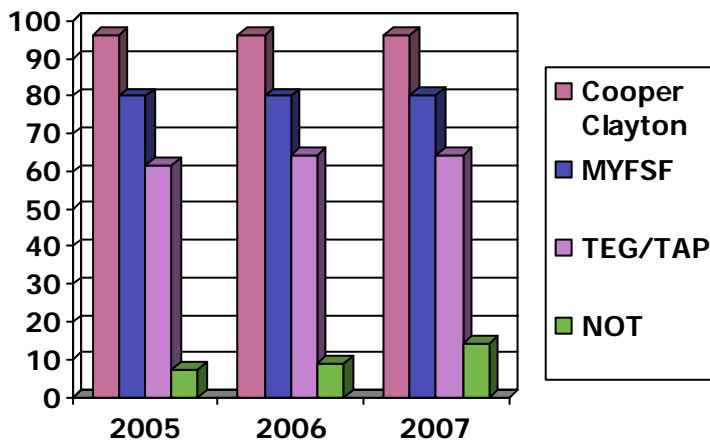
Overall Findings

- All local health departments ( $N = 56$ ) provided tobacco cessation programs in 2007.
- There was an increase in the number of tobacco cessation programs offered, from 509 in 2006 to 831 in 2007.<sup>a</sup>
- There was an increase in the number of clients who participated in tobacco cessation programs. A total of 8,792 clients participated in tobacco cessation programs statewide with an average of 157 per health department (5,013 clients participated in 2006, an average 89.5 per health department).<sup>a</sup>
- There were a total of 749 requests for tobacco cessation programs statewide, with an average of 13.6 requests per health department, down from an average of 15.3 in 2006. *This reflects a greater need for marketing tobacco cessation programs. It is recommended that health departments promote public education on quitting to maximize consumer demand.*
- Health departments allocated a total of \$87,818 to promote tobacco cessation programs using media such as newspaper, radio, or television, up from \$61,138 in 2006. On average, health departments allocated \$1,596 to promote cessation programs.
- Nearly all (89.1%) health departments had a tobacco-user identification system for every patient. Of the 49 health departments with a tobacco-user identification system, 100% reported using the system for every patient at every clinic visit, up from 93.9% in 2006.
- Of the health departments that responded, 100% are smoke-free indoors including offices.

Types of Cessation Programs

- The most commonly used cessation programs are Cooper-Clayton Method to Stop Smoking (96.4%) and Make Yours a Fresh Start Family (80.4%). Other cessation programs used were TEG/TAP (64.3%), N.O.T. (14.3%), Quit and Win Tobacco-Free Contest (8.9%), Fresh Start (8.9%), and Freedom from Smoking (3.6%). Prevalence of these programs has remained consistent over 3 years (see Figure).
- Of the health departments that used Cooper Clayton, an average of 35.6 persons per health department service area quit using tobacco at the completion of the program.
- Of those that used MakeYours a Fresh Start Family, an average of 8.3 persons per health department service area quit using tobacco at the completion of the program.
- Of those that used TEG/TAP, an average of 9.3 persons per health department service area quit using tobacco at the completion of the program.

<sup>a</sup> Data on *Make Yours a Fresh Start Family* omitted from 2006 and 2007 comparisons due to unreliable data in 2006. See attachment for a detailed explanation.



**Figure 1. Percent of Health Departments that Provide Selected Tobacco Cessation Programs, 2005-2007**

- Four hundred and thirty nine (439) people statewide were trained to provide Cooper-Clayton Programs; on average, 8.3 persons per health department service area.
- The most common methods used to promote tobacco cessation programs were word of mouth (98.2%), flyers/brochures (92.9%), newspaper (92.9%), radio (67.9%), church and community bulletins (55.4%), and television (37.5%).

#### Health Care Providers and Tobacco Cessation Programs

- Health educators (83.9%) provided the majority of tobacco cessation followed by nurses (67.9%), dietitian/nutritionists (14.3%), social workers (12.5 %) and program coordinators (12.5%).
- Only 21 (38.2%) health departments provided education programs on tobacco cessation for health care providers, for a total of 49 programs statewide. This is up slightly from 2006 when 18 (32.1%) health departments reported providing 36 programs statewide.

#### Educational Methods

- Over three-quarters (85.5%) of health departments had self-help materials for tobacco use cessation; 76.4% had secondhand smoke materials available in every clinic exam room. This is essentially unchanged from 2006.
- Of the health departments that responded, 100% reported that their health care providers routinely advise patients to ban smoking in the home (up from 80.4% in 2006); and 83.6% reported their providers advised patients to ban smoking in their cars (up from 63% in 2006).

#### Brief Interventions

- Forty-one health departments (74.5%) reported that their health care providers routinely provide brief cessation interventions using the 5 A's (Ask, Advise, Assess, Assist, Arrange), down slightly from 78.6% in 2006. *Brief clinic interventions can nearly double the spontaneous quit rate. Health departments are encouraged to train all health providers in the 5 A's.*

- Of the health departments that responded, 100% report that their providers routinely refer tobacco users who want to quit to a counselor or tobacco cessation program. Of those referrals, 100% are to a Cooper-Clayton Group Program.
- Of the health departments that responded, almost all (94.5%) refer tobacco users who want to quit to a health educator, 56.4% to a community health nurse, and 36.4% to a nutritionist.
- Of the health departments that responded, 98.2% refer tobacco users who want to quit to Kentucky's Tobacco Quit Line. *Quit lines are an effective population-based method of tobacco dependence treatment and the service should be encouraged.*
- Kentucky's Tobacco Quit Line was promoted primarily through distributed brochures/fliers (94.6%), Cooper-Clayton or other program (94.6%), distribution of Quit Line prescription pads (89.3%), hospitals and clinics (83.9%), and earned (unpaid) media (69.6%).
- Referrals to the Quit Line were up in 2007 (98.2% vs. 83.9% in 2006).
- Of the health departments that responded, 87% provide individual counseling for tobacco users who want to quit. Of these, 77.1% offer brief interventions; 29.8% provide intermediate interventions and 19.1% intensive interventions.
- Six in 10 health departments reported that their health care providers routinely discuss relapse with former smokers within 12 months after quitting. This is up slightly from 53.6% in 2006.

#### Pharmacotherapy For Tobacco Cessation and Reimbursement

- Of the health departments that responded, 42 (76.4%) reported that their employee insurance plans reimburse for tobacco cessation treatment including nicotine gum/patch and/or counseling, down from 47 health departments (87%) in 2006. Of these, NRT is covered by 97.6%, other medications by 71.4%, and classes or counseling by 58.5%. *Coordinators could work with their public health directors to ensure reimbursement for tobacco cessation treatment for all employees.*
- The percent of health departments reporting that health care providers prescribed or recommended nicotine replacement products very often was 49.1% for the nicotine patch, 3.6% each for the gum, inhaler, and lozenges, and 1.8% for the nasal spray.
- Over 9% (9.1%) of health departments said their providers prescribed/recommended Wellbutrin or Zyban very often.
- Over 27% (27.3%) said their providers prescribed or recommended Chantix very often.
- Of responding health departments, 96% reported that their health care providers were aware that Medicaid reimburses for smoking cessation counseling and support programs for pregnant women. Of these, 64.1% use diagnosis and CPT codes to bill Medicaid for smoking cessation services.

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