

It's quitting Time LA

By

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Objectives

- Working knowledge of marketing and implementing new programs within existing operations
- Identify methods of working with diverse disciplines to accomplish new projects
- Lessons learned from implementing chronic disease intervention in an acute disease public health clinic setting

Organization

- Mission: promote health, prevent disease, and protect the health of Los Angeles County residents
- Services over 10 million residents
- Annual budget:
- 8 service planning areas
- Over 40 departments within public health

Los Angeles County Tobacco Control & Prevention Program

- Reduce smoking rates of Los Angeles residents from 15% to 12% (Healthy People 2010 objective)
- Conducted Tobacco Summit in August 2006

Assessment

- Smoking rates:
 - LA County – **14.6%**
 - Service Planning Area (SPA) 5 – **13.3%**
 - Service Planning Area (SPA) 6 – **17.3%**
 - Service Planning Area (SPA) 8 – **16.7%**
- High smoking-related death rates
 - Lung Cancer, Cardiovascular Disease, Stroke
- Over half of LA smokers attempted to quit

Los Angeles County Service Planning Areas (SPA)



Public Health Clinics

- 14 public health clinics
- Services: Immunization, TB, STD, Triage
- Free services
- Tend to serve vulnerable populations

Assessment

- In Public Health Clinics
 - Inadequate tobacco assessment and intervention
 - Opportunity to conduct brief individual intervention

Evidence-based Intervention Plan

National guidelines recommend universal assessment of smoking status & minimal smoking cessation intervention

- Ask Advise Refer (AAR) Intervention
 - formally 5 A's

Evidence-based Intervention Plan

CDC tobacco best-practice guidelines
recommendations to increase tobacco
cessation in clinic setting

- Provider reminder systems & education
- Patient telephone support (with other interventions)

Program Component

- Provider Education
- Provider Reminder System
- Documentation System
- Patient Referral **1-800-NO BUTTS**

Strategies Used

- Interdisciplinary Approach
 - Subcommittee
 - Clinic staff, health education staff, business office staff, field staff
- Working within the system
 - Reminder/recall system

More Strategies Used

- Marketing to staff
 - **Promotion**: Awareness of issue
 - **Price**: Address concerns/barriers
 - **Product**: Buy-in of program effectiveness
 - What's in it for them
 - **Place**: Convenient intervention and process
 - **People**: benefits health of clients
- Implementation
 - Soft rollout
 - Kick Off Event

SPA 5 & 6 Tools

Developed reminder/recall system

- AAR label

Ask. Advise. Refer.

Department of Public Health, Service Planning Area 5 and 6

Pt. Name _____ **Date** _____

Do you smoke? YES NO

If yes, would you like to quit? YES NO

Advised against smoking: YES NO

Referred to: Smoking Hotline

Interviewed by: _____

COUNTY OF LOS ANGELES
Public Health



SPA 8 Tools

Reminder/recall system

– Revised forms currently used in clinic

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICE

PROGRESS NOTES

DATE EACH ENTRY IN THIS COLUMN	ERN CLINIC						
	S:	Patient in clinic for	<input type="checkbox"/>	Initial	<input type="checkbox"/>	Return	
		C/O					
		Smoker/Tobacco Use	<input type="checkbox"/>	Yes (305.1)	<input type="checkbox"/>	No (V81.2)	
	O:	See H-261					
		<input type="checkbox"/>	Vital Signs	<input type="checkbox"/>	HIV Post-test Counseling		
		<input type="checkbox"/>	HIV Pre-test Counseling	<input type="checkbox"/>	Other: _____		
	A:	TB Class	I	II	III	IV	High Risk Contact (circle)
	P:	1. See H-261					
		2. Patient educated and counseled on:					
		<input type="checkbox"/>	Tuberculosis infection vs. disease, modes of transmission, prevention and significance of positive Mantoux results				
		<input type="checkbox"/>	Benefits of INH & Duration	<input type="checkbox"/>	6 months	<input type="checkbox"/>	9 months

Program Impact

Organization

1. Proactive role to meet Healthy People 2010 goal
2. Successfully carried out Tobacco Summit recommendations
3. Implemented CDC best-practice guidelines

Program Impact

Organization (cont'd)

4. Fostered team decision-making processes
5. Minimal resources required
6. Implemented tobacco cessation policies and procedures

Program Impact

Staff

1. Maintained clinic flow
2. Minimal training required
3. More aware of smoking status of their clients
4. Increasing referrals made to tobacco cessation



Program Impact

Patient

1. Universally asked about smoking status, which has been proven to increase cessation rates
2. Referral to a proven effective phone counseling service
 - Some received medication to support cessation

Lessons Learned

Organization

1. The “one size fits all” approach does not work
2. Partnership within a large hierarchical organization
 - Evaluation component
 - Long term oversight

More Lessons Learned

Staff

1. Motivating staff for the long term



More Lessons Learned

Patients

1. Intervening with family smokers
2. Limitation in evaluating behavior change

Considerations

- Plan out who is accountable for what
- Invite key stakeholders at the beginning
- Process monitoring is key
- Think long term

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Program

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