Purpose
To describe tobacco cessation policies in local health departments and Kentucky.

Summary of Local Health Departments’ Tobacco Cessation Services

Overall Findings

- All of the 56 local and district health departments provided tobacco cessation programs in 2004. There were 476 tobacco cessation programs offered by health departments statewide, with an average of 8.7 programs per health department within the last year, down from 2003.
- A total of 4,377 clients participated in tobacco cessation programs statewide with an average of 79.6 clients per health department, also down from 2003. Of those who participated in tobacco cessation programs, 2,633 (60.2%) completed the program.
- There were a total of 629 requests for tobacco cessation programs statewide, with an average of 11.4 requests per health department, up from 2003. It is recommended that health departments promote public education on quitting to maximize consumer demand.
- Health departments allocated a total of $110,440 to promote tobacco cessation programs for media such as newspaper, radio, or television, down from 2003. On average, health departments allocated $2,045 to promote cessation programs.
- Nearly all (94.6%) health departments had a tobacco-user identification system for every patient. Of the 53 health departments with a tobacco-user identification system, 90.6% reported using the system for every patient at every clinic visit.

Types of Cessation Programs

- The most commonly used cessation programs provided were the Cooper-Clayton Method to Stop Smoking (92.9%) and Make Yours a Fresh Start Family (91.1%). Other cessation programs used were TEG/TAP (67.9%), Fresh Start (19.6%), Quit and Win Tobacco-Free Contest (14.3%), and N.O.T. (5.4%).
- Over 350 people statewide are trained to provide Cooper-Clayton Programs; on average, 7 persons per health department service area.
- The most common methods used to promote tobacco cessation programs are word of mouth and flyers/brochures (96.4%), newspaper (92.7%), radio (72.7%), church and community bulletins (60.0%), and television (38.2%).

Health Care Providers and Tobacco Cessation Programs

- Most health departments report that health educators (80.4%) provide the majority of tobacco cessation followed by nurses (69.6%), and 7.1% use social workers.
• Only 17 (30.4%) health departments provided education programs on tobacco cessation for health care providers, for a total of 34 programs statewide.

Educational Methods

• Almost all (98.2%) health departments used printed materials to provide tobacco use cessation. Other educational methods included: individual counseling (92.9%), posters (94.6%), audiovisual (85.7%), and formal group classes (75.0%).
• Only slightly more than half of health departments have self-help materials for tobacco use cessation (53.6%) and secondhand smoke (51.8%) available in clinic exam rooms.
• Almost 9 of 10 (87.5%) health departments reported that their health care providers asked about in-home exposure to secondhand smoke, and routinely advised patients to ban smoking in the home (83.9%). Two-thirds (66.1%) reported their providers advised patients to ban smoking in their cars.

Brief Interventions

• Only 36 health departments (64.3%) reported that their health care providers routinely provide brief cessation interventions using the 5 A’s (Ask, Advise, Assess, Assist, Arrange). Brief clinic interventions can nearly double the spontaneous quit rate. Health departments are encouraged to train all health providers in the 5 A’s.
• Almost all health departments (96.4%) report that their providers routinely refer tobacco users who want to quit to a counselor or tobacco cessation program. Of those referrals, 91.1% are to a Cooper Clayton Group Program. Research has shown that group programs are not as effective in treating tobacco use dependence and an individual approach may be more effective. Eighty-four percent are referred to the Tobacco Control Coordinator, 60.7% to a health educator, and 57.1% to National Cancer Institute’s Cancer Information Service Smoking Cessation Call Center. Quit lines are an effective population-based method of tobacco dependence treatment and the service should be encouraged. Half of those that refer, report referring to the Cooper Clayton Self-help Program.

Pharmacotherapy For Tobacco Cessation and Reimbursement

• Only 15 health departments (27.3%) report that their employee insurance companies reimburse for tobacco cessation treatment including nicotine gum/patch and/or counseling, down from 2003. Coordinators should 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 often or very often was 61.8% for the nicotine patch and 20% for the gum.
• Only 27.3% of health departments said their providers prescribed/recommended Wellbutrin or Zyban often or very often.
Perceived Barriers to Providing Tobacco Cessation Programs

- Six of ten (63.6%) tobacco coordinators agreed that they had adequate staff to provide cessation programs, and 80% said they had staff trained to provide tobacco cessation. Only 14.6% reported that their staff were too busy to provide tobacco cessation.
- 32.8% of tobacco coordinators reported few requests for tobacco cessation programs, reflecting a greater need for marketing tobacco cessation programs.
- 21.8% of coordinators believed tobacco cessation programs were too expensive, but 9 of 10 agreed tobacco cessation programs are effective.

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