TOBACCO CESSATION SERVICES

TOBACCO CESSATION STRATEGIES HELP PEOPLE QUIT SMOKING OR USING OTHER FORMS OF TOBACCO. THESE STRATEGIES MAY INCLUDE CLINICAL SCREENING AND REFERRAL SYSTEMS, QUIT LINES, BEHAVIORAL COUNSELING, AND CESSATION MEDICATIONS.[58]

MAKE THE CASE:

Why Is This A Health Equity Issue?

The issues below highlight the need for tobacco cessation strategies that advance health equity:

- **Varying Rates of Smoking and Cessation among Different Communities:** In the United States, certain population groups stand out as having higher-than-average smoking rates, lower-than-average cessation rates, or higher-than-average rates of tobacco-related diseases.[49,59,60] For example, population groups with disproportionately high rates of smoking include American Indian and Alaska Natives,[7,60] the lesbian, gay, bisexual, and transgender (LGBT) communities,[61-63] people with mental illness[64] and substance abuse conditions,[7] and people with disabilities.[65] African American adults have been found to be more likely to express interest in quitting and more likely to have tried to quit in the past year than white adults, but are less likely to use proven treatments (e.g., counseling and/or medications) and are less likely to succeed in quitting.[59] Adults aged 65 or older have also been found to be less likely to attempt smoking cessation compared to younger adults.[59,66] Additionally, low-income populations are more likely to smoke, less likely to quit, and often lack access to affordable cessation support.[49,60,67]

- **Barriers to Accessing Cessation Resources:** Differential access and quality of health care may present barriers to quitting.[50] For example, uninsured smokers may be less likely to receive quitting advice or other forms of cessation treatment from health care providers.[50] Additionally, certain population groups, including African Americans and Hispanics, are less likely to be screened for tobacco use or receive smoking cessation interventions.[59,68-70]

- **Challenges to the Widespread Use of Evidence-Based Cessation Interventions:** There is limited research on effective approaches for promoting and increasing utilization of cessation interventions among population groups experiencing health disparities.[71,72] A lack of sensitivity to social norms and cultural traditions in developing cessation interventions may influence intervention use and ultimate effectiveness.

Design and Implement with Health Equity in Mind

To maximize health impact and advance health equity, consider these factors and others when designing, implementing, and evaluating tobacco cessation strategies:

KEY FACTORS	BARRIERS OR UNINTENDED CONSEQUENCES	OPPORTUNITIES TO MAXIMIZE IMPACT
ACCESS Increase access to cessation services by integrating them into health systems and making them convenient	Certain population groups are less likely to be screened for tobacco use or receive tobacco cessation counseling.[69,70] Additionally, cessation services may be underused because of limited knowledge, awareness, and cultural beliefs.[73,74]	• Prioritize integration of tobacco screening and provision of/referral for evidence-based cessation treatments into institutions that are already serving vulnerable populations (e.g., community health centers, Federally Qualified Health Centers, rural health clinics, mental health and substance abuse treatment facilities). • Prioritize the promotion of existing cessation services including tobacco quitlines and Web sites to populations experiencing health disparities. • Integrate cessation programs and support into community institutions located in places where people already go (e.g., public housing, faith-based settings, social service agencies). • Train community health outreach workers to provide cessation services during home visits.
COST Remove/reduce cost and insurance barriers	Costs associated with cessation services, which may result from lack of/inadequate health insurance coverage pose particularly significant barriers for low-income populations.[75-77]	• Develop relationships with private and public health insurers and health care systems, including state Medicaid programs, to expand insurance coverage of cessation services. • Consider ways to eliminate or minimize cost and other barriers (e.g., co-pays, prior authorization requirements) to accessing cessation treatments.
DIVERSE NORMS AND CUSTOMS Ensure that cessation services are culturally relevant and appropriate	Limited research on effective approaches to promote cessation services interventions across different groups may hinder the utilization of such interventions.[49,71,78] For example, tobacco quitlines may be accessed less by groups with cultural norms that avoid seeking counseling from strangers.	• Evaluate the effectiveness of cessation interventions across different population groups. • Ensure that underserved populations have access to and are aware of cessation services (e.g., promote services through culturally appropriate communication channels). • If such populations are still not using, or are unsatisfied with, existing cessation services, partner with relevant organizations to increase culturally relevant training of providers or to tailor these services to meet the populations' needs.

Build the Team: Partnership for Success

Successful efforts to implement tobacco cessation strategies depend on bringing a diverse set of partners to the table early, consistently, and authentically. These partners may include the following:

- Academic institutions
- Cessation support services
- Community-based organizations
- Community health centers, including Federally Qualified Health Centers and rural health clinics
- Community members (of diverse abilities, ages, cultures, gender, income levels, race/ethnicity, and sexual orientation)
- Employers
- Health care systems
- Health insurers
- Lay health providers/promotoras
- Leaders and community champions from multiple sectors
- Media
- Mental health and substance abuse treatment facilities
- National culturally specific cessation guidance organizations
- Public health agencies
- State quitline providers
- State tobacco control programs
- Tobacco control groups
- Workplace wellness organizations

HEALTH EQUITY IN ACTION

Expanding Cessation Services in Marginalized Communities

St. Louis, MO

With the goal of reducing tobacco-related health disparities, the St. Louis County Department of Health (DOH), with support from CDC's *Communities Putting Prevention to Work* program, set out to increase access to cessation services among populations with high smoking rates. "Being in their neighborhood and speaking their language" was a critical strategy for helping people most in need of cessation resources, noted Barry Freedman, Project Manager for the *Communities Putting Prevention to Work* program at the DOH. DOH partnered with three trusted organizations that had strong ties in the community to provide free and low-cost services and culturally competent care. Each partnership is briefly described below.

Casa de Salud, a local health clinic, provides cessation services to low-income and limited-English-speaking Hispanic populations, including onsite one-on-one cessation counseling and nicotine replacement therapy (NRT), such as nicotine patches. All of this is done using culturally appropriate materials in an environment where clients can feel safe.

SAGE Metro St. Louis works with the lesbian, gay, bisexual, and transgender (LGBT) communities and offers cessation counseling services and NRT free of charge. SAGE also provides education on the techniques the tobacco industry has used to target LGBT communities. Having a presence at the city's three major gay pride events proved an effective outreach and education approach.

The St. Louis Christian Chinese Community Service Center worked to provide cessation services, including individual counseling, support, and other resources, to Asian-American restaurant employees with high rates of smoking. Because of limited health literacy in the communities they serve, the Center conducted traditional Chinese puppet shows to encourage cessation and provided health information to over 500 Chinese Americans. The shows are especially powerful because they respect Chinese cultural norms while conveying important health messages to multiple generations.

In addition to these partnerships, the DOH is helping support low-income and uninsured community clinic clients. DOH is training providers in those clinics to facilitate a free cessation program, and is offering a free three-month supply of NRT products to smokers who want to quit.

Using Partnerships to Increase Access to Cessation Services

Santa Clara County, CA

"A one-stop shop [is] more likely to work than having people go to different places for [tobacco cessation] services," noted Kris Vantornhout, Program Manager for the *Communities Putting Prevention to Work* program at the Santa Clara County Public Health Department (SCCPHD). With this in mind, Santa Clara County's Tobacco Prevention Program strategically partnered with established community-based organizations (CBOs) throughout the county. These CBOs were poised to implement cessation services in neighborhoods with high numbers of smokers. At times, securing diverse community leadership involvement was challenging, but focused efforts were successful in finding champions to lead the way.

SCCPHD awarded twenty-seven mini-grants to CBOs to expand cessation counseling, referrals, and access to nicotine replacement therapy (NRT). These grants supported organizations working with the Vietnamese, African American, Latino, and Lesbian, Gay, Bisexual, and Transgender (LGBT) communities, and engaged diverse partners. Efforts also focused on improving cessation services and referral systems in mental health facilities, health care clinics, and college campuses.

CBOs integrated cessation services into organizational practice by implementing the "ask, advise, refer" model during intake processes and, as appropriate, referring patients or students to trained staff for cessation assistance. Providing culturally and linguistically relevant messaging around secondhand smoke exposure was also important for increasing the uptake of cessation services. Tobacco-free messaging and cessation information were shared onsite, as well as at outreach events such as the San Jose LGBT Pride Celebration, the annual Martin Luther King Luncheon, and the Holiday Fair.

As a result of the Tobacco Prevention Program's partnership efforts, cessation services are now available to some of the most vulnerable populations

Smoke-free sign on medical center campus in Santa Clara County, CA. Photo courtesy of Breathe California.

in the county. Thirty health facilities, 8 colleges, and 11 CBOs now have staff or clinicians using the "ask, advise, refer" model to reach over 544,000 residents. Approximately 8,000 units of NRT were distributed through these networks within less than two years, and post-intervention surveys have shown an overall 39% quit success rate, with an amazing 50% quit rate within the Vietnamese community.