Availability of Tobacco Cessation Services in Free Clinics

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Abstract

Background: *This study sought to determine the availability of tobacco cessation services in free clinics.*

Methods: *In fall 2007, a survey was emailed to free clinics that asked respondents to indicate the availability of 13 different services recommended as part of the* Treating Tobacco Use and Dependence *guidelines set by the United States Public Health Service (USPHS). Seventy-two percent (n=51) of clinics responded to the survey.*

Results: *The majority of clinics enforce a "no tobacco use" policy inside the clinic (98%), encourage health care providers to advise patients to quit (90%), ask patients about tobacco use behavior on intake (78%), provide self-help materials (70%), and offer pharmacotherapy (eg, bupropion) for quitting (60%). Fewer clinics offer free nicotine replacement therapy (35%), display counter-advertisements in waiting areas and patient rooms (35%), have a designated staff person or volunteer to help patients quit (26%), evaluate whether health care providers offer tobacco cessation advice (30%), or have onsite tobacco cessation classes (22%). One out of 3 free clinics offer comprehensive (at least 9 of 13) tobacco cessation services using the USPHS* Treating Tobacco Use and Dependence *guidelines.*

Limitations: *Small sample size limits analytical techniques that can be applied, as well as interpretation of results.*

Conclusion: *Free clinics offer an excellent opportunity to reach the uninsured population for tobacco cessation. Although 1 in 3 clinics is comprehensive in its approach to reduce tobacco use among their patients, many have yet to undertake the breadth of clinic-based strategies that can promote quitting. This study serves as an opportunity and a challenge to free clinics to expand their service delivery into the area of behavioral health.*

Keywords: *tobacco cessation; uninsured; free clinics; charity care; PHS guidelines*

Disparities in tobacco use and treatment persist despite a steady decline in tobacco use since the 1950s.[1] Individuals without health insurance are more likely to smoke than those insured through private providers (30% to 22%, respectively) and are less likely to receive smoking cessation advice from a health professional.[2,3,4] Limited access to smoking cessation programs among the uninsured may contribute to a population's excess disease burden and poorer survival.

The clinical practice guideline *Treating Tobacco Use and Dependence* was published in June 2000 by Fiore and colleagues under the auspices of the United States Public Health Service (USPHS). Also known as the PHS guidelines, this publication reviewed in explicit detail the effectiveness and best practices of tobacco control and counseling. The PHS guidelines strongly recommend: (1) implementation of a tobacco user identification system in *every* clinic to recognize *every* smoker (eg, chart prompts, patient intake forms, provider questioning); (2) education of all clinic staff in tobacco control; (3) dedication of specific tobacco control personnel responsible for organizing each clinic's efforts (ie, program champion); and (4) using effective, evidence-based treatments for tobacco cessation including brief or long counseling sessions as well as using evidence-based pharmacologic treatments.

Despite the development of the PHS guidelines, there have been few published reports of efforts to disseminate the guidelines in "real world" settings without dedicated support from research staff. Since tobacco use rates, tobacco attributable illnesses, and related health care costs are higher among low-income and many minority populations, tobacco cessation interventions are especially important in safety net health care systems.[6,7]

Free clinics serve a critical role in health care delivery to America's uninsured population and offer an outlet for dissemination of tobacco cessation services. Free clinics are nonprofit, private entities that are distinct from other safety net providers in that they do not accept reimbursement from any third-party payors, do not charge patients for health care services, and rely extensively on volunteer health care professionals.[8,9] Because free clinics often

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have free pharmacy services onsite, they may also be able to fulfill a very important role in tobacco service delivery not otherwise attainable for other safety net care systems. Currently there are at least 1700 free clinics operating nationwide and an estimated 71 free clinics in North Carolina.[10,11]

The purpose of this paper is to examine the availability of tobacco cessation services within free clinics in North Carolina with the goal of identifying points of intervention to provide broader access to evidence-based tobacco cessation programs for the uninsured. This project was approved by the Wake Forest University School of Medicine's Institutional Review Board.

METHODS

Sample

In fall 2007, a brief survey was emailed to all free clinics that are members of the North Carolina Association of Free Clinics (n=71). In order to be a member of the Association, a free clinic must offer care to the uninsured without any cost. Fifty-one clinics (72%) responded to the survey. Responses were voluntary and anonymous.

Measures

Using *Treating Tobacco Use and Dependence* guidelines by the United States Public Health Service program, the survey inquired about the following services.[5] Questions required a yes or no response unless otherwise indicated. The list of questions is included in Table 1.

Clinics were also asked to provide additional details that could help the researchers better understand the clinics' practices related to tobacco cessation services. These responses were in an open-ended format.

Analysis

Descriptive statistics on tobacco cessation services were computed (n=51). (See Table 2.) Clinics offering comprehensive tobacco cessation services were compared to those offering fewer services to determine if there are specific types of strategies that may be more difficult to achieve in a free clinic setting. Comprehensive status was defined as offering at least 70% (9 of 13) of the strategies identified by the PHS guidelines. Identifying "hard to achieve" services provides insight into the opportunities for expanding the scope of services offered. Quantitative data were analyzed using Stata® Statistical Software v7.[12]

There were 30 responses to the open-ended question about tobacco services. Although there were insufficient data to allow for a formal qualitative analysis, the responses provide important information on the opportunities and challenges faced by free clinics implementing tobacco services. These data were summarized to complement the quantitative data.

Table 1.
Survey Questions for Free Clinics

1.	Do you assess tobacco use behavior among all of your clients on your intake forms?
2.	Do you offer a quit line telephone number for individuals needing more information about tobacco cessation?
3.	Do you offer onsite tobacco cessation classes?
4.	Do you offer "self-help" materials (brochures, pamphlets, etc.) to all patients who use tobacco?
5.	Do you have any signs in your waiting rooms or patient rooms that indicate the hazards of tobacco use?
6.	Do you encourage your health care professionals to advise patients to quit using tobacco?
7.	Do you evaluate whether the health care professionals offer tobacco cessation advice to your patients?
8.	Does your pharmacy offer nicotine replacement therapy (NRT) options to your patients? If yes, clinics were asked to describe the types of NRT available.
9.	Does your pharmacy offer pharmacotherapy onsite or through a voucher program? If yes, clinics were asked to describe the types of pharmacotherapy (eg, sustained-release bupropion).
10.	Do you have a staff member or volunteer who is dedicated to helping patients quit using tobacco?
11.	Have you ever used any of the following agencies to obtain additional information about tobacco cessation for your clinic? American Cancer Society: American Heart Association: American Lung Association: Centers for Disease Control and Prevention; National Cancer Institute: National Heart, Lung, and Blood Institute; Cancer Information Service; The Legacy Foundation; North Carolina Department of Health and Human Services Tobacco Control Branch.

RESULTS

Thirty-three percent (17 of 51) of clinics offer at least 9 of the 13 recommended strategies set forth in the PHS guidelines for *Treating Tobacco Use and Dependence*. The clinics almost universally have a "no tobacco use" policy inside the clinic and encourage their health care providers to advise patients to quit using tobacco. Three out of 4 provide a place on intake or enrollment forms to indicate the use of tobacco products. Cessation strategies that have not been adopted by the majority of free clinics include the provision of free nicotine replacement therapy, counter-advertising, and a "no tobacco use" policy surrounding the outside of free clinics.

The clinics providing the most comprehensive services (9 or more) are more likely to be aware of "quit lines," offer onsite tobacco cessation classes, offer "self-help" materials for quitting, display counter-advertising materials, evaluate whether health care providers offer tobacco cessation advice, have a staff person specifically designated to help patients quit, and have a way for clients to access pharmacotherapy. They are also more likely to have used external agencies to obtain promotional materials about tobacco cessation. The most commonly used agencies for materials are the American Cancer Society (45%), American

Table 2.
Tobacco Cessation Services Offered in Free Clinics

	Overall N=51 %	Comprehensive (≥ 9 services)[a] N=17 %	Non-Comprehensive (n=15) N=34 %
1. Intake forms have a place to indicate whether patients use tobacco products (including cigarettes and spit tobacco)	78	94	68
2. Aware of "quit lines" (toll-free telephone numbers) for patients to receive assistance with tobacco cessation	47	76	32
3. Offers onsite tobacco cessation classes	22	53	6
4. Offers "self-help" materials such as brochures or pamphlets to patients who use tobacco	70	94	59
5. Has signs in waiting rooms or patient rooms that indicate the harms of tobacco use or the benefits of quitting	35	53	26
6. Encourages health care professionals to advise patients to quit using tobacco	90	100	85
7. Evaluates whether health care professionals offer tobacco cessation advice to their patients	30	56	18
8. Has a way for clients to access nicotine replacement therapy (either onsite or through a voucher program)	35	47	29
Types of NRT available:			
Gum	15	12	15
Patch	24	29	21
Inhaler	12	6	15
Nasal Spray	8	6	9
9. Has a way for clients to access other pharmacotherapy	58	88	44
Bupropion SR/Zyban	16	24	12
Wellbutrin SR	22	29	18
Chantix	33	53	24
10. Has a staff member or volunteer who is dedicated to helping patients quit using tobacco	26	69	6
11. Has a "no tobacco use" policy inside the clinic	98	100	97
12. Has a "no tobacco use" policy immediately surrounding the outside of the clinic	44	50	41
13. Has used any agencies to obtain additional information or promotional materials about tobacco cessation for the clinic	67	100	50

a Excessive missing data from one clinic prevented the creation of a composite measure.

Heart Association (37%), and the American Lung Association (37%). Fewer clinics use the North Carolina Department of Health and Human Services Tobacco Control Branch (24%), Centers for Disease Control and Prevention (14%), National Cancer Institute (12%), National Heart, Lung, and Blood Institute (8%), Cancer Information Service (6%), or the American Legacy Foundation (4%). See Table 2 for an overall summary of free clinic tobacco cessation services.

Responses from the open-ended question offer anecdotal, yet important, insight into the opportunities and challenges free clinics experience in implementing tobacco services. Eleven clinics reported efforts to curb tobacco use in their patient population. Six clinics reported using various classes and 1-on-1 counseling, 3 reported using supplemental materials (eg, DVDs and pamphlets), and 3 reported using different pharmacotherapy options. However the success varied considerably by clinic. For example, smoking cessation classes receive mixed reviews among clinic directors. One clinic administrator responded positively and described offering a "weekly support group led by a volunteer (former smoker carrying an oxygen tank), [with a] volunteer physician and social worker from the health department [assisting with the program]." However, another respondent reported that "[we] sort of got burned out with cessation programs when we attempted [them] several years ago.

Patients did not respond; those who did were non-compliant."

Nine clinics also reported a desire to learn more about tobacco cessation services that can be easily adopted and integrated into the free clinic environment, and 7 clinics reported tobacco cessation programming as a future priority. One clinic administrator said "[we] would welcome a program with an easy to follow plan." Another respondent indicated, "It is not that we don't want to do these programs. We haven't had the manpower to implement these programs." Another person stated that "our physicians counsel patients, but as of yet, we do not have a program. It is a goal, and [we] would be interested in suggestions and participating in any study."

Finally, 4 clinics reported the need for, and use of, community agencies for tobacco cessation services. According to one respondent, "[The] local hospital and health department both offer cessation programs, so we can refer." Another clinic administrator noted that "in order to implement a program, we need to know that the agency we refer patients to for help speak Spanish and are easy for the patients to access."

DISCUSSION

There were approximately 320 589 visits to North Carolina's free clinics in 2006.[13] Most individuals seeking care in free clinics are between the ages of 18-64 and approximately 65% are women. About one-half are white, one-third are African American, and one-fifth are Hispanic. These percentages are comparable to demographics found in free clinics nationally (55.1% white, 21.8% African American, and 18.7% Hispanic).[13]

Because free clinics do not accept payment for their clinical services, they are generally autonomous health care entities free from government oversight and regulation. As such, clinics are exempt from the Joint Commission on Accreditation of Health Care Organizations guideline that requires every hospital in the United States to be smoke-free in order to gain accreditation. Clinics are also not bound by the strong recommendation that providers ask about tobacco use as part of every patient health care visit. As a result, free clinics are not under any significant external pressure to enhance tobacco prevention and cessation services.

Lack of external pressure may be one reason that the majority of clinics have not adopted the PHS guidelines strategies to reduce tobacco use among their clients. Another reason may be the lack of knowledge of the range of services that can be provided or the perceived importance of these strategies relative to other pressing health care needs of their patients.

Clinics do not need to be large or well-established to adopt many of the clinic-based tobacco cessation strategies. In fact, brochures and media can be obtained free of charge from various agencies including the National Cancer Institute, the American Cancer Society, and the American Legacy Foundation in both English and Spanish. Requiring intake forms and chart prompts to indicate tobacco-using patients are inexpensive, easy strategies to adopt, and yet they can effectively encourage providers to counsel their patients about quitting. Because the majority of tobacco cessation strategies can be easily integrated with relatively low or no cost and because the potential benefit is so great, it is probable that clinics would be willing to adopt the strategies with greater awareness of their need. The major points of intervention for free clinics in offering comprehensive tobacco cessation services include:

(1) Identifying strategies that can be easily integrated into each clinic's existing organizational culture with limited initial investment.
(2) Understanding the relative value of comprehensive tobacco cessation services in terms of likelihood of quitting for their patients.
(3) Committing a person onsite (volunteer or paid) who is willing to embrace the goal of a comprehensive tobacco cessation program and sustain it long-term. This person would become the clinic's program champion.

These goals are not elusive. At least 17 free clinics in North Carolina have successfully achieved comprehensive tobacco programs despite special organizational challenges faced by free clinics, and others report tobacco cessation services as an important goal for their clinic.

These data are intended to be a first step to address the need for comprehensive tobacco cessation strategies in free clinics. This study is limited in scope by not evaluating the clinics' perceived value of offering tobacco cessation services and because of the 72% response rate. It is also limited in that it assesses free clinics' tobacco cessation services at a single-point in time. The types of services measured in this research study (eg, "self-help" materials, tobacco cessation classes) may change over time and will depend on available resources and their perceived importance. In addition, cessation counseling is important at every visit for long-term abstinence, which requires that free clinics see patients routinely and provide counseling at every visit.[14] For clinics with limited operational hours and a heavy reliance on volunteers, consistent cessation counseling may be more difficult to achieve.

The data could be enhanced if clinics maintained records on the utilization of tobacco cessation services by providers and on the success of these services in helping patients quit. Despite these limitations, these data demonstrate that free clinics are an untapped resource for organizational and individually-targeted interventions to reduce tobacco use among the uninsured in North Carolina. In addition, the data highlight at least 17 free clinics in North Carolina that are already offering a broad scope of services. These clinics could serve as "best practice" models for other free clinics interested in adopting the PHS guidelines. Given that the uninsured population is more than 1.5 times more likely to smoke than the general population and that more than 300 000 visits occur each year in North Carolina free clinics, such interventions could have a significant public health impact. **NCMJ**

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