

# Urban American Indian Clinic Smoking Cessation Program

Michael F. Potnek, DNP, AGPCNP-BC

## Background

- Abuse of tobacco products is the leading cause of preventable disease in the United States<sup>1</sup>
- Cigarette smoking rates have decreased<sup>1</sup> from 20.9% in 2005 to 15.1% in 2015
- Cigarette smoking disparities exist among minority groups of adults<sup>1</sup>
- American Indians have the highest prevalence of cigarette smoking<sup>2</sup> with a rate of 24% in 2017

## Purpose & Objectives

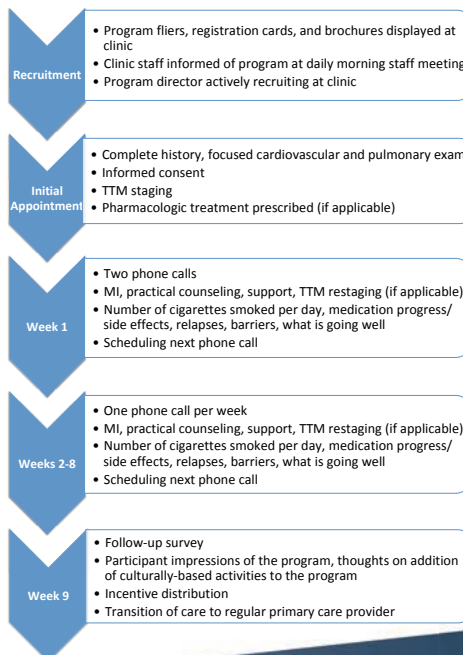
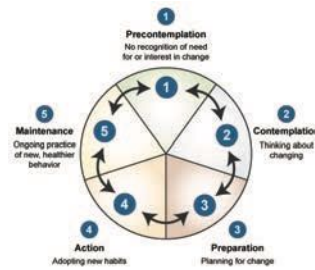
- Implement a nurse practitioner-led smoking cessation pilot program at an urban American Indian clinic
- Objectives:
  - To achieve smoking cessation after eight weeks in the program
  - To determine whether there was a change in smoking behaviors over the course of eight weeks
  - To identify barriers to and factors that facilitated successful smoking cessation

## Methods

- Participant Inclusion Criteria:
  - At least 18 years of age
  - A current cigarette smoker
  - Primary care provider at the Indian clinic
- Participant Exclusion/Withdrawal Criteria:
  - Concurrent illicit drug or alcohol abuse
  - Onset of a severe adverse drug reaction to the chosen cessation medication
- Marquette University IRB approval as a quality improvement project
- Written permission obtained from medical director of Indian health clinic

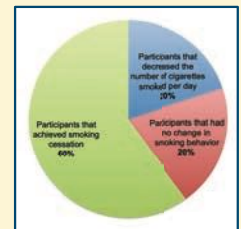
## Program Design

- Unique hybrid program, designed by the program director
- Based on the Treating Tobacco Use and Dependence clinical practice guideline<sup>3</sup>
- Emphasis on motivational interviewing (MI)
- Guided by the Transtheoretical Model (TTM) of Health Behavior Changes<sup>4</sup>



## Results & Program Evaluation

- 18 participants successfully recruited
- 5 participants completed the program
- All participants stated that the program was helpful
- Satisfaction with telephone interactions was high, but barriers were identified with this form of communication



## Strengths & Weaknesses

- + Utilization of MI – an underutilized gold standard for health behavior change<sup>5</sup>
- + Served as an opportunity to have an active discussion and acknowledgment of the patient's smoking habit, even with those that did not ultimately participate
- + Increased provider attention to the smoking status of their patients
- + Provided primary care providers at the clinic with the most current evidence and management guidelines for smoking cessation
- Large number of participants lost to follow-up
- Issues with reliably reaching participants by telephone

## Next Steps

- Address the issue of the large number of participants lost to follow-up
- Seek input from clinic patients who smoke in the design of the program
- Form an "Elder Council"
- Staff development workshop on MI at the clinic

References:  
1. Jamal A, King EA, Neff LJ, Whitmill J, Babb S, D., & Graffunder, C. M. (2016). Current cigarette smoking among adults - United States, 2005-2015. *MMWR Morbidity and Mortality Weekly Report*, 65(44), 1205-1211. doi:10.15585/mmwr.mm6544a2  
2. Wang, T., Hansen, K., Gentzke, A., Collins, K., Wilkins-Haug, E., Reyes-Guzman, C., et al. (2019). Tobacco product use among adults - United States, 2017. *Morbidity and Mortality Weekly Report*, 68(44), 1225-1232. doi:10.15585/mmwr.mm6844a2  
3. Fiore, M., et al. (2009). Treating tobacco use and dependence: 2009 update. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service.  
4. Prochaska, J. O., & Velicer, W. F. (1987). The transtheoretical model of health behavior change. *Am J Health Promot*, 1(2), 38-45. doi:10.4270/0890-1171-12-1-38  
5. Miller, W.R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd edition). New York, NY: The Guilford Press.

*A special thank you to the clinic staff at the urban American Indian health center and Allison Gorrilla, MPH of UW-CTRI for their support of this program.*