FIRST BREATH
WISCONSIN WOMEN'S
HEALTH FOUNDATION

Report on

Wisconsin Survey of Clinicians on Tobacco Use Practices

for Women of Reproductive Age

Executive Summary

The importance of tobacco use prevention and cessation among women is clear. According to the Surgeon General's 2001 Report on Women and Smoking, it is the largest preventable cause of death and disease in women[1]. Because women tend to have more regular contact with a healthcare provider during their reproductive years, clinicians of women of reproductive age are in an excellent position to influence a woman's decision to quit smoking or to avoid tobacco use altogether. And women are more likely to quit smoking during pregnancy than at any other time in their lives.

In 2006, Wisconsin participants in the Women and Tobacco Team (WATT) surveyed 769 Obstetrician/Gynecologist and Advanced Practice Nurse Practitioners in Wisconsin about their tobacco-related policies, practices and protocols. The purpose of the survey was to identify challenges in addressing smoking among women of reproductive age.

Key findings from the survey indicate that while many clinicians ask about tobacco use, advise women to quit, and assess their willingness to quit, few clinicians assist with the quit attempt or actively arrange follow-up support- including referrals to the Wisconsin Tobacco Quit Line. While many clinicians feel it is their role to help patients quit tobacco use, confidence in their ability to be effective is lacking. Just over half of clinicians indicated that they had received tobacco cessation training – even fewer received training specific to women. Additionally, patients are infrequently advised on the dangers of secondhand smoke – only a third of clinicians felt they were knowledgeable about secondhand smoke and its effects.

To address these needs, recommendations include providing clinician trainings on the 5A's with emphasis on assisting the patient with quitting and arranging follow-up support. This includes the use of pharmacotherapy for help in quitting and increasing clinician knowledge of the Wisconsin Tobacco Quit Line, as well as training clinicians specifically on how to help women quit tobacco. Clinician trainings should also include educational information about secondhand smoke and its effects.

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Wisconsin Survey of Clinicians on Tobacco Use Practices for Women of Reproductive Age

Introduction

The importance of tobacco use prevention and cessation among women is clear. According to the Surgeon General's 2001 Report on Women and Smoking, it is the largest preventable cause of death and disease in women[1]. Smoking puts women at risk for heart attacks, strokes, lung cancer, emphysema, and other life threatening illnesses. Lung cancer is the leading cancer killer among women, and smoking is attributable for 90% of these deaths[2]. Smoking reduces a woman's fertility and women who smoke during pregnancy risk pregnancy complications, premature birth, low-birth-weight infants, stillbirth, and infant mortality[1]. Overall, 19% of women in Wisconsin smoke and 14% of pregnant women smoke[2].

Clinicians of women of reproductive age are in an excellent position to influence a woman's decision to quit smoking or to avoid tobacco use altogether – before, during and after pregnancy. The majority of women who smoke begin during adolescence. Women tend to have more regular contact with a healthcare provider during their reproductive years, usually related to birth control or pregnancy. And women are more likely to quit smoking during pregnancy than at any other time in their lives. Unfortunately, rates of postpartum relapse are as high as 80% up to 1 year after delivery[3]. Therefore, clinicians having contact with women during their reproductive years can have a substantial impact on tobacco use prevention and cessation.

Background

In March 2004, Wisconsin was one of five states invited to participate in a meeting, *Tobacco Prevention and Cessation for Women of Reproductive Age: Setting the Stage for Action* at the Wisconsin ACOG Headquarters in Washington D.C. This was a new partnership alliance of the American College of Obstetricians and Gynecologists (ACOG), Planned Parenthood Federation of America (PPFA), and the Association of Maternal and Child Health Programs (AMCHP), formed to directly address the problem of women and smoking. Participating organizations from Wisconsin at this meeting were the State of Wisconsin Bureau of Family and Community Health Maternal and Child Health Program, Wisconsin Section of ACOG, Planned Parenthood of Wisconsin (PPWI) and the First Breath Program, a statewide prenatal smoking cessation program of the Wisconsin Women's Health Foundation (WWHF). The purpose of the meeting was to discuss issues of tobacco prevention and cessation for women of reproductive age.

Following the meeting, the Wisconsin participants formed the Women and Tobacco Team (WATT) with the goal of linking partners to each other and with the existing infrastructure. The WATT network subsequently widened to include the University of Wisconsin – Center for Tobacco Research and Intervention (UW-CTRI). The partnership began work to increase awareness among ACOG members and family planning clinicians about the significance of tobacco use by women of reproductive age and to remind the state Obstetric and Gynecology physicians of the resources available to assist with smoking cessation in their practices.

In 2006, the WWHF, UW-CTRI, Wisconsin Maternal and Child Health Program, and PPWI developed a survey to identify challenges in addressing smoking among women of reproductive age in Wisconsin. Our team plans to use the information to develop and provide tobacco prevention and cessation resources to clinicians across the state.

Survey Development & Distribution

We adapted a survey, developed by the North Dakota "Partnership for Tobacco Prevention and Cessation Among Women of Reproductive Age" (D. Arnold, personal communication, October 7, 2005), for our purpose. Our 32-question survey asked Wisconsin clinicians about their tobacco-related policies, practices and protocols.

We distributed the survey to two groups: the first group received the survey by mail and included 769 Obstetricians/Gynecologists and Advanced Practice Nurse Practitioners (Women's Health and Community Health). The survey was mailed in November 2006. Those clinicians that did not respond received another survey mailing in December 2006.

The second group answered the survey during a clinical issues forum in April 2006 and included 58 family planning clinicians. Information was also presented to clinicians at this event about how to address tobacco use among women of reproductive age and about tobacco cessation resources like the Wisconsin Tobacco Quit Line and the First Breath Program.

Survey Response Rate

Mailed Survey to Women's Health Clinicians

Of the 769 mailed surveys, 23 were returned due to the clinician no longer practicing, no longer living in Wisconsin, clinician moved out of state, or unknown address. Of the remaining 746 surveys, 139 surveys were returned on the first mailing. An additional 76 surveys were returned after the follow-up mailing, giving a total of 215 returned surveys and a response rate of 29%.

Survey of Family Planning Clinicians

In the second group, 30 of 58 surveys were returned at the PPWI Clinical Issues Forum, a 52% response rate.

Description of Respondents (TABLE 1)

Mailed Survey to Women's Health Clinicians

When asked about their medical specialty, 63% indicated Obstetrician/Gynecologist and 23% indicated Physician Assistant/Nurse Practitioner. About half of the respondents were female (67%). When asked about the number of years in practice, the two most frequent responses were "more than 25 years" of practice (22%) and "6 to 10 years" (17%). About 94% of respondents were non-tobacco users and the majority of respondents (63%) were between the ages of 41 and 60.

Survey of Family Planning Clinicians

When asked about their medical specialty, 47% indicated Physician Assistant/Nurse Practitioner. The majority of respondents were female (97%). When asked about the number of years in practice, the greatest responses were "5 years or less" (20%), "6 to 10 years" (20%), and "more than 25 years" of practice (20%). A fifth of family planning clinicians indicated that they were tobacco users (20%). The majority of respondents (70%) were between the ages of 41 and 60.

TABLE 1. Description of Respondents	Women's Health Clinicians	Family Planning Providers
Medical Specialty		
ObGyn	63.3%	16.7%
Family Practice	0.5%	6.7%
Nurse Midwife	0.9%	46.7%
PA/NP	22.8%	6.7%
Other	4.2%	10%
Gender		
Female	66.5%	96.7%
Male	29.3%	3.3%
Number Years Practice		
5 years or less	13.0%	20%
6 to 10 years	17.2%	20%
11 to 15 years	16.3%	10%
16 to 20 years	15.3%	13.3%
21 to 25 years	13.5%	16.7%
More than 25 years	21.9%	20%
Tobacco Use		
Every day	2.3%	10%
Some days	0.9%	10%
Not at all	93.5%	80%
Age		
21 to 30 years old	2.8%	3.3%
31 to 40 years old	20.5%	23.3%
41 to 50 years old	32.1%	26.7%
51 to 60 years old	31.2%	43.3%
61 to 70 years old	8.8%	3.3%
Over 70 years old	0.9%	0%

Results

The survey responses from the two groups were not combined because we wanted to see if there were differences between women's health clinicians and family planning clinicians. Presented here are the results from the mailed survey to the women's health clinicians and indications where notable differences exist between the two survey groups. All of the figures and tables represent responses from women's health clinicians.

Questions 1-6 queried respondents about their clinic's practices regarding addressing tobacco use with patients.

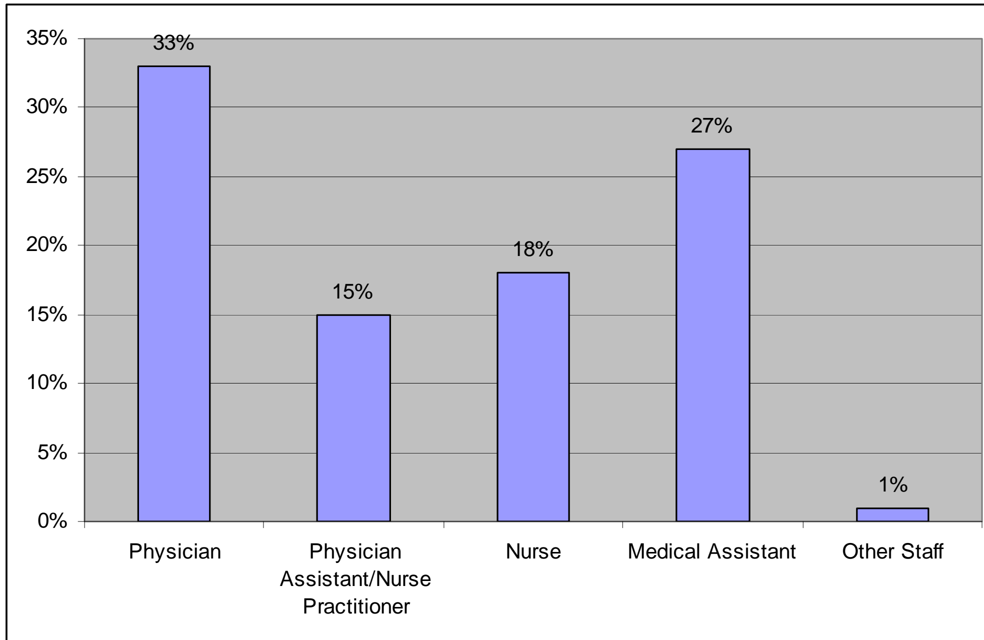
Clinic Policy

About 69% and 71% of women's health clinicians indicated that their practice/clinic has a written policy that ensures tobacco use status is queried and documented at every visit for pregnant patients and non-pregnant patients, respectively.

Responsible Staff

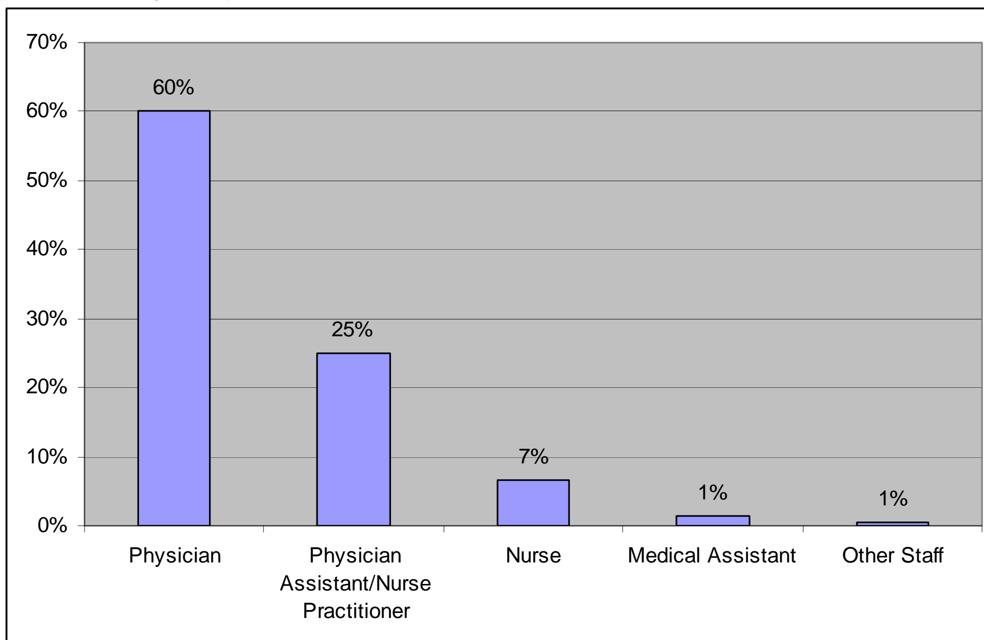
For the women's health clinicians, physicians (33%) and Medical Assistants (27%) have the responsibility of assessing and documenting the tobacco use status of patients (Figure 1). The family planning clinicians indicated that responsibility lies mostly with Physician Assistants/Nurse Practitioners (47%).

FIGURE 1. Who has the primary responsibility for assessing and documenting the tobacco use status of patients in your practice?



Among women's health clinicians, physicians (60%) have the responsibility to discuss tobacco cessation with patients (Figure 2). Family planning clinicians indicated that responsibility mostly lies with Physician Assistants/Nurse Practitioners (80%).

FIGURE 2. Who has the primary responsibility for discussing tobacco cessation with patients in your practice/clinic?



Materials in Waiting Rooms

Clinicians were asked if there were certain resource materials located in the waiting rooms at their practice/clinic (Table 2). The most common item reported by women's health clinicians was pamphlets or self-help materials on tobacco cessation (68%); 51% said Wisconsin Tobacco Quit Line contact information. In contrast, the Quit Line contact information was the most common item in waiting rooms as indicated by the family planning clinicians (87%).

TABLE 2. Are there any of the following materials in the waiting rooms at your practice/clinic?	
Posters encouraging tobacco cessation	46%
Pamphlets and self-help materials on tobacco cessation	68%
Wisconsin Tobacco Quit Line contact information	51%
Community tobacco cessation program information	34%

Tobacco Use Status and Secondhand Smoke (Table 3)

When asked how often a patient is asked about her tobacco use status at their practice/clinic, 93% of women's health clinicians indicated that it "always" or "usually" happens. Family planning clinicians responded more definitively, indicating that 87% of patients are "always" asked.

Ninety-eight percent (98%) of women's health clinicians also said that the patient's tobacco use status is "always" or "usually" recorded in her medical record at their clinic.

When asked how often the patient is advised of the dangers of secondhand smoke, 44% of women's health clinicians said "always" or "usually" and 40% said "sometimes."

TABLE 3. At a patient visit, how often do the following activities happen at your practice/clinic?	Always	Usually	Sometimes	Rarely	Never
The patient is asked about her tobacco use status	60%	34%	7%	0%	0%
The patient's tobacco use status is recorded in her medical chart	71%	27%	3%	0%	0%
The patient is advised of the dangers of secondhand smoke	17%	27%	40%	14%	2%

Women's health clinician practices/clinics that have a written protocol are more likely to "always" ask about tobacco use status and record it in their pregnant and non-patient's medical records than those that don't have a written protocol (Table 4.)

TABLE 4.	**Pregnant Patients**		**Non-Pregnant Patients**	
	Always Ask	Always Record	Always Ask	Always Record
Have written protocol/policy	67%	75%	68%	77%
No written protocol/policy	40%	65%	38%	60%

Visits for Tobacco Users

Clinicians were asked about their practice/clinic's practices at visits involving a tobacco user (Table 5). Women's health clinicians indicated that tobacco users are most often "always" or "usually" advised to stop using tobacco (94%), told about the benefits of quitting/harms of continued use (87%), assessed on their willingness to quit (81%), and counseled on how to stop using tobacco (67%).

There was a marked drop in the frequency at which the remaining activities occurred among women's health clinicians. Providing self-help materials, medication, follow-up, referral to counseling, and information about the Wisconsin Tobacco Quit Line were reported as occurring less than half of the time.

TABLE 5. At a visit involving a tobacco user, how often do the following activities happen in your practice/clinic?	**Always**	**Usually**	**Sometimes**	**Rarely**	**Never**
The tobacco user is advised to stop using tobacco	53%	41%	6%	0%	0%
The tobacco user is told about the benefits of quitting and the harms of continuing to use tobacco	40%	48%	13%	0%	0%
The tobacco user is assessed on her willingness to quit	40%	41%	17%	2%	0%
The tobacco user is counseled on how to stop using tobacco	24%	43%	29%	3%	0%
The tobacco user is given self-help tobacco cessation materials	14%	34%	42%	7%	2%
The tobacco user is instructed in the use of over the counter or prescribed medication for tobacco cessation	12%	33%	47%	8%	1%
Follow-up is arranged as part of treatment (e.g., follow-up phone calls, next visits)	8%	14%	34%	35%	8%
The tobacco user is referred to counseling or other tobacco cessation programs	11%	28%	41%	17%	2%
The tobacco user is given information about the Wisconsin Tobacco Quit Line	15%	29%	28%	15%	13%

Questions 7-10 queried providers that counsel patients to quit using tobacco about their individual counseling practices. About 94% of women's health clinicians answered these questions, indicating that most respondents counsel patients.

Counseling Practices

Clinicians were then asked about their personal practices regarding addressing tobacco use with their patients (Table 6). The majority of women's health clinicians indicated that they "always" or "usually": discuss specific strategies to quit (problem solving, skills, training, etc.) (68%), discuss withdrawal symptoms and other concerns (e.g., weight gain) (61%), and refer them to a tobacco cessation program (53%). Respondents were least likely to indicate always or usually discussing the effects of secondhand smoke (35%), followed by referring them to the Quit Line, and giving written information about quitting tobacco.

TABLE 6. If you counsel patients on how to stop using tobacco, how often do you:	**Always**	**Usually**	**Sometimes**	**Rarely**	**Never**
Discuss specific strategies to quit (problem solving, skills training, etc.)	33%	35%	22%	3%	1%
Discuss withdrawal symptoms and other concerns (e.g., weight gain)	23%	38%	25%	7%	1%
Refer them to a tobacco cessation program	25%	28%	30%	9%	2%
Refer them to the Wisconsin Tobacco Quit Line	22%	26%	21%	14%	12%
Give them written information about tobacco cessation (e.g., self-help booklets)	18%	32%	26%	14%	5%
Discuss the effects of secondhand smoke	16%	19%	38%	17%	4%

Medication Recommendations

Just over half of women's health clinicians (57%) "always" or "usually" recommend nicotine replacement therapies (NRT) to patients who smoke. Under half (46%) reported "always" or "usually" recommending Zyban. However, this is double the rate at which family planning clinicians reported recommending Zyban (24%).

Time Spent Counseling

About half (47%) of women's health clinicians that counsel patients to quit using tobacco spend 3-10 minutes counseling each patient during a visit. "Less than 3 minutes" of counseling was reported by 39% of women's health clinicians. Three-quarters of family planning clinicians reported counseling "less than 3 minutes" during a visit (76%).

Questions 11-27 asked all respondents about their perceptions surrounding issues of tobacco cessation and their training needs.

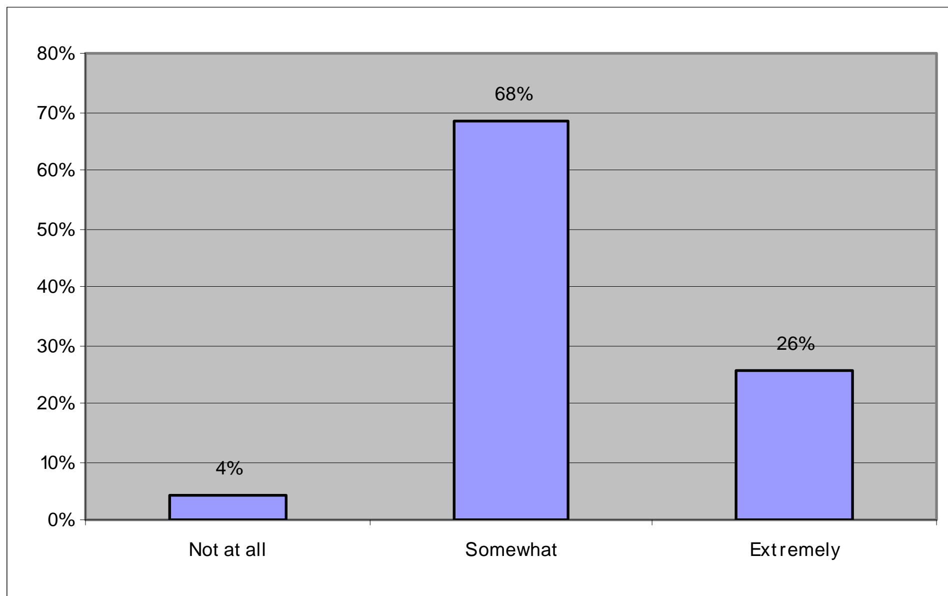
Perception of Provider's Role

When asked the extent to which the clinicians felt that delivering a tobacco cessation intervention was a part of his/her role as a healthcare provider, 66% indicated "extremely" and 33% indicated "somewhat."

Provider's Confidence

When asked, "How confident are you in your ability to counsel a patient to quit using tobacco?" (Figure 3) 26% of women's health clinicians were "extremely" confident and 69% were "somewhat" confident."

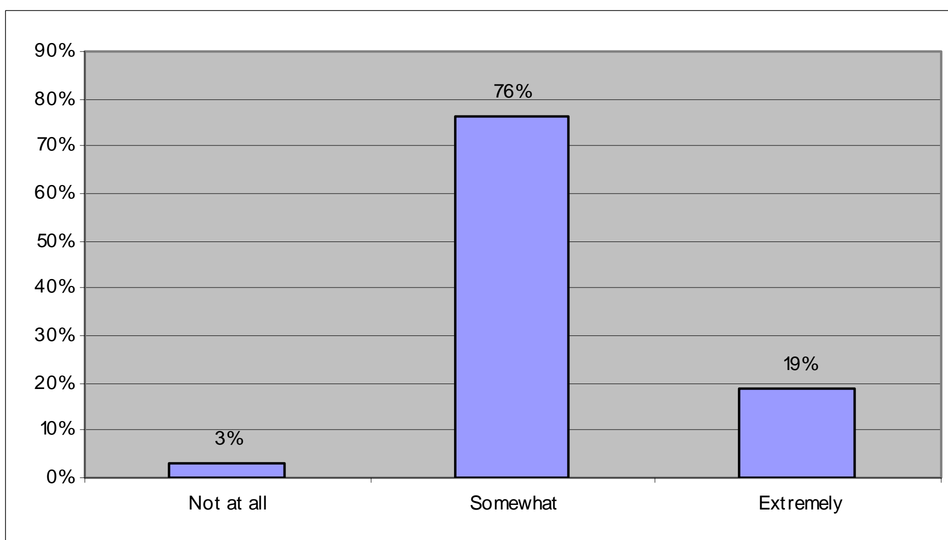
FIGURE 3. How confident are you in your ability to counsel?



Perception of Effectiveness

When asked, “How effective do you think tobacco cessation counseling is in helping tobacco users quit?” (Figure 4) 19% of women’s health clinicians indicated “extremely” effective and 76% said “somewhat” effective.

FIGURE 4. How effective do you think tobacco cessation counseling is in helping tobacco users quit?



In each of the prior three questions, clinicians who felt that delivering a tobacco cessation intervention was “extremely” part of their role, felt “extremely” confident in their ability to counsel, and felt that tobacco cessation counseling was “extremely” effective in helping users quit, were more likely to carry out the earlier mentioned counseling practices: discuss specific strategies to quit, discuss withdrawal symptoms and other concerns, refer to a tobacco cessation program,

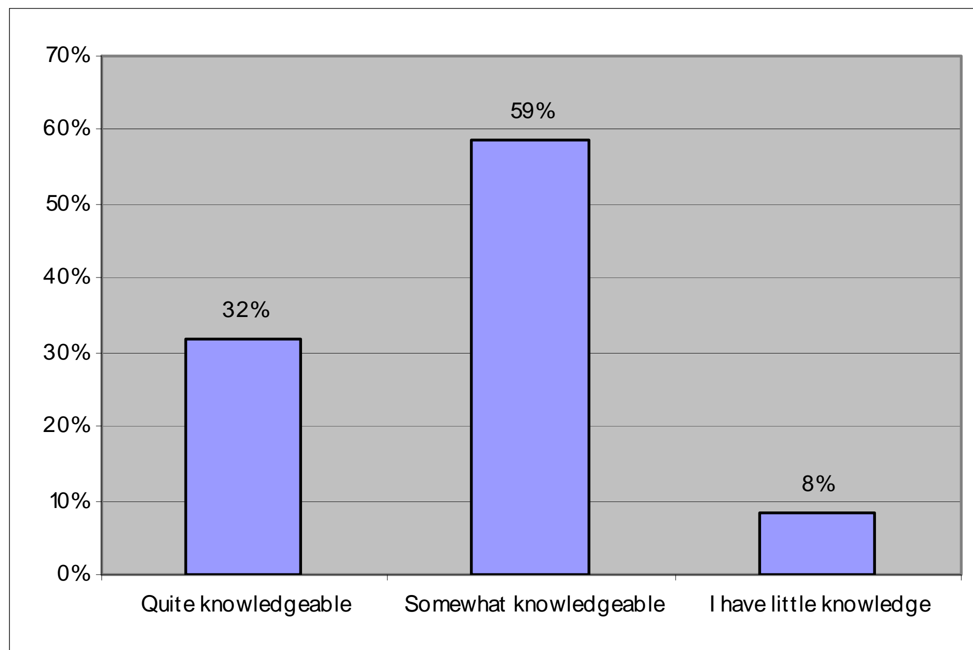
refer to the Wisconsin Tobacco Quit Line, give written information about tobacco cessation, and discuss the effects of secondhand smoke (Table 7).

TABLE 7. **Respondents indicated "Always" or "Usually" when asked how often they:**	**Respondents indicated "Extremely" when asked about:**		
	The extent that intervening is your role as a healthcare provider	**Confidence in your ability to counsel**	**Effectiveness of tobacco cessation counseling**
Discuss specific strategies to quit	84%	93%	87%
Discuss withdrawal and other concerns	71%	79%	71%
Refer to tobacco cessation program	63%	72%	82%
Refer to Quit Line	60%	66%	74%
Give written materials about tobacco cessation	58%	68%	79%
Discuss the effects of secondhand smoke	59%	51%	65%

Secondhand Smoke Knowledge

When asked, "How knowledgeable do you feel you are about secondhand smoke and its effects?" (Figure 5) 32% of women's health clinicians were "quite knowledgeable" and 59% were "somewhat knowledgeable".

FIGURE 5. How knowledgeable are you about secondhand smoke and its effects?



In Table 8, women's health clinicians who were "quite knowledgeable" were more likely (68%) to "always" or "usually" discuss the effects of secondhand smoke with patients who use tobacco, compared with 24% of those who were "somewhat knowledgeable."

TABLE 8. Knowledge of Secondhand Smoke	Discuss Effects of Secondhand Smoke				
	Always	Usually	Sometimes	Rarely	Never
Quite knowledgeable	36.9	30.8	24.6	6.2	1.5
Somewhat knowledgeable	7.6	16.1	51.7	22	2.5
I have little knowledge	5.9	0	29.4	35.3	29.4

Perceived Barriers to Services

Women's health clinicians were asked to indicate all the barriers to providing tobacco cessation services to women (Table 9):

- 84% indicated "lack of patient interest"
- 69% indicated "patient inability to pay for pharmacotherapy"
- 68% indicated "limited time"

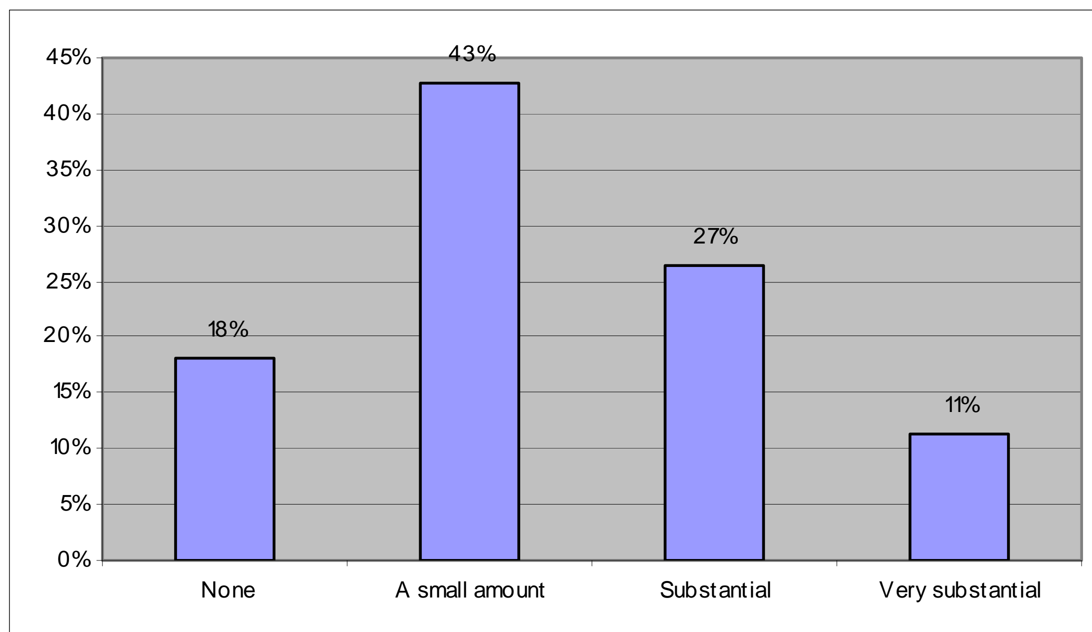
Family planning clinicians selected these same three from the list as the greatest barriers to providing tobacco cessation services to women, but in opposite order. "Limited time" was the greatest barrier (83%).

TABLE 9. What are the barriers to providing tobacco cessation services to women?	
Lack of provider reimbursement for tobacco cessation counseling	47%
Patient inability to pay for pharmacotherapy	69%
Limited time with patients	68%
Lack of patient interest	84%
Lack of personal experience in counseling tobacco users	16%
Educational materials not readily available	16%
Too few support staff	24%

Influence of Reimbursement

When asked how much influence increased reimbursement for tobacco cessation counseling (public or private insurance carriers) would have on willingness to provide the service (Figure 6), 43% of women's health clinicians said "a small amount."

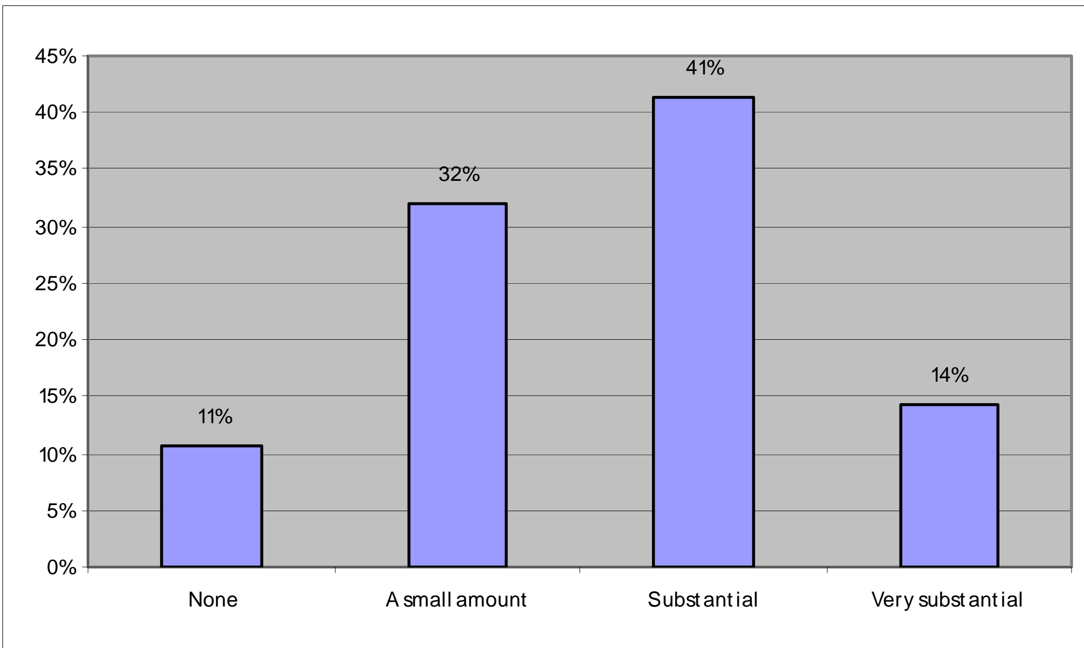
FIGURE 6. How much influence would increased reimbursement for tobacco cessation counseling have on your willingness to provide this service?



Influence of Coverage of Medications

In Figure 7, over half (55%) of women's health clinicians said that patient coverage for pharmacotherapy (public or private insurance carriers) would have a "substantial" or "very substantial" influence on their willingness to provide the service.

FIGURE 7. How much influence would patient coverage of pharmacotherapy have on your willingness to provide this service?



Clinician Training

Over half (58%) of women's health clinicians indicated that they have received tobacco cessation training compared to 73% of family planning clinicians. However, only 34% of women's health clinicians said they received training in tobacco cessation specifically for women.

Women's health clinicians were asked to indicate all the topics they would like to know more about (Table 10):

- 73% said "how to counsel women to avoid relapse"
- 60% said "what to do if a patient continues to smoke"
- 56% said "how to assist tobacco users in quitting"
- 47% said "how to arrange follow-up with tobacco users"

TABLE 10. If you were to receive training or further training, what areas would you like to know more about?	
How to ask patients about tobacco use at every visit	7%
How to advise all tobacco users to quit	28%
How to assess a tobacco user's willingness to quit	38%
How to assist tobacco users in quitting	56%
How to arrange follow-up with tobacco users	47%
What to do if a patient continues to smoke	60%
How to counsel women to avoid relapse	73%

Next, women's health clinicians were asked about all the resources they would use to learn about tobacco cessation for women (Table 11).

- 51% did not respond
- 17% indicated "CME training"
- 14% indicated "Self-study (powerpoint, video, CD-ROM, printed materials)"

TABLE 11. Which of the following resources would you use to learn more about tobacco cessation for women?	
Attend a workshop/symposia	6%
Self study (Power Point presentation, video, CD-ROM, printed materials)	14%
Training and/or other technical support at my practice	9%
Teleconferences	1%
Web cast	1%
CME training	17%
No response	51%

Perception About Patient Tobacco Use

Women's health clinicians were asked about the percentage of their patients that are tobacco users (Table 12). At the time of this report, the prevalence of smoking among women in Wisconsin was about 20%. Interestingly, over 50% think their patients use tobacco at higher rates than the general population of women. However, if these clinicians serve low-income women, Medicaid recipients, WIC recipients, etc. then smoking prevalence rates are likely higher among their patients.

TABLE 12. About what percentage of your patients are tobacco users?	
Less than 10%	7%
11% to 15%	16%
16% to 20%	19%
21% to 25%	17%
26% to 30%	18%
31% to 35%	9%
36% to 40%	6%
41% to 45%	2%
More than 45%	3%

In Table 13, clinicians were asked to respond to several statements. When asked about the statement, "Many of my patients that use tobacco deny that they do so and those that admit it grossly underreport the amount," 37% of women's health clinicians agreed.

Most respondents disagreed that quitting during pregnancy is too stressful for the mother (93%) and the fetus (95%). Additionally, women's health clinicians disagreed (94%) with the statement, "It doesn't do much good to help a woman quit smoking during pregnancy as she will just start up again after the baby is born."

TABLE 13. Do you agree or disagree with the statement:	Agree	Disagree	No opinion
Many of my patients that use tobacco deny that they do so and those that admit it grossly underreport the amount	37%	54%	7%
Quitting during pregnancy is too stressful for the mother	2%	93%	2%
Quitting during pregnancy is too stressful for the fetus	1%	95%	2%
It doesn't do much good to help a woman quit smoking during her pregnancy as she will just start up again after the baby is born	1%	94%	2%

First Breath Program and the Wisconsin Tobacco Quit Line
Clinicians were asked about their knowledge of the Wisconsin Women's Health Foundation's First Breath Program, a statewide program to help pregnant women quit smoking (Table 14). About 40% of women's health clinicians said that they "know quite a lot" or "have a general understanding" of the program. Over a quarter (28%) have never heard of the First Breath program. When asked, "Have any of your patients been enrolled in the First Breath patients, 33% said "yes" and 41% didn't know.

TABLE 14. What do you know about the First Breath program for pregnant smokers?	
I have never heard of the First Breath program	28%
I have heard of the First Breath program but know very little about it	28%
I have a general understanding of the First Breath program	34%
I know quite a lot about the First Breath program	7%

Compared to First Breath, clinicians indicated a greater awareness of the Wisconsin Tobacco Quit Line, Wisconsin's toll-free, telephone-based tobacco cessation counseling service. Fifty-eight percent (58%) of women's health clinicians said that they "know quite a lot" or "have a general understanding" of the Quit Line (Table 15). This contrasts with 84% of family planning clinicians.

TABLE 15. What do you know about the Wisconsin Tobacco Quit Line?	
I have never heard of the Wisconsin Tobacco Quit Line	13%
I have heard of the Wisconsin Tobacco Quit Line but know very little about it	27%
I have a general understanding of the Wisconsin Tobacco Quit Line	45%
I know quite a lot about the Wisconsin Tobacco Quit Line	13%

Clinicians were asked about the percent of tobacco users they refer to the Quit Line. About 50% of women's health clinicians indicated that they refer between 0-25% of patients that use tobacco to the Quit Line.

Key Findings

- Policies about asking and recording tobacco use status for both pregnant and non-pregnant patients are common, though there is room for improvement. Also, clinicians indicating their practice/clinic had such a policy for pregnant patients reported more often that asking and recording occurred. This suggests that clinicians required by their practice to perform specific tobacco-related activities are more likely to address tobacco use.
- Clinicians reported that their practice/clinic's practices involving tobacco users usually included:
    - Advising to stop using tobacco

- Talking to patient about the benefits of quitting and the harms of continued use
    - Assessing willingness to quit
    - Counseling on how to stop using tobacco
- Tobacco related practices performed less often at their practice/clinic include:
    - Giving self-help materials
    - Instruction in the use of stop smoking medicines
    - Providing information about the Wisconsin Tobacco Quit Line
- Actively arranging follow-up as a part of treatment and making a referral to counseling or other tobacco cessation program happens infrequently.
- Individual clinicians who counsel patients to stop using tobacco commonly discuss specific strategies to quit, withdrawal symptoms, and provide resource information (referral to a tobacco cessation program, written information). However, less than half refer patients to the Wisconsin Tobacco Quit Line.
- In a practice/clinic, patients are infrequently advised of the dangers of secondhand smoke. Only a third of clinicians who counsel patients to stop using tobacco discuss the effects of secondhand smoke, and only a third of clinicians felt they were quite knowledgeable about secondhand smoke and its effects.
- Wisconsin Tobacco Quit Line information and pamphlets/self-help materials on tobacco cessation are commonly located in waiting rooms, but information about local tobacco cessation programs is provided less often.
- Many clinicians believe it is their role to help patients quit using tobacco, but they aren't very confident in their counseling abilities nor do they perceive counseling to be very effective. Clinicians who do not think it is their role, are not confident in their counseling abilities, and do not think tobacco cessation interventions are effective, are less likely to intervene.
- Clinicians felt that lack of patient interest and the availability of pharmacotherapy benefits to tobacco users was a barrier to providing tobacco cessation services to women.
- Just over half of clinicians have received tobacco cessation training; even fewer have received training specific to women. Topics they would like to know more about include: how to counsel women to avoid relapse and what to do if a patient continues to smoke.
- Many providers had knowledge of the Wisconsin Women's Health Foundation's First Breath program and the Wisconsin Tobacco Quit Line.

Recommendations

1. **Raise clinician knowledge about the services of the Wisconsin Tobacco Quit Line to help their patients quit tobacco.** The Wisconsin Tobacco Quit Line offers free, confidential, non-judgmental coaching and information about how to quit. Quit coaches help each caller develop an individualized quit plan, including selecting a quit date. Callers can finish with the first call, or request a program in which a quit coach initiates four future calls at a time specified by the caller. The Quit Line also sends callers a free quit guide with information about quitting methods, medications and other tips.

   Research shows smokers who use the Quit Line are four times more likely to quit than if they try to quit on their own[5]. The toll-free Wisconsin Tobacco Quit Line number is **1-800-QUIT-NOW** (1-800-784-8669). For more information, and to order free materials encouraging tobacco users to call the Quit Line, go to www.WiQuitLine.org.

2. **Raise clinician awareness of existing training opportunities on treating tobacco use and dependence.** There are a variety of different tobacco treatment education opportunities available to clinicians. Below is a list of resources identified by UW-CTRI on their website at: www.ctri.wisc.edu/HC.Providers/healthcare_education.htm

UW-CTRI

HEALTHCARE PROVIDERS

Tools for Treating Tobacco Dependence

NEWS CENTER | QUIT LINE | UW-CTRI PUBLICATIONS | ABOUT CTRI

Researchers

Healthcare Providers

Smokers

Insurers

Employers

Advocates

Home

Putting Tobacco Cessation Research into Practice:

Tobacco Treatment Education

Click on the information below for free education, based on the U.S. Public Health Clinical Practice Guideline: *Treating Tobacco Use and Dependence.*

- **CME:** Continuing Medical Education (link to Medscape)
- **Training Manuals:** Incorporating Tobacco Treatment Into Standard Care
- **Fact Sheets:** Medicaid & Tobacco Dependence Treatment
- **PowerPoint Presentation:** Tobacco Dependence Treatment
- **Webcasts:** How to Treat Tobacco Use
- **Links:** Other Tobacco Treatment Sites
- **Video on Chew Tobacco:** Features Joe Garagiola, Major League Baseball players, and cancer patients who chewed

New from Mayo Clinic: Chew Tobacco Treatment

GLOSSARY + CONTACT US + SITE MAP + HOME

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3. **Train clinicians on effective tobacco use treatments, including the 5As intervention, ("ask", "advise", "assess", "assist" and "arrange") and the use of pharmacotherapy for help in quitting.** Clinicians trained in effective tobacco use treatments are more likely to intervene with patients who use tobacco[4]. Many providers have adopted the first three As (asking about tobacco use, advising tobacco users to quit, and assessing willingness to quit) as a part of their tobacco cessation intervention. Fewer provide the last two steps: assisting with the quit attempt and arranging for follow-up. These strategies are designed to be brief, requiring three minutes or less of direct clinician time.

   In addition, though some clinicians are reluctant to recommend and prescribe pharmacotherapy or simply lack knowledge about the use of pharmacotherapy in tobacco treatment, it is recommended for all tobacco users making a quit attempt - though pharmacotherapy requires special consideration with some patient groups (e.g., those with medical contraindications, those smoking fewer than 10 cigarettes a day, pregnant/breastfeeding women and adolescent smokers)[4]. By using effective pharmacotherapies as recommended by the clinical practice guidelines, clinicians can double or triple their patients' chances of quitting[4].

4. **Make available clinician training opportunities specifically on how to help women quit tobacco.** According to the clinical practice guidelines, smoking cessation clinical trials reveal that the same treatments benefit both men and women, but research suggests that some treatments are less effective in women than men[4]. Women may face different

stressors and barriers to quitting that need to be addressed in treatment, such as depression, weight control concerns, and hormonal cycles.

Quitting tobacco use during pregnancy also poses unique issues that must be addressed: health effects to the fetus, use of pharmacotherapy during and after pregnancy, postpartum relapse, postpartum depression, and breastfeeding, etc. To be effective, providers of women of reproductive age need to be knowledgeable about the unique tobacco cessation issues for women before, during, and after pregnancy.

5. **Include educational information about the topic of secondhand smoke and its effects in clinician tobacco treatment training.** Many providers are not knowledgeable about secondhand smoke and its effects, and do not advise their patients of the dangers of secondhand smoke. This gap in knowledge and practice needs to be addressed because according to the 2006 Surgeon General's Report on The Health Consequences of Involuntary Exposure to Tobacco Smoke, there is no safe amount of secondhand smoke, and breathing even a little can be dangerous[6]. The report goes on to recommend that healthcare experts:
   - Ask patients if they smoke and if they are around secondhand smoke
   - Advise patients who smoke to stop, and help them quit.
   - Advise patients who smoke not to smoke around others.
   - Advise nonsmokers to protect themselves by avoiding all secondhand smoke.
   - Remind parents to protect their children from secondhand smoke.

6. **Educate clinicians about misconceptions regarding barriers to providing tobacco cessation services, including lack of time, lack of patient interest and patient inability to pay for pharmacotherapy.** Lack of provider time and patient interest are commonly cited by providers as barriers to treating tobacco use. Yet evidence shows that minimal interventions lasting less than three minutes increase overall tobacco abstinence rates[4], so providers can make a difference with limited time. And a Mayo Clinic study showed that smoking cessation interventions during physician visits were associated with increased satisfaction with their care among those who smoked[7], indicating that patients do want providers to talk with them about their tobacco use.

   Regarding the perceived patient inability to pay for pharmacotherapy, many health plans cover a number of treatments, including bupropion (Zyban, Wellbutrin and generic) and nicotine replacement therapy such as the nicotine patch, lozenge, gum, spray and inhaler. In fact, more insurers are covering more treatments than ever before. Recent changes to Wisconsin's Medicaid, BadgerCare and SeniorCare have made treating tobacco users easier. Medicaid now covers all prescriptions and office visits for the purpose of tobacco dependence. This means that:
   - Patients ***do not*** need to be enrolled in a tobacco dependence treatment counseling program to receive medication.
   - Clinicians ***do not*** need to document counseling on the prescription.
   - Wisconsin Medicaid now covers **combination therapy** for smokers (more than one medication used at the same time,like bupropion plus the nicotine inhaler).
   - Repeated courses of tobacco dependence treatment are allowed

   There is a clear need to educate both clinicians and patients about the availability of pharmacotherapy benefits and provide assistance to smokers navigating our complex health system to make sure they get the medications to which they are entitled.

7. **Educate clinicians on the availability of the Wisconsin Tobacco Quit Line's Community Resource Guide, a listing of community tobacco cessation programs across the state.** UW-CTRI offers a community resource guide which lists local tobacco cessation programs throughout Wisconsin by county. This essential guide serves as a referral source for health care providers, for Quit Line coaches who make thousands of referrals back to local programs, and for tobacco users themselves.

   To view local programs available in your area or to print a complete listing of all resources in Wisconsin counties, go to http://www.ctri.wisc.edu/resources.html. Additionally, all tobacco cessation programs in Wisconsin are encouraged to list their program in the community resource guide. Follow the link to register your program or update your existing listing. http://www.ctri.wisc.edu/resources_form.html

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