

Title of Intervention: A Nurse-assisted Counseling Program for Smokers

Intervention Strategies: Provider Education, Individual Education, Supportive Relationships

Purpose of the Intervention: To provide cessation counseling to patients

Population: Smokers between the ages of 18 and 70

Setting: Two large primary care facilities of Kaiser Permanente Northwest region in Portland Oregon; health care facility-based

Partners: None mentioned

Intervention Description: Participants received one of three counseling interventions: 1) self-quit training, 2) referral to a group cessation program or 3) a combination of self-quit training and referral.

The nurse randomly provided a two-page pamphlet [advice control] or one of three nurse-assisted interventions: 1) self-quit training; 2) referral to a group cessation program; or 3) a combination of self-quit training and referral. Each nurse-delivered intervention included a 10-minute video, written materials, and a follow-up phone call.

- **Provider Education:** Regular clinic nurses and clinical assistants attached a notice to the medical charts of smokers to alert providers to deliver a brief stop smoking advice message and refer them to an on-site nurse smoking counselor.
- **Individual Education:** The self-quit group received the "How to Quit Smoking" video designed specifically for this population. The video focused on the need to make a personal decision to quit, the steps to successful quitting, the frequent need for repeated efforts, the importance of setting a specific quit date and using substitutes to smoking. The counselor provided a stop smoking kit including smoking substitutes such as gum, toothpicks and cinnamon sticks. A choice of one of three stop smoking manuals was offered. Participants were also mailed a set of stop smoking tip sheets and a series of professionally-designed newsletters devoted to smoking cessation. The combination group received a video that described both the self-directed and the professionally-led group approaches to smoking cessation. Participants were asked to choose an approach that made sense for them. The referral group received reminder postcards one week before the scheduled meeting, and participants were called several days after the meeting to check on progress and to reschedule if necessary.
- **Supportive Relationships:** The group referral participants received a video encouraging them to join the "Freedom from Cigarettes" group program that involved nine group meetings over two months. Participants were provided a brochure, a schedule of group sessions and a time-limited coupon to waive the program fee. Reminder postcards were sent one week before the scheduled meeting, and participants were called several days after the meeting to check on progress and to reschedule if necessary.

Theory: Not mentioned

Resources Required:

- **Staff/Volunteers:** Health care providers, counselors
- **Training:** One-hour training session for providers
- **Technology:** Equipment to watch video
- **Space:** Examination rooms
- **Budget:** Not mentioned
- **Intervention:** Stop smoking manuals (Quit for Good, Calling it Quits, Freedom from Smoking in 20 Days and A Lifetime of Freedom from Cigarettes), videos, stop smoking kits, brochures, schedules, fee waiver coupons, tip sheets, newsletters, reminder postcards
- **Evaluation:** Surveys

Evaluation:

- **Design:** Randomized controlled trial
- **Methods and Measures:**

- Mailed surveys measured smoking status of the participants.
- Saliva samples biochemically confirmed abstinence from smoking.

Outcomes:

- Short Term Impact: The proportion of participants who reported one or more serious attempts to quit in the year following their clinic visit was significantly higher among self-quit participants when compared to the control.
- Long Term Impact: All three nurse-assisted interventions (self-help, group referral, and combination) resulted in higher three-month point prevalence quit rates than did the advice treatment.

Maintenance: Not mentioned

Lessons Learned: A stepped care approach tailored to the patients' readiness to change and their quit attempt history is recommended. Nurses and physicians should team up because it makes smoking counseling easier to fit into a busy clinic routine, which in turn increases the likelihood that smokers will receive brief support and eventually quit.

Citation(s):

Hollis JF, Lichtenstein E, Vogt TM, Stevens VJ and Biglan A. (1993). Nurse-assisted counseling for smokers in primary care. *Annals of Internal Medicine*, 118(7): 521-525.